



# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board  
Physical Therapy Section

## Waiver of Test of English as a Foreign Language (TOEFL) requirements

An internationally-educated applicant is a person whose physical therapy and physical therapist assistant education was obtained in a program not accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE).

### Section I: TOEFL requirement – OAC 4755-23-12

#### TOEFL score requirements:

(1) Scores of at least:

- (a) 4.5 on the test of written English (TWE);
- (b) Fifty on the test of spoken English (TSE); and
- (c) Two hundred twenty on the computer based test of English as a foreign language (TOEFL) or five hundred sixty on the paper based TOEFL; or

(2) Scores on the TOEFL iBT of at least:

- (a) Twenty-four on the writing section;
- (b) Twenty-six on the speaking section;
- (c) Twenty-one on the reading comprehension section;
- (d) Eighteen on the listening comprehension section; and
- (e) Eighty-nine on the overall examination.

An internationally-educated applicant whose native language is English and who graduated from a physical therapy or physical therapist assistant education program located in Australia, Canada (except Quebec), Ireland, New Zealand, or the United Kingdom shall not be required to demonstrate a working knowledge of English.

### Section II: TOEFL waiver provisions

An internationally-educated applicant who is a candidate for licensure by endorsement may request a waiver for the TOEFL requirements.

In order to qualify for a waiver, the applicant must show proof of completion of a minimum of 1,000 hours of clinical practice each year in a state or territory of the United States or in a country listed above for three of the last ten years immediately prior to application. No more than five years can have elapsed since the applicant has been actively engaged in the practice of physical therapy. The physical therapy section may, at its discretion, grant a waiver of the TOEFL requirement.

### Section III: Employment information

*-If you worked for a contract company, please list the company name and then the facility/facilities in parentheses.*

Employer #1: (Company/Employer Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title:
Supervisor email:	
List the specific date(s) and number of hours per week you provided services at this workplace:	

<b>Employer #2:</b> (Company/Employer Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title:
Supervisor email:	
List the specific date(s) and number of hours per week you provided services at this workplace:	
<b>Employer #3:</b> (Company/Employer Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title:
Supervisor email:	
List the specific date(s) and number of hours per week you provided services at this workplace:	

**Section D**

I, the undersigned, hereby certify that the information provided on the employment history form is accurate to the best of my knowledge.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Type of License

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Return This Document**

The applicant will upload the completed form to:

<https://elicense.ohio.gov>