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 Application

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

Type of License Requested

☐ Physical Therapist ($120 application fee)
☐ Physical Therapist Assistant ($120 application fee)

Are you relocating to South Dakota because of military orders for you or your spouse? ☐ Yes ☐ No
If yes, please contact the Board office.

General Information

First Name _____ Middle Name _____ Last Name _____

Degree _____

Additional Name(s) or Alias _____

Social Security Number _____

Home Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ E-Mail Address _____

Business Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____

Date of Birth _____

FSBPT Number (if applicable): _____ NPI Number (if applicable) _____

Gender: ☐ Male ☐ Female Race(optional): _____ Ethnicity (optional): ☐ Hispanic ☐ Non Hispanic

Practice Information

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_____

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: _____

Have you passed the NPTE/NPTAE Exam? ☐ Yes ☐ No

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

Date _____

If not, when will you take the exam? _____

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

Criminal Background Questions

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

1. Has your license, certificate, registration, or permit ever been subject to disciplinary action? Disciplinary action includes revocation, suspension, probation, stipulation or condition. ☐Yes ☐ No
If yes, give complete details on a separate sheet.

2. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificates you hold? ☐Yes ☐ No
If yes, give complete details on a separate sheet.

3. Is there any pending criminal prosecution against you? ☐Yes ☐ No
If yes, give complete details on a separate sheet.

4. 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

5. 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 applicant's responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor ☐Yes ☐ No

If you answered YES to 4 or 5, 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.

6. Do you have any physical or mental condition (including alcohol or substance use) that currently impairs your ability to practice physical therapy in a competent, ethical and professional manner? ☐Yes ☐ No

7. 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

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 _____ Degree_____

Dates Attended (Month/Year- Month/Year) _____ Graduation Date _____

University or College _____ Degree_____

Dates Attended (Month/Year- Month/Year) _____ Graduation Date _____

University or College _____ Degree_____

Dates Attended (Month/Year- Month/Year) _____ Graduation Date _____

Was your education or training received outside the United States? ☐Yes ☐ No
If yes, please provide details, below.
If yes, have you taken and passed the TOEFL Exam? ☐Yes ☐ No

EDUCATION OR TRAINING RECEIVED **OUTSIDE THE UNITED STATES (skip if you did not receive training outside of US)**

University or College _____ Degree_____ Graduation Date_____

Professional Experience

Employer Name: _____

Employer Address _____ City _____ State _____ Zip_____

Phone Number _____ Contact Name _____

Position _____ Start Date _____ End Date _____

Employer Name: _____

Employer Address _____ City _____ State _____ Zip_____

Phone Number _____ Contact Name _____

Position _____ Start Date _____ End Date _____

Employer Name: _____

Employer Address _____ City _____ State Zip

Phone Number _____ Contact Name _____

Position _____ Start Date _____ End Date _____

Affidavit and Authorization Release of Information

PLEASE READ CAREFULLY BEFORE YOU SIGN:

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 Signature _____ Date _____

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

Notarization

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_____

_____ (SEAL)

Signature of Notary Public