



LICENSURE BY EXAM

Submit the following with your application to the above address:

- Check or Money Order in the amount of **\$120** made payable to **SCBPTE** (Fee is non-refundable)
 A returned check fee of \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver's License, State Issued ID or Passport
- Copy of your social security card
- 2x2 Passport Photo taken than less than 6 months prior to the application
- Legal documentation of name change (If applicable)

Have submitted directly to the Board office from the issuing agency at the above address:

- Official copy of your school transcripts (after graduation)
- NPTE Scores (<http://www.fsbpt.org/>)
- Verification of Completion of Graduation Requirements (C-20 Form), if applying to sit for the exam before graduation

Type of license you are applying for: Physical Therapist Physical Therapist Assistant

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION:

Full Name: _____ Maiden: _____

Home Address: _____ District: _____
(Street, City, State & Zip) Congressional District (SC Residents Only)

Mailing Address: _____
(If different than above)

Date of Birth _____ Social Security # _____ Telephone: (____) _____

Email address: _____

Is English your native language? YES NO

If no, what is your language? _____ Have you taken the TOEFL? YES NO

Have you ever legally changed your name including marriage or divorce? YES NO

If yes, you are required to enclose a copy of the legal document indicating the official change.

For Statistical Purposes Only:

Sex: _____ Race: _____ Marital Status: _____ Place of birth: _____

EDUCATION:

PT/PTA College:

School: _____ Location (city/state or country): _____

Degree: _____ Date of Attendance/ Date Degree Awarded: _____

Undergraduate (if applicable):

School: _____ Location (city/state or country): _____

Degree: _____ Date of Attendance/ Date Degree Awarded: _____

EXAM INFORMATION:

1. Have you previously taken the National Physical Therapy Examination? **YES NO**
If yes, list the exam date(s) and location(s): _____
2. Are you applying to take the exam on South Carolina? **YES NO**
If no, what state do you plan to take the NPTE? _____
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PERSONAL HISTORY:

Answer all the questions below; you are required to include a written statement with your application for any questions marked "Yes". If you answer "Yes" to an arrest or conviction, you will need to have the court mail to our office the disposition and you will need to have a Statewide Background check mailed in directly from the law enforcement agency.

1. Have you ever been notified to appear or appeared before any professional or occupational licensing Jurisdiction/Agency for a hearing or complaint? **YES NO**
2. Have you ever had a license denied, surrendered, suspended, revoked or restricted by any professional or occupational licensing agency for any reason? **YES NO**
3. Have you ever resigned from employment in lieu of disciplinary action? **YES NO**
4. Is your ability to practice as a physical therapist or physical therapy assistant impaired by any physical or mental condition? **YES NO**
5. Have you ever been convicted of, pleaded guilty or nolo contendere to a felony crime of any kind or to a non-felony crime involving drugs or moral turpitude? **YES NO**

**Tape a recent 2 x 2
Passport Photo
(less than 6 months old)
Photos that do not meet
passport requirements
are not acceptable**

PRIVACY DISCLOSURE:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

ATTESTATION:

State of _____, County of _____

being duly sworn, _____ states that he/she is the person referred to in this application and that the statements contained herein are true in every respect.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____ 20____.

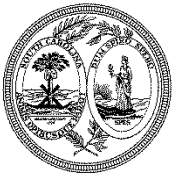
Notary Signature: _____

Print Name: _____

Notary for the State of: _____

My Commission expires: _____

(Notary Seal)



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)