

Contact Name in State: State of Alabama Board of Physical Therapy
<https://www.pt.alabama.gov/licensing.aspx>

Contact Phone Number: [334-242-4064](tel:334-242-4064) / [888-726-9743](tel:888-726-9743)

Contact Email Address: info@pt.alabama.gov

Additional Information: **Reciprocity:** An individual licensed as a physical therapist assistant in another state will be issued an Alabama license if the requirements for licensure in that state are substantially equivalent. There are no specific reciprocity agreements with other states.

Mailing Address: State of Alabama Board of Physical Therapy
100 North Union Street
Suite 724
Montgomery, AL 36130-5040

Contact Name in State: Alaska State Physical Therapy/Occupational Therapy Board
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy/StatutesRegulations.aspx>

Contact Phone Number: [\(907\) 465-2580](tel:9074652580)

Contact Email Address: RegulationsAndPublicComment@Alaska.Gov

Additional Information: [Reciprocity/Credentials](#): A complete transcript from the school where the individual obtained his or her training, the individual's National Physical Therapy Examination (NPTE) scores, licensure verification from every state where the individual has previously practiced as a physical therapy assistant. At least one of these must be a current license. Proof that the individual has been previously employed as a physical therapist assistant, has completed at least 150 hours as an intern, or has completed the NPTE no earlier than 24 months before applying to the state, and a completed jurisprudence questionnaire demonstrating the individual's familiarity with state regulations regarding the practice of physical therapy.

Mailing Address: Alaska State Physical Therapy/Occupational Therapy Board
PO Box 110806
Juneau, AK 99811-0806

Contact Name in State: Arizona State Board of Physical Therapy
<https://ptboard.az.gov/resources/applicant/assistants>

Contact Phone Number: [602-274-0236](tel:602-274-0236)

Contact Email Address: monica.crowley@ptboard.az.gov MONICA CROWLEY, Licensing Administrator

Additional Information: [Reciprocity](#): Apply for a physical therapist's license by a process referred to as "endorsement" if you hold a current license from another state.

Mailing Address: Arizona State Board of Physical Therapy
1740 W. Adams, Ste. 2450
Phoenix AZ, 85007

Contact Name in State: Arkansas State Board of Physical Therapy
<http://www.arptb.org/>

Contact Phone Number: [\(501\) 228-7100](tel:(501)228-7100)

Contact Email Address: arptb@arkansas.gov

Additional Information: [Reciprocity: http://www.arptb.org/pdf/2021/Endorsement-App-Instructional](http://www.arptb.org/pdf/2021/Endorsement-App-Instructional%20Application.pdf) <- Endorsement Application

Mailing Address: Arkansas State Board of Physical Therapy
P.O. Box 250254
Little Rock, AR 72225

Contact Name in State: Physical Therapy Board of California
<https://www.ptbc.ca.gov/>

Contact Phone Number: [\(916\) 561-8200](tel:9165618200)

Contact Email Address: PTA@dca.ca.gov

Additional Information: [Reciprocity](#); Every graduate of an approved physical therapist assistant education program who has filed a complete application with the committee for the first time, may, following receipt of a letter of authorization to take the examination and perform as a "physical therapist assistant applicant," assist in the provision of physical therapy under the direct and immediate supervision of a physical therapist licensed in this state, for 90 days pending the results of the first examination administered. During this period, the applicant shall identify himself or herself only as a "physical therapist assistant applicant." If the applicant passes the examination, the physical therapist assistant applicant status shall remain in effect until a regular renewable approval is issued, or approval is denied, by the committee.

Mailing Address: Physical Therapy Board of California
2005 Evergreen Street, Suite 2600
Sacramento, CA 95815

Contact Name in State: Colorado Department of Regulatory Agencies, Colorado State Physical Therapy Board
<https://dpo.colorado.gov/PhysicalTherapy>

Contact Phone Number: [303-894-7800](tel:303-894-7800)

Contact Email Address: dora_physicaltherapyboard@state.co.us

Additional Information: [Reciprocity](#); Apply for a physical therapist's license by a process referred to as "endorsement" if you hold a current license from another state.

Mailing Address: Colorado State Physical Therapy Board
1560 Broadway, Suite 1350
Denver, CO 80202

Contact Name in State: Connecticut State Department of Public Health
<https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Physicaltherapistassistant/Physical-Therapist-Assistant-Licensure>

Contact Phone Number: [\(860\) 509-7603](tel:8605097603)

Contact Email Address: oplc.dph@ct.gov

Additional Information: [Reciprocity](#): Official verification form sent directly from each state licensing authority where a license or certification is or has ever been held. Official verification of successful completion of the NPTAE examination forwarded directly from the FSBPT Score Transfer Service. A completed application and fee in the amount of \$190.00.

Mailing Address: Connecticut State Department of Public Health
Practitioner Licensing and Investigations Section
410 Capitol Ave., MS# 12 APP
P.O. Box 340308
Hartford, CT 06134-0308

Contact Name in State: Delaware Division of Professional Regulation, Examining Board of Physical Therapists and Athletic Trainers
<https://dpr.delaware.gov/boards/physicaltherapy/newtherapist/>

Contact Phone Number: [\(302\) 744-4500](tel:3027444500)

Contact Email Address: customerservice.dpr@delaware.gov

Additional Information: **Reciprocity:** In addition to submitting the application, fee, and supporting documentation required in the Requirements for All Applicants section, you must submit the following in DELPROS: ☐ Your national examination scores, sent directly to the Board office from one of the following your original state of licensure, or Federation of State Boards of Physical Therapy (FSBPT) and proof that you have completed two hours of training in ethics related to physical therapy

Mailing Address: Delaware Division of Professional Regulation, Examining Board of Physical Therapists and Athletic Trainers
Cannon Building,
Suite 203
861 Silver Lake Blvd.
Dover, DE 19904

Contact Name in State: DC Health - Physical Therapy Licensing
<https://dchealth.dc.gov/es/service/physical-therapy-licensing>

Contact Phone Number: [\(202\) 442-5955](tel:(202)442-5955)

Contact Email Address: doh@dc.gov

Additional Information: [Reciprocity](#): Graduate from a program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), take the National Physical Therapy Exam (NPTE) for PTAs, offered by the Federation of State Boards of Physical Therapy (FSBPT) and pass both tests.

Mailing Address: DC Health - Physical Therapy Licensing
899 North Capitol Street, NE,
Washington, DC 20002

Contact Name in State: Florida Board of Physical Therapy
<https://floridaphysicaltherapy.gov/physical-therapist-assistant/>

Contact Phone Number: [\(850\) 245-4373](tel:8502454373)

Contact Email Address: <https://floridaphysicaltherapy.gov/contact> **Contact Us Form**

Additional Information: [Reciprocity/Endorsement](#); Florida does not have reciprocity with any state; we endorse the National Physical Therapy Examination given by the Federation of State Boards of Physical Therapy (FSBPT).

Mailing Address:
Department of Health
Board of Physical Therapy
4052 Bald Cypress Way Bin C-05
Tallahassee, FL 32399-3255

Contact Name in State: Georgia State Board of Physical Therapy
<https://sos.ga.gov/index.php/licensing/plb/39>

Contact Phone Number: [404.656.2881](tel:404.656.2881)

Contact Email Address: <https://sos.ga.gov/cgi-bin/email.asp>

Additional Information: Reciprocity. The Board may, in its discretion register a physical therapist assistant without an examination as set forth in Official Code of Georgia Annotated Section 43-33-15 upon payment of applicable fees: Verification of an active license in good standing from another state board; and, verification of licensure in good standing from the state board of all states in which the applicant has held a license to actively practice; and, verification of active practice in the two years immediately preceding the date of application.

Mailing Address: Georgia State Board of Physical Therapy
214 State Capitol
Atlanta, Georgia 30334

Contact Name in State: Hawaii Department of Commerce and Consumer Affairs, Professional & Vocational Licensing Division
http://cca.hawaii.gov/pvl/boards/physicaltherapy/application_publications/

Contact Phone Number: [808-586-3000](tel:808-586-3000)

Contact Email Address: pvl@dcca.hawaii.gov

Additional Information: Reciprocity: You may waive the examination requirement if you graduated from an accredited physical therapist assistant program or an accredited physical therapy program recognized by the United States Department of Education and have five years of experience within the last eight years as a physical therapist assistant. The applicant shall provide an original completed and notarized "Experience Verification for Exam Waiver" (PTA-02) form from your supervisor at each place of employment as a physical therapist assistant during the aforementioned five-year period.

Mailing Address: Hawaii Department of Commerce and Consumer Affairs, Professional & Vocational Licensing Division
P.O. Box 3469
Honolulu, HI 96801

Contact Name in State: Idaho Division of Occupational and Professional Licenses - Physical Therapy Licensure Board
<https://dopl.idaho.gov/DOPLPortal/BoardPage.aspx?Bureau=PHT>

Contact Phone Number: [208 334-3233](tel:2083343233)

Contact Email Address: ibol@ibol.idaho.gov

Additional Information: Reciprocity/Endorsement: A person who can show to the satisfaction of the board that he or she has met the qualifications set forth by the state of Idaho, and who, at the time of application, is a licensed or registered physical therapist assistant in good standing under the laws of another state or territory, and who can show to the satisfaction of the board that the person has passed a physical therapist or physical therapist assistant examination which is substantially similar to an examination authorized by the board.

Mailing Address: Idaho Division of Occupational and Professional Licenses - Physical Therapy Licensure Board
11351 W. Chinden Blvd., Bldg. #6
Boise, ID 83714

Contact Name in State: Illinois Physical Therapy Association
<https://www.ipta.org/page/License>

Contact Phone Number: [630.904.0101](tel:6309040101)

Contact Email Address: ipta@ipta.org

Additional Information: [Reciprocity/Endorsement](#): In Illinois, individuals who want to be licensed as a physical therapist or physical therapist assistant do so by completing specialized education and passing an examination, or by having their credentials accepted from another state where they have already been licensed.

Mailing Address: Illinois Physical Therapy Association
905 N MAIN STREET
NAPERVILLE, IL 60563

Contact Name in State: Indiana Physical Therapy Board
<https://www.in.gov/pla/professions/physical-therapy-board/>

Contact Phone Number: [\(317\) 234-8800](tel:3172348800)

Contact Email Address: pla14@pla.in.gov

Additional Information: Reciprocity/Endorsement: Submit an application online at MyLicense.IN.gov with the \$100.00 application fee, an official (certified) transcript of grades from the school the applicant obtained his or her degree that shows the degree has been conferred. Transcripts must come directly from the degree granting institution, criminal background check, verification of state licensure must be completed by every state where you hold or have held a license or certification. This must be submitted to the Indiana Physical Therapy Board by the state in which you hold or have held a license or certification, official National Physical Therapy Exam score transfer report from the Federation of State Boards of Physical Therapy (FSBPT).

Mailing Address:
Indiana Professional Licensing Agency
Attn: Indiana Physical Therapy Board
402 W. Washington Street, Room W072
Indianapolis, Indiana 46204

Contact Name in State: Iowa Board of Physical & Occupational Therapy
<https://idph.iowa.gov/Licensure/iowa-Board-of-Physical-and-Occupational-Therapy/Licensure>

Contact Phone Number: [\(515\) 281-7689](tel:5152817689)

Contact Email Address: <https://idph.iowa.gov/Contact-Us>: Contact Us Form

Additional Information: [Reciprocity/Endorsement](#): An individual who is a licensed physical therapy assistant in another state may obtain licensure by endorsement in Iowa, which allows them to become licensed without having to repeat any course work or retake the NPTE.

Mailing Address: Iowa Board of Physical & Occupational Therapy
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075

Contact Name in State: Kansas Board of Healing Arts
<http://www.ksbha.org/professions/PTA.shtml>

Contact Phone Number: (785) 296-7413

Contact Email Address: Rebekah.Moon@ks.go Rebekah Moon, Licensing Manager / Administrator

Additional Information: [Reciprocity/Endorsement](#): Apply for a physical therapist's license by a process referred to as "endorsement" if you hold a current license from another state.

Mailing Address: Kansas Board of Healing Arts
800 SW Jackson, Lower Level - Suite A
Topeka, KS 66612

Contact Name in State: Kentucky Board of Physical Therapy
<https://pt.ky.gov/Pages/default.aspx>

Contact Phone Number: [\(502\) 429-7140](tel:5024297140)

Contact Email Address: kybpt@ky.gov

Additional Information: [Reciprocity/Endorsement](#): You must hold an active PT/PTA license in at least one jurisdiction. Show verifications of all professional licenses, certificates or registrations whether active or lapsed. The licensing entity is to return the verification of license, certificate or registration directly to this Board.

Mailing Address: Kentucky Board of Physical Therapy
312 Whittington Parkway
Suite 102
Louisville, KY 40222

Contact Name in State: Louisiana Physical Therapy Board
https://lpta.org/LPTA/Resources/Licensure___Regulation.aspx

Contact Phone Number: [\(225\) 922-4614](tel:2259224614)

Contact Email Address: info@lptboard.org

Additional Information: [Reciprocity/Endorsement](#): If you have ever been licensed, certified or registered (including temporary permits) to practice physical therapy, you must provide written verification for each jurisdiction in which you were granted a permit or license. Contact the licensing board from which you are requesting verification for their instructions. Written verification of licensure must be forwarded directly from the licensing board to the Louisiana Physical Therapy Board.

Mailing Address: Louisiana Physical Therapy Board
2110 W. Pinhook Rd., Suite 202
Lafayette, Louisiana 70508

Contact Name in State: Office of Professional and Financial Regulation, Board of Physical Therapy
<https://www.maine.gov/pfr/professionallicensing/professions/board-physical-therapy>

Contact Phone Number: [\(207\) 624-8620](tel:(207)624-8620)

Contact Email Address: physicalthrp.lic@maine.gov

Additional Information: https://www.maine.gov/pfr/professionallicensing/sites/maine.gov.pfr.professionallicensing/files/inline-files/pt_pta_endorsement <- Application for Endorsement

Mailing Address: Office of Professional and Financial Regulation, Board of Physical Therapy
35 State House Station
Augusta, ME 04333-0035

Contact Name in State: Maryland Department of Health, Board of Physical Therapy Examiners
<https://health.maryland.gov/bphte/Pages/licensing.aspx>

Contact Phone Number: [\(410\) 764-4718](tel:4107644718)

Contact Email Address: lisa.scott@maryland.gov Lisa Scott, Licensing Coordinator

Additional Information: [Reciprocity/Endorsement](#): Official verification of one, current, out of state license, sent electronically to the State Board, Post-graduation transcript with degree and date earned, Transfer of NPTE Scores to the Maryland Board, and take the Maryland Jurisprudence Examination (Law Exam).

Mailing Address: Maryland Department of Health
Board of Physical Therapy Examiners
Metro Executive Building
4201 Patterson Avenue
Baltimore, MD. 21215-2299

Contact Name in State: Massachusetts Board of Allied Health Professionals - Licensing
<https://www.mass.gov/allied-health-professionals-licensing>

Contact Phone Number: [617-701-8605](tel:617-701-8605)

Contact Email Address: alliedhealth@mass.gov

Additional Information: [Reciprocity/Endorsement](#): The board may without examination, license any physical therapist assistant applicant who is duly licensed or registered under the laws of another state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

Mailing Address: Massachusetts Board of Allied Health Professionals
1000 Washington Street
Suite 710
Boston, MA 02118

Contact Name in State: Department of Licensing and Regulatory Affairs - Michigan Board Of Physical Therapy
https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_27549--,00.html

Contact Phone Number: [517-335-9700](tel:517-335-9700)

Contact Email Address: bpelhelp@michigan.gov

Additional Information: [Reciprocity/Endorsement](#): You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Physical Therapy, undergo a Criminal Background Check, Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Physical Therapy from any state or province where you currently hold or have ever held a permanent license or registration, t take and pass the 25-question jurisprudence examination, Arrange for results of your NPTE PTA. examination to be forwarded to this office directly.

Mailing Address: Department of Licensing and Regulatory Affairs
Michigan Board Of Physical Therapy
Ottawa Building
611 W. Ottawa
P.O. Box 30004
Lansing, MI 48909

Contact Name in State: Minnesota Board of Physical Therapy
<https://mn.gov/boards/physical-therapy/>

Contact Phone Number: [\(612\) 627-5406](tel:(612)627-5406)

Contact Email Address: physical.therapy@state.mn.us

Additional Information: [Reciprocity/Endorsement; https://mn.gov/boards/assets/2021%20PTA%20Another%20State%20Instructions_tcm21-4574](https://mn.gov/boards/assets/2021%20PTA%20Another%20State%20Instructions_tcm21-4574) <- Instructions for Applicants Licensed in Another State

Mailing Address: Minnesota Board of Physical Therapy
2829 University Ave. SE Suite #420
Minneapolis MN 55414-3246

Contact Name in State: Mississippi State Board of Physical Therapy
<https://www.msbpt.ms.gov/secure/index.asp>

Contact Phone Number: [\(601\) 352-2918](tel:6013522918)

Contact Email Address: SBoyette@msbpt.ms.gov

Additional Information: [Reciprocity/Endorsement](#): Complete online application, complete online practice history; the practice history must be current and complete with NO time gaps. Please note that the name and address of a corporate office or a recruitment company is not sufficient as an employer. The Board requires the names of the facilities, locations, and dates of employment, National Physical Therapy Examination (NPTE) scores reported directly to this office, verification of all (active & closed) license/registration/certification reported directly to this office from the state, province, country, or other jurisdiction issuing the license/registration/certification. Contact each state board in which you have held a license.

Mailing Address: Mississippi State Board of Physical Therapy
P.O. Box 55707
Jackson, MS 39296-5707

Contact Name in State: Board of Registration for the Healing Arts, Advisory Commission for Physical Therapists
<https://pr.mo.gov/physicaltherapists.asp>

Contact Phone Number: [573.751.0098](tel:573.751.0098)

Contact Email Address: healingarts@pr.mo.gov

Additional Information: [Reciprocity/Endorsement](#): List all of the states and territories in which you currently hold or have ever held a license to practice as a physical therapist assistant. You will need to request verification of licensure for each state listed.

Mailing Address: Board of Registration for the Healing Arts
3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102

Contact Name in State: Montana Board of Physical Therapy Examiners
<https://boards.bsd.dli.mt.gov/physical-therapy-examiners/>

Contact Phone Number: [406\) 444-6880](tel:40614446880)

Contact Email Address: DLIBSDHELP@MT.GOV

Additional Information: Reciprocity/Endorsement: If the applicant has previously taken the national examination in any jurisdiction and licensed in another jurisdiction, official verification(s) of licensure must be submitted to the Board office from ALL applicable jurisdictions. If the applicant has previously taken the national examination in any jurisdiction the test scores must be obtained from the Federation of State Boards of Physical Therapy who will report directly back to the Board office. In addition pay the endorsement fee along with the application fee.

Mailing Address: Board of Physical Therapy Examiners
PO Box 200513
Helena, MT 59620-0513

Contact Name in State: Nebraska Department of Health and Human Services, Office of Rehabilitation & Community Services
<https://dhhs.ne.gov/licensure/Pages/Physical-Therapy.aspx>

Contact Phone Number: [\(402\) 471-2299](tel:4024712299)

Contact Email Address: DHHS.RehabOffice@nebraska.gov

Additional Information: Reciprocity/Endorsement: If you hold or have held a physical therapist and/or health related license(s) in any state (other than Nebraska (such as nursing, nail technology, massage etc.)), you must contact that state and request a verification of your license (do not send a copy of your license).

Mailing Address: DHHS Licensure Unit
Attn: Physical Therapy
PO Box 94986
Lincoln NE 68509-4986

Contact Name in State: Nevada State Board of Physical Therapy
<https://ptboard.nv.gov/License/Verification/>

Contact Phone Number: [\(702\) 876-5535](tel:(702)876-5535)

Contact Email Address: ptapplication@govmail.state.nv.us

Additional Information: [Reciprocity/Endorsement: https://ptboard.nv.gov/uploadedFiles/ptboardnvgov/content/Licensure/PT_PTA_EndorsementApplicati](https://ptboard.nv.gov/uploadedFiles/ptboardnvgov/content/Licensure/PT_PTA_EndorsementApplicati) <- PTA Endorsement Application

Mailing Address: Nevada State Board of Physical Therapy
3291 N. Buffalo Dr., Suite 100
Las Vegas, NV 89129

Contact Name in State: NH Office of Professional Licensure & Certification, Physical Therapy Governing Board
<https://www.oplc.nh.gov/physical-therapy-governing-board>

Contact Phone Number: [603-271-8353](tel:603-271-8353)

Contact Email Address: alliedhealth@oplc.nh.gov

Additional Information: [Reciprocity/Endorsement](#): An official letter of verification sent directly to the board from every state which has issued the applicant a license or other authorization to practice physical therapy stating: Whether the license or other authorization is or was, during its period of validity, in good standing; and whether any disciplinary action was taken against the license or other authorization to practice.

Mailing Address: Office of Professional Licensure & Certification
7 Eagle Square
Concord NH, 03301

Contact Name in State: New Jersey Division of Consumer Affairs - State Board of Physical Therapy Examiners
<https://www.njconsumeraffairs.gov/pt>

Contact Phone Number: [\(973\) 504-6455](tel:9735046455)

Contact Email Address: physicaltherapy@dca.njoag.gov

Additional Information: [Reciprocity/Endorsement](#): Upon payment to the board of a fee and the submission of a written application on forms provided by it, the board shall issue without examination to a physical therapist assistant who holds a valid license issued by another state or possession of the United States or the District of Columbia which, in the judgment of the board, has education and experience requirements substantially equivalent to the requirements of this State.

Mailing Address: State Board of Physical Therapy Examiners
124 Halsey Street
Newark, New Jersey 07102

Contact Name in State: New Mexico Physical Therapy Board
http://www.rld.state.nm.us/boards/Physical_Therapy_Requirements_and_Continuing_Education.aspx

Contact Phone Number: [\(505\) 476-4622](tel:5054764622)

Contact Email Address: physical.therapy@state.nm.us

Additional Information: [Reciprocity/Endorsement](#): A license may be issued to a physical therapist assistant who provides verification of all licenses from other U.S. jurisdictions, and meets all the requirements in 16.20.3.8 NMAC. The board will accept verifications via regular mail, electronic mail, or facsimile.

Mailing Address: New Mexico Physical Therapy Board
PO BOX 25101
Santa Fe, NM 87504

Contact Name in State: New York State Office of Professions - Physical Therapy
<http://www.op.nysed.gov/prof/pt/ptlic.htm>

Contact Phone Number: [\(518\) 474-3817](tel:5184743817), Press 1 then ext. 180 (voice)

Contact Email Address: examregistration@fsbpt.org

Additional Information: [Reciprocity/Endorsement](#): An individual licensed in another jurisdiction may not practice in New York without being licensed in New York State. If you have been licensed to practice physical therapy in another jurisdiction but do not meet current New York education requirements, you may apply for a New York State license in physical therapy by endorsement. To qualify for licensure by endorsement, you must have at least 3 years of practice acceptable to the State Board for Physical Therapy in the 7 years immediately preceding the application for licensure by endorsement and have completed an education acceptable to the Department, which may include meeting the standards of an acceptable accrediting agency in effect at the time you graduated from your physical therapy program.

Mailing Address: NY State Education Department
Office of the Professions
State Board for Physical Therapy
89 Washington Avenue
Albany, New York 12234-1000

Contact Name in State: North Carolina Board of Physical Therapy Examiners
<https://www.ncptboard.org/Licensing/LicensingHome.shtml>

Contact Phone Number: [\(800\)800-8982](tel:8008008982) or [\(919\)490-6393](tel:9194906393)

Contact Email Address: angela.licensing@ncptboard.org

Additional Information: [Reciprocity/Endorsements; https://www.ncptboard.org/documents/OnlineApplication/Endorsment%20Applicants/Steps_to_complete_Endorsemer](https://www.ncptboard.org/documents/OnlineApplication/Endorsment%20Applicants/Steps_to_complete_Endorsemer) <- **Application for License by Endorsement**

Mailing Address: North Carolina Board of Physical Therapy Examiners
8300 Health Park
Suite 233
Raleigh, NC 27615

Contact Name in State: North Dakota Board of Physical Therapy - Tami Anderson-Egeland, Administrative Assistant
https://www.ndbpt.org/pta_licensure.asp

Contact Phone Number: [701-352-0125](tel:701-352-0125)

Contact Email Address: ndptboard@gra.midco.net

Additional Information: Reciprocity/Endorsement: Complete the online license application as a Physical Therapist Assistant or submit a completed application to the Board Office, pay \$241.25 to the ND Board of PT, contact the institution granting your physical therapist assistant degree to have an official transcript, indicating verification of graduation from an accredited program, sent directly to the ND Board of PT, enclose a copy of any current license(s), contact all states you hold/held a license in and have that Board send a verification of your license to the ND Board, enclose letters from the department supervisor or human resources from the last two places of employment, verifying employment.

Mailing Address: North Dakota Board of Physical Therapy
P.O. Box 69
Grafton, ND 58237

Contact Name in State: Occupational Therapy, Physical Therapy, and Athletic Trainers Board
<https://otptat.ohio.gov/Physical-Therapy/Applications>

Contact Phone Number: [614 466-3774](tel:6144663774)

Contact Email Address: Board@otptat.ohio.gov

Additional Information: Reciprocity/Endorsements: 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, Non-refundable application fee of \$100.00, FSBPT NPTE Exam Score, Ohio Jurisprudence Exam Registration. Failure to supply required information may result in denial of the application.

Mailing Address: Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 S. High Street,
16th Floor
Columbus, Ohio 43215-6108

Contact Name in State: Oklahoma State Board of Medical Licensure and Supervision - Oklahoma Physical Therapists and Assistants Committee
https://www.okmedicalboard.org/physical_therapists

Contact Phone Number: [\(405\) 962-1400](tel:4059621400)

Contact Email Address: supportservices@okmedicalboard.org

Additional Information: Reciprocity/Endorsement: Any person who is licensed by examination as a physical therapist or physical therapist assistant in another state of the United States, District of Columbia or Puerto Rico and is graduated from a program approved by the Board, is eligible for consideration for licensure by endorsement provided the written examination and grade standard upon which such license is based is acceptable to the Board.

Mailing Address: Oklahoma State Board of Medical Licensure and Supervision
101 NE 51st St,
Oklahoma City, OK 73105-1821

Contact Name in State: Oregon Board of Physical Therapy
<https://www.oregon.gov/pt/Pages/Applying-for-Licensure.aspx>

Contact Phone Number: [971-673-0200](tel:971-673-0200)

Contact Email Address: physical.therapy@oregon.gov

Additional Information: Reciprocity/Endorsement: You must provide official verification of all professional health care licenses you have ever held regardless of status (active, expired, inactive, and lapsed, etc.) and includes all relevant dates and notation of disciplinary actions, encumbrances, or other similar information. The Board will accept a copy of an official online verification from other states only if the other state's verification document printed from their website states it is "Primary Source". you may print the verification and send it with your application.

Mailing Address: Oregon Board of Physical Therapy
800 NE Oregon Street, Suite 407
Portland, OR 97232-2187

Contact Name in State: Pennsylvania Department of Health - State Board of Physical Therapy
<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/PhysicalTherapy/Pages/Applications-and-Forms.aspx>

Contact Phone Number: [\(717\) 783-7134](tel:7177837134)

Contact Email Address: ST-PHYSICAL@PA.GOV

Additional Information: [Reciprocity/Endorsement](#): Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.

Mailing Address: State Board of Physical Therapy
P.O. Box 2649
Harrisburg, PA 17105-2649

Contact Name in State: State of Rhode Island Department of Health
<https://health.ri.gov/licenses/detail.php?id=236>

Contact Phone Number: [401-272-5960](tel:401-272-5960)

Contact Email Address: doh.elicense@health.ri.gov

Additional Information: [Reciprocity/Endorsement](#): Pay the non-refundable, non-returnable application fee as set forth in the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health, provide the examination scores of the national examination approved by the FSBPT submitted directly to the Board, provide a statement from the board of physical therapy in each state in which the applicant has held or holds licensure to be submitted to the Board of this state, attesting to the licensure status of the applicant during the time period the applicant held licensure in said state, Out-of-state applicants must obtain their full BCI report from their state of residence.

Mailing Address: State of Rhode Island Department of Health
3 Capitol Hill
Providence, RI 02908

Contact Name in State: SC Labor & Licensing Regulation - SC Board of Physical Therapy
<https://www.llr.sc.gov/pt/licensure.aspx>

Contact Phone Number: [\(803\) 896-4655](tel:8038964655)

Contact Email Address: Contact.PT@llr.sc.gov

Additional Information: [Reciprocity/Endorsement](#): Submit a complete application with fee. Submit a certified check or money order in the amount of \$120. Submit a legible copy of documents verifying your identity (e.g., copy of valid driver's license, passport etc.) with your application. Submit verification of only one current permanent license by using the Verification of License. Contact FSBPT and have the NPTE scores transferred to South Carolina. Submit an official transcript with the registrar's seal, which must include the physical therapy degree and date of the degree was conferred.

Mailing Address: SC Board of Physical Therapy
110 Centerview Dr,
Columbia SC

Contact Name in State: South Dakota Board of Medical and Osteopathic Examiners
<http://www.sdbmoe.gov/>

Contact Phone Number: [605-367-7781](tel:605-367-7781)

Contact Email Address: SDBMOE@state.sd.us

Additional Information: [Reciprocity/Endorsement](#): The Board of Examiners may in its discretion without examination issue a license to any applicant holding a license or certificate issued to the applicant by a board empowered by law to issue licenses to practice physical therapy in the District of Columbia or any state or territory in the United States, if the requirements for licensure of physical therapists in the state or territory in which the applicant was licensed were, at the date of his licensing, substantially equal to the requirements set forth in South Dakota law.

Mailing Address: South Dakota Board of Medical and Osteopathic Examiners
101 N. Main Avenue, Suite 301
Sioux Falls, SD 57104

Contact Name in State: Tennessee Department of Health - Board of Physical Therapy
<https://www.tn.gov/health/health-program-areas/health-professional-boards/pt-board/pt-board/applications.html>

Contact Phone Number: [615741-3807](tel:6157413807)

Contact Email Address: tn.health@tn.gov

Additional Information: **Reciprocity/Endorsement:** The board of occupational therapy may grant a license to an applicant who presents proof of current licensure or certification as an occupational therapist or occupational therapy assistant in another state, the District of Columbia or a territory of the United States and who possesses educational and experiential qualifications that meet or exceed the requirements for licensure in Tennessee, as determined by the board of occupational therapy.

Mailing Address: Tennessee Department of Health - Board of Physical Therapy
710 James Robertson Parkway
Nashville, TN 37243

Contact Name in State: Texas Board of Physical Therapy Examiners
<https://www.ptot.texas.gov/page/apply-by-endorsement>

Contact Phone Number: [\(512\) 305-6900](tel:5123056900)

Contact Email Address: <https://www.ptot.texas.gov/forms/public/contact> **Contact Us Form**

Additional Information: [Reciprocity/Endorsement](#): States and territories that do not have sufficient information on their websites for primary source verification and are excluded from staff verification are Arkansas, Rhode Island, South Dakota, Wyoming, Puerto Rico, and the U.S. Virgin Islands. If you hold or have held a license from any of the excluded states/territories, contact that state board and request license verification be sent to Texas. The verification can be emailed to exam@ptot.texas.gov or mailed directly from the other state board.

Mailing Address: Texas Board of Physical Therapy Examiners
333 Guadalupe,
Suite 2-510
Austin, TX 78701-3942

Contact Name in State: Utah Department of Commerce Division of Occupational and Professional Licensing
<https://dopl.utah.gov/pt/index.html>

Contact Phone Number: [\(801\) 530-6628](tel:8015306628)

Contact Email Address: jbusjahn@utah.gov Jeff Busjahn - Bureau Manager

Additional Information: **Reciprocity/Endorsement:** If you are currently licensed in good standing in any state of the United States, in addition to the items required for all applicants, you must submit: Official verification of an active physical therapy assistant license from another state.

Mailing Address: Utah Department of Commerce Division of Occupational and Professional Licensing
160 E 300 S,
Salt Lake City, UT 84111

Contact Name in State: Vermont Secretary of State - Office of Professional Regulation
<https://sos.vermont.gov/physical-therapists/forms-instructions/>

Contact Phone Number: [802-828-1505](tel:802-828-1505)

Contact Email Address: <https://sos.vermont.gov/opr/about-opr/contact-us> **Contact Us Form**

Additional Information: Reciprocity/Endorsement: To qualify to be licensed, an applicant must be licensed or certified in good standing in another jurisdiction in which the standards and qualifications required for regulation in that jurisdiction are substantially equivalent to Vermont's. Have the state from which you obtained your initial license and your most recent state of licensure complete a "Verification of Licensure" form. Have the school from which you obtained your education submit a "Verification of Education" form or have the institution submit an official transcript directly to the office.

Mailing Address: Vermont Sec. of State - Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402

Contact Name in State: Virginia Department of Health Professions - Board of Physical Therapy
http://www.dhp.virginia.gov/PhysicalTherapy/physther_forms.htm

Contact Phone Number: [\(804\) 367-4674](tel:8043674674)

Contact Email Address: ptboard@dhp.virginia.gov

Additional Information: Reciprocity/Endorsement: Provide written verification directly from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees. Evidence of clinical practice with a current, unrestricted license issued by another U.S. jurisdiction. Your employer may mail or email a written letter on company letterhead of your clinical practice verifying dates of employment and the number of hours worked with their original signature.

Mailing Address: Virginia Department of Health Professions - Board of Physical Therapy
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Contact Name in State: Washington State Department of Health
<https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/PhysicalTherapist/ApplyOnline>

Contact Phone Number: [360-236-4700](tel:360-236-4700)

Contact Email Address: <https://fortress.wa.gov/doh/opinio/s?s=DOHFeedba> **Contact Us Form**

Additional Information: **Reciprocity/Endorsement:** Applicants must list all states where they do or did hold credentials. This list must also include when the applicant has applied for a credential, even if a credential was not granted. The jurisdiction where the applicant is or was credentialed must complete and submit the verification form. The jurisdiction must send the completed form directly to the department.

Mailing Address: Washington State Department of Health
Board of Physical Therapy
P.O. Box 1099
Olympia, WA 98507-1099

Contact Name in State: West Virginia Board of Physical Therapy
<http://www.wvbopt.com/>

Contact Phone Number: [304.558.0367](tel:304.558.0367)

Contact Email Address: wvbopt@wv.gov

Additional Information: [Reciprocity/Endorsement](#): Passing NPTE score report, Request verification from any state you are or have ever been licensed (active or not) as a PTA, verification must be sent directly from the licensing board to our office via mail or official electronic verification system. (NOT acceptable from applicant or via fax).

Mailing Address: West Virginia Board of Physical Therapy
2 Players Club Drive,
Suite 102 Charleston,
West Virginia 25311

Contact Name in State: State of Wisconsin Department of Safety and Professional Services - Physical Therapy Examining Board
<https://dps.wi.gov/Pages/Professions/PTAssistant/Default.aspx>

Contact Phone Number: [\(608\) 266-2112](tel:6082662112)

Contact Email Address: dps@wi.gov

Additional Information: [Reciprocity/Endorsement](#): Candidates who have written the NPTE in Another State: Scores must be requested and forwarded to the Department. We require verification from each state in which you have ever held or currently hold a PT/PTA license. Contact each state board to request a verification of licensure be sent to Wisconsin. The verification must be returned directly to the Department via mail or email to DSPSCredPhysicalTherapy@wisconsin.gov. The Board will reject verifications received from the applicant.

Mailing Address: Physical Therapy Examining Board
DSPS
PO Box 8366
Madison, WI 53708-8366

Contact Name in State: Wyoming Board of Physical Therapy
<https://physicaltherapy.wyo.gov/>

Contact Phone Number: [\(307\) 777-5403](tel:3077775403) Carla Fleming

Contact Email Address: Carla.Fleming@wyo.gov

Additional Information: Reciprocity/Endorsement: Official transcripts forwarded to the Board Office directly from the registrar of the college/university giving evidence of graduation from an accredited program approved by the Commission on Accreditation in Physical Therapy Education (CAPTE), verification of license/certificate in good standing is required from ALL jurisdictions in which you are currently, or have ever been licensed/certified. Verifications must come directly from the jurisdiction and will not be accepted from the applicant. You must request that your score be transferred from FSBPT Score Transfer Service.

Mailing Address: Wyoming Board of Physical Therapy
2001 Capitol Avenue, Room 127
Cheyenne, WY 82002

Contact Name in State: **Guam Health Professional Licensing Office**
<https://dphss.guam.gov/health-professional-licensing-office-3/>

Contact Phone Number: [\(671\) 735-7407](tel:(671)735-7407)

Contact Email Address: Mae.Pangelinan@dphss.guam.gov

Additional Information: Reciprocity/Endorsement: **Undetermined**

Mailing Address: Guam Health Professional Licensing Office
Guam Board of Allied Health Examiners
123 Chalan Kareta,
Mangilao, Guam 96913

Contact Name in State: Puerto Rico Office of Regulations and Certification of Health Professionals Board of Licensing and Medical Discipline
<https://orcps.salud.gov.pr/Default.aspx>

Contact Phone Number: [787-765-2929](tel:787-765-2929) Ext. 6596

Contact Email Address: contactus@salud.pr.gov

Additional Information: [Reciprocity/Endorsement: Undetermined](#)

Mailing Address: Puerto Rico Office of Regulations and Certification of Health Professionals Board of Licensing and Medical Discipline
GM Group 3er Building
Apartment Urb. Caribe *(in front of the old building of La Electronica)*
1590 Calle Ponce de Leon
Rio Piedras, PR

Contact Name in State: United States Virgin Islands Department of Health - Office of Professional Licensure and Health Planning
<https://doh.vi.gov/programs/permits-licenses-and-certificates>

Contact Phone Number: [340-718-1311](tel:340-718-1311) Ext 3647/3849

Contact Email Address: <https://doh.vi.gov/contact-us> **Contact Us Form**

Additional Information: **Reciprocity/Endorsement:** United States trained graduates with a degree from an accredited school of Physical Therapy Assistant recognized by the Federation of State Boards of Physical Therapy (FSBPT) and a valid state license may be considered for licensure in the Virgin Islands.

Mailing Address: United States Virgin Islands Department of Health - Office of Professional Licensure and Health Planning
3500 Estate Richmond
Christiansted, VI 00820-4370

Contact Name in State: Commonwealth of the Northern Mariana Islands (CNMI) Board of Professional Licensing and Health Care Professions Licensing Board
<https://cnmibpl-hcplb.net/>

Contact Phone Number: [\(670\) 664-4808](tel:(670)664-4808) or [\(670\) 664-4809](tel:(670)664-4809)

Contact Email Address: cnmi@cnmibpl-hcplb.net

Additional Information: [Reciprocity/Endorsement](#): The Board may issue a medical license by endorsement if you hold an active, unrestricted license from another U.S. state or territory or from Canada and the jurisdictional requirements in the other location are at least as stringent as the requirements in the CNMI.

Mailing Address: Commonwealth of the Northern Mariana Islands (CNMI) Board of Professional Licensing and Health Care Professions Licensing Board
P.O. Box 502078
Saipan, MP 96950