



# State of New Hampshire Office of Professional Licensure & Certification

7 Eagle Square, Concord NH 03301  
Phone: 603-271-2152

## **PHYSICAL THERAPIST ASSISTANT – INITIAL APPLICATION CHECKLIST**

### **APPLICABLE LAWS AND RULES**

Please use the following link to reference applicable Laws and Rules:

[Physical Therapy Governing Board Laws and Rules | NH Office of Professional Licensure and Certification](#)

### **ELIGIBILITY REQUIREMENTS**

You must complete the following requirements to be eligible to apply:

- Associate Degree in Physical Therapy
- Federation of State Boards of Physical Therapy (FSBPT) Certified

### **REQUIRED INFORMATION**

Please use this required information checklist to prepare for your initial *online application*. Required information and documents not submitted may cause delays in issuance of a license.

#### **The following items are required to be submitted from a 3<sup>rd</sup> Party:**

- Education Credits and Transcript(s) relevant to the eligibility requirement
  - o Transcripts prepared by and submitted directly from the institution – either electronically to [oplclicensing3@oplcnh.gov](mailto:oplclicensing3@oplcnh.gov) or by postal mail in an envelope sealed by a registrar/institution to:  
OPLC – Board of Allied Health  
7 Eagle Sq.  
Concord, NH 03301
- Jurisprudence Assessment
  - o Use <https://www.fsbpt.org/Our-Services/Jurisprudence-Assessment-Module-JAM-Services> to complete the module.
- Letters of Verification from other states of licensure, if applicable, sent directly to the board – either electronically to [oplclicensing3@oplcnh.gov](mailto:oplclicensing3@oplcnh.gov) or by postal mail
- FBI Criminal History Check: [how-to-obtain-cbc.pdf \(nh.gov\)](#)

#### **If Foreign Educated – additional requirements to be submitted from a 3<sup>rd</sup> Party:**

- Submit request for Foreign Credentialing Commission on Physical Therapy (FCCPT) to send report of eligibility to [oplclicensing3@oplcnh.gov](mailto:oplclicensing3@oplcnh.gov)
- Complete the Test of English as a Foreign Language (TOEFL) Assessment
  - o Results to be sent directly to [oplclicensing3@oplcnh.gov](mailto:oplclicensing3@oplcnh.gov)

**The following items are required to be uploaded during the online application process.**

**There are restrictions for type and size of each document.**

- Document size must be less than 4 MB
- File names must have extensions on them (.doc, .docx, .pdf, .png, .jpg, .txt, .gif)
- Document name must not exceed 90 characters

**As an alternative, you may scan and email your documents to:** [oplclicensing3@oplcnh.gov](mailto:oplclicensing3@oplcnh.gov)

- Resume



State of New Hampshire  
Office of Professional Licensure & Certification

7 Eagle Square, Concord NH 03301  
Phone: 603-271-2152

**Be prepared to respond to the following questions. If you answer “yes” to any of the questions, please provide a letter of explanation – either electronically to [oplclicensing3@oplcnh.gov](mailto:oplclicensing3@oplcnh.gov) or by postal mail.**

1. Do you have any reason to believe that you will soon be the subject of a disciplinary proceeding, settlement or consent decree undertaken or issued by a professional licensing board of any state or jurisdiction?
2. Has any malpractice claim been made against you?
3. Have you, for disciplinary reasons, been put on administrative leave, been fired for cause other than staff reductions from a position at your place of employment, or had any privileges limited, suspended or revoked in any of the following settings: hospital, healthcare setting, home health care agency, educational institution, or other professional settings.
4. Have you ever been denied the privilege of taking an examination required for professional licensure?
5. Have you any physical, mental or emotional condition, or an alcohol or substance abuse problem, which could negatively affect your ability to practice the profession for which you seek licensure?
6. Do you engage in any remedial undertaking to alleviate any of the conditions listed in the question above which could itself negatively affect your ability to practice the profession for which you seek licensure?
7. Have you committed any act(s) that would violate the laws and/or rules that govern the profession for which you are applying?
8. Have you ever been found guilty or entered a plea of no contest to any felony or misdemeanor?
9. Have you ever been the subject of any disciplinary action by any professional licensing authority?
10. Have you ever been denied a license, or other authorization to practice in any state or jurisdiction?
11. Have you ever surrendered a license or other authorization to practice in order to avoid or settle disciplinary charges?
12. Pursuant to RSA 125:25-c do you have an ownership interest in any diagnostic or therapeutic service(s) company(ies)? If you answer Yes you must attach a list of ALL diagnostic or therapeutic services provided by each company.

**Be prepared to acknowledge the following:**

I acknowledge that knowingly making a false statement on this application is a misdemeanor under RSA 641:2.I. I certify that the information I have provided on all parts of the application and in the documents that I have personally submitted to support my application is complete and accurate to the best of my knowledge and belief. I also certify that I have read the statute and the rules of the Board and promise that, if I am licensed, I will abide by them.

**Be prepared to pay a Licensing Fee at the end of the online application.**

- Current fees are located:  
[Physical Therapy Governing Board License Fees | NH Office of Professional Licensure and Certification](#)
- Forms of payment accepted: MasterCard, VISA, AMEX and Discover.