

For Board Use Only

Date of Application _____ App Fee \$ _____ Check# _____
Date of NPTE Exam _____ Examination Results _____
License Number _____ Date Issued _____ Expires _____
Date Child Support Checked: _____ Date NPDB Checked: _____
DCI Results Received: _____ FBI Results Received: _____

South Dakota Board of Physical Therapy

810 N. Main St., #298 · Spearfish, SD 57783-2446 · Phone: (605) 642-1600

Please select type of License requested:

____ Physical Therapist (\$120 application fee)
____ Physical Therapist Assistant (\$120 application fee)

GENERAL INFORMATION (Please Type)

1. Name _____ 2. Degree _____
(Last) (First) (MI) (Previous or Maiden name)

Additional Name(s) or Alias _____

Social Security Number _____

3. Home Address _____
(Street or P.O. Box) (City) (State) (Zip)

Home Phone (____) _____

Email Address: _____

4. Business Address _____
(Street or P.O. Box) (City) (State) (Zip)

Business Phone (____) _____

5. Date of Birth ____/____/____ Place of Birth: _____

6. NPI Number: _____

7. FSBPT Number: _____

8. Gender: _____

9. Race (optional): _____

10. Ethnicity (optional) (Please Circle One): Hispanic - Non Hispanic

11. Are you or have you ever been licensed as a Physical Therapist or Physical Therapist Assistant any other State or Province?
Please request a Verification of Licensure from each State or Province and have it returned directly to the Board Office.

State: _____ Licensure Type: _____

Issue Date _____ Expiration Date _____ License Number _____

State: _____ Licensure Type: _____

Issue Date _____ Expiration Date _____ License Number _____

State: _____ Licensure Type: _____

Issue Date _____ Expiration Date _____ License Number _____

State: _____ Licensure Type: _____

Issue Date _____ Expiration Date _____ License Number _____

12. Have you ever been licensed as a Physical Therapist or Physical Therapist Assistant in **South Dakota**?

Licensure Type _____ Licensure Number: _____

Issue Date _____ Expiration Date _____

Reason for Lapse or Termination: _____

13. Have you taken the NPTE Exam? Yes No

If yes, you are responsible for contacting the Federation of State Boards of Physical Therapy (FSBPT) and having your score sent directly to this Board.

14. Date _____

15. Pass/Fail (if applicable) _____

16. If not, when will you take the exam? _____

17. If not, what state do you plan to take the exam? _____

ANSWERING YES TO ANY OF THE FOLLOWING QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM OBTAINING A LICENSE. HOWEVER, PROVIDING FALSE OR MISLEADING ANSWERS WILL DISQUALIFY YOU FROM OBTAINING A LICENSE

18. Has any State/Province rejected your application or revoked your professional license or certificate? Yes No

19. Has any professional association rejected your application for membership or revoked a membership you held? Yes No
If yes, give complete details on a separate sheet.

20. Has any State/Province Regulatory Board or any professional organization determined that you committed unprofessional conduct? Yes No
If yes, give complete details on a separate sheet.

21. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony? Yes No

If yes, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

22. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense? *it is the applicants responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor Yes No

If yes, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

23. Have you ever received charges of sexual discrimination or misconduct in the workplace? Yes No
If yes, give complete details on a separate sheet.
24. Have you received treatment for addictions of any kind including those related to drugs or alcohol? Yes No
If yes, give complete details on a separate sheet.
25. Have you received a mental health diagnosis that would prevent you from professional practice? Yes No
If yes, give complete details on a separate sheet.
26. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes No
27. Is your spouse an active duty member of the armed forces? Yes No
If yes, was your spouse subject to military transfer to South Dakota? Yes No
If yes, did you leave employment to accompany your spouse to South Dakota? Yes No

28. **EDUCATION OR TRAINING Request official transcripts verifying graduation from accredited Physical Therapist or Physical Therapist Assistant Program to be sent directly to the Board office.**

University Or College	Address (City, State, Zip)	Dates Attended (xx/xx/xxxx – xx/xx/xxxx)	Degree	Major Subject
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____

29. Was your education or training received outside the United States? Yes No
If No, please proceed to question 30.
If yes, have you taken and passed the TOEFL Exam? Yes No

EDUCATION OR TRAINING RECEIVED OUTSIDE THE UNITED STATES

University Or College	Address	Dates Attended (xx/xx/xxxx – xx/xx/xxxx)	Degree	Major Subject
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____

30. **PROFESSIONAL EXPERIENCE** (Please list current position first)

Employer Name (current)_

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Phone Number: _____ Contact Name: _____

Position _____

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Phone Number: _____ Contact Name: _____

Position _____

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Phone Number: _____ Contact Name: _____

Position _____

Start Date: _____ End Date: _____

Employer Name: _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Phone Number: _____ Contact Name: _____

Position _____

Start Date: _____ End Date: _____

PLEASE READ CAREFULLY BEFORE YOU SIGN:
Affidavit and Authorization Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in the South Dakota license application process and documentation, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I will read and understand the South Dakota Board of Physical Therapy Application and will answer all questions during the application process and contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my application being denied and or being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the South Dakota Board of Physical Therapy any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the South Dakota Board of Physical Therapy or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the South Dakota Board of Physical Therapy, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the South Dakota Board of Physical Therapy.

I will immediately notify the South Dakota Board of Physical Therapy in writing of any changes including those changes to the answers to any of the questions contained in the application if such a change occurs at any time prior to licensure being granted to me.

I understand my failure to answer questions during the application process or questions contained in the application process truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice in South Dakota.

Applicant's Signature

Date (mm/dd/yyyy)

Please print name as you would like it to appear on license

(continue to last page)

NOTORIZATION

The applicant _____, having appeared before me and being identified as the same individual by the appropriate identification, being sworn, deposes and says that he/she is the person who executive this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application.

Subscribed and sworn before me this _____ day of _____, _____

My commission expires _____

Signature of Notary Public