

**Ohio OTPTAT Board**  
**Physical Therapist/Physical Therapist Assistant**  
**Endorsement Application Instructions**

The **endorsement application** applies to any individual who:

- has passed the National Physical Therapy Examination (NPTE), **AND**
- holds a current, valid license to practice physical therapy in another U.S. state or territory.

You may not practice physical therapy in Ohio until you receive a license.

**Non-U.S. Educated Applicants for Licensure.** Please review the *Guidelines for Non-U.S. Educated Applicants for Physical Therapy Licensure* document on the Board’s website for information about the additional application requirements for Non-U.S. educated applicants.

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| <b>REQUIRED DOCUMENTS</b> |
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Applicants are required to electronically upload documents to apply for licensure.

| <b>Document to Upload with your online application</b>   |
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| <b>Non-refundable application fee of \$100.00.</b> Pay fee with online application. Acceptable forms of payment are: Master Card, Visa, or Discover.   |
| <b>Certification of Entry-Level Education</b> Upon program completion, applicant will submit form to the academic program. The academic program will return completed form to the applicant. In lieu of the Certification of Entry-Level Education form, the Board will accept an Official Transcript from the CAPTE Accredited Program. The applicant is required to upload the completed form/transcript with online application. Retain the hard copy for your records.   |
| <b>Verification of Licensure</b> You must provide an official verification from any jurisdiction in which you hold or have ever held a license, certification, or registration to practice physical therapy or another health care profession. Jurisdiction means any state, U.S. territory, or foreign country. <b>Upload the completed form with online application. If submitting verifications from multiple states, please scan all verifications into one pdf document, then upload one attachment to the online application.</b> Retain the hard copy for your records. |
| <b>Applicants with Felony Convictions</b> Please review the <i>Requirements for Applicants with Felony Convictions</i> document on the Board’s website for information about information that should be submitted to expedite the processing of your application. Upload documentation to the online application.  |
| <b>Non-U.S. Educated Applicants Only: TOEFL-ibt,</b> upload your TOEFL-ibt examination score with the online application. Retain the hard copy for your records.   |

These documents are required to be sent directly to the Ohio OTPTAT Board, such as background checks, and credential evaluation.

| <b>Documents that must be sent directly to the Board</b>  |
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| <b>FSBPT NPTE Exam Score Transfer</b> You are required to contact the Federation of State Boards of Physical Therapy (FSBPT) <a href="https://www.fsbpt.org/Licensees/BecomeLicensedinAnotherState/ScoreTransferService.aspx">https://www.fsbpt.org/Licensees/BecomeLicensedinAnotherState/ScoreTransferService.aspx</a> to request a score transfer to the State of Ohio.  |
| <b>Ohio Jurisprudence Assessment Module (JAM) results.</b> You may register for the Ohio JAM online at <a href="https://www.fsbpt.org/Our-Services/Jurisprudence-Assessment-Module-JAM-Services/Ohio">https://www.fsbpt.org/Our-Services/Jurisprudence-Assessment-Module-JAM-Services/Ohio</a> . Your results will be sent directly to the Ohio OTPTAT board. The JAM is an online, on-demand learning and assessment tool based on the Ohio physical therapy practice act. |
| <b>Criminal records check.</b> Please review the <i>BCI/FBI Criminal Records Check Instructions</i> document on the Board’s website for additional information. Please note that if your license is not issued within 6 months of the date the Board receives the criminal records check results, you will be required to submit new criminal records checks.   |
| <b>Non-U.S. Educated Applicants for Licensure: Credential Evaluation</b> The Credential Evaluation must be mailed or emailed directly from the Credentialing Agency to the Ohio OTPTAT Board.   |

Additional requirements for individuals who have not practice physical therapy for five or more years prior to the date of this application. The Physical Therapy Section defines “out of practice” for a physical therapy practitioner as working less than 500 hours over a five-year period.

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| <b>FSBPT NPTE Registration.</b> You are required to register with the Federation of State Boards of Physical Therapy (FSBPT) <a href="https://www.fsbpt.org/ExamCandidates.aspx">https://www.fsbpt.org/ExamCandidates.aspx</a> to sit for the NPTE. You are required to submit your examination registration fee directly to the FSBPT. FSBPT cannot make you eligible to sit for the NPTE until <i>after</i> you register to sit for the NPTE. |
|---|

## TO APPLY

Complete the online application through the Ohio elicense portal: <https://elicense.ohio.gov>

Failure to supply required information may result in denial of the application.

If your application remains incomplete for one year from the date it is received, your file will be closed.

Providing your Social Security Number for licensure is required by state & federal law.

## AFTER YOU APPLY

Following submission and payment for your application, you will receive an email confirming your submission and payment. Once you have submitted your application you cannot make any changes to your application.

If you need to contact the Ohio OTPTAT Board, please visit: <http://otptat.ohio.gov/ContactUs.aspx>

Revised July 27, 2021



# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

## Criminal Records Check Instructions

### Criminal Records Check Required for Initial Licensure

Section 4755.70 of the Ohio Revised Code requires all individuals applying for a license issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI).

### Instructions for Individuals Residing in Ohio or within 75 miles of Ohio

Applicants residing in Ohio or within 75 miles of Ohio are required to utilize "WebCheck" to electronically submit their fingerprints to BCI. The Board will typically receive the results of a criminal records check submitted via "WebCheck" within 7 to 10 business days. In addition to the [\\$22 BCI fee](#) and the [\\$25.25 FBI fee](#), the electronic fingerprinting company or law enforcement agency may charge its own fee to process the fingerprints.

Since the law requires applicants to submit a records check completed by both BCI and the FBI, you must use the services of a "WebCheck" vendor. The sheriff's offices in most of Ohio's 88 counties participate in "Webcheck." A list of other "WebCheck" vendors in Ohio, arranged by county, is available online at:

<http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing>

You need both the BCI and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the background check reports from BCI and FBI.

### Steps for "WebCheck"

1. Identify a "WebCheck" vendor that has **(BCI & FBI)** listed after the vendor's name.
2. Tell the "Webcheck" vendor to select **"OT, PT, and Athletic Trainers Board"** from the Direct Copy dropdown list at the Webcheck workstation.
3. Request both a BCI and FBI criminal records check.
4. List the reason fingerprinted as: **Required for licensing per ORC 4755.70**
5. Agency Code: **1AB002** (if requested)
6. Submit your fee directly to the "WebCheck" vendor. **Do not send your fingerprints or fee to the Board.**

### **Bring the following information with you to the Webcheck Vendor:**

(1) this notice; (2) a valid form of photo identification, and (3) payment, in the appropriate amount and form, payable to the vendor.

### **Instructions for Individuals Residing more than 75 miles from Ohio**

You must contact the Board at [board@otptat.ohio.gov](mailto:board@otptat.ohio.gov) or 614-466-3774 to request that the Board mail you the appropriate forms to have your fingerprints taken at a local law enforcement agency. Please note, the Board will not mail these cards until after you submit an initial application for licensure. In addition, it takes the FBI 3 to 4 months to process ink rolled fingerprints. Since Ohio does not have temporary licensure, please take this delay into account. You may also elect to physically come to Ohio to have your fingerprints taken electronically to minimize the time it takes to process your application.

### **Additional Information for Individuals Who Previously Submitted Fingerprints to BCI**

When an individual submits fingerprints to BCI for a criminal records check, BCI will keep the fingerprints on file for twelve (12) months. If less than one year has passed since the initial submission of fingerprints to BCI, the applicant can request that BCI run another check on the same fingerprints and run a new criminal record check report to be sent to the Board. In this situation, BCI charges the applicant \$8. You will need to provide BCI with the information identified above in the "Steps for WebCheck" section of this notice. If more than 12 months passed since you submitted your fingerprints to the BCI, you will need to submit new fingerprints and follow the steps identified in the first page of this notice.

This service only applies for the BCI check. Even if you previously submitted your fingerprints to the FBI, you will need to identify a "WebCheck" vendor that has (BCI & FBI) listed after the vendor's name, submit new fingerprints, and request that the FBI criminal records check results be sent directly to the Board. You will need to bring this notice with you to the "WebCheck" vendor but will only need to request the FBI check.

### Frequently Asked Questions

**Question: I recently had an FBI records check completed for another purpose. Can I just use those results to meet the requirements of the Board?** **Answer:** No. The law requires that an applicant for an initial license from a licensing agency shall submit a request to the bureau of criminal identification and investigation for a criminal records check of the applicant. Upon completion of the criminal records check, the superintendent of BCI shall report the results of the check, and any information the FBI provides, to the licensing agency identified in the request for a criminal records check.

**Question: How much time will this add to the licensure process?** **Answer:** The Board typically receives the criminal records check results approximately 7-10 days after you are electronically fingerprinted. For out-of-state applicants completing the ink-rolled fingerprints, it takes the FBI 3-4 months to process the fingerprints and submit the results of the criminal records check to the Board.

**Question: What happens if I have a criminal history reported to the Board?** **Answer:** The Board will review the records related to the criminal history and determine if the offenses identified make you ineligible for licensure in Ohio.

**Question: Will I need to submit a criminal record check to renew my license every two years?** **Answer:** No. The records check requirement does not apply to the biennial renewal process or to individuals reinstating an expired Ohio license.



## *State of Ohio*

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

### **Requirements for Applicants with Felony Convictions**

If you are applying for licensure in the State of Ohio and you were convicted of a felony, you must provide the Board with a signed statement describing the details of the event(s) that led to the felony conviction and certified copies of the following court records:

1. Indictment
2. Plea Entry
3. Disposition
4. Sentencing Entry
5. Terms of Parole or Probation
6. Parole or Probation Release/Discharge

Failure to provide these documents will result in a delay in the processing of your applications. If you have any questions about this requirement, please contact the Board at 614-466-3774 or [board@otptat.ohio.gov](mailto:board@otptat.ohio.gov) .

You can upload the required forms with your application for licensure on the eLicense portal at <https://elicense.ohio.gov> or mail the required forms to the Board office located at: Ohio OTPTAT Board, 77 South High Street, Floor 16, Columbus, Ohio 43215-6108.



# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

## Certification of Entry Level Education

|  |                              |
|--|------------------------------|
| <b>Section I: This portion must be completed by the applicant. Please print or type.</b> |                              |
| Name (First, Middle, Last):  | Maiden Name:                 |
| Complete Mailing Address   |                              |
| Social Security Number or Alien Registration Number:                                     | Date of Birth: (mm/dd/yyyy): |

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Section II:** This Section must be completed by an official from the program where a physical therapy degree was earned. The program completion date may be different from the date you walk across the graduation stage. Certification of program completion must come from your academic program with an ink seal or digital certification. If an embossed seal is used, the Board may ask you to mail it in. The academic program will return completed form to the applicant. The applicant is required to upload the completed form with online application. Retain the hard copy for your records. The Board will also accept the completed form directly from the academic program. **Please print or type.**

I hereby certify that \_\_\_\_\_ completed the didactic and  
(Student's Name and SSN)

clinical education requirements of the \_\_\_\_\_ program on \_\_\_\_\_  
(Program Type : PT,PTA) (mm/dd/yyyy)

and is eligible for or has been granted the degree of \_\_\_\_\_  
(Degree: AAS, Certificate, BS, MPT, DPT etc.)

Name of Institution:

City, State, Zip Code:

Phone Number w/ Area Code:

Is this entry level program CAPTE  
accredited?  Yes  No

FSBPT School Code:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If a Notary Public is used, please complete the following:**

Subscribed and sworn to in my presence this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date Commission Expires

**Return This Document To the Applicant:**

The applicant will upload the completed form to:  
<https://elicense.ohio.gov>

*School or Notary Seal*



# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

## Verification of Licensure

This form must be completed by an official from each jurisdiction where the applicant currently holds or has ever held a license, certification, or registration to practice an occupational health profession. Jurisdiction means any state, U.S. territory, or foreign country. You may copy this form and forward it as needed. Please contact each state directly to determine their license verification process. The Board will accept another state's verification of licensure form, provided that it contains the information requested below.

| This section must be completed by the applicant. Please print or type.   |                             |                |
|--|-----------------------------|----------------|
| Name (First, Middle, Last):  |                             | Maiden Name:   |
| Name as it appears on this state's license, certificate, registration, or permit:  |                             |                |
| Type of License/Certificate/Registration/Permit:<br><input type="checkbox"/> OT <input type="checkbox"/> OTA <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> AT<br><input type="checkbox"/> LO <input type="checkbox"/> LP <input type="checkbox"/> LPO <input type="checkbox"/> LPED <input type="checkbox"/> Other _____ | Jurisdiction                | License Number |
| Social Security Number:  | Date of Birth (mm/dd/yyyy): |                |

**The Ohio OT PT AT Board requests that I submit evidence of my license/certification/registration/permit in your jurisdiction. You are hereby authorized to release any information in your possession pertaining to me directly to the Ohio OT PT AT Board. The jurisdiction must mail the completed form directly to the applicant.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

| This section must be completed by an administrative officer of the regulatory agency. Please print or type.  |                 |                      |                  |
|--|-----------------|----------------------|------------------|
| Licensure Jurisdiction:  | License Number: | Original Issue Date: | Expiration Date: |
| Current Licensure Status:<br><input type="radio"/> Active <input type="radio"/> Inactive/Expired <input type="radio"/> Suspended/Revoked <input type="radio"/> Other (Explain)   |                 |                      |                  |
| The license was issued on the basis of:<br><input type="radio"/> Examination <input type="radio"/> Endorsement <input type="radio"/> NBCOT or BOC or ABC <input type="radio"/> Grandfather <input type="radio"/> Other (Explain) |                 |                      |                  |
| Has the applicant's license to practice ever been restricted or disciplined in any way? If yes, please explain and attach any relevant documentation.  |                 |                      |                  |
| Does the applicant have any pending complaints or is the applicant currently under investigation? If yes, please explain and attach any relevant documentation.  |                 |                      |                  |

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return This Document To the Applicant:**  
 The applicant will upload the completed form to:  
<https://elicense.ohio.gov>

*Board Seal*



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

### Ohio Jurisprudence Assessment Module

#### Purpose of the Ohio Jurisprudence Assessment Module (OH JAM)

The [OH JAM](#) is an online and on-demand learning and assessment tool approved by the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to meet a requirement for individuals renewing their Ohio license or reinstating an expired Ohio license.

Takers are required to answer 80% of the questions correctly to pass the OH JAM. Takers are permitted an unlimited number of attempts to achieve a passing score, but takers must register and pay all fees with each attempt.

#### Who Must Take the OH JAM?

All individuals applying for initial PT or PTA licensure in Ohio must take and achieve a passing score on the OH JAM as a licensure requirement. Current PT and PTA licensees, and applicants reinstating an expired Ohio license, must take and achieve a passing score on the OH JAM as a requirement of the renewal or reinstatement process.

#### Fast Facts:

- The OH JAM is 50 questions long.
- You will have 90 minutes to complete the module.
- You will have access to the PT Practice Act (laws and rules) within the module.
- The OH JAM may be accessed at the following link: <https://www.fsbpt.org/Our-Services/Jurisprudence-Assessment-Module-JAM-Services/Ohio>

#### Pricing

Jurisprudence Assessment Module: \$48

For licensees taking the OH JAM to meet the renewal requirement, the OH JAM is worth 2 hours of continuing education.

Please note that a 1.6% processing fee, rounded up to the nearest dollar, will apply. You may pay by Visa, MasterCard, or Discover at the time of registration.

JAM must be completed within ninety-six hours of purchase. If you do not take the JAM within ninety-six hours you will need to re-register and pay again.

#### Score Reporting

OH JAM takers will immediately receive a detailed score report indicating PASSED or FAILED, the total number and percent of questions answered correctly, and the number and percent of questions answered correctly within each content area (Consumer Advocacy, Patient Care Management, etc.). The score report also includes links to the sections of the laws, rules and regulations under which questions were answered incorrectly for the taker to review. You should print or save a copy of your score report for your personal records. Your score report is available for two days after completion of the assessment in the JAM system. After that you can access your score through the Customer Dashboard.

Scores are also reported by FSBPT directly to the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board.



OHIO JAM Content Outline

| Category  | Section  | Ohio Revised Code                          | Ohio Administrative Code               | Specs: # Items (50 Item Form) | Specs: % Items    |
|---|--|--|--|-------------------------------|-------------------|
| 1000<br>Legislative Intent & Definitions          | 1100 Definition of Physical Therapy  | 4755.40(A)                                 |  | 0-1                           | 2%<br>(1 items)   |
|   | 1200 Definition of Physical Therapist and Physical Therapist Assistant         | 4755.40(B)<br>4755.40(C)                   |  | 0-1                           |                   |
| 2000<br>Board of Physical Therapy Powers & Duties | 2100 Powers and Duties   | 4755.01<br>4755.02<br>4755.41<br>4755.411  | 4755-21-01<br>4755-21-02<br>4755-23-11 | 2                             | 4%<br>(2 items)   |
| 3000<br>Licensure & Examination                   | 3100 Qualifications; Requirements  | 4755.42<br>4755.70<br>4755.44<br>4755.441  | 4755-23-02<br>4755-23-14               | 0-1                           | 22%<br>(11 items) |
|   | 3200 Examination and Application   | 4755.421<br>4755.43<br>4755.431<br>4755.70 | 4755-23-01<br>4755-23-03               | 0-1                           |                   |
|   | 3300 Foreign Educated Licensure  |  | 4755-23-12                             | 0-1                           |                   |
|   | 3400 Licensure by Reciprocity / Endorsement/<br>Temporary License for Military | 4755.45<br>4755.451                        | 4755-23-04<br>4755-23-16<br>4755-23-17 | 0-1                           |                   |
|   | 3500 License Renewal; Reinstatement  | 4755.46                                    | 4755-23-06<br>4755-23-10               | 3-4                           |                   |
|   | 3600 Continuing Education; Waiver; Approval of<br>Courses; Granting Units      | 4755.51<br>4755.511<br>4755.52<br>4755.53  | 4755-23-08<br>4755-23-09               | 4-5                           |                   |
|   | 3700 Requirements for Teaching   | 4755.482                                   | 4755-23-13                             | 1                             |                   |
| 4000<br>Patient Care Management                   | 4100 Lawful Practice, Use of Titles  | 4755.56<br>4755.71                         | 4755-27-01<br>4755-27-08               | 6-7                           | 40%<br>(20 items) |
|   | 4200 Supervision and Delegation  |  | 4755-27-02<br>4755-27-03<br>4755-27-04 | 5-6                           |                   |
|   | 4300 Documentation/ Medical Records  |  | 4755-27-07                             | 1                             |                   |
|   | 4400 Referral  | 4755.481                                   | 4755-29-01                             | 2                             |                   |
|   | 4500 Ethical Conduct   |  | 4755-27-05                             | 5-6                           |                   |

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| OHIO JAM Content Outline |
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|  |  |  |                          |     |                   |
|--|--|--|--------------------------|-----|-------------------|
| 5000<br>Disciplinary Actions; Unlawful<br>Practice | 5100 Grounds for Disciplinary Action/<br>Form of Business Entities | 4755.47<br>4755.471<br>4755.48<br>4755.482 |                          | 7-8 | 30%<br>(15 items) |
|  | 5200 Disciplinary Violation Action and<br>Proceedings; Denial      | 4755.99                                    | 4755-21-03<br>4755-23-15 | 5-6 |                   |
|  | 5300 Reporting & Notice of Change in<br>Contact Information        |  | 4755-27-06<br>4755-23-07 | 2   |                   |
| 6000<br>Consumer Advocacy                          | 6100 Display of License  |  | 4755-23-05               | 1   | 2%<br>(1 items)   |



# State of Ohio

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

## Guidelines for Internationally Educated Applicants for Physical Therapy and Physical Therapist Assistant Licensure

A foreign-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: General Information

#### **TYPES OF APPLICATIONS**

**License by Exam** is for individuals applying to sit for the National Physical Therapy Examination (NPTE) in Ohio or for those individuals who passed the NPTE under the approval of another state physical therapy regulatory entity but were never issued a license to practice as a physical therapist or physical therapist assistant in the state that approved the individual to sit for the NPTE.

**License by Endorsement** is for individuals who have taken or plan to take the NPTE in another state and are licensed by that state. However, if a state does not plan to issue a license to the applicant after successful passage of the exam, the applicant must furnish proof of that fact to the Board before the applicant will be considered for License by Exam.

Be advised that having a license in another state does not mean that you will automatically qualify to practice in Ohio.

**Endorsement applicants must meet all of the same criteria required for applicants for licensure by exam.**

If the wrong type of application is applied online, the applicant will be required to submit an application withdrawal service request for processing prior to applying for the correct application type.

### Section II: Physical Therapist and Physical Therapist Assistant Foreign-Educated Requirements

#### **CREDENTIAL EVALUATION**

Pursuant to the Ohio Revised Code, all foreign-educated applicants must have an educational background deemed by the Physical Therapy Section to be reasonably equivalent to a physical therapist/physical therapist assistant education program accredited by the Commission on Accreditation on Physical Therapy Education (CAPTE).

To be considered as reasonably equivalent to the requirements established in sections 4755.42 or 4755.421 and 4755.45 or 4755.451 of the Ohio Revised Code:

Physical Therapist foreign education must contain evidence of course work in:

- Humanities;
- Physical sciences, including two one-semester courses in chemistry with laboratory and two one-semester courses in physics with laboratory;
- Biological sciences;
- Social sciences;
- Behavioral sciences; and
- Mathematics.

Physical Therapist Assistant foreign education must contain evidence of course work in:

- Anatomical,
- Biological, and
- Other physical sciences and a distribution of course work as found in an accredited physical therapist assistant program.

These general education requirements are in addition to the required physical therapist and physical therapist assistant professional courses and clinical education.

Evidence of admittance to a graduate program in a college or university in the United States alone may not demonstrate that the foreign education is reasonably equivalent. All foreign-educated applicants must submit a credential evaluation conducted by an approved professional education evaluating service. A list is provided below. Original credential evaluations must be sent directly to the Board from the professional education evaluating service. The Board will not accept copies submitted by the applicant.

### **PROOF OF FOREIGN LICENSURE**

All foreign educated applicants must submit an official verification for any foreign physical therapist or physical therapist assistant license, registration, or certification that the applicant holds.

### **WORKING KNOWLEDGE OF ENGLISH**

All foreign educated applicants must demonstrate a working knowledge of English by:

1. Obtaining scores of at least 4.5 on the TWE; 50 on the TSE; and 220 on the computer based TOEFL or 560 on the paper based TOEFL; or
2. Obtaining scores on the TOEFL iBT of at least 24 on the writing section; 26 on the speaking section; 21 on the reading comprehension section; 18 on the listening comprehension section; and 89 on the overall examination.

To register for either exam, please visit <http://www.toefl.org>. The OTPTAT Board's agency code is 9099.

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, Australia, Canada (except Quebec), Ireland, New Zealand, or the United Kingdom 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.

Please fill out the TOEFL waiver request form and submit the required documentation in order to request a waiver.

## **Section III: Evaluation of Foreign Education**

All foreign education must be evaluated by a professional evaluating service. Original credential evaluations must be sent directly to the Board from FCCPT. Evaluations are required to assist the Section in making a decision regarding the equivalency of the foreign education. Credential evaluations reflect only the findings and conclusions of the evaluator and are not binding upon the Section. The Section will take action on applications only after it has received and reviewed an evaluation of foreign education, in addition to all other required documents.

### **Approved Professional Education Evaluating Services**

Pursuant to sections 4755.411, 4755.45, and 4755.451 of the Ohio Revised Code and rule 4755-23-12 of the Ohio Administrative Code, the Physical Therapy Section approved the following organizations to perform credential evaluations for foreign education applicants for licensure as a physical therapist/physical therapist assistant in Ohio.

**Foreign Credentialing Commission on Physical Therapy, Inc. (FCCPT)**

124 West Street South, 3<sup>rd</sup> Floor  
Alexandria, VA 22314

Phone: 703-684-8406

Fax: 703-684-8715

Email: [help@fccpt.org](mailto:help@fccpt.org)

Web: <http://www.fccpt.org>

**International Consultants of Delaware, Inc. (ICD)**

P.O. Box 8629

Philadelphia, PA 19101-8629

Phone: 215-222-8454 x. 510

Fax: 215-349-0026

Email: [icd@icdel.com](mailto:icd@icdel.com)

Web: <http://www.icdel.com>

**International Education Research Foundation, Inc. (IERF)**

P.O. Box 3665

Culver City, CA 90231-3665

Phone: 310-258-9451

Fax: 310-342-7086

Email: [info@ierf.org](mailto:info@ierf.org)

Web: <http://www.ierf.org>

**Section IV: Fees**

All fees or costs incurred by an applicant while gathering information connected with the filing of an application are the responsibility of the applicant.

It is the applicant's responsibility to be aware of and in compliance with current requirements of the Physical Therapy Section. It will take some applicants as long as one year to gather the required items to complete the application. The completed application will be reviewed based upon the Section's current guidelines.

Your application will be held open for one year after the Board receives your application. After that time, your file will be closed and a new application and fee will be required to be considered for licensure in Ohio.

**Section V: CLEP Exam Credits**

Rule 4755-23-12 of the Administrative Code allows foreign educated applicants to satisfy the general education requirements through successful completion of a College Level Examination Program (CLEP) exam.

The table below lists the available CLEP examinations, the passing score required to receive credit, and the number of academic semester credit hours that the exam is worth.

| <b>Category/Exam</b>                              | <b>Required Passing Score</b> | <b>Academic Semester Credits</b> |
|---|-------------------------------|----------------------------------|
| <b>Business</b>                                   |                               |                                  |
| Financial Accounting                              | 50                            | 3                                |
| Intro Business Law                                | 50                            | 3                                |
| Info Systems and Computer Applications            | 50                            | 3                                |
| Principles of Management                          | 50                            | 3                                |
| Principles of Marketing                           | 50                            | 3                                |
| <b>Composition and Literature</b>                 |                               |                                  |
| American Literature                               | 50                            | 6                                |
| Analyzing and Interpreting Literature             | 50                            | 6                                |
| College Composition                               | 50                            | 3                                |
| English Literature                                | 50                            | 6                                |
| Humanities  | 50                            | 6                                |
| <b>Foreign Language</b>                           |                               |                                  |
| French Language - Level 1 (2 semesters)           | 50                            | 6                                |
| French Language - Level 2 (4 semesters)           | 59                            | 12                               |
| German Language - Level 1 (2 semesters)           | 50                            | 6                                |
| German Language - Level 2 (4 semesters)           | 60                            | 12                               |
| Spanish Language - Level 1 (2 semesters)          | 50                            | 6                                |
| Spanish Language - Level 2 (4 semesters)          | 63                            | 12                               |
| <b>Social Sciences and History</b>                |                               |                                  |
| American Government                               | 50                            | 3                                |
| History of the US I: Early Colonization to 1877   | 50                            | 3                                |
| History of the US II: 1865 to Present             | 50                            | 3                                |
| Human Growth and Development                      | 50                            | 3                                |
| Introduction to Educational Psychology            | 50                            | 3                                |
| Principles of Macroeconomics                      | 50                            | 3                                |
| Principles of Microeconomics                      | 50                            | 3                                |
| Introductory Psychology                           | 50                            | 3                                |
| Social Sciences and History                       | 50                            | 6                                |
| Introductory Sociology                            | 50                            | 3                                |
| Western Civilization I: Ancient Near East to 1648 | 50                            | 3                                |
| Western Civilization II: 1648 to the Present      | 50                            | 3                                |

| Category/Exam                  | Required Passing Score | Academic Semester Credits |
|--------------------------------|------------------------|---------------------------|
| <b>Science and Mathematics</b> |                        |                           |
| Biology                        | 50                     | 6                         |
| Calculus                       | 50                     | 3                         |
| Chemistry                      | 50                     | 6                         |
| College Algebra                | 50                     | 3                         |
| College Mathematics            | 50                     | 6                         |
| Precalculus                    | 50                     | 3                         |
| Natural Sciences               | 50                     | 6                         |



## 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>