

# Wisconsin Department of Safety and Professional Services

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## PHYSICAL THERAPY EXAMINING BOARD

### INFORMATION FOR LICENSE APPLICATION TO PRACTICE PHYSICAL THERAPY OR AS A PHYSICAL THERAPIST ASSISTANT

#### ALL APPLICANTS:

- **Authorization for Release of FBI Information (Form #2687):** Applicants will receive information on how to obtain digital fingerprints after the Department has received a signed Form #2687. Provisions set forth in Title 28, Code of Federal Regulations (CFR) Section 16.34, require us to notify you that your fingerprints may be used to check the criminal history records with the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related Agency, or other authorized entity. The Department of Safety and Professional Services does not deny a license based on the information in the record itself but does require the submittal of a certified copy of the criminal complaint and judgment of conviction in any matter which would appear to be cause for denial of a license. Per Wis. Stat. § 440.03(13)(c), fingerprints must be submitted if applying for a Physical Therapist or Physical Therapist Assistant license. **All applicants must attach a recent photograph (head and shoulders only) to Form 2687.**
- **Wisconsin Statutes and Rules Exam:** All candidates are required to successfully complete an online, open book exam on the Wisconsin Statutes and Rules relating to the practice of Physical Therapy or as a Physical Therapist Assistant. Applicants cannot take this exam until after an application (**Form #3195**) has been received and processed by the Department. Once your initial application has been processed, your exam information will be given on your application checklist online under "Wisconsin Statutes and Rules Examination." Your exam results will be manually posted to your online checklist. Please allow at least 10 business days from the date you finish your exam for this posting to be completed.

#### LICENSURE BY EXAMINATION:

All applicants are required to pass the National Physical Therapist Examination (NPTE).

- NPTE registration form and fee must be submitted directly to FSBPT at [www.fsbpt.org](http://www.fsbpt.org). This must be filed with FSBPT at the same time as the Wisconsin application (**Form # 3195**) is filed with the Department. Information booklets for applicants can be found at: [www.fsbpt.org](http://www.fsbpt.org).
- **Certificate of Professional Education (Form #3196):**  
Complete top section of form and forward to your college/university which you received your degree. This form must be returned directly from your school to the Department via mail or email to [DSPSCredPhysicalTherapy@wisconsin.gov](mailto:DSPSCredPhysicalTherapy@wisconsin.gov). The Board will reject forms received from the applicant. The Board also cannot accept anticipated completion/graduation dates. Please be sure the school does not complete this form until your degree has actually been granted.

**Temporary License:** (only applicable for new grads waiting to sit for the NPTE for the first time)

- **Request for Temporary License for Physical Therapy or a Physical Therapist Assistant Form (#3197):** In addition to this form and the \$10.00 temporary license fee, the Department must receive the following in order to issue the temporary license: Completed application (**Form #3195**), Certificate of Professional Education (**Form #3196**), passing of WI Statutes and Rules exam and NPTE registration completed.

#### LICENSURE BY ENDORSEMENT:

- **Candidates who have written the NPTE in Another State:** Scores must be requested and forwarded to the Department. For score transfer information, contact FSBPT at: [www.fsbpt.org](http://www.fsbpt.org).
- **Verification of Licensure:**  
We require verification from each state in which you have ever held or currently hold a PT/PTA license. Contact each state board to request a verification of licensure be sent to Wisconsin. The verification must be returned directly to the Department via mail or email to [DSPSCredPhysicalTherapy@wisconsin.gov](mailto:DSPSCredPhysicalTherapy@wisconsin.gov). The Board will reject verifications received from the applicant.
- **Certificate of Professional Education (Form #3196):**  
Complete top section of form and forward to your college/university which you received your degree. This form must be returned directly from your school to the Department via mail or email to [DSPSCredPhysicalTherapy@wisconsin.gov](mailto:DSPSCredPhysicalTherapy@wisconsin.gov). The Board will reject forms received from the applicant.

# Wisconsin Department of Safety and Professional Services

## **LATE RENEWAL AFTER FIVE (5) YEARS OR MORE:**

- **Continuing Education:**  
**PT's:** Submit proof of completion of at least 30 hours of continuing education approved by the Board that were taken within two (2) years prior to the date of your application. Four (4) of the 30 hours must be in the area of ethics and jurisprudence.  
**PTA's:** Submit proof of completion of at least 20 hours of continuing education approved by the Board that were taken within two (2) years prior to the date of your application. Four (4) of the 20 hours must be in the area of ethics and jurisprudence.
- **Verification of Licensure:** We require verification from each state in which you have ever held or currently hold a Physical Therapist or Physical Therapist Assistant license. Contact each state board to request a verification of licensure be sent to Wisconsin. The verification must be returned directly to the Department via mail or email to [DSPSCredPhysicalTherapy@wisconsin.gov](mailto:DSPSCredPhysicalTherapy@wisconsin.gov). The Board will reject verifications received from the applicant.

## **ORAL EXAMINATION CANDIDATES:**

An applicant **may** be required to complete an oral examination if he/she:

1. has a medical condition which in any way impairs or limits the applicant's ability to practice physical therapy or as a physical therapist assistant with reasonable skill and safety;
2. uses chemical substances so as to impair in any way the applicant's ability to practice physical therapy or as a physical therapist assistant with reasonable skill and safety;
3. have been diagnosed as suffering from pedophilia, exhibitionism or voyeurism;
4. has within the past two (2) years engaged in the illegal use of controlled dangerous substances;
5. has been subject to adverse formal action during the course of physical therapy or physical therapist assistant education, postgraduate training, hospital practice, or other physical therapy or physical therapist assistant employment;
6. has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction;
7. has been convicted of a crime the circumstances of which substantially relate to the practice of physical therapy or of a physical therapist assistant;
8. has not practiced physical therapy or as a physical therapist assistant for a period of three (3) years prior to application, unless the applicant has been graduated from a school of physical therapy or physical therapist assistant within that period;
9. has been graduated from a physical therapy or physical therapy assistant school not approved by the Board.

An applicant who meets any of the above criteria, #1-9 will be reviewed by the Physical Therapy Examining Board members. The Board shall determine whether the applicant is eligible for a regular license without completing an oral examination.

All examinations shall be conducted in the English language. Where both written and oral examinations are required, they shall be scored separately, and the applicant is required to achieve a passing grade on both examinations to qualify for a license.

If you are selected to appear for an oral examination, you will be advised of the date upon completion of your application.

## **NOTICE:**

If an application file does not have any activity for one year or more, it may be abandoned/withdrawn on our system without notification to the applicant. It is recommended to complete the application process in a timely fashion to ensure this does not happen.

# Wisconsin Department of Safety and Professional Services

## **INFORMATION FOR FOREIGN-TRAINED PHYSICAL THERAPY OR PHYSICAL THERAPY ASSISTANT CANDIDATES:**

The following are required for any foreign-trained candidate applying for licensure by examination or endorsement. This does not apply to late renewal applicants whose license has been expired for five (5) or more years.

### **Education Evaluation:**

Verification of educational equivalency shall be obtained from a Board-approved foreign graduate evaluation service. You shall submit the following to an approved foreign graduate evaluation service.

1. A verified copy of transcripts from the schools from which secondary education was obtained.
2. A verified copy of the diploma from the school at which professional physical therapy training was completed;
3. A record of the number of class hours spent in each subject for both pre-professional and professional courses. For subjects, which include laboratory and discussion sections, the hours, must be described in hours per lecture, hours per laboratory, and hours per discussion per week. Information must include whether subjects have been taken at basic entry or advanced levels; and
4. A syllabus, which describes the material, covered in each subject completed.

### **Board-approved Foreign Graduate Valuation Services are:**

Foreign Credentialing Commission on Physical Therapy, Inc. (FCCPT)  
P.O. Box 25827  
Alexandria, VA 22313-9998  
Phone: (703) 684-8406  
Fax: (703) 684-8715  
Email: [help@fccpt.org](mailto:help@fccpt.org)  
Website: [www.fccpt.org](http://www.fccpt.org)

International Consultants of Delaware, Inc. (ICD)  
P.O. Box 8629  
Philadelphia PA 9101-8629  
Phone: (215) 243-5858  
Fax: (215) 349-0026  
Email: [icd@icdeval.com](mailto:icd@icdeval.com)  
Website: [www.icdeval.com](http://www.icdeval.com)

International Education Research Foundation, Inc. (IERF)  
P.O. Box 3665  
Culver City, CA 90231  
Phone: (310) 258-9451  
Fax: (310) 342-7086  
Email: [info@ierf.org](mailto:info@ierf.org)  
Website: [www.ierf.org](http://www.ierf.org)

### **English Proficiency Evaluation:**

All foreign-trained physical therapy or physical therapy assistant candidates must take and pass the Test of English as a Foreign Language (TOEFL) examination.

A score report must be received by the Board directly from Educational Testing Service (ETS).

If you have questions about the examination, please contact:

#### **TOEFL**

P.O. Box 6151  
Princeton, NJ 08451-6151  
Phone: 1-(800)-468-6335  
Website: [www.prometric.com/contact-us](http://www.prometric.com/contact-us)

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**Website:** <http://dsps.wi.gov>

## PHYSICAL THERAPY EXAMINING BOARD

### APPLICATION FOR LICENSE TO PRACTICE PHYSICAL THERAPY OR AS A PHYSICAL THERAPIST ASSISTANT

**The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).**

|  |  |  |   |
|--|--|--|---|
| PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).                            |  |  |   |
| <b>Last Name</b><br><input style="width:90%;" type="text"/>  | <b>First Name</b><br><input style="width:90%;" type="text"/> | <b>MI</b><br><input style="width:90%;" type="text"/>   | <b>Former / Maiden Name(s)</b><br><input style="width:90%;" type="text"/> |
| <b>Address</b> (street, city, state, zip)<br><input style="width:95%;" type="text"/>   |  | <b>Daytime Telephone Number</b><br><input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> - <input style="width:60%;" type="text"/>   |   |
| <b>Mailing Address</b> (if different)<br><input style="width:95%;" type="text"/>   |  | <b>Date of Birth</b><br><input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:60%;" type="text"/>  |   |
| <b>Social Security Number</b><br><input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> - <input style="width:60%;" type="text"/>   |  | Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law. |   |
| Ethnicity/gender status information is optional.   |  |  |   |
| <b>Ethnicity:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other |  |  |   |
| <b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F  |  |  |   |
| <b>Have you ever been licensed in Wisconsin as a Physical Therapist or Physical Therapist Assistant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list your credential number:  |  |  |   |
| <input style="width:200px;" type="text"/>  |  |  |   |
| <b>Email Address</b><br><input style="width:95%;" type="text"/>  |  |  |   |
| <b>School Name</b><br><input style="width:95%;" type="text"/>  |  | <b>School Address</b> (street, city, state)<br><input style="width:95%;" type="text"/>   |   |
| <b>Date Degree Granted</b><br><input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> / <input style="width:60%;" type="text"/>  |  | <b>Degree</b><br><input style="width:95%;" type="text"/>   |   |

**APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.**

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Exam Applicants (NPTE)**                       **Endorsement of NPTE (from FBSPT)**
  - PT  PTA                                       PT  PTA
  - \$ 68.00 Initial Credential Fee                      \$ 68.00 Initial Credential Fee
  - \$ 75.00 State Law Exam                              \$ 75.00 State Law Exam
  - \$ 15.00 Contract Exam Fee                          **\$143.00 Total Fee Attached**
  - \$158.00 Total Fee Attached**
- Request for a Temporary License**  
**\$ 10.00** (Is required in addition to the above fee and is non-refundable, for Exam applicants only.)
- Late Renewal After Five (5) or More Years**
  - PT  PTA
  - \$ 68.00 Renewal Credential Fee
  - \$ 25.00 Late Renewal Fee
  - \$ 75.00 State Law Exam
  - \$168.00 Total Fee Attached**

**For Receiving Use Only (19/24)**

# Wisconsin Department of Safety and Professional Services

**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

- Application (**Form #3195**) and appropriate fee
- Wisconsin Statutes and Rules Examination
- Certificate of Professional Education (**Form #3196**) (n/a for late renewal after 5 or more years)
- NPTE Form and fee filed with FSBPT. Must apply directly to FSBPT at [www.fsbpt.org](http://www.fsbpt.org) (**Exam applicants only**)
- National Physical Therapist Examination Scores (must be sent directly from FSBPT) (**Endorsement candidates only**)
- Letters from all State Boards where licensed, active and inactive
- Continuing Education: Submit proof of completion of at least 30 hours of Board approved CE in the previous biennium; 4 of the 30 hours must be in the area of ethics and jurisprudence. (**PT late renewal after 5 or more years candidates only**)
- Continuing Education: Submit proof of completion of at least 20 hours of Board approved CE in the previous biennium; 4 of the 20 hours must be in the area of ethics and jurisprudence. (**PTA late renewal after 5 or more years candidates only**)
- Authorization for Release of FBI Information (**Form #2687**) with recent photo (head and shoulders only) attached
- Completed Education Evaluation Report from a Board approved evaluation service (**foreign trained only**) (n/a for late renewal after 5 or more years)
- TOEFL scores (**foreign trained only**) (n/a for late renewal after 5 or more years)
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.
- Temporary License (**Form #3197**), if applicable (**Exam only**)

**ARE YOU A VETERAN?** If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?**  Yes  No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**If you qualify, are you requesting equivalency of your Military Training and experience?**  Yes  No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?**  Yes  No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or [www.WISVETS.com](http://www.WISVETS.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select "Professions," and then select the hyperlink for your profession.

**PRACTICE:** Account for all activities and practice starting from the date of graduation to the present time. Must include professional and nonprofessional activities. All time and dates must be accounted for. (Attach additional sheets, if necessary.) **If currently employed at a location indicate 'to present' in lieu of a 'To' date.**

| Employer Name   | Location of Employment<br>(city/state)  | Dates Employed<br>(month/year)   | Position Held<br>(i.e. office staff, food service, PT, PTA etc.) |
|---|---|--|--|
| <input style="width: 100%; height: 100%;" type="text"/> | (City)<br><input style="width: 100%; height: 20px;" type="text"/><br><br>(State)<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | (From)<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br><br>(To)<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/>          |
| <input style="width: 100%; height: 100%;" type="text"/> | (City)<br><input style="width: 100%; height: 20px;" type="text"/><br><br>(State)<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | (From)<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br><br>(To)<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/>          |
| <input style="width: 100%; height: 100%;" type="text"/> | (City)<br><input style="width: 100%; height: 20px;" type="text"/><br><br>(State)<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | (From)<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/><br><br>(To)<br><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 100%; height: 100%;" type="text"/>          |

# Wisconsin Department of Safety and Professional Services

**I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S).** (Include all active and inactive states.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Physical Therapy Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

**REGARDING THE STATES YOU LISTED ABOVE:** Identify the states in which you were licensed by EXAM.

|  |  |  |  |  |  |
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**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

|     |   |  |
|-----|---|--|
| 1.  | Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2.  | Have you ever failed to pass any state board examination, national board examination, NPTE? <b>If yes, provide details below:</b><br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3.  | Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4.  | Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5.  | Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6.  | Have your privileges ever been limited or removed? <b>If yes, please explain.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7.  | Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.  | Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, Malpractice Suits or Claims (Form #2829).</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9.  | Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b><br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b><br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | If yes to question 5 above, did you apply for a predetermination of the convictions?<br><b>If YES, proceed to question 12.</b><br><b>If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. | If yes to question 11, did you receive a letter indicating the convictions and pending charges did not disqualify you from licensure?<br><b>If YES, proceed to question 13.</b><br><b>If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. | If yes to question 12, since the date of the letter indicating you were not disqualified from licensure, have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.<br><b>If YES, submit Convictions and Pending Charges Form #2252 and supporting documentation for each conviction and pending charge since the date of the letter.</b><br><b>If NO, submit Convictions and Pending Charges Form #2252 without previously submitted documentation.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

# Wisconsin Department of Safety and Professional Services

**For the purposes of these questions, the following phrases or words have the following meanings:**

"Ability to practice physical therapy or as a physical therapist assistant" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned physical therapy judgments and to learn and keep abreast of physical therapy developments; and
2. The ability to communicate those judgments and physical therapy information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform physical therapy or physical therapist assistant, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

**ANSWER THE FOLLOWING QUESTIONS.** (Attach additional sheets if necessary.)

|     |   |  |
|-----|---|--|
| 14. | Do you have a medical condition, which in any way impairs or limits your ability to practice physical therapy with reasonable skill and safety? If no, you may skip questions 15 and 16. <b>If yes, please explain.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. | If yes to question 14, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? <b>If yes, please explain.</b>                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | If yes to question 14, are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? <b>If yes, please explain.</b>                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. | Does your use of chemical substance(s) in any way impair, or limit your ability to practice physical therapy with reasonable skill and safety? <b>If yes, please explain.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. | Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? <b>If yes, please explain.</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. | Are you currently engaged in the illegal use of controlled dangerous substances?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20. | If yes to question 19, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? <b>If yes, please explain.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

# Wisconsin Department of Safety and Professional Services

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /   
**(Print and Sign Form)**