



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Physical Therapy Examiners

P.O. Box 11329 • Columbia, SC 29211
Phone: 803-896-4655 • Fax: 803-896-4719
www.llr.sc.gov/POL/physicaltherapy/



ONLINE APPLICATION INSTRUCTIONS FOR APPLICATION BY EXAM

Please allow 7-10 business days from the date your application is submitted to check your application status. You will be emailed or mailed a deficiency letter detailing what may be pending at the time your application is processed. You may check your application status on the website under Application Status.

<http://llr.sc.gov/POL/PhysicalTherapy/>

The licensure process may take between 4-6 weeks.

Attached are the forms you will need to upload or mail in to the Board office to process your application.

The **Verification of Lawful Presence** and **Notarized Affidavit** for your signature require a Notary to witness your signature.

The C-20 Form – Verification of Completion of Graduation Requirement:

If you intend to sit for the NPTE Exam before graduation, you will need to have this form completed. The applicant may fill out the top portion of this form; however, the School Registrar (not Department Head) will need to fill in the applicable dates, sign and attach the Registrar's seal and mail directly to our office.

You are responsible for ensuring the Board office receives your official transcript once your degree has been conferred.

Contact the NPTE to register for your exam at <http://www.fsbpt.org/>.



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NOTARIZED AFFIDAVIT (SIGNATURE)

I, _____, am the person described and identified, named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Applicant's Signature: _____ Date: _____

Sworn to and subscribed me this _____ day of _____, 20__.

Notary Signature: _____

Print Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

You can submit this page by either attaching it to the online application under the "Uploads" section OR by mailing this page to the Board. The mailing address for the Board is:

**SC Board of Physical Therapy Examiners
PO BOX 11329
Columbia, SC 29211**

Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
 being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)



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PASSPORT PHOTO FORM

I, _____, am the person shown in the attached photograph
(Print name)
and I certify it has been taken within the last six (6) months,

(Signature)

(Date)

Tape Passport
Photo Here
2 x 2

You can submit this page by either attaching it to the online application under “Uploads” section or by mailing directly to our office at the above address.

S.C. BOARD OF PHYSICAL THERAPY EXAMINERS (SCBPTE)
P.O. BOX 11329 COLUMBIA, S.C. 29211-1329

**VERIFICATION OF COMPLETION OF GRADUATION
REQUIREMENTS**

Licensure applicants for the state of South Carolina, who are currently enrolled in an academic program and whose degree in physical therapy has not yet been conferred, must have the school registrar complete this form to be submitted to SCBPTE for admission to the National exam.

Upon the completion of academic program and degree conferral, a **final official transcript** must be mailed directly from the school to SCBPTE to receive a permanent license to practice.

NOTICE TO REGISTRAR: This form must be signed, dated or mailed by the school directly to the Board office.

TO BE COMPLETED BY REGISTRAR OFFICE ONLY

_____	_____
Applicant Name	*** - * - Last five digits of Social Security Number
_____	_____
Name of Educational Institution	Degree & Date of Degree Conferral

School Address, City, State, Zip Code	
_____	_____
Date Academic Requirements Completed	Date Clinical requirements will be completed

I certify, under penalty of perjury, that the applicant named above has **completed all academic requirements** and is currently completing the required clinical and there are no impediments to confer his/her degree.

**Registrar's
Seal
Required**

Signature of Registrar

Print Name

Date Signed

School Telephone Number