



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

US Mail: PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2580 • Fax: (907) 465-2974

Email: *PhysicalAndOccupationalTherapy@Alaska.Gov*

Website: *ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy*

Foreign-Trained Physical Therapist & Physical Therapy Assistant Application

A person who does not hold their first professional degree from a qualifying U.S. educational institution may apply for licensure as a foreign-trained physical therapist or physical therapy assistant in the State of Alaska under the provisions of AS 08.84. Applicants may qualify for licensure by credentials (see Part I) or by examination (see Part III). Parts II and IV explain the qualifications for issuance of a temporary permit.

If you have questions concerning the licensing requirements described, please contact the licensing examiner for the State Physical Therapy and Occupational Therapy Board via email: *PhysicalAndOccupationalTherapy@Alaska.Gov*.

Please read the application 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. To avoid delays, do not provide a mailing envelope to the other agencies or sources that are required to mail documents directly to the Division.

If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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 application from our website: *ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy*, or contact the Division.

Immigration

In accordance with AS 08.84.032(a)(4), the applicant must have met applicable requirements under the Federal Immigration and Nationality Act, unless a United States citizen.

Credential Evaluation

Before submitting an application, you must have your foreign education evaluated by a credentialing provider who uses the qualifying Course Work Tool. If your review determines your education is equal to a CAPTE accredited physical therapy program at the time of graduation you may then submit your application.

If it is determined your education is not substantially equivalent to a CAPTE accredited physical therapy program, do not submit the application. First complete the required education and have your education re-evaluated. Once you have met the educational requirements you may submit your application.

If an applicant has not had his/her transcripts evaluated, the following credential evaluation companies have been approved by the board for this service:

<p>International Consultants of Delaware (ICD) PO Box 8629 Philadelphia, PA 19101-8629</p>	<p>Foreign Credentialing Commission on Physical Therapy (FCCPT) 124 West Street South Alexandria, VA 22314 (703) 684-8406 http://www.fccpt.org</p>	<p>International Education Research Foundation (IERF) PO Box 3665 Culver City, CA 90231-3665</p>
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If an applicant cannot submit a transcript for evaluation as required, the board will, in its discretion, accept as evidence of education, to the board's satisfaction,

- (1) verification from the licensing authority in another state that has evaluated the applicant's education; or
- (2) verification from an American educational institution or professional association that
 - (A) previously required documentary evidence of the applicant's education; or
 - (B) directly verified the applicant's education that has been evaluated.

Test of English (ALASKA TOEFL INSTITUTION CODE - 8250)

A foreign-trained therapist must pass the Test of English as a Foreign Language (TOEFL); Test of Written English (TWE), and Test of Spoken English (TSE) OR the internet-based test (TOEFL-IBT) administered by the Educational Testing Services, P.O. Box 6151, Princeton, NJ 08541, Telephone (609) 771-7100. Refer to 12 AAC 54.040(j).

Even if English is your primary language or your only language, you are required by law to pass the TOEFL.

English language proficiency passing scores according to 12 AAC 54.040(j):

Test of English as a Foreign Language (TOEFL) 560 points written examination or 220 points computerized examination;
Test of Written English (TWE) – 4.50 points
Test of Spoken English (TSE) – 50 points

OR

Test of English as a Foreign Language Internet-Based Test (TOEFL – IBT)

Writing – 24 points
Speaking – 26 points
Reading Comprehension – 21 points
Listening Comprehension – 18 points

PART I – Licensure by Credentials

The following documents must be in this office before the board will consider your application for licensure by credentials. Make check or money order payable to the State of Alaska.

1. A completed notarized application (form 08-4091) and \$150.00 nonrefundable application fee.
2. Initial licensure fee of \$240.00 for Physical Therapist or \$175.00 for Physical Therapy Assistant.
3. Authorization of Release of Records (form 08-4091a)
4. Jurisprudence Questionnaire (form 08-4091k).
5. A Credentials Evaluation Report sent directly by the credentials evaluation service, or if you graduated from a School of Physical Therapy approved by the “Council on Medical Education and Hospitals of the American Medical Association,” or the “American Physical Therapy Association,” you only need to have your School of Physical Therapy submit certified transcripts (sent directly from school).
6. A report of your scores obtained in a national physical therapy examination. You must have received a passing score in accordance with regulation 12 AAC 54.080(a). Contact FSBPT at their website www.fsbpt.org to have your scores transferred electronically.
7. Verification of Licensure submitted by the state(s) or countries where you hold or have ever held a license or permit to practice physical therapy. You must have a current license in good standing in a U.S. state, territory or the District of Columbia (form 08-4091b) may be used or contact the agency directly.
8. Supervised Work Experience Verification form must be completed by a supervising physical therapist showing satisfactory evidence of a minimum of six months supervised work experience while licensed in another state, territory, or the District of Columbia; or satisfactory completion of an internship program (form 08-4091e).
9. Verification of successful passage of all sections in one testing session of the English language proficiency examination sent directly from TOEFL to our P.O. Box.
10. Professional Reference form (form 08-4091d) completed by the head of the physical therapy school, instructor, physician, or physical therapist other than the physical therapist preceptor described in 12 AAC 54.040(e)-(f).
11. Verification of one of the following and submitted directly to the Division from the source:
 - a. at least 60 hours of physical therapy employment within the 24 months immediately preceding the date the application is received by the department (form 08-4091c);
 - b. passage of the national examination within the 24 months immediately preceding the date the application is received by the Division (request exam scores be released to our agency by FSBPT);

PART II – Temporary Permit for Foreign-Trained Credential Applicants

The board will issue a temporary permit to practice physical therapy to an applicant who meets the criteria set out in AS 08.84.065. Do not apply for a temporary permit if you answer “Yes” to any of the professional fitness questions on page five of the application (form 08-4091). All documents under Part I above, plus the \$65.00 temporary permit fee, must be in this office before your application for a temporary permit will be considered.

PART III – Licensure by Examination

The Alaska board must approve your application in order for you to sit for the national physical therapy examination through the Federation of State Boards of Physical Therapy. The exam is offered in Alaska in one location, Anchorage. However, once approved by the board, you may sit for the examination at **any** Prometric Test Center in the United States.

A. Internship

Prior to making your request to take the National Physical Therapy Examination (NPTE), you must be accepted into a PT or PTA internship in accordance with 12 AAC 54.040. The 6 month internship must be approved by the board before you may begin it. The following items must be received by this office for the board’s review. Make check or money order payable to the State of Alaska.

1. A completed notarized application and \$150.00 nonrefundable application fee.
2. Initial licensure fee of \$240.00 for Physical Therapist or \$175.00 for Physical Therapy Assistant.
3. Authorization of Release of Records (form 08-4091a)
4. Jurisprudence Questionnaire (form 08-4091k).
5. A Credentials Evaluation Report sent directly by the credentials evaluation service, or if you graduated from a School of Physical Therapy approved by the “Council on Medical Education and Hospitals of the American Medical Association,” or the “American Physical Therapy Association,” you only need to have your School of Physical Therapy submit certified transcripts (sent directly from school).
6. A Professional Reference from the head of the physical therapy school, or an instructor, physician, supervising physical therapist or supervisor (form 08-4091c).
7. Preceptor Statement for Internship of Foreign-Trained Physical Therapist (form 08-4091f or 08-4091g).
8. Your preceptor will monitor your internship with the Performance Evaluation Tool (PET).

The board will review the PET evaluation forms and determine if the applicant has successfully completed the internship. If the board determines that the internship is complete and the applicant has not yet passed the NPTE examination, a temporary permit may be issued in accordance with Part IV.

9. When your internship is completed, the following documents must be submitted to the board:
 - A. Candidate Evaluation of Internship (form 08-4091h)
 - B. Preceptor Evaluation of Foreign-Trained Candidate (form 08-4091i)

B. Examination

When you are ready to take the examination, you must apply directly to the Federation of State Boards of Physical Therapy (FSBPT) at their website, www.fsbpt.org. Our agency will be notified when you have registered to take the exam. You must pass the exam within one year of completion of your internship.

C. Licensure

Before a license can be granted, the following items must be received:

1. All of the items listed above under A & B, **AND**;
2. Verification of passage of the English language proficiency examination [TOEFL] (see page 2).
3. Verification of completion of your internship by your preceptor via the Performance Evaluation Tool.

PART IV – Temporary Permit for Foreign-Trained Exam Candidates

After an applicant has satisfactorily completed the required Alaska internship, the applicant may apply for a temporary permit, but only if the applicant has not taken the national physical therapy examination. The following documents must be in this office before a temporary permit will be issued:

1. Temporary permit fee of \$65.00.
2. All documents and fees listed under “A. Internship” requirement.
3. Verification of passage of the English language proficiency examinations [TOEFL] (see page 2).
4. Temporary Permit Statement of Responsibility for Foreign-Trained Applicant (form 08-4091k).
5. Confirmation from the FSBPT indicating the date you are scheduled to take the NPTE exam. The FSBPT will notify the State of Alaska.

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:

<http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing.aspx> or contact the division to request the form.



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Application Information

- This application must be completed in full. If a question does not apply, write N/A in the space provided. Please print or type.
- 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, do not complete this application. You may download the application 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."
- An incomplete application or any unusual circumstances noted in the application may require additional processing time.
- 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.
- This application must be completed in full. If a question does not apply, write N/A in the space provided. Please print or type.
- 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 for Foreign-Trained Licensure List

DOCUMENTS PROVIDED BY APPLICANT - MAILED TO OUR AGENCY
Application, signed, and notarized. All pages: 1-6 (08-4091)
Authorization of release of records (08-4091a)
Jurisprudence questionnaire (form 08-4091k) with every question answered and every statute or regulation cited. All pages: 1-4
Fees must be enclosed with the application. Credit card payment form is attached, or make check or money order payable to: State of Alaska. Fees may be paid with one check. <ul style="list-style-type: none"> • Nonrefundable application fee • License fee • Temporary permit fee (if applicable)
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 (08-4091j) from supervising physical therapist, signed and notarized. Submitted by applicant or supervisor (if applicable).
Candidate Evaluation of Internship (08-4091h)
Explanation for any “Yes” responses to the professional fitness question (Section VI), 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.
Preceptor Credential Review for Federal Government Facilities (form 08-4091g) submitted by applicant or supervisor.

SOURCE SUBMITS DIRECTLY TO AGENCY
Request Credential Evaluation from FCCPT, ICD or IERF
FSBPT examination scores or exam registration (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 (08-4091b)
Professional reference (form 08-4091d) completed by a qualified source.
Verification of work experience (form 08-4091c) documenting 60 hours of experience completed within 24 months prior to the date your application is received by our office. (<i>if applicable</i>)
Supervised Work Experience (form 08-4091e) if applying by credentials.
Preceptorship Statement for Internship (form 08-4091f)
Preceptor Evaluation (PET) and Preceptor Evaluation of Foreign-Trained Candidate (08-4091i)



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License Application

Foreign-Trained Physical Therapist & 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	\$240.00
	<input type="checkbox"/> Physical Therapist Assistant License Fee	\$175.00
Optional Fees:	<input type="checkbox"/> Temporary Permit <i>(see instructions)</i>	\$65.00

Complete Name: First: _____ Middle: _____ Last: _____

Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.

Not Applicable

Other Names Used: _____

Full Mailing Address: Street or PO Box: _____ City: _____ State: _____ Zip Code: _____

Birthdate: _____ (mm/dd/yyyy) **Gender:** Male 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: _____ Send my Correspondence by Email Send my Correspondence by US Mail

SOCIAL SECURITY NUMBER: AS 08.01.100 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.

Immigration Work Visa # (if applicable): _____

PART II Education

Name of Physical Therapy School:				
Complete Address of School:	Street or PO Box:	City:	Country:	Zip Code:
Entry Level / First PT or PTA Professional Degree:				
Date Degree Awarded:				
Your Name When Degree Awarded:				

PART II Education Continued

Name of Physical Therapy School:				
Complete Address of School:	Street or PO Box:	City:	Country:	Zip Code:
First PT/PTA Professional Degree:				
Date Degree Awarded:				
Your Name When Degree Awarded:				

PART III Examinations

Have you taken the national physical therapy examination? YES NO

If no, date scheduled _____

If yes, list all states, countries, and dates where you took the national physical therapy examination:

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 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 _____
		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 _____
		Month ____ Day ____ Year _____	Month ____ Day ____ Year _____

Are you a member of any P.T. Compact?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Provide Your Home State _____			Privilege # _____		
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 Employment History

This Part does not apply to me.

You must provide a chronological listing of all practice related activities.

Beginning with today, report your current PT/PTA position and continue employment reporting back for the last ten years.

Do not attach a resume; we require the use of this form. If you are a traveler, do not put "various locations", you must report every facility location/city and state in which you have practiced.

Please explain any gap in time from practice of more than 120 days duration in the additional comments section. If practice began prior to permanent licensure, provide permit number and date issued.

Facility Name:				
Facility Address:	Street or PO Box:	City:	State:	Zip Code:
Dates of Practice:	From: Month ____ Year ____	To: Month ____ Year ____		
Date of Original License or Permit:	Month ____ Day ____ Year ____	Issuing State:		
Any Additional Comments:				

Facility Name:				
Facility Address:	Street or PO Box:	City:	State:	Zip Code:
Dates of Practice:	From: Month ____ Year ____	To: Month ____ Year ____		
Date of Original License or Permit:	Month ____ Day ____ Year ____	Issuing State:		
Any Additional Comments:				

Facility Name:				
Facility Address:	Street or PO Box:	City:	State:	Zip Code:
Dates of Practice:	From: Month ____ Year ____	To: Month ____ Year ____		
Date of Original License or Permit:	Month ____ Day ____ Year ____	Issuing State:		
Any Additional Comments:				

Facility Name:				
Facility Address:	Street or PO Box:	City:	State:	Zip Code:
Dates of Practice:	From: Month ____ Year ____	To: Month ____ Year ____		
Date of Original License or Permit:	Month ____ Day ____ Year ____	Issuing State:		
Any Additional Comments:				

Make as many pages as needed to provide complete employment history.

PART VI 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 from the appropriate health care provider indicating your ability to practice.

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

PART VII Temporary Permit — Applicants by Examination – Internship Completed

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

Yes No

Date I plan to take the national exam: _____

Date I plan to begin working: _____

Supervising Therapist's Name:

Alaska License Number:

Address to Mail Your Temporary Permit, if not the same as on Part I:

PART VIII 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:

Phone Number:

Physical Address:

Street or PO Box: City: State: Zip Code:

Mailing Address:

Street or PO Box: City: State: Zip Code:

PART IX Language

Have you passed the TOEFL Exam? Yes No

Have you passed the TWE Exam? Yes No

Have you passed the TSE (or SPEAK) Exam? Yes No

If you have not passed one or all of these examinations, when are you scheduled to test? _____

PART X Notarized Signature

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials supplied by me to support my application are true and correct. The Division may deny, suspend, or revoke the license of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

Notary Stamp	Applicant's Signature:		Printed Name:	
	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:			
Full Address:	Street or PO Box:	City:	State: Zip Code:
Phone:		Date of Birth:	
Email:			
Signature:		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 must 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, 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:		Email:	
Mailing Address:			
Applicant's Signature:		Date:	

State Board:



Electronic VOLs are accepted so long as they are received directly from the 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:	

1. 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**

2. Is the licensee the subject of a pending disciplinary proceeding? **Yes** **No**

3. 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



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

US Mail: PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2580 • Fax: (907) 465-2974

Email: *PhysicalAndOccupationalTherapy@Alaska.Gov*

Website: *ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy*

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 by email to the above address.

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

→ **Reference:** The below must be fully completed by the applicant's employer, supervisor or human resource manager at the place of employment and submitted to the above email or mailing address.

INFORMATION ABOUT THE ABOVE-NAMED APPLICANT'S EMPLOYMENT:

Name of Facility Where Employed:			
Complete Address Where Services Provided:			
When Employed:	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.

Signature:			Title:	
Printed Name:			License Number (if applicable):	
Institution/Clinic Employed:				
Address:	Street or PO Box:	City:	State:	Zip Code:
Email:			Business Phone:	

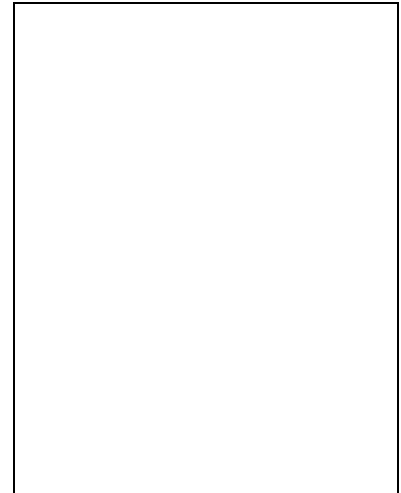


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Supervised Work Experience Verification
(To be used only for licensure by credentials)

Form with fields for Applicant's Name (First, Middle, Last), Address (Street or PO Box, City, State, Zip Code), and Signature.

Dear Supervisor:

I am applying for a license to practice physical therapy as a foreign-trained therapist in the State of Alaska. I am required to provide evidence of supervised work to the State Physical Therapy and Occupational Therapy Board. Please provide the information requested below to the State of Alaska at the address shown above. Thank you for your assistance.

The information below must be completed by your supervising physical therapist; it may not be completed or returned by the applicant.

Evidence of six (6) months supervised work experience (12 AAC 54.110(4))

I certify that I supervised (Name of Applicant)

from to, and I recommend the applicant as being professionally capable, reliable, of good moral character and worthy of confidence.

The State of Alaska believes a license to practice physical therapy carries important responsibilities. Please comment on the applicant's qualifications, ability, character, etc.:

Two horizontal lines for providing comments on the applicant's qualifications.

Signature Date Printed Name License Number (if applicable)

Institution/Clinic Where Employed Title Business Telephone

Mailing Address Email Address

City State Zip Code



THE STATE of ALASKA

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

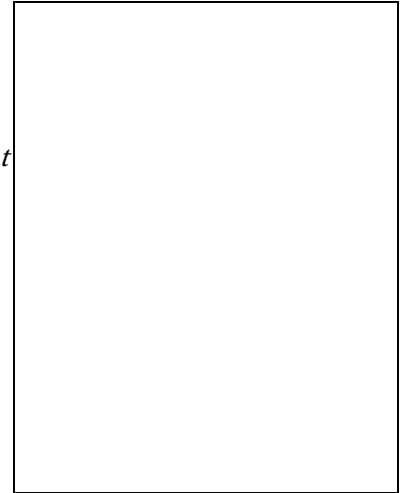
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Preceptorship Statement for Internship of Foreign-Trained Physical Therapist

This internship must be reviewed and approved by the board before the internship can take place. DO NOT BEGIN INTERNSHIP UNTIL APPROVED BY THE BOARD. Internship must be for a minimum of six months averaging not less than 35 hours per week for a combined total of 910 hours.

Applicant's Name: First: Middle: Last:

1. Name of Facility: _____

Type of Facility: _____

2. Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

3. Date internship will start: _____ (Note: You must have board approval before internship can begin.)

Date facility anticipates the internship will be completed: _____

4. Name of Supervisor: _____

Present Position: _____

Years Experience: _____

5. Physical Therapists on staff in department and number of hours worked per week: (Must have at least two full-time licensed physical therapists on staff)

Name of Physical Therapist PT license number Number of hours worked per week

Name of Physical Therapist PT license number Number of hours worked per week

Name of Physical Therapist PT license number Number of hours worked per week

6. Other staff in department:

Three horizontal lines for listing other staff in department



THE STATE of ALASKA

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

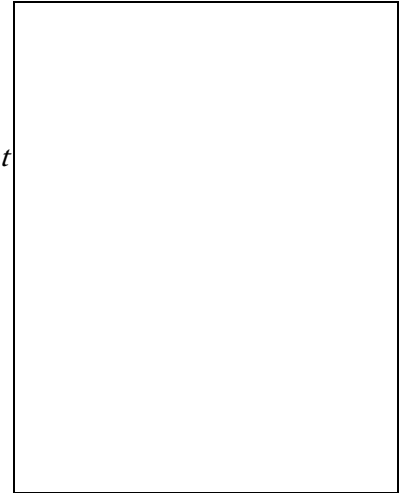
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Preceptor Credentials Review
For Federal Government Facilities: PHS and Military

To be completed by the physical therapist employed by a federal facility, who wishes to serve as a preceptor of the internship required by AS 08.84.032(2), but who is not licensed in the State of Alaska.

- 1. Name of Preceptor:
2. Mailing Address:
City: State: ZIP Code:
3. Telephone:
4. Education:

Table with 4 columns: Name of School, Location, Dates (From/To), Degree or Number of Hours

- 5. Professional Experience (last five years):
Table with 3 columns: Name and Address, Position, Dates

- 6. Have you ever taken a national examination for physical therapist?
Administered by:
Examination date: Place administered:

7.Licensing Background – List all states in which you are licensed:

State	Date Issued	Status
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. GENERAL INFORMATION - If you answer “yes” to any question, please explain in full on a separate signed statement and enclose applicable legal documentation.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied the privilege of taking an examination before any state Physical Therapy Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a violation of any federal or state narcotic laws? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any malpractice settlements or judgments paid on your behalf? | <input type="checkbox"/> | <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?..... | <input type="checkbox"/> | <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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a physical disability which could affect your ability to practice physical therapy? | <input type="checkbox"/> | <input type="checkbox"/> |

Please be aware that all information on this application will be available to the public, unless required to be kept confidential by state or federal law.

I hereby certify that the information in this application is true and correct to the best of my knowledge. I understand that any false information may result in failure to obtain approval as a preceptor.

Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____
this _____ day of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____



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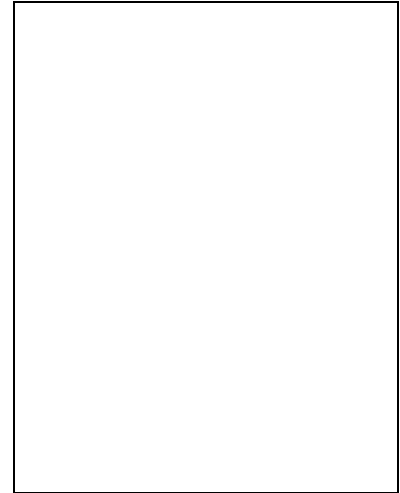
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Candidate Evaluation of Internship

To be mailed directly to the Division by the candidate at completion of internship.

Name of Candidate: _____

Name of Facility: _____

Date of Internship: _____

Describe quality and adequacy of the following items; please use back of sheet or second page for extra space.

1. Physical Setting (Facility)

a. Space/Layout: _____

b. Equipment: _____

c. Other: _____

2. Patient Exposure

a. Number of Patients: _____

b. Variety: _____

c. Scheduling: _____

3. Department of Administration

a. Level of Supervision: _____

b. Fairness of Supervision: _____

c. Adequacy of Staffing: _____

d. Staff Relationships: _____

e. Standards of Treatment: _____

COMMENTS:

1. Was your role defined/understood at the beginning and throughout the internship? Was it appropriate?

2. What were the positive and negative aspects of this experience?

3. How would you improve the experience?

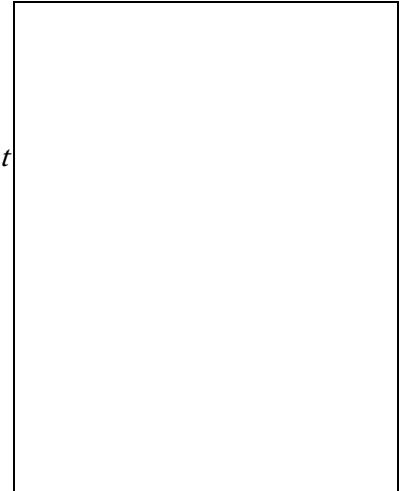
OTHER COMMENTS: _____

Signature: _____ Date: _____



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Preceptor Evaluation of Foreign-Trained Candidate

To be mailed directly to the Division by the preceptor at completion of internship.

Preceptorship For: P.T. _____
P.T.A. _____
Evaluation: Interim _____
Final _____

Table with 2 columns: Rating (1-4, N/A, N/E) and Description (above average, average, below average, unacceptable, not applicable, no experience)

Name of Candidate: _____

Name of Preceptor: _____

Dates Inclusive: _____

Number of Hours Worked Per Week: _____

List duties performed by candidate during preceptorship:

List types of patients actually evaluated and treated by the candidate:

Experience with other department/agencies (describe in detail on separate sheet, if needed):

Using the Rating table above, rate and/or describe candidate's performance in following areas:

1. Quantity of work and effective use of time:

2. Quality of work:

_____ a. Modalities _____

_____ b. Acute — orthopedics _____

— neurologic _____

_____ c. Chronic — orthopedics _____

— neurologic _____

_____ d. Pediatric — orthopedics _____

— neurologic _____

_____ e. Sterile technique _____

_____ f. Other _____

3. Communication Skills:

_____ a. With patients and families (verbal and written) _____

_____ b. With staff _____

_____ c. Charting _____

4. Professionalism:

_____ a. Personal presentation _____

_____ b. Ability to work with staff, physicians, and other departments/agencies _____

_____ c. Judgement _____

_____ d. Ethics _____

5. Treatment Planning and Implementation:

_____ a. Scheduling _____

_____ b. Goal setting _____

_____ c. Implementation and discharge _____

6. English Proficiency: Is candidate's first language English? Yes No

_____ a. Verbal _____

_____ b. Written _____

7. _____ Is the intern/candidate ready to take the NPTE/NPTAE? Yes No

COMMENTS:

Do you feel this candidate's work is adequate for independent practice? Yes No

If no, why? _____

Overall Rating: Excellent Good Fair Poor

Other Comments:

Signature of Candidate
(for interim evaluation only)

Signature of Preceptor

Date

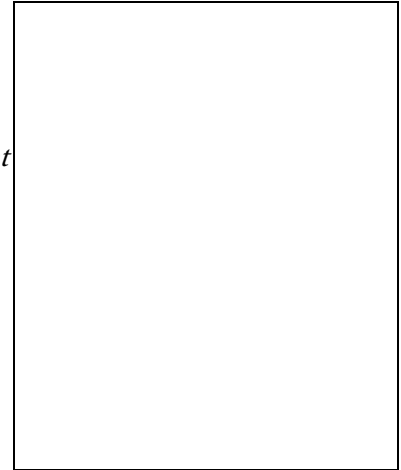
Date



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Temporary Permit Statement of Responsibility for Foreign-Trained Examination Applicant

This form must be submitted after a foreign-trained applicant has completed the six-month internship.

Table with 4 columns: Applicant's Name, First, Middle, Last

Date: _____

To State Physical Therapy and Occupational Therapy Board:

I, _____, will assume the full responsibility of supervising
(Print Supervisor Name)

_____ in the practice of physical therapy.

Name of Facility Where Supervision will take place

located at _____

Mailing Address: _____

This supervision will be held in compliance with the statutes and regulations set forth by the State Physical Therapy and Occupational Therapy Board.

I understand that the applicant's temporary permit will expire when the results of the examination for which the applicant is scheduled are published. ("Published" means the date of notification of examination results from the Division of Corporations, Business and Professional Licensing to the applicant.) If the applicant has not yet passed the required English exams at this point, they are not eligible to obtain a permanent license. 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.

Signature of Supervisor

Alaska Physical Therapy License Number: _____

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____

this _____ day of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____



Board of Physical Therapy and Occupational Therapy

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Jurisprudence Questionnaire

All applicants for licensure must complete the following questionnaire prepared by the Board of Physical Therapy and Occupational Therapy. The questions cover the provisions of AS 08.84 and 12 AAC 54 (the Board's specific statutes and regulations). Centralized Statute 08.01 is also referenced.

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 answer for each question.

Step 1 Select the correct answer

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

The questionnaire will not be graded. If you fail to check an answer or cite the law, your application for licensure will be considered incomplete and the questionnaire will be returned to you for completion.

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 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 Regulation 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.** _____

! 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 with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. 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.

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. If your program offers temporary licenses, they are issued for 8 months or until permanent licensure or if by exam, until the results of the first examination for which the applicant is scheduled are published, whichever occurs first.

"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 three 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.

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".

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 Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

SPECIAL ACCOMMODATIONS FOR EXAMINATION:

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 an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

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, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 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, call (907) 465-2550 or online at: 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 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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