NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS
7570 Norman Rockwell Lane, Suite 230
Las Vegas, NV 89143
(702) 876-5535

Dear Applicant:

Enclosed please find the application for licensure in physical therapy in our Great State of Nevada! Please note that Physical Therapists and Physical Therapist's Assistants must have a Nevada license to practice physical therapy in Nevada.

Per Board policy, fingerprint submissions expire 6 months after receipt unless an application is received. Any items received in the Board office towards the licensure process (transcripts, etc). will only be held for 6 months from the date of receipt, unless an application is received. Board staff will not verify receipt of any items received until such time an application has been received by the Board.

Applications not completed within one year of receipt automatically expire. It is in your best interest to complete the requirements in a timely manner.

Please note that the Board office will only work directly with the applicant during the application process. We will not discuss your application or status of licensure with prospective employers or recruiters. This is to protect your privacy and to avoid confusion.

After mailing your application, please allow 10 days before contacting the Board for status. This will allow staff sufficient time to create your database file and permanent file. Please make all inquiries for application status via email at ptapplication@govmail.state.nv.us. Be sure to include your full name and last four numbers of your social security number in your email. You may also call the Board office for status.

The application process takes **approximately** 3-4 weeks for endorsement candidates using the electronic submission fingerprinting option, and **approximately** 6-8 weeks using the hard card fingerprinting option. These are only estimates and not a guarantee of a licensure date.

Please update the Board with any changes to your residential address or phone numbers. Also, when you secure employment in Nevada please provide the name of the Nevada facility, completed address, phone and fax numbers. You submit updates via fax, mail, or to the licensing assistant via the email provided above. Upon licensure, a copy of your license will be faxed to your Nevada facility of record (if provided) which will allow you to work. Please post a copy of the license until you have received the original in the mail.

If you have any questions, please contact us. We will be pleased to assist you in any way we can.

Sincerely,

The Nevada State Board of Physical Therapy Examiners

INSTRUCTIONS FOR COMPLETING THE
NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS
LICENSE APPLICATION VIA EXAMINATION

ALL INFORMATION REQUESTED MUST BE PRINTED AND COMPLETE
APPLICATIONS WILL BE RETURNED IF ILLEGIBLE OR INCOMPLETE

Application - Page One

1) Complete all information as indicated.
   a) High School information is only required for P.T.A. applicants.
   b) List all colleges attended, even if a degree was not obtained.

Application - Page Two

1) Physical Therapy Experiences. List your three most recent clinical affiliations. Please provide complete addresses and phone numbers. Do not list work experiences outside of the clinical affiliations (i.e. employment as a physical therapy technician).

2) Answer all questions listed, including child support section.

3) If you have ever been arrested, charged or convicted of a violation of a Federal Law, State Law or Municipal Ordinance and have had your **records sealed**, you may answer "no" to these questions. However, you are *required* to submit a letter to the Board explaining the incident(s) in detail (dates, charges and outcomes). As a licensing body, we are authorized by Nevada Revised Statute (NRS) 179.259(3) to receive sealed criminal records. NRS 640.160(1)(a) and 640.160(2)(g) allow the Board to deny a license if an applicant is found to have attempted to obtain a license by material misrepresentation. It is in your best interest to disclose all arrests, charges and convictions.

4) Complete the physical description section and **attach** a photograph taken within 60 days. The photo must be at least 2 x 2, no larger than 3 x 3. A passport photo usually works best.

Application - Page Three

1) Review the information provided.

2) Indicate exactly how you want your name to appear on your permanent license (first, middle initial and last name, or first and last only, etc). This must be your legal name, no nicknames.

Application - Page Four

1) Complete the top section in the presence of a Notary Public. The Notary Public does not have to be in the State of Nevada.

Nevada State Board of Physical Therapy Examiners
REQUIREMENTS FOR THE EXAMINATION APPLICANT

FINGERPRINTING. Email the Board at ptapplication@govmail.state.nv.us to request the fingerprinting information. Please include your full name in your email so that we can establish a record in the office. Board staff will email you the information to obtain fingerprinting. You are encouraged to begin this process before applying for licensure, however do not begin this process unless an application will follow within 4-5 months.

Professional and Personal References. Provide two professional references letters, and one personal reference letter. The reference letters **must be in sealed envelopes and submitted along with your application. Applications received without the reference letters will be returned.** The following criteria must be followed when submitting reference letters:

SUBMIT **TWO** LETTERS FROM:

- Licensed physical therapists who can attest to your clinical skills as a physical therapist/physical therapist's assistant within the last two years. (*new grads use your supervisors from clinical affiliations*)
- And NOT related to you by blood or marriage.
- And NOT professor/educator/classmate from any school you attended.
  (*You cannot submit more than two references from the same facility*)

Physical Therapist's Assistant applicants only may submit one letter from a physical therapist and one from a physical therapist's assistant using the above-reference criteria. The Board **will not** accept two letters from physical therapist's assistants.

To be accepted, the reference letters must:

1) **Be originally signed letters addressed to the Board;**
2) **Include the start and end month/year of the work experience;**
3) **Include information on the clinical skills of the applicant;**
4) **Be typed, dated and signed.**
5) **Include a phone number.**
   Professional letterhead is requested, but not required.

SUBMIT **ONE** LETTER FROM A PERSON:

- **Outside** the profession of physical therapy and has not worked with you in a health-care setting.
- And competent to address your moral character.
- And NOT professor/educator/classmate from any school you attended.
- And NOT related to you by blood or marriage.

The personal reference letter must not contain any information on clinical skills; must include information on the applicant's moral character; must be dated, signed and include a phone number. A typed letter is preferred.

License Verification. Complete the top section of the form. Mail to each state in which you are now, or were previously, ***licensed in any healthcare related field***. Please contact the receiving jurisdiction(s) to determine if a fee is required. We will not accept faxes of verifications, nor will the Board verify your license on-line. We require original license verifications received directly from the issuing bodies in sealed envelopes.

Transcripts. For every college attended (whether or not a degree was awarded), original transcripts in sealed envelopes must be mailed to the Board office. ***P.T.A.'s*** must also submit an original high school transcript in a sealed envelope. **NOTE:** You can sit for the NPTE prior to graduation if you are in the **final semester** of your

physical therapy education. Please have your school send an official transcript directly to the Board office. We will not accept a letter from your school as to your status; the official transcript is required. Be sure to also request that an official transcript is to be issued to the Board once your degree is posted. You cannot be licensed without the official transcript with the degree posted.

Jurisprudence Exam. Complete the provided Jurisprudence (Law) Examination and return it to the Board office with the completed application. We will return a copy of the graded examination to you. Please use the Practice Act (Nevada Revised Statutes and Nevada Administrative Code) when taking this examination. All of the answers can be found in the Practice Act. The Practice Act can be found on the Board's website at www.ptboard.nv.gov, click on Practice Act. Be sure to print the NAC and the NRS.

Register to sit for the National Physical Therapy Examination (NPTE). You may sit for the examination if you are in the final semester of your physical therapy education. Please refer to the "transcripts" section in this packet for information.

Go on-line to:

http://www.fsbpt.org/ExamCandidates/NationalExam(NPTE).aspx

This site is where you register and pay for the examination. We strongly encourage you to register for the NPTE before you mail your application. If you are ***disabled*** according to the Americans with Disabilities Act, please contact the Board office for the special accommodations form.

The PT and PTA examinations are only offered on fixed dates, four times per year. Please visit the FSBPT website for information on testing dates and registration deadlines:

https://www.fsbpt.org/ExamCandidates/NationalExam(NPTE)/RegistrationProcess.aspx

Once you have a completed licensure application on file, we will electronically contact the FSBPT and authorize your registration. Again, you are encouraged to register for the NPTE prior to mailing your application to avoid any delay. The FSBPT will send you an Authorization to Test Letter (ATT) letter to the email address you provided in your registration. The ATT letter contains all of the information needed to schedule your examination. You may also download the ATT letter from the "Status of My Request" section at the site where you registered.

Approximately 5-7 days after testing, candidates can get score information by going to the FSBPT website under "Status of My Request." It will either say "Score Received – Pass" or "Score Received – Fail." Additionally, the FSBPT provides a free score report to all candidates 10 days after the test. Please refer to the FSBPT Candidate Handbook for the details. **Please do not call the Board office, testing center or FSBPT for your results.**

Upon receiving confirmation of passing the examination, your license will be issued in ***approximately*** 2-5 days, providing your fingerprinting report has been received and reflects no activity. You may not work until you have a license!

Graduate of Physical Therapy. New graduates wishing to have the Graduate of Physical Therapy designation must complete the provided Graduate of Physical Therapy form and return it to the Board office. The completed form can be returned with your application or submitted when you secure employment.

- The Graduate of Physical Therapy designation is only available to applicants who have a completed and approved application on file, including an official transcript with posted degree. This also includes being approved for the National Physical Therapy Examination and the Board's receipt of the results of your fingerprinting. A confirmation of "graduate status" will be sent by the Board upon approval. ***You may not work under this designation without the confirmation letter from the Board.*** *Any activity reflected in the fingerprinting reports may prevent graduate status designation. Applicants are not eligible for graduate status if they fail to disclose any activity, and a Board appearance will be required.*

STATE OF NEVADA
BOARD OF PHYSICAL THERAPY EXAMINERS

PLEASE PRINT LEGIBLY – FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING RETURNED

[ ] PHYSICAL THERAPIST APPLICANT
- OR -
[ ] PHYSICAL THERAPIST'S ASSISTANT APPLICANT

I, _____
FIRST NAME MIDDLE NAME LAST NAME MAIDEN (OR OTHER NAME USED)

herewith apply for licensure as a physical therapist/physical therapist's assistant in accordance with the provisions of Chapter 640, Nevada Revised Statutes and Chapter 640, Nevada Administrative Code.

Place of Birth _____ Date of Birth _____
CITY STATE MONTH-DAY-YEAR

Mailing Address: _____
STREET CITY STATE ZIP

Phone Numbers: HOME _____ CELL _____

Email Address: _____

Are you a citizen of the United States? [ ] Yes [ ] No Social Security Number: _____ *(required)*

Have you ever served in the military? [ ] Yes [ ] No List Branch(es): _____

Dates of service: From __/__/____ to __/__/____ Military Occupation Specialties? _____

EDUCATION				
TYPE	NAME	LOCATION	DATES	DEGREE
HIGH SCHOOL				
PT/PTA SCHOOL				
COLLEGE				
COLLEGE				
OTHER				

CURRENT EMPLOYER	NAME OF BUSINESS	COMPLETE ADDRESS	TELEPHONE
List start date			

Applicant Name: _____

Have you taken the Physical Therapy Examination and did not receive a passing score? [ ]Yes [ ]No

If yes, please list the date of each attempt: _____
If you have failed the examination two or more times, a personal Board appearance will be scheduled upon the completion of your application.

List previously held and current licenses in Physical Therapy or other healthcare field: _____

_____

Child Support Information: Please mark the appropriate response (failure to mark one of the three will result in denial of the application):

_____ I *am not subject* to a court order for the support of a child.

_____ I *am subject* to a court order for the support of one or more children and *am in compliance* with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or;

_____ I *am subject* to a court order for the support of one or more children and *am not in compliance* with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Has your application, license, registration, or certification to practice physical therapy, or any healthcare related field, in any jurisdiction ever been denied, revoked, suspended, cited, fined, surrendered, restricted, limited or placed on probation?
[ ] Yes [ ] No.

Have you ever been reprimanded or fined in relation to the practice of physical therapy or any healthcare related field.
[ ]Yes [ ]No.

Is there any action pending against your license to practice physical therapy or any healthcare related field? [ ] Yes [ ] No.

Have you ever had a problem related to the habitual use of alcohol or drugs or been diagnosed and/or treated for addiction?
[ ] Yes [ ] No.

Have you ever been **arrested** for a violation of a Federal Law, State Law, or Municipal Ordinance?
[ ] Yes [ ] No. (See instruction sheet for information regarding sealed records)

Have you ever been **charged** with a violation of a Federal Law, State Law, or Municipal Ordinance?
[ ] Yes [ ] No. (See instruction sheet for information regarding sealed records)

Have you ever been **convicted** of a violation of a Federal Law, State Law, or Municipal Ordinance?
[ ] Yes [ ] No. (See instruction sheet for information regarding sealed records)

Have you ever been diagnosed, treated or hospitalized for a psychiatric or mental health condition that will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist's assistant? [ ] Yes [ ] No.

Have you ever been diagnosed as having a physical or medical condition which will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist's assistant? [ ] Yes [ ] No

A "**Yes Answer**" to any of the above questions will affect the processing of your application and *may* result in issuing a limited or restricted license or denying your request for licensure. Failure to answer truthfully is grounds for a fraudulent application and may result in denial of your request for licensure.

A **new graduate** may not be eligible to become a "Graduate of Physical Therapy" if the answer is yes to any of the above questions.

If the answer is yes to any of the above questions, give details on separate sheet.

Photo of applicant taken within 60 days of application must be attached here. Minimum 2 x 2 inches, maximum 3 x 3. Photo must clearly show facial features.

HEIGHT _____ (feet / inches) WEIGHT _____

EYE COLOR _____ HAIR COLOR _____

Identifying Marks: _____

Applicant Name: _____

LICENSING FEES

Application Fee for the Physical Therapist	$325 (Non-refundable)
Application Fee for the Physical Therapist's Assistant	$225 (Non-refundable)

All of the above licensing fees are payable directly to the Nevada State Board of Physical Therapy. We accept personal checks, money orders and cashier's checks. We do not accept credit cards or cash.

EXAMINATION FEES

National Physical Therapy Examination	$400
National Physical Therapist's Assistant Examination	$400

The examination fee must be paid to the federation of State Boards of Physical Therapy. Register for the examination and pay the related fee at:

http://www.fsbpt.org/ExamCandidates/NationalExam(NPTE).aspx

When licensed, please indicate *exactly* how you want your name to appear on your license

_____ (do not list a nickname or degree or title)

Before you mail in your application and materials, please verify that you have:

1) **Completed the application legibly and completely;**
2) **Included the required references;**
3) **Included the appropriate fee;**
4) **Included the completed jurisprudence examination;**
5) **Retained the application instructions;**
6) **Included the transcripts or have ordered them;**
7) **Ordered the license verifications;**
8) **Registered and paid for the National Physical Therapy Examination.**

MAIL THIS APPLICATION & FEE, JURISPRUDENCE EXAM AND REFERENCE LETTERS TO:

NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS
7570 NORMAN ROCKWELL, SUITE 230
LAS VEGAS, NV 89143
(702) 876-5535

AFFIDAVIT OF _____
(NAME OF APPLICANT)

STATE OF _____)

COUNTY OF _____)

_____, being duly sworn, and under penalty of perjury, state:
(Name of Applicant)

1. That affiant has personal knowledge of the information contained herein and could testify to same if called upon to do so.
2. That affiant is applying for a license to practice physical therapy in the State of Nevada.
3. That the information contained in the application to practice physical therapy is true and correct.
4. That the photograph attached to the application to practice physical therapy is a true and correct image of the affiant taken within the last sixty days.

_____
(Signature of Applicant)

SUBSCRIBED AND SWORN to before me

this _____ day of _____ 20 _____.

_____
Notary Public

My commission expires _____ 20_____.

BOARD MEMBER APPLICATION REVIEW SECTION

Approve ☐ Disapprove ☐ _____
Chairman Date

Approve ☐ Disapprove ☐ _____
Vice Chairman Date

Approve ☐ Disapprove ☐ _____
Secretary/Treasurer Date

Approve ☐ Disapprove ☐ _____
Board Member Date

Approve ☐ Disapprove ☐ _____
Board Member Date

NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS

JURISPRUDENCE EXAMINATION FOR APPLICANTS

Per Nevada Administrative Code 640.040, all applicants for licensure must complete and pass a jurisprudence examination. These questions cover the provisions of Nevada Revised Statues (NRS) and Nevada Administrative Code (NAC), Chapters 640. These provisions are known as the Practice Act.

The answers to these questions can be found by reviewing the Practice Act. Please follow the application instructions to download the Practice Act from the Board's website.

Circle one answer for each question. ***Return the original completed examination to the Board with your application.*** The examination will be reviewed by the Board office and you will be mailed a graded copy of the examination.

A minimum of 15 correct answers is required to pass this examination.

1. A physical therapist may supervise a maximum of _____ physical therapist's assistants.

   a. 1
   b. 2
   c. 3
   d. 4

2. All licensees must report any changes to their residential address or primary professional address within _____ days after the change.

   a. 30
   b. 60
   c. 45
   d. 15

3. All licensees must report residential address changes and primary professional addresses to the Board:

   a. verbally
   b. in writing
   c. in person
   d. All of the above

Applicant Name: _____

4. Unless renewed, all licenses expire annually on _____.

   a. December 31st
   b. the licensee's birthday
   c. July 31st
   d. June 30th

5. Licensees are required to obtain _____ units of continuing education for the annual renewal of their license.

   a. 1.0 units (10 hours)
   b. .8 units (8 hours)
   c. 1.5 units (15 hours)
   d. 2.0 units (20 hours)

6. A licensee shall, within _____ after providing treatment to a patient, indicate in the record of the patient the treatment that was provided.

   a. 72 hours
   b. 5 days
   c. 14 days
   d. 24 hours

7. The Board has the authority to refuse to issue a license, refuse to renew a license, suspend or revoke a license, place a licensee on probation and/or impose an administrative fine of up to $5,000. Under what section is this located?

   a. NAC 640.680
   b. NRS 640.100
   c. NRS 640.160
   d. None of the above

8. Immediate supervision means that a person is _____ to give aid, direction and instruction to the person he is supervising.

   a. physically on the premises
   b. present and immediately available within the treatment area
   c. within 30 miles of the facility
   d. available by cell-phone

Applicant Name: _____

9. What does the term "primary professional address" mean?

   a. Address where the licensee is practicing on any given day.
   b. Address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his working hours within a consecutive 30-day period.
   c. Address where the licensee works for the majority of time within the calendar year.
   d. Address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his working hours within a consecutive 60-day period.

10. A physical therapist who supervises a physical therapist's assistant who provides treatment to a patient shall:

   a. provide the required treatment and reevaluate the patient not less than every fifth day of treatment or within 10 days, whichever comes first.
   b. provide the required treatment and reevaluate the patient not less than every tenth day of treatment or within 30 days, whichever comes first.
   c. provide the required treatment and reevaluate the patient not less than every seventh day of treatment or within 21 days, whichever comes first.
   d. provide the required treatment and reevaluate the patient not less than every fifteenth day of treatment or within 30 days, whichever comes first.

11. A physical therapist who supervises a physical therapist's assistant who provides treatment to a patient shall provide an evaluation before the patient is discharged, based upon the availability of the patient. Under what section is this located?

   a. NAC 640.680
   b. NAC 640.055
   c. NRS 640.162
   d. NAC 640.592

12. A licensee can be disciplined for failure to cooperate in an investigation.

   a. True
   b. False

Applicant Name: _____

13. A licensee is legally required to report to the Board any unlicensed, unauthorized, unqualified or unethical practice of physical therapy.

    a. True
    b. False

14. A licensee shall prominently display the original current license issued to him by the Board at his primary professional address during the hours the place is open for business. Under what section can this provision be found?

    a. NAC 640.800
    b. NRS 640.100
    c. NAC 640.560
    d. NAC 640.120

15. A licensee shall provide medical records to a patient within _____ business days after receipt of a written request.

    a. 5
    b. 10
    c. 30
    d. 45

16. In what section can you find information regarding the term "professionally incompetent"?

    a. NAC 640.670
    b. NRS 640.024
    c. NAC 640.550
    d. NRS 640.220

17. In what section can you find the term "unearned fee" defined?

    a. NAC 640.985
    b. NAC 640.340
    c. NAC 640.670
    d. none of the above

18. A licensee shall not engage in sexual activities with a patient unless:

    a. the patient consents to the relationship
    b. there was a preexisting relationship with that person
    c. the employer agrees to the relationship
    d. all of the above

Applicant Name: _____

19. To remain in compliance, after the annual renewal period, current licenses MUST be posted:

    a. upon receipt by the licensee.
    b. on August 1.
    c. within 60 days of renewal.
    d. at the discretion of the employer.

20. A physical therapist's technician:

    a. means an unlicensed person who performs certain limited activities at the direction of the physical therapist.
    b. must be immediately supervised by a physical therapist when the physical therapist's technician performs treatments related to physical therapy which have been directed by the physical therapist.
    c. may not perform any activity which requires the unique skills, knowledge and judgment of a physical therapist.
    d. All of the above.

I hereby attest that I answered the above questions, without assistance from any entity or individual. I further attest that I reviewed the provided Practice Act to answer the above questions.

_____ _____

Print Name Date

_____

Signature

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Complete the top section of this form and mail to the Board of each state in which you are now or have ever been licensed to practice Physical Therapy AND/OR any healthcare related field. *Contact the jurisdiction to ask if there is fee for this service.*
(Make copies if needed)

Print Full Name _____
Address _____
City, State Zip _____
License # _____
SIGNATURE _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

This is to certify that the records of the Board of _____
of the State of _____ indicate the following:

Name of Licensee: _____
License Number: _____
License Type _____
(i.e. PT, PTA, CNA, etc.)
Effective Date: _____
Expiration Date: _____
License Status: _____
National Exam: (yes/no) _____
Licensed By: (exam/endorsement) _____
Disciplinary Action: _____
If yes, please provide information and supporting documentation.

BOARD SEAL

Signed: _____
Title: _____
Date: _____

Please return the completed form, or equivalent verification, to:

Nevada State Board of Physical Therapy Examiners
7570 Norman Rockwell Lane, Suite 230
Las Vegas, NV 89143

Application for "Graduate of Physical Therapy" Designation

GRADUATE STATUS IS NOT EFFECTIVE UNTIL A COMPLETED APPLICATION IS ON FILE AND THE BOARD OFFICE ISSUES A "GRADUATE" DESIGNATION LETTER.

NRS 640.120 provides that a person who has applied for licensure as a **physical therapist** and who meets the qualifications set forth in NRS 640.080, except subsection 3 thereof, is temporarily exempt from licensure and may practice physical therapy during the temporary exemption if the person meets certain criteria. Those guidelines include a completed and approved application, including fingerprinting results, submitted to the Board office. Pursuant to these provisions, each applicant wishing to be considered a "Graduate *of physical therapy*" must submit a completed affidavit to the Nevada State Board of Physical Therapy Examiners.

TO BE COMPLETED BY THE SUPERVISING PHYSICAL THERAPIST LICENSED IN NEVADA

Under penalty of perjury, I do hereby certify that I will provide on-site supervision and co-sign the notes of the person named below under the designation of "G*raduate of physical therapy*" upon receipt of the designation letter from the Board until said applicant is licensed or until I am notified said applicant has failed the national examination. I further attest that I will immediately notify the Board in writing in the event I am no longer able to supervise said "*Graduate of physical therapy*". It is understood that said "*Graduate*" is considered an unlicensed person and per NAC 640.594 I may not supervise more than two physical therapist's assistants, two physical therapist's technicians or two graduates of physical therapy at the same time. If supervising both assistants, technicians and graduates, I may not supervise a combined total of three such persons at the same time.

Print Name of Supervising Physical Therapist _____ License Number _____

DATED this _____ day of _____, 20___.

_____
Signature of Supervising Physical Therapist

TO BE COMPLETED BY THE GRADUATE OF PHYSICAL THERAPY

I acknowledge that I must be supervised on-site and have my notes co-signed by a Board approved "supervising physical therapist" licensed in the State of Nevada in order to be considered a "Graduate of physical therapy". This supervision is required per NRS 640.120(3)(d). I further understand that I may not work under this designation until I have received a letter from the Board awarding the designation. I agree to immediately notify the Board in the event that I am no longer supervised by a licensed physical therapist, or in the event there is any other change in my status as a "Graduate of physical therapy". I understand that should I fail the examination, I immediately relinquish the "*Graduate*" status and that the Board will notify the supervising Physical Therapist named above.

Print Name of Graduate of Physical Therapy _____ Signature of Graduate of Physical Therapy _____

DATED this _____ day of _____, 20___.

Name of Facility _____

Address _____

City, State Zip _____

Phone _____ Fax _____

GRADUATE STATUS IS NOT EFFECTIVE UNTIL A COMPLETED APPLICATION IS ON FILE AND THE BOARD OFFICE ISSUES A "GRADUATE" DESIGNATION LETTER.

GRADUATE STATUS IS VALID UNTIL YOU ARE LICENSED, UNLESS YOU FAIL THE EXAMINATION. FAILING THE EXAMINATION RESULTS IN IMMEDIATE TERMINATION OF THE GRADUATE STATUS.

Application for "Graduate of Physical Therapy for the Physical Therapist's Assistant" Designation

NRS 640.275 provides that a person who has applied for licensure as a **physical therapist's assistant** and who meets the qualifications set forth in NRS 640.230, except subsection 5 thereof, is temporarily exempt from licensure and may practice as a physical therapist's assistant during the temporary exemption if the person meets certain criteria. Those guidelines include a completed and approved application, including fingerprinting results, submitted to the Board office. Pursuant to these provisions, each applicant wishing to be considered a "*Graduate of physical therapy*" must submit a completed affidavit to the Nevada State Board of Physical Therapy Examiners.

TO BE COMPLETED BY THE SUPERVISING PHYSICAL THERAPIST LICENSED IN NEVADA

Under penalty of perjury, I do hereby certify that I will supervise the person named below under the designation of "*Graduate of physical therapy*". I agree to supervise this applicant from the date the Board issues the "*Graduate*" status until said applicant is licensed or until I am notified said applicant has failed the national examination. I further attest that I will immediately notify the Board in writing in the event I am no longer able to supervise said "*Graduate of physical therapy*". It is understood that said "*Graduate*" is considered an unlicensed person and per NAC 640.594 I may not supervise more than two physical therapist's assistants, two physical therapist's technicians or two graduates of physical therapy at the same time. If supervising both assistants, technicians and graduates, I may not supervise a combined total of three such persons at the same time.

Print Name of Supervising Physical Therapist _____ License Number _____

DATED this _____ day of _____, 20___.

_____
Signature of Supervising Physical Therapist

TO BE COMPLETED BY THE GRADUATE OF PHYSICAL THERAPIST'S ASSISTANT

I acknowledge that I must be directly supervised by a "supervising physical therapist" licensed in the State of Nevada in order to be considered a "*Graduate of physical therapist's assistant*". This supervision is required per NRS 640.275(4)(d). I agree to immediately notify the Board in the event that I am no longer supervised by a licensed physical therapist, or in the event there is any other change in my status as a "*Graduate of physical therapist's assistant*". I understand that should I fail the examination, I immediately relinquish the "*Graduate*" status and that the Board will notify the supervising Physical Therapist named above.

Print Name of Graduate of Physical Therapist's Assistant _____ Signature of Graduate of Physical Therapist's Assistant _____

DATED this _____ day of _____, 20___.

Name of Facility _____

Address _____

City, State Zip _____

Phone _____ Fax _____

GRADUATE STATUS IS NOT EFFECTIVE UNTIL A COMPLETED APPLICATION IS ON FILE AND THE BOARD OFFICE ISSUES A "GRADUATE" DESIGNATION LETTER. GRADUATE STATUS IS VALID UNTIL YOU ARE LICENSED, UNLESS YOU FAIL THE EXAMINATION. FAILING THE EXAMINATION RESULTS IN IMMEDIATE TERMINATION OF THE GRADUATE STATUS.