

**IDAHO PHYSICAL THERAPY LICENSURE BOARD**  
Idaho Bureau of Occupational Licenses  
700 West State Street, Boise ID 83702 or  
P.O. Box 83720, Boise ID 83720-0063  
Phone: (208) 334-3233 Fax: (208) 334-3945  
Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: [pht@ibol.idaho.gov](mailto:pht@ibol.idaho.gov)

**APPLICATION FOR LICENSURE**  
**INSTRUCTIONS**

Attached is the required application form for licensure to practice physical therapy in Idaho. You must provide all of the information requested and the form must be signed and notarized. \*Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. You must also review the Idaho Laws and Rules Governing the Physical Therapy Licensure Board. The most current version can be found on this website and will assist you in completing the required open book examination.

Please provide or arrange to provide, to the Board, the following credentials:

**APPLICATION CHECKLIST FOR LICENSURE BY EXAMINATION**

- The completed application form (including signature and notary)
- A passport style photo
- The completed open book examination
- Evidence of graduation sent directly from the issuing authority. (see question #6)
- Two (2) completed reference forms
- If you answered 'Yes' to question #10, 11, 12 or 13; Documentation as it relates to the question(s) for which you answered Yes.
- The total payment of fees.  
\$50.00 if you have taken and passed the NPTE or have already registered through another jurisdiction.  
OR  
\$70.00 if you are applying through Idaho to register and sit for the NPTE

**There is an optional verification of licensure form at the end of the application for those who are planning to pursue licensure in a state other than Idaho and need verification from Idaho.**

**APPLICATION CHECKLIST FOR LICENSURE BY ENDORSEMENT**

- The completed application form (including signature and notary)
- A passport style photo
- The completed open book examination
- Evidence of graduation sent directly from the issuing authority. (see question #6)
- Two (2) completed reference forms
- If you answered 'Yes' to question #10, 11, 12 or 13; Documentation as it relates to the question(s) for which you answered Yes.
- NPTE exam score
- Verification of licensure from all other state(s) in which you have held a license.  
(please note a photo copy of your license card(s) will not meet this requirement.)
- The payment of fees for a total of \$50.00.

**If you are applying for licensure as a foreign educated physical therapist, please also provide or arrange to provide the following credentials:**

- \*Education credentials evaluated by a credential evaluation agency
- \*Written proof your school is recognized by its own ministry of education and that the education you received qualify you to practice physical therapy without limitation in the country where the education occurred
- \*If you have practiced abroad, written proof of authorization to practice without limitation in the country where you practiced.
- \*Proof of legal authorization to reside and seek employment in the U.S. or its territories
- \*If English is not your native language, proof of successfully passing either the Test of English as a Foreign Language (TOEFL) or the Test of English as a Foreign Language – Internet Based (TOEFL – IBT). Please refer to Board Rule 175 for requirements or visit the TOEFL website at: <https://www.ets.org/>

If you wish to be scheduled for these examinations or want to have verification of your scores sent to this office, contact the TOEFL/TSE Registration Office at P.O. Box 6152, Princeton, NJ 08541-6152 or call 1-609-771-7100. Fax: 1-610-290-8972. Email: [toefl@ets.org](mailto:toefl@ets.org) The "TOEFL code" for Idaho State is 7321.



APPLICATION FOR PHYSICAL THERAPIST LICENSE

(continued)

14. Attach a passport style photograph of yourself taken within the last 12 months.

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

ATTACH

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

PHOTOGRAPH

OTHER DISTINGUISHING FEATURES \_\_\_\_\_

HERE

15. RELATED WORK EXPERIENCE: List your physical therapy work experience including employers' names, addresses, phone numbers and dates of practice. If you are a new graduate please check here: \_\_\_\_\_ and leave this section blank.

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES OF EXPERIENCE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NARRATIVE OUTLINING SCOPE OF DUTIES \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES OF EXPERIENCE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NARRATIVE OUTLINING SCOPE OF DUTIES \_\_\_\_\_

(If more space is needed, attach a separate sheet of paper)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

This box is for notary use only. All applications must be signed and notarized to be complete.

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

Notary Public Official Signature

My Commission Expires \_\_\_\_\_



# OPEN BOOK TEST

This is the “Open Book Test (Examination)” and must be completed in full and submitted for licensure.

Please print your name in the upper right corner of all examination pages. Answer all 20 questions. Failure to submit or failure to pass the examination will result in the license not being issued.

Should you have questions regarding the examination, please contact The Bureau of Occupational Licenses, (208) 334-3233.

You may also access the Idaho Physical Therapy Licensure Board’s homepage at [www.ibol.idaho.gov](http://www.ibol.idaho.gov). Click on the links “State Licensure Law” and “State Licensure Rules” to access information in answering the questions for this exam, which you may download and print from this site as well.

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Name \_\_\_\_\_

## IDAHO PHYSICAL THERAPY LICENSURE BOARD

### Open Book Jurisprudence Examination

**CAREFULLY READ EACH NUMBERED STATEMENT. BELOW EACH STATEMENT CLEARLY MARK THE WORD OR PHRASE THAT MOST CORRECTLY COMPLETES OR RESPONDS TO THE STATEMENT. RETURN THE COMPLETED EXAMINATION WITH YOUR APPLICATION.**

1. Physical therapists and physical therapist assistants shall adhere to the recognized standards of ethics of the physical therapy profession as set forth in the:
  - a. Idaho State Constitution
  - b. Western Region of Physical Therapists
  - c. administrative rules adopted by the Physical Therapy Licensure Board
  - d. the laws governing the Idaho Physical Therapy Association
  
2. All of the following are procedures and interventions which shall be performed exclusively by a physical therapist except for the:
  - a. prescribing of medication to relieve pain
  - b. interpretation of a referral for physical therapy
  - c. development or modification of a treatment plan of care
  - d. performance of a re-evaluation when any change in a patient’s condition occurs
  
3. The practice of physical therapy shall not include the use of radiology, surgery, or:
  - a. bronchopulmonary hygiene
  - b. medical diagnosis of disease
  - c. debridement
  - d. joint mobilization

## IDAHO PHYSICAL THERAPY LICENSURE BOARD

### Open Book Jurisprudence Examination

4. The board may conduct random continuing education audits of those persons required to obtain continuing education in order to renew a license and require that proof acceptable to the board of meeting the continuing education requirement be submitted to:
  - a. the Idaho Physical Therapy Association
  - b. the licensee's employer
  - c. the Federation of State Boards of Physical Therapy
  - d. the Bureau of Occupational Licenses
  
5. The board may, upon proof that a person has been in violation of the law, take the following actions except:
  - a. impose a restriction and/or condition as to the scope of practice
  - b. revoke the certificate of graduation
  - c. suspend a license
  - d. refuse to issue or renew a license
  
6. A physical therapist assistant may not continue to provide treatment as specified under a treatment plan of care if:
  - a. a patient's condition changes
  - b. a patient's insurance benefit change
  - c. a patient has been a no-show for two (2) appointments
  - d. it's within their scope of practice
  
7. The application for licensure shall be made under oath, and shall:
  - a. show evidence of graduation from a nationally accredited school
  - b. disclose any criminal conviction or charge against the applicant, other than minor traffic violations
  - c. disclose the denial of registration or licensure by any other state or district regulatory body
  - d. all of the above
  
8. All licenses shall be subject to annual renewal and shall expire unless renewed in the manner prescribed by the board regarding applications for renewal, continuing education and:
  - a. employment status
  - b. fees
  - c. work history
  - d. supervisor's name
  
9. A licensed physical therapist shall provide direct supervision and be responsible for routine physical therapy tasks given by:
  - a. physicians
  - b. physician assistants
  - c. supportive personnel
  - d. licensed nursing staff

**IDAHO PHYSICAL THERAPY LICENSURE BOARD**

**Open Book Jurisprudence Examination**

10. The ratio of a physical therapist to a physical therapist assistant should be no more than:
  - a. 1:5
  - b. 1:4
  - c. 1:3
  - d. 1:2
  
11. The Board may condition, limit, suspend, or refuse to renew the license of any individual whom the Board determines submitted a false report of continuing education or failed to comply with:
  - a. the open public meeting law
  - b. parliamentary procedures
  - c. building safety requirements
  - d. the continuing education requirements
  
12. The following are principles to the code of ethics which shall be binding for a physical therapist except:
  - a. the financial responsibility of patients
  - b. to achieve and maintain professional competence
  - c. to exercise sound professional judgment
  - d. to endeavor to address the health needs of society.
  
13. All of the following conduct, acts, or conditions shall constitute grounds for disciplinary action except:
  - a. providing patient care
  - b. obtaining or attempting to obtain a license by fraud
  - c. having been convicted of a crime involving moral turpitude
  - d. commission of any act of sexual contact, misconduct, exploitation or intercourse with a patient
  
14. Every person holding a license issued by the Board must annually complete the following number of contact hours of continuing education prior to license renewal:
  - a. twelve (12)
  - b. ten (10)
  - c. fifteen (15)
  - d. sixteen (16)
  
15. Reinstatement of a lapsed license shall require all of the following except:
  - a. payment of a renewal fee
  - b. proof of successful completion of continuing education
  - c. a letter of recommendation from a supervisor
  - d. a reinstatement fee

**IDAHO PHYSICAL THERAPY LICENSURE BOARD**

**Open Book Jurisprudence Examination**

16. The Idaho Physical Therapy Licensure Board does not have the authority to:
  - a. impose incarceration upon an individual
  - b. evaluate the qualifications of applicants
  - c. perform investigations of misconduct
  - d. evaluate curricula of nationally accredited schools of physical therapy
  
17. The following are principles to the code of ethics which shall be binding for a physical therapist assistant except:
  - a. to respect the rights and dignity of all individuals
  - b. to comply with laws and regulations governing physical therapy
  - c. to develop a patient's plan of care
  - d. to protect the public and the profession from unethical, incompetent, and illegal acts
  
18. All licensed physical therapists or physical therapist assistants shall report to the Board any name change or changes in business and home addresses within:
  - a. seven (7) days
  - b. fourteen (14) days
  - c. five (5) business days
  - d. immediately
  
19. Any person who shall be aggrieved by any action of the board in denying, refusing to renew, suspending or revoking a certificate of licensure, issuing a censure, imposing any restriction upon a license, or imposing any fine, may seek:
  - a. refund for licensure fees
  - b. judicial review
  - c. a review by the Idaho Physical Therapy Association
  - d. a review by the Federation of State Boards of Physical Therapy
  
20. An applicant who fails an examination may retake an examination one (1) additional time without reapplication for licensure, provided the second examination occurs within the following number of months from the notification of the first failure:
  - a. six (6) months
  - b. nine (9) months
  - c. three (3) months
  - d. twelve (12) months



Name \_\_\_\_\_

**ADDENDUM 1**  
**(complete only if you have not yet graduated)**

APPLICANT NAME \_\_\_\_\_

I hereby certify that the applicant named above is on schedule to graduate pending compliance with all requirements with a degree in

\_\_\_\_\_ issued by \_\_\_\_\_  
Name of Institution

located in \_\_\_\_\_ and which shall be granted on \_\_\_\_\_  
City, State Date

(Official Institution seal)

\_\_\_\_\_  
Signature of Registrar

\_\_\_\_\_  
Printed Name of Registrar

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**REQUEST FOR OFFICIAL PT/PTA LICENSE/REGISTRATION CERTIFICATION**

This is an optional form. Those who plan to work in Idaho do not need to complete this form. Those who plan to practice in a state other than Idaho and need verification of licensure in Idaho, may complete the following and submit it with this application. Please include the additional \$10 fee. A verification of your license will be sent upon your passage of the exam and the issuance of your Idaho license.

All requests for the official certification of a license/registration must be in writing and include a \$10.00 fee.

Requestor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby request an official certification of license/registration # \_\_\_\_\_ or, if your license has not yet been issued, please supply your social security number \_\_\_\_\_.

Please mail the certified document to the State Board listed below:

State Board:

\_\_\_\_\_

Address: \_\_\_\_\_  
Street/ PO Box City State Zip

**AFFIDAVIT**

I hereby certify that I am the holder of the license/registration noted above or that I have applied for such a license/registration and that by signing this form I am authorizing the Bureau of Occupational Licenses to certify to any licensure or registration issued to me and to release information that is not public record to the person or entity noted above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature

My Commission Expires \_\_\_\_\_