



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Physical Therapy Examiners
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4655 • Contact.PT@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/pt

Physical Therapist Exam Licensure Requirements

Before contacting the SC Board Physical Therapy Examiners– You may check your application status online by selecting [Application Status](https://llr.sc.gov/pt/) at <https://llr.sc.gov/pt/>

To be licensed by the board as a Physical Therapist Assistant by exam an individual must:

1. Be a graduate of a [Commission on Accreditation in Physical Therapy Education \(CAPTE\)](#) accredited physical therapy assistant educational program.
2. Achieve a minimum passing score on the National Physical Therapy Exam (NPTE) of 600. **NO** person may be licensed if the person has failed the examination six or more times, whether or not the exam was taken in South Carolina.
3. Speak the English language as a native language or demonstrate an effective proficiency of the English language in the manner prescribed by and to the satisfaction of the board.
4. Legal documentation of name change, if applicable
5. Complete a state and national criminal records check, supported by fingerprints by the FBI.

Application Instructions by Examination for Physical Therapist Assistant

Application Fees Physical Therapist-\$110

Submit the following with your online application:

- Applicable non-refundable application fee. You may be charged up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your social security card
- Affidavit and 2x2 Passport Photo taken less than 6 months prior to the application
- Notarized Affidavit Form
- [Notarized Verification of Lawful Presence Form](#)
- Legal documentation of name change, if applicable
- Written Explanation of Yes Answer Form, if applicable

All documents must be submitted directly to the Board's office from the issuing agency:

- Official Transcripts- Transcripts must be submitted directly to the Board by the institution and must show that the degree has been conferred. Transcripts may be emailed to Contact.PT@llr.sc.gov or mailed directly to the SCBPTE at PO Box 11329, Columbia, SC 29211.
 - NPTE Score. The minimum acceptable score is 600. Exam score must be submitted to the board directly from FSBPT to be accepted. NO person may be licensed if the person has failed the examination six or more times, whether or not the exam was taken in South Carolina.
 - [TOEFL Score](#), If Applicable-If English is not your native language you are required to take and pass the TOEFL Exam. TOEFL score must be submitted to the board directly from Exam Testing Service (ETS). To pass you must have an overall minimum score of 20 and 4 or higher in each category.
 - Fingerprint Background Checks Results- All applicants must undergo state/federal criminal records check with fingerprint review. Upon receipt of application, you will be issued instructions regarding the fingerprint process. DO NOT have your fingerprints or CBC report processed until you have submitted an application and received instructions from the board.
-
- [Online Application - Select this link to create an account](#)
 - [Online Application Forms](#)



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Physical Therapy Examiners
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4655 • Contact.PT@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/pt

EXPLANATORY STATEMENT OF “YES” ANSWERS

Name: _____ Phone No.: _____

Email: _____

Explanation of “Yes” answer to Personal History Question no. (Check one only):

1 2 3 4 5 6 7

Jurisdiction in which the action/event occurred (City, County & State): _____

Any case, file or credential number: _____

Attach all supporting documentation, such as court documentation and disposition, if applicable.

Explanation:

AFFIRMATION

I certify under penalty of perjury that that all statements, answers and representations made in this form, including all supplementary documents submitted with the form, are true and correct to the best of my knowledge after undertaking due diligence to determine their accuracy.

Signature

Date



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)