



REQUIREMENTS AND INSTRUCTIONS FOR APPLICATION FOR LICENSURE AS A PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT BY ENDORSEMENT

An applicant licensed in another state applying by endorsement must:

1. Submit a completed notarized application form;
2. Submit the applicable fee;
3. Submit legal name change documentation, if applicable;
4. Have the official transcript sent directly to the board from the applicant's physical therapy school;
5. Submit an evaluation of educational credentials if a graduate of a non-approved school;
6. Have the examination scores reported directly to the board from the Interstate Reporting Service or other recognized examination service;
7. Submit an official verification of current license;
8. Submit proof that the applicant can speak, write, and be tested in the English language if English is not the native language of country of origin;
9. Submit evidence on a form approved by the board of one thousand clinical practice hours under the on-site supervision of a licensed physical therapist if the applicant is a graduate of a non-approved school;
10. when applying for initial licensure, submit to a state criminal records check, supported by fingerprints, by the South Carolina Law Enforcement Division and a national criminal records check, supported by fingerprints, by the Federal Bureau of Investigation. The results of these criminal records checks must be reported to the department. The South Carolina Law Enforcement Division is authorized to retain the fingerprints for certification purposes and for notification of the department regarding criminal charges. Costs of conducting a criminal history background check must be borne by the applicant. The department shall keep information received pursuant to this section confidential, except that information relied upon in denying licensure may be disclosed as may be necessary to support the administrative action. The results of these criminal records checks must not be shared outside the department.

Effective February 1, 2023, all applicants applying for a license with the SC Board of Physical Therapy Examiners will be subject to a state and national fingerprint criminal background check.

In addition to other requirements established by law and to determine an applicant's eligibility for initial licensure as a physical therapist or physical therapist assistant, state law requires a state criminal records check by the South Carolina Law Enforcement Division and a national criminal records check by the Federal Bureau of Investigation.

CRIMINAL BACKGROUND CHECK (CBC) PROCESS

The fingerprint criminal background checks are required pursuant to §40-45-220 and §40-45-240 of the [SC Physical Therapy Examiners Practice Act](#). Instructions for the fingerprint process will be sent to applicants **after** their applications for licensure are received by the SC Board. **DO NOT** have your fingerprints or CBC report processed until you have submitted an application and received instructions from the board.

EDUCATION

An official transcript must be sent directly to the board from the applicant's approved physical therapy school.

The official transcript may be submitted to the mailing address listed above or sent directly from the issuing institution's email to the Physical Therapy Board's email – contact.PT@llr.sc.gov.

If the applicant graduated from a non-approved school, an evaluation of education credentials report will need to be provided. An official set of transcripts must be sent directly to the board from the school.

OUT-OF-STATE LICENSE VERIFICATION

An official license verification from a state the applicant is actively licensed should be submitted to the mailing address listed above or sent directly from the issuing institution's email to the Physical Therapy Board's email – contact.PT@llr.sc.gov.

EXAM SCORE

Applicant should contact www.fsbpt.org and have the NPTE Scores sent directly to the SC Board.

PROCESS

Applications are valid one year from the date of receipt. After one year, a new application must be submitted along with fee, CBC and any other required documentation deemed necessary by the board.

Applications are processed in the order they are received. You will be emailed a deficiency letter detailing any deficiencies or of exam eligibility at the time your application is processed.

To check your application status visit: <https://eservice.llr.sc.gov/SSO/ApplicationStatus/Index>.



LICENSURE BY ENDORSEMENT

Submit the following with your application to the above address:

- Check or Money Order in the amount of \$110 made payable to SCBPTE (Fee is non-refundable)
A returned check fee of up to \$30, or an amount specified by law, may be accessed 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 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
- Official License Verification from another state
- NPTE Scores (<http://www.fsbpt.org/>)
- TOEFL Scores, if applicable

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)

County: _____ Date of Birth _____ Social Security # _____

Email address: _____ Telephone: (____) _____

FSBPT ID No.: _____

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:

You must contact your school and have your official transcripts sent directly to the Board.

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: _____

PROFESSIONAL INFORMATION:

List all the states you are currently or have previously been licensed as a PT/PTA. You will need to contact the State Board you are currently licensed in and have a License Verification mailed directly to our office (only one (1) active license verification is needed).

State	License Number	Date of Original License	Method of Licensure Exam, Endorsement, etc.	Status of License Current, lapsed, disciplined, etc

WORK EXPERIENCE:

List in chronological order your physical therapy employment for the past five (5) years; beginning with the present.

Dates From - To	Employer	Employer Address	Supervisor Name

Where and when do you anticipate employment in South Carolina?

Date	Employer	Employer Address & Telephone	Supervisor Name

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.

- Have you ever been notified to appear or appeared before any professional or occupational licensing Jurisdiction/agency for a hearing or complaint? **YES NO**
- Have you ever had a license denied, surrendered, suspended, revoked or restricted by any professional or occupational licensing agency for any reason? **YES NO**
- Have you ever resigned from employment in lieu of disciplinary action? **YES NO**
- Is your ability to practice as a physical therapist or physical therapy assistant impaired by any physical or mental condition? **YES NO**
- 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**

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.

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 _____

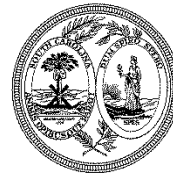
My Commission Expires: _____

(Notary Seal)

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



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)