



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development*
Division of Corporations, Business and Professional Licensing

Board of Physical Therapy and Occupational Therapy

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: PhysicalAndOccupationalTherapy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy

Physical Therapist and Physical Therapy Assistant Application Instructions

- A person may apply for licensure to practice physical therapy in the State of Alaska under the provisions of AS 08.84. Applicants may qualify for licensure by credentials or by examination. There are also procedures for obtaining a temporary permit while awaiting permanent licensure.
- Allow 8 weeks for processing the application from the time your application is received. Please read the entire application, forms, and instructions carefully. Failure to do so may cause additional correspondence and delay the processing of your application. All required forms and documentation must be submitted to the Division directly from the required source or they will not be accepted.

Qualifications for Licensure:

Licensure by CREDENTIALS *(Licensed in another jurisdiction)*

The following documents must be in this office before the Board will consider your application for licensure by credentials:

1. A completed notarized application and \$150.00 nonrefundable application fee.
2. Initial licensure fee of \$200.00 for Physical Therapist or \$130.00 for Physical Therapy Assistant.
3. Authorization for release of records (form 08-4065a).
4. Official transcript (first professional PT or PTA conferred degree) submitted directly from your school of physical therapy to the Division of Corporations, Business and Professional Licensing.
5. A report of your scores obtained in the national physical therapy examination. You must have received a passing score in accordance with regulation 12 AAC 54.080(a). Contact FSBPT at www.fsbpt.org to have your scores transferred electronically.
6. Verification of Licensure submitted directly to the Division from each jurisdiction where you hold or have ever held a license or permit to practice physical therapy, one of which must be current and in good standing (form 08-4065b). Contact each jurisdiction for their fee to process your certified verification of licensure. Electronic verification of licensures are accepted if they are sent directly from the licensing jurisdiction.
7. Professional Reference form completed by the head of the physical therapy school, instructor, physician, supervising physical therapist or supervisor (form 08-4065c) and submitted directly to the Division from your professional reference.
8. Verification of one of the following and submitted directly to the Division from the source:
 - at least 60 hours of physical therapy employment within the 24 months immediately preceding the date the application is received by the department (form 08-4065d);
 - passage of the national examination within the 24 months immediately preceding the date the application (See #5 above)
 - 150 hour internship approved by the Board (contact the Division for further instructions regarding the internship).
9. Jurisprudence questionnaire. Submit form 08-4065f with the application.

Licensure by EXAMINATION (*NOT licensed in another jurisdiction*)

To sit for the National Physical Therapy Examination, applicants must complete the Board's application, submit it to the Division with required supporting documentation, and register with the Federation of State Board of Physical Therapy (FSBPT) at: www.fsbpt.org. Please be advised that you may apply to the state Board and register with FSBPT simultaneously. The Board reviews completed applications, and upon Board approval, the Division will notify FSBPT who will then send the applicant examination scheduling instructions. The examination is offered in Alaska in one location, Anchorage. However, once approved by the Board, applicants may sit for the examination at any Prometric Test Center in the United States.

The following documents must be in this office before the Board will consider your application for licensure by examination:

1. Registration with the FSBPT to take the exam, www.fsbpt.org. They will forward to our agency.
2. A completed notarized application and \$150.00 nonrefundable application fee.
3. Initial licensure fee of \$200.00 for Physical Therapist or \$130.00 for Physical Therapy Assistant.
4. Authorization for release of records (attached form 08-4065a).
5. Official transcript (first professional conferred degree) submitted directly from your school of physical therapy to the Division of Corporations, Business and Professional Licensing. In Addition, if you are seeking approval to take the exam before your graduation request a statement from the educational institution that you are anticipated to meet graduation requirements. It must be on their letter head and sent directly to our agency.
6. Professional Reference form completed by the head of the physical therapy school, instructor, physician, supervising physical therapist, or supervisor (form 08-4065d) and submitted directly to the Division of Corporations, Business and Professional Licensing from your professional reference.
7. Jurisprudence questionnaire. Submit the attached form 08-4065f with the application.

An applicant who has applied for, but not yet received licensure in another state, and who has passed the national physical therapy examination in that state may have the examination score transferred to the Alaska Board and may apply for licensure by examination by submitting the above documentation (items 2-7) and by having scores transferred to this state. Contact FSBPT at www.fsbpt.org to have your scores transferred electronically.

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed Application for Examination Accommodation for Candidates with Disabilities form. This form is available on the Division's website at ProfessionalLicense.Alaska.Gov or contact the Division to request the form.

TEMPORARY Permit

- Do not apply for a temporary permit if you have answered "Yes" to a Professional Fitness question
- If applying by examination, a temporary permit will not be issued if the examination scores have been published or if you have taken but failed the exam.

The Board may issue a temporary permit to practice physical therapy to an applicant who meets the criteria set out in AS 08.84.065 and 12 AAC 54.050. The temporary permit allows an applicant to practice while awaiting the next examination, or while application for licensure by credentials is being processed and reviewed by the Board.

NOTE: A temporary permit will not be issued until all documentation is received and determined complete.

The following documents must be in this office before an application for a temporary permit will be considered:

1. A completed notarized application and all requirements and fees per licensure by credentials or licensure by examination.



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General Instructions

- This application must be completed in full. If a question does not apply, write N/A in the space provided. Please print or type. An incomplete application or any unusual circumstances noted in the application may require additional processing time.
- Do not fax or email your application to the Division. All mail must be sent to the PO Box.
- If you are seeking a limited permit, or if you are a foreign-trained therapist, do not complete this application. You may download those applications from the Board's website. If you intend to seek permanent licensure DO NOT submit an application for limited permit.
- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order, made payable to the State of Alaska, or credit card. To pay by credit card, use the Credit Card Payment form enclosed with this application.
- Legal Name Change: If any of the required documents (i.e., transcripts, verifications of licensure, etc.) will be issued under a former name, submit marriage license, divorce dissolution and/or court documents that are notarized as a "certified true copy of the original document."
- While we understand your desire to conclude this process as quickly as possible, our licensing staff is responsible for reviewing many files and cannot complete the application process if required documents are missing. It is your responsibility to ensure those documents are submitted to our office.
- The application review process is defined by the requirements set forth in state law. The Board and its staff must comply with those laws in processing applications.
- The Board conducts a thorough evaluation of education, training, employment or work history, malpractice history and any criminal or disciplinary history. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Board will not accelerate one application over others nor will it forego any elements of its screening process.
- If you received this application from a source other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, download the applications from the Board's website. Applications will be rejected if not the current version.
- Review your application fully to ensure you have answered every question completely and followed all of the instructions.
- You may want to keep a copy of your application for your records. You must sign and date the application in front of a notary public.
- Do not provide mailing envelopes with your requests for verification of licensure, professional reference, verification of work experience, or transcripts.

APPLICATION INFORMATION

PT Information

LICENSE TERM

There is no “inactive” status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on June 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

General Information

APPLICATION PROCESSING

The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct, and all supporting documents have been received and all fees have been paid the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

“YES” RESPONSES

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

DENIAL OF APPLICATION

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT

If your program requires continuing education, the division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CONTINUED ON FOLLOWING PAGE

CERTIFIED TRUE COPIES

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division’s website at *ProfessionalLicense.Alaska.gov* under License Search.

ABANDONED APPLICATIONS

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

BUSINESS LICENSES

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.gov*

STATUTES AND REGULATIONS

The complete set of statutes and regulations for this program are available by written request or online at the division’s website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to the address below.

REGULATIONS SPECIALIST

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

EMAIL: *RegulationsAndPublicComment@Alaska.Gov*

US MAIL: P.O. Box 110806, Juneau, Alaska 99811-0806

Application for Licensure List

DOCUMENTS PROVIDED BY APPLICANT - MAILED TO OUR AGENCY (DO NOT FAX OR EMAIL)
Application, signed, and notarized. All pages: 1-6 (08-4065)
Authorization of release of records (08-4065a)
Jurisprudence questionnaire. All pages: 1-4 (form 08-4065f) each question answered and every statute or regulation cited.
<p>Fees must be enclosed with the application. Credit card payment form is attached or make check or money order payable to: State of Alaska. <u>All fees may be paid with one check.</u></p> <ul style="list-style-type: none"> • Nonrefundable application fee • License fee • Temporary permit fee <i>(if applicable – see instructions)</i>
Alaska employment – Provide Alaska employer name and address <i>(if applicable)</i>
If you are applying by examination and seeking a temporary permit, statement of responsibility (08-4065e) from supervising physical therapist, <u>signed and notarized</u> . Submitted by applicant or supervisor to PO Box on form.
Explanation for any “Yes” responses to the professional fitness question (Section V), must include signed and dated letter of explanation to the Board, copies of all charging documents and final court documents. (A “fit to practice” letter for questions 7, 8, or 9 must be sent to our agency by the provider.) * <i>Do not apply for a temporary permit if any “Yes” answers.</i>
If any required documentation will be received in any name other than your current legal name, then provide certified true copies of marriage, divorce or legal name changes.

SOURCE SUBMITS DIRECTLY TO AGENCY
Official school transcripts (electronic transcripts are accepted) You must document your complete PT or PTA education. If not an entry level DPT program, request transcripts for entry level PT degree
FSBPT examination scores or exam registration (You contact and pay their fee, then the FSBPT will release to our agency)
Request Verifications of licensure from every jurisdiction you have ever held a license, permit or certificate. Contact each state or country to find out their fee. <i>(if applicable)</i> You may use our form (08-4065b) but it is not required.
Verification of work experience (form 08-4065c) documenting 60 hours of experience completed within 24 months prior to the date your application is received by our office. <i>(if applicable)</i> (12 AAC 54.100(5))
Professional reference (form 08-4065d) completed by a qualified source. (12 AAC 54.030(a)(3) & 12 AAC 54.100(1))



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License Application

Physical Therapist and Physical Therapy Assistant

PART I

Payment and Applicant Information

Applying By:	<input type="checkbox"/> Examination <i>(NOT licensed in another state)</i>	
	<input type="checkbox"/> Credentials <i>(licensed in another state)</i>	
Application Fee:	<input type="checkbox"/> Nonrefundable Application Fee	\$150.00
License Fee:	<input type="checkbox"/> Physical Therapist License Fee; or	\$200.00
	<input type="checkbox"/> Physical Therapist Assistant License Fee	\$130.00
Optional Fees:	<input type="checkbox"/> Temporary Permit <i>(see instructions for qualifications)</i>	\$65.00

Complete Name:	First	Middle	Last
Provide all other names ever used (maiden, nicknames, aliases).			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			

Full Mailing Address:	Street or PO Box	City	State	Zip
Birthdate:			Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Phone:				

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.

Email Address:		<input type="checkbox"/> Send my Correspondence by Email
		<input type="checkbox"/> Send my Correspondence by US Mail

SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.	
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PART II Education

Professional Degree Type:	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Physical Therapy Assistant		
Conferred Degree:	<input type="checkbox"/> BS	<input type="checkbox"/> MS	<input type="checkbox"/> DPT	<input type="checkbox"/> AA
Name of Physical Therapy School:				
Complete Address of School:	Street or PO Box	City	State	Zip
Date Degree Awarded:	(mm/dd/yyyy)			
Your Last Name When Degree Awarded:				

WAS YOUR DOCTORATE UNDER A TRANSITIONAL PROGRAM? YES NO

IF YES, PROVIDE FIRST DEGREE:

Professional Degree Type:	<input type="checkbox"/> PT	<input type="checkbox"/> PTA		
Conferred Degree:	<input type="checkbox"/> BS	<input type="checkbox"/> MS		
Name of Physical Therapy School:				
Complete Address of School:	Street or PO Box	City	State	Zip
Date Degree Awarded:	(mm/dd/yyyy)			
Your Name When Degree Awarded:				

PART III Examinations

I have not yet taken the national physical therapy examination. I am scheduled to take it on: _____ (mm/dd/yyyy)
 — or — _____

List all states and dates where you took the national physical therapy examination below:

State	Administered By	Date Administered	Result
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail
			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

PART IV**Professional Credentials***(License held in other jurisdictions)* This Part does not apply to me.

Chronologically list every state, U.S. jurisdiction, or country where you currently hold, or have ever held, a physical therapist or physical therapy assistant license or permit to practice as a physical therapist and/or physical therapy assistant.

State or Country	License Number	Original Issue Date	Expiration Date
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
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		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____

Are you a member of any P.T. Compact? YES NO

Provide Your Home State _____

Privilege # _____

Compact State	Privilege Number	Privilege Issue Date	Privilege Expiration Date
		Month ____ Day ____ Year ____	Month ____ Day ____ Year ____
		Month ____ Day ____ Year ____	Month ____ Day ____ Year ____
		Month ____ Day ____ Year ____	Month ____ Day ____ Year ____
		Month ____ Day ____ Year ____	Month ____ Day ____ Year ____

PART V Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "Yes" response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name, and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, closing documents, board or license actions, etc. When in doubt about your response, disclose and provide the required explanation and documents.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "Yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

- | | | | |
|----|--|--------------------------------|-----------------------------|
| 1. | Have you ever been disciplined by any state board or physical therapy association concerning violation of the Physical Therapy Practice Act or unethical conduct? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Have you ever been denied the privilege of taking an examination before any state physical therapy board? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Have you ever been convicted of a violation of any federal or state narcotic laws? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Have you ever had any malpractice settlements or judgments paid on your behalf? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Are you now or have you been in the last five years addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs? | * Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Are you now or have you been in the last five years treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? | * Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Do you have a physical disability which could affect your ability to practice physical therapy? | * Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you checked "Yes" to any of the above questions, you must attach a signed and dated detailed explanation.

If you checked "Yes" to questions 7, 8 or 9, in addition to your personal statement, you must request a "fit to practice" letter be sent directly to our agency from the appropriate health care provider indicating your ability to practice.

Applications with "yes" answer(s) will require additional processing time.

PART VI Temporary Permit — Applicants by Examination

I am an applicant by examination (NOT licensed in another state), and I need a temporary permit while awaiting permanent licensure:

Yes No

Note: You are not eligible for a temporary permit if you have failed the exam.

Date I plan to take the national exam: _____

Date I plan to begin working: _____

Supervising Therapist's Name:	First	Middle	Last
Alaska License Number:			
Address to Mail Your Temporary Permit, if not the same as on Part I:			

PART VII Alaska Employment

NOTE: application processing times can vary. Plan on 8-12 weeks from the date you submit your application.

Have you secured employment in Alaska?

Yes No

If "Yes," expected beginning date of employment: _____

Alaska Employer Name:	First	Middle	Last
Physical Address:			
Mailing Address:	Street or PO Box	City	State Zip
Phone Number:			

CONTINUED ON FOLLOWING PAGE



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Notary Signature Page

PART VI Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant's Printed Name:	First	Middle	Last
	Applicant's Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatments. This release specifically includes information from federal service and peer review organizations.

I request that upon presentation of this release, or a certified true copy, that you provide copies of those records to the division and its investigators, and/or representatives of the office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for Alaska physical therapy licensure. This authorization expires one year from the date of my signature.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

Name:	First	Middle	Last
Full Address:	Street or PO Box	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature (Required):		Date:	



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Verification of Licensure

Applicant:



Contact the licensing office for each State/Jurisdiction reported on the application and request the verification of license be sent directly to our agency. You may either follow their instructions for fees and/or transmission to our agency **OR** you may use this form when requesting a verification of license.

For Colorado and Maine, we are aware that our agency must secure your verification of license.

If you have any disciplinary action, the licensing office must include the associated documentation when mailing your verification of license to our agency.

Full Legal Name:	First	Middle	Last	Email:	
Mailing Address:	Street or PO Box	City	State	Zip	
Applicant's Signature:				Date:	

State Board:



Electronic VOLs are accepted so long as they are received directly from your jurisdiction to our office.

The verification of license certificate generated by the State/Jurisdiction may be submitted so long as it includes the below information. If you choose to use our form, the below must be FULLY COMPLETED by the agency.

Licensing Jurisdiction:		License Number:	
Name of Licensee:		Periods of Lapse:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licensed By:	<input type="checkbox"/> Credentials <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other: _____ <input type="checkbox"/> Examination: which examination did the licensee pass? _____		
Initial License Date:		Expiration Date:	

- Has the license ever been revoked, suspended, placed on probation, or restricted in any way? If yes, please enclose an explanation or documentation. Yes No
- Is the licensee the subject of a pending disciplinary proceeding? Yes No
- Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? Yes No



If you answer "Yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	Signature:	Date:
	Printed Name	Title
	Phone	Email



Board of Physical Therapy and Occupational Therapy

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: PhysicalAndOccupationalTherapy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy

Professional Reference

Applicant:



Complete this top part and then forward it to your reference. It may be returned directly to the Division in the reference's own envelope, or they may email it to the above address.

Applicant's Name:	
Signature:	
Name of person you are requesting reference from:	

Reference:



The following information must be completed in full and sent directly to the Division by the professional reference to meet the requirements; the reference must be submitted and completed by the head of the physical therapy school, instructor, physician, or supervising physical therapist or supervisor. Forms submitted and/or completed by the applicant will not be accepted.

1. Dates I was professionally associated with the above-named applicant:

Begin Date: _____ (mm/dd/yyyy)

End Date: _____ (mm/dd/yyyy)

2. My professional relationship to the applicant is:

Instructor

Physician

Supervisor

Supervising Physical Therapist

Head of the Physical Therapy School

3. I certify that I was professionally associated with the applicant and the applicant is professionally capable, reliable, of good moral character and worthy of confidence. Please print or type legibly.

Name:		Email:	
Institution/Clinic:		Title:	
Institution Address:	Street or PO Box	City	State Zip Code
Signature:		Date:	(mm/dd/yyyy)



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Verification of Working Experience

Applicant: Complete this top part and then forward it to your references. It may be returned directly to the Division in the reference's own envelope, or they may email it to the above address.



Applicant's Name:			
Applicant's Signature:		Phone:	

Employer: The below must be completed in full and submitted by the applicant's employer, supervisor or human resource manager at the place of employment and sent directly to the Division. Forms submitted and/or completed by the applicant will not be accepted.



INFORMATION ABOUT THE ABOVE-NAMED APPLICANT'S EMPLOYMENT:			
Name of Facility Where Employed:			
Address Where Services Provided:	Street or PO Box	City	State Zip
Employment Dates:	Begin Date: _____ End Date: _____ Average Number of Hours of Practice per Week: _____		
Employed as:	<input type="checkbox"/> Physical Therapist <input type="checkbox"/> Physical Therapy Assistant		

12 AAC 54.100(5)(A) requires verification of having been employed in physical therapy service for at least 60 hours within 24 months immediately preceding the date the application for licensure in Alaska is received by the Department.

Reference Name:		Title:	
Institution/Clinic:			
Institution Address:	Street or PO Box	City	State Zip
Signature:			
Email:		Business Phone:	



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Board of Physical Therapy and Occupational Therapy

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Statement of Responsibility

ONLY Required for Temporary Permits by Examination

This form must be notarized and mailed directly to the PO Box on this letterhead. **Do not send this form via email or fax.**

Supervisor: I will assume the full responsibility of supervising this applicant at the below facility.

Applicant's Name:				
Supervisor's Name:				
Facility Name:				
Facility Physical Address:	Street or PO Box	City	State	Zip Code
Facility Mailing Address:	Street or PO Box	City	State	Zip Code

Signature

This supervision will be held in compliance with the statutes and regulations set forth by the State Physical Therapy and Occupational Therapy Board. AS 08.84.065, 12 AAC 54.050, 12 AAC 500, 12 AAC 54.510 and 12 AAC 54.590.

I understand that the applicant's temporary permit is valid for eight months from the date of issue OR until the results of the examination for which the applicant is scheduled are published, whichever occurs first. I understand and agree that if the applicant fails to take the examination for which he/she is scheduled, the applicant's permit will lapse on the day of the scheduled examination and that he/she will not be eligible to continue practicing under the permit.

By my signature below, I certify that the above information is true and correct and that I will comply with the statutes and regulations set out by the Alaska Board of Physical Therapy and Occupational Therapy.

<div style="border: 1px dashed gray; padding: 10px; width: fit-content; margin: auto;">Notary Stamp</div>	Supervisor's Signature:			
	Printed Name:		AK Physical Therapist License Number:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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Physical Therapist and Physical Therapist Assistant Jurisprudence Questionnaire

All applicants for licensure must complete the following questionnaire prepared by the Board of Physical Therapy and Occupational Therapy. The answers to the questions will be found by reviewing the statute and regulation booklets published *online*. Use the statutes and regulations to determine the correct answers.

- *Principles of Practice*
- *Physical Therapy and Occupational Therapy Statutes and Regulations AS 08.84 and 12 AAC 54*
- *Centralized Licensing Statutes AS 08.01-08.03*
- *Centralized Licensing Regulations 12 AAC 02*

Step 1 Select the correct answer

Step 2 Cite the statute or regulation where the answer was found

1. The Board may take the following actions singularly or in combination:

- Refuse renewal
- Revoke
- Suspend
- All of the above

➔ **Cite Statute AS 08.84.** _____

2. According to the Centralized Statutes 08.01.075, disciplinary powers of the Board may include:

- Impose a civil fine not to exceed \$1,000
- Impose a civil fine not to exceed \$3,000
- Impose a civil fine not to exceed \$5,000
- Impose a civil fine not to exceed \$10,000

➔ **Cite Centralized Statute 08.01.075.** _____

3. The Board may refuse to license an applicant, may refuse to renew the license of a person, and may suspend or revoke the license of a person who

- has attempted to obtain a license by material misrepresentation
- has continued to practice physical therapy after becoming unfit due to physical or mental disability
- has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person
- uses drugs or alcohol in any manner that affects the person's ability to practice physical therapy safely
- all of the above

➔ **Cite Statute AS 08.84.** _____

-
4. An individual who practices without the appropriate license (including practicing with a lapsed license) is guilty of a
- class A misdemeanor
 - class B misdemeanor
 - class C misdemeanor
 - felony

→ **Cite Statute AS 08.84.** _____

5. A physical therapist or physical therapy assistant applicant by examination who holds a temporary permit must practice under the supervision of a licensed physical therapist.
- False
 - True

→ **Cite Regulation 12 AAC 54.** _____

6. A physical therapist or physical therapy assistant who has been licensed 12 months or more of the concluding licensing period shall have completed during that period _____ contact hours of continuing education?
- 16
 - 20
 - 24
 - 28

→ **Cite Regulation 12 AAC 54.** _____

7. A physical therapist may concurrently supervise a maximum of how many physical therapy assistants, physical therapy aides, foreign-trained candidates, students, permittees or any combination thereof?
- 3
 - 4
 - 6
 - 8

→ **Cite Regulation 12 AAC 54.** _____

8. An applicant for renewal of a physical therapist or physical therapy assistant license shall document having provided physical therapy services for at least _____ hours during the concluding licensing period?
- 30
 - 60
 - 120
 - 150

→ **Cite Regulation 12 AAC 54.** _____

9. Records of continuing education must be retained from the date of completion for:
- 2 years
 - 3 years
 - 5 years
 - 7 years

→ **Cite Regulation 12 AAC 54.** _____

10. It is the responsibility of the _____ to notify the Division of Corporations, Business and Professional Licensing when a name or address change occurs for a licensee?

- Employer
- Direct supervisor
- Licensee
- All of the above

➔ **Cite Regulation 12 AAC 54.** _____

11. A licensee selected for audit of continuing competency requirements shall submit substantiating documentation within _____ days after the date of notification by the Division?

- 30 days
- 60 days
- 90 days
- 120 days

➔ **Cite Regulation 12 AAC 54.** _____

12. Per the Alaska Board of Physical Therapy and Occupational Therapy Principles of Practice, a physical therapist and physical therapy assistant must adhere to the National Professional Core Values and Ethical Standards.

- False
- True

➔ **Cite Regulation 12 AAC 54.** _____

13. For continuing education activities to meet the standards of renewal, at least one half must be recognized by:

- American Physical Therapy Association (APTA)
- Other state physical therapy associations or other physical therapy licensing boards
- Federation of State Boards of Physical Therapy (FSBPT)
- All of the above

➔ **Cite Regulation 12 AAC 54.** _____

14. Continual onsite supervision means that the physical therapist or physical therapy assistant

- is immediately available
- is present in the department or facility where services are being provided
- maintains continual oversight of patient-related duties
- all of the above

➔ **Cite Regulation 12 AAC 54.** _____

15. The license or permit or a copy of the license or permit must be

- kept in the personnel file of the licensee or permit holder
- kept with the practicing therapist at all times
- posted in a conspicuous location in the licensee's primary place of business
- posted somewhere in the place of business

➔ **Cite Regulation 12 AAC 54.** _____

16. A physical therapist applicant who has been issued a temporary permit prior to taking the national examination may continue to practice under that temporary permit even if the physical therapist applicant fails to take the examination.

- False
- True

→ **Cite Statute AS 08.84.** _____

17. If the licensed physical therapist agrees to supervise a physical therapy assistant, the supervising physical therapist shall

- fully document the supervision provided
- include a record of all consultations provided in each patient's file
- maintain records of supervision at the physical therapy assistant's place of employment
- countersign the patient treatment record each time the supervising physical therapist is physically present and directly supervises the treatment of a patient by the physical therapy assistant being supervised
- all of the above

→ **Cite Regulation 12 AAC 54.** _____

18. Documentation to verify completion of continuing competency must include a valid copy of a certificate or similar verification of satisfactory completion; which must include:

- Description of the continuing competency activity and the dates of actual participation or successful completion
- Name, mailing address, and signature of the instructor, sponsor or other verifier
- Name of the licensee and the amount of continuing competency credit awarded
- All of the above

→ **Cite Centralized Regulation 12 AAC 02.** _____

19. To be accepted by the Board, a continuing education course or activity must contribute directly to the professional competency of a physical therapist or physical therapy assistant AND must be directly related to the skills and knowledge required to implement the principles and methods of physical therapy.

- False
- True

→ **Cite Regulation 12 AAC 54.** _____

20. A business which provides telemedicine services must register with the state telemedicine business registry.

- False
- True

→ **Cite Centralized Regulation 12 AAC 02.** _____



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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