



## **REQUIREMENTS AND INSTRUCTIONS FOR APPLICATION FOR LICENSURE AS A PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT BY EXAM**

To be eligible for licensure as a physical therapist or physical therapist assistant the applicant must:

- be a graduate of an approved physical therapy or physical therapist assistant educational program;
- pass an examination administered or approved by the board; and
- speak the English language as a native language or demonstrate an effective proficiency of the English language in the manner prescribed by and to the satisfaction of the board.

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

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

### **CRIMINAL BACKGROUND CHECK (CBC) PROCESS**

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

### **EDUCATION**

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

An exam applicant may have a Verification of Graduation Requirements Form (Form C-20, attached) sent directly from the physical therapy or physical therapy assistant school that bears the school's registrar's seal stating that graduation requirements have been met if the official transcript is not yet available. A final official transcript indicating the degree and the date the degree was conferred must be received by the board before a permanent license will be issued.

The official transcript or Form C-20 may be submitted to the mailing address listed above or sent directly from the issuing institution's email to the Physical Therapy Board's email – [contact.PT@llr.sc.gov](mailto:contact.PT@llr.sc.gov).

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

## **EXAM**

Once the board has received the application and required documentation and determined the applicant is eligible to sit for the exam, a notice will be sent to the eligible applicant regarding the registration procedures.

An applicant with a documented disability may request special accommodations to take the examination. Specific instructions may be found on the ADA Accommodations application.

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

## **ONLINE APPLICATION INSTRUCTIONS FOR APPLICATION BY EXAM**

The attached forms are to upload with your electronic application. Do not mail to the Board with a check. Visit this link to apply and upload this required documentation.

<https://eservice.llr.sc.gov/NewAppsV3>

Contact FSBPT to register for your exam at <http://www.fsbpt.org/>.

### **Submit the following with your electronic application:**

- Submit \$110 via credit or debit card or electronic check to transmit the application to the Board. Fees are non-refundable. A returned check fee of \$30, or an amount specified by law, may be assessed on all returned funds.

Do not mail a check to the Board with these forms, your electronic application must be filled out online and submitted by making payment via electronic means.

- Upload Copy of your valid Driver's License, State Issued ID or Passport
- Upload Copy of your signed social security card
- Upload Signature Affidavit with 2x2 Passport Photo Form, attached
- Upload Legal documentation for name change, if applicable
- Upload Notarized Verification of Lawful Presence, attached

### **Have submitted directly to the Board office address above from the issuing agent:**

- **The C-20 Form – Verification of Completion of Graduation Requirement:** If you intend to sit for the NPTE Exam before graduation, you will need to have this form completed. The applicant may fill out the top portion of this form; however, the School Registrar (not Department Head) will need to fill in the applicable dates, sign and attach the Registrar's seal and mail/email directly to our office. (Form is attached) You are responsible for ensuring the Board office receives your official transcript.
- The official transcripts (after graduation) with the Registrar's seal and the date the degree conferred.

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

To check your application process or to upload additional documentation visit:

<https://eservice.llr.sc.gov/NewAppsV3>



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Physical Therapy Examiners**

110 Centerview Dr. • Columbia • SC • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4655 • Contact.PT@llr.sc.gov • Fax: 803-896-4719

llr.sc.gov/pt

**VERIFICATION OF COMPLETION OF GRADUATION REQUIREMENTS  
(Form C-20)**

Licensure applicants for the State of South Carolina, who are currently enrolled in an academic program and whose degree in physical therapy has not yet been conferred, must have the school registrar complete this for to be submitted to the South Carolina Board of Physical Therapy Examiners (SCBPTE) for admission to the national exam.

Upon the completion of academic program and degree conferral, a final transcript must be mailed or electronically transmitted directly from the school to the SCBPTE in order to receive a permanent license to practice physical therapy.

**NOTICE TO REGISTRAR:**

This form must be signed, dated and mailed by the school directly to the SCBPTE office at the above address.

Applicant Name: \_\_\_\_\_ Last 5 digits of social security: \_\_\_\_\_

Name of Educational Institution: \_\_\_\_\_

School Address: \_\_\_\_\_

Degree: \_\_\_\_\_ Date of Degree Conferral: \_\_\_\_\_

Date Academic Requirements Completed: \_\_\_\_\_

Date Clinical Requirements Completed: \_\_\_\_\_

I certify under penalty of perjury that the applicant named above has completed all academic requirements and is currently completing the clinical requirements and there are no impediments to confer his/her degree.

**REGISTRAR'S  
SEAL IS  
REQUIRED**

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

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

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

School Telephone: \_\_\_\_\_



**NOTARIZED SIGNATURE / PASSPORT PHOTO AFFIDAVIT**  
**THIS FORM IS FOR USE WITH ELECTRONIC APPLICATIONS ONLY**  
**DO NOT MAIL THIS FORM IN WITH A CHECK**

I, \_\_\_\_\_, am the person described and identified and the person named in all documents presented in support of this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions within this application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct to the best of my knowledge and belief.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Notary Signature: \_\_\_\_\_

Print Notary Name: \_\_\_\_\_

Notary Public for the State of: \_\_\_\_\_

Commission Expiration Date: \_\_\_\_\_

{Seal}



You can submit this page by either attaching it to the online application under the "Uploads" section OR by mailing this page to the Board.

**Please note that any illegible documents will not be accepted. If your upload is found to be illegible you will be asked to mail in the supporting document.**



STATE OF SOUTH CAROLINA  
DEPARTMENT OF LABOR, LICENSING AND REGULATION  
**VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES**  
**AFFIDAVIT OF ELIGIBILITY**



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

**Section A: LAWFUL PRESENCE in the United States.**

The undersigned \_\_\_\_\_, of \_\_\_\_\_  
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)  
being first duly sworn deposes and states as follows:

**Check only one box:**

1.  I am a United States citizen; or

2.  I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3.  I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4.  Other: \_\_\_\_\_ Please submit any documentation that supports this status.

Date of Birth: \_\_\_\_\_

Alien Number: \_\_\_\_\_ I-94 Number: \_\_\_\_\_

**(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)**

**Section B: ATTESTATION.**

**I understand** that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

**I understand** that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

**I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.**

\_\_\_\_\_  
Signature of Affiant

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

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

Notary Public for \_\_\_\_\_

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

## INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

### **CHECK box 1:**

If you are a United States Citizen by birth or naturalization

### **CHECK box 2:**

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **CHECK box 3:**

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

**PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.**

### **ACCEPTED IMMIGRATION DOCUMENTS:**

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)