## APPLICATION PROCESS ROADMAP

### APPLICANT

1. **START HERE**
   - Prepare to apply to PTBC 30 days prior to application submission.

2. **Application Preparation Information**
   - A. Register for the CAL-Law through the Federation.

3. **PTBC**
   - Grants examination eligibility through the Federation within three business days.

4. **OTHER**
   - The Federation issues an Authorization to Test (ATT) letter to you via email within 48 hours of being made eligible.

5. **Application Requirements**
   - Schedule examination location and date for CAL-Law.

6. **Acknowledges receipt of application via email within 45 days of receipt.**

7. **Evaluates application and notifies you of status via email (separate from acknowledgement). If you are eligible, PTBC will also grant license applicant status (PTLA/PTALA).**

8. **Fulfill PTBC application deficiencies, if any.**

9. **Take CAL-Law, if you haven’t already.**

10. **Issues license within 45 days of last fulfilled deficiency.**

11. **CONGRATULATIONS!**

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1. California Law Examination

2. Federation of State Board of Physical Therapy
The application information provided here is divided into the following sections:

1. **Application Preparation**
   Complete within the 30 days prior to submitting your application to PTBC.

2. **Examination Information**

3. **Application Requirements**
   What materials need to be submitted to PTBC and when application activities need to be completed.

4. **General Information**

5. **Attachments**

### APPLICATION PREPARATION

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Review application and examination requirements (see below).</td>
</tr>
<tr>
<td>2</td>
<td>Create a BreEZe account to apply to PTBC online.</td>
</tr>
<tr>
<td>3</td>
<td>Have your school complete the Certificate of Completion (P1E). The P1E certifies that you have completed all didactic and clinical training, and internship required for graduation. This form must be completed by your school after you have completed your program requirements for graduation; it cannot be post-dated.</td>
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<tr>
<td>4</td>
<td><strong>FINGERPRINT</strong>&lt;br&gt;Live Scan – Required if in California&lt;br&gt;Take this <a href="https://oag.ca.gov/fingerprints/locations">Request for Live Scan Service form</a> to an authorized Live Scan operator. A list of authorized Live Scan operators is available here: <a href="https://oag.ca.gov/fingerprints/locations">https://oag.ca.gov/fingerprints/locations</a>. Make sure the Live Scan operator requests fingerprint processing for BOTH DOJ and FBI. The Live Scan operator will keep the original Live Scan form, and you will need two copies—one for your records and one to submit to PTBC. If you are applying online, you only need one copy of the Live Scan form because you can scan a copy to PTBC. You must fingerprint for PTBC even if you have already fingerprinted for another agency.&lt;br&gt;Fingerprint fee: $49 ($32 for DOJ and $17 for FBI). There will also be a rolling fee charged by the Live Scan operator.</td>
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<td><strong>Hard Card – Required if outside California</strong>&lt;br&gt;If you are an out-of-state applicant and will be in California at any point during your application process, PTBC strongly recommends waiting until you are in California to fingerprint using Live Scan. Live Scan for California is only available in California, but you do not need to be a California resident. If you will not be in California at any point during your application process, you must use a hard card.&lt;br&gt;To obtain a fingerprint card from PTBC, respond “yes” on the online application when asked if you need a hard card for fingerprinting. This will also allow you to pay the $49 fingerprint processing fee to PTBC online. Once PTBC receives your application, a fingerprint card will be mailed to the address of record you provided on the application. Upon receipt of your card, take it to an authorized fingerprint roller. Do not roll your fingerprints yourself; DOJ will reject them. Return the completed fingerprint card to PTBC, and PTBC will send it to DOJ for processing. &lt;br&gt;<strong>USE LIVE SCAN OR HARD CARD; DO NOT DO BOTH. DO NOT FINGERPRINT SOONER THAN 30 DAYS PRIOR TO APPLYING.</strong></td>
</tr>
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</table>
| 6    | Take a passport-style photo. Photo requirements:  
  a. Taken within the last 30 days.  
  b. Size: 2 inches by 2 inches (2” x 2”).  
  c. Must be in color.  
  d. White background, clear image, whole head centered, and nothing covering face. |
### Step 6
Request an NPTE Score Transfer Report from the Federation.

The Federation will electronically submit the NPTE Score Transfer Report to PTBC upon receiving your request and payment.

### Step 7
Prepare and obtain criminal history information.

**ANY AND ALL CONVICTIONS OF CRIMINAL OFFENSES MUST BE DISCLOSED** including a citation, misdemeanor, and/or felony, etc. Convictions following a plea of nolo contendere MUST be disclosed. If your plea or verdict has been dismissed pursuant to section 1203.4 of the California Penal Code and section 2661 of the Business and Professions Code, you are required to disclose the conviction(s) on your application.

Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. This list is not all-inclusive. If in doubt if a conviction should be disclosed, it is better to disclose the conviction on the application.

Failure to submit proper documents of conviction(s) and/or disciplinary action(s) may delay processing of your application.

Applicants with prior conviction(s) (citation, infraction, misdemeanor and/or felonies, etc.), must submit the following documents:

- a. A descriptive written explanation, written by the applicant, of the circumstances surrounding the conviction or disciplinary action.
- b. Certified copies of the arresting agency report. If the arresting agency has purged documents, provide a letter from the arresting agency with explanation.
- c. Certified copies of the court documents to include the final disposition and order. If the court has purged documents, provide a letter from the court with explanation.
- d. Copies of letters from substance-related programs verifying successful completion or evidence of current participation of a personal recovery program (such as Alcoholics/Narcotics Anonymous) and other recovery support and relapse prevention groups.
- e. Documentation of substance assessment discharge records, intake/exit interviews, and summaries of counselors’ notes, or similar types of evaluations from the program you attended.
- f. Compliance letters from probation officers.
- g. Documentation of successful completion of any other court-ordered programs.

In deciding whether you qualify for a license, PTBC will consider the nature and the severity of the acts or crime; time that has elapsed since the commission of the act/crimes; the extent to which the applicant has complied with any terms or conditions of the probation imposed; and any other relevant evidence of rehabilitation.

### Step 8
Prepare and obtain license discipline information if you disclosed action taken against a professional license you hold by another licensing jurisdiction.

Records MUST be CERTIFIED. If documents were purged by the licensing jurisdiction(s) that took action, a letter of explanation from the jurisdiction(s) is required.

### Step 9
Prepare evidence of honorable discharge from the military (copy of DD214) if requesting expedited processing for members of the military who were honorably discharged.

Pursuant to Business and Professions Code section 115.4, each DCA licensing program is required to expedite the licensure/registration process for an applicant who served as an active-duty member of the U.S. armed forces and was honorably discharged.

For an applicant’s license/registration to be expedited, the applicant must supply evidence that they were an active-duty member of the U.S. armed forces who was honorably discharged.

Please note that this does not mean a license/registration must be issued, but simply requires the process to be accelerated.

If you have a question or need further information, please contact PTBC at (916) 561-8213 or PTA@dca.ca.gov, or email DCA at military@dca.ca.gov.
| Step 10 | Prepare evidence of marriage to, or domestic partnership or other legal union with, an active-duty member of the military.  
Pursuant to BPC section 115.5, each DCA licensing program is required to expedite the licensure/registration process for spouses and domestic partners of those on active duty in the armed forces.  
For an applicant's license/registration to be expedited, the applicant must:  
• Supply evidence that they are married to, or in a domestic partnership or other legal union with, an active-duty member of the U.S. armed forces who is assigned to a duty station in California under official orders.  
• Hold a current license/registration in another state, district, or territory of the United States in the profession or vocation for which the applicant is seeking a license/registration.  
Please note that this does not mean a license/registration must be issued, but simply requires the process to be accelerated for spouses or domestic partners of active-duty military personnel.  
If you have questions or need further information, contact PTBC at (916) 561-8213 or PTAdca.ca.gov, or email DCA at military@dca.ca.gov. |
| Step 11 | Complete and submit the Disability Accommodation Request (D1) if requesting reasonable accommodations for the CAL-Law.  
PTBC must have this form prior to granting eligibility.  
SEND IN THIS FORM TWO WEEKS BEFORE YOU PLAN TO REGISTER FOR THE CAL-Law.  
You must also indicate you are requesting reasonable accommodations when you register for the CAL-Law through the Federation. |
| Step 12 | Verification of licenses held in other U.S. licensing jurisdictions.  
PTBC will verify licenses online; you do not need to submit a hard copy verification. Please note, you must disclose all licenses issued from a U.S. licensing jurisdiction regardless of current license status—current, valid, expired, cancelled, etc. |
To be made eligible for the CAL-Law, you must register and pay through the Federation.

**CALIFORNIA LAW EXAMINATION (CAL-LAW)**

The CAL-Law tests applicants’ knowledge of the laws and regulations related to the practice of physical therapy in California. It is the same for both physical therapist applicants and physical therapist assistant applicants. The CAL-Law consists of 50 questions, and you have one hour to complete it.

Cost: $65 to the Federation; $25 to the Prometric testing center. No examination fees are paid to PTBC.

The CAL-Law study materials are compiled by PTBC in the *California Laws and Regulations Related to the Practice of Physical Therapy* publication.
## APPLICATION REQUIREMENTS
What materials need to be submitted to PTBC and when application activities need to be completed.

Submit the following application materials when you register for the CAL-Law. Please be aware PTBC may request additional information based upon responses provided on the application or information obtained from other entities.

Review the list below and check the box when complete. Some items may not be applicable to you.

### Submit online?

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Complete and submit PTBC application online through BreEZe.</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees</td>
<td>PHYSICAL THERAPIST APPLICANT</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>Application Processing Fee: $300</td>
<td>YES</td>
</tr>
<tr>
<td>Initial License Fee (ILF): $150</td>
<td>The ILF is for your initial California licensure period, which is the time between your initial license issuance and your first renewal. This fee is required of all applicants regardless if you are licensed in another jurisdiction or previously held a California license.</td>
<td>YES</td>
</tr>
<tr>
<td>PHYSICAL THERAPIST ASSISTANT APPLICANT</td>
<td>Application Processing Fee and Initial License Fee: $300</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>This fee is nonrefundable. The ILF is for your initial California licensure period, which is the time between your initial license issuance and your first renewal. This fee is required of all applicants regardless if you are licensed in another jurisdiction or previously held a California license.</td>
<td>YES</td>
</tr>
<tr>
<td>Step 3</td>
<td>Take a passport-style photo.</td>
<td>YES</td>
</tr>
<tr>
<td>Photo requirements:</td>
<td>a. Taken within the last 30 days.</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>b. Size: 2 inches by 2 inches (2” x 2”).</td>
<td>YES</td>
</tr>
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<td></td>
<td>c. Must be in color.</td>
<td>YES</td>
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<tr>
<td></td>
<td>d. White background, clear image, whole head centered, and nothing covering face.</td>
<td>YES</td>
</tr>
<tr>
<td>Step 4</td>
<td>FINGERPRINT</td>
<td>COPY OF LIVE SCAN FORM</td>
</tr>
<tr>
<td>Live Scan – Required if in California</td>
<td>Take this Request for Live Scan Service form to an authorized Live Scan operator. A list of authorized Live Scan operators is available here: <a href="https://oag.ca.gov/fingerprints/locations">https://oag.ca.gov/fingerprints/locations</a>. Make sure the Live Scan operator requests fingerprint processing for BOTH DOJ and FBI. The Live Scan operator will keep the original Live Scan form, and you will need two copies—one for your records and one to submit to PTBC. If you are applying online, you only need one copy of the Live Scan form because you can scan a copy to PTBC. You must fingerprint for PTBC even if you have already fingerprinted for another agency.</td>
<td>YES</td>
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Hard Card – Required if outside California

If you are an out-of-state applicant and will be in California at any point during your application process, PTBC strongly recommends waiting until you are in California to fingerprint using Live Scan. Live Scan for California is only available in California, but you do not need to be a California resident. If you will not be in California at any point during your application process, you must use a hard card.

To obtain a fingerprint card from PTBC, respond “yes” on the online application when asked if you need a hard card for fingerprinting. This will also allow you to pay the $49 fingerprint processing fee to PTBC online. Once PTBC receives your application, a fingerprint card will be mailed to the address of record you provided on the application. Upon receipt of your card, take it to an authorized fingerprint roller. Do not roll your fingerprints yourself; DOJ will reject them. Return the completed fingerprint card to PTBC, and PTBC will send it to DOJ for processing.

USE LIVE SCAN OR HARD CARD; DO NOT DO BOTH.
DO NOT FINGERPRINT SOONER THAN 30 DAYS PRIOR TO APPLYING.

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<tbody>
<tr>
<td>5</td>
<td>NPTE Score Transfer</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>If you have not already requested a Score Transfer Report from the Federation, do that now. The Federation will electronically submit the NPTE Score Transfer to PTBC upon receiving your request and payment.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>CAL-Law registration with the Federation</td>
<td></td>
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<tr>
<td></td>
<td>Be aware that due to shared eligibility processing by PTBC and the Federation, you may receive your Authorization to Test (ATT) letter from the Federation prior to receiving your application acknowledgement letter from PTBC.</td>
<td></td>
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<tr>
<td>7</td>
<td>Disability Accommodation Request (D1), if applicable.</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>If you need reasonable accommodations for your examinations and you have not already submitted your Disability Accommodation Request (D1) form, submit it now.</td>
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<td></td>
<td>The request form must include verification by a professional licensed to perform a diagnosis and provide treatment of the disability.</td>
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<td>8</td>
<td>Evidence of an honorable discharge, if applicable.</td>
<td>YES</td>
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<tr>
<td></td>
<td>To expedite application processing, evidence of an honorable discharge from U.S. military service must be provided.</td>
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<tr>
<td>9</td>
<td>Evidence of marriage to, or domestic partnership or other legal union with, a member of the military, if applicable.</td>
<td>YES</td>
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<td></td>
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<td>Criminal history certified arrest record, if you have disclosed criminal history. Records MUST be CERTIFIED. If documents were purged by the arresting agency, a letter of explanation from the agency is required.</td>
<td>NO</td>
</tr>
<tr>
<td>9</td>
<td>Criminal history certified court record, if you have disclosed criminal history. Records MUST be CERTIFIED. If documents were purged by the court, a letter of explanation from the court is required.</td>
<td>NO</td>
</tr>
<tr>
<td>10</td>
<td>Your explanation of criminal history, if you have disclosed criminal history. Include a descriptive personal account of the circumstances surrounding the event, including date, location, and details of what occurred.</td>
<td>YES</td>
</tr>
<tr>
<td>11</td>
<td>Certificate of Completion (P1E)</td>
<td>NO</td>
</tr>
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<td></td>
<td>The P1E certifies that you have completed all didactic and clinical training, and internship required for graduation. This form must be completed by your school after you have completed your program requirements for graduation; it cannot be post-dated.</td>
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<td>You may submit your completed P1E with your application if it is in the original sealed school envelope, or you may have the school send it directly to the Board.</td>
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GENERAL INFORMATION

Carefully read all correspondence from PTBC and follow any instructions provided.

As an applicant, you are personally responsible for all information disclosed on your application form as well as all supporting materials. An application may be denied based upon omission, falsification, or misrepresentation of any item or response on the application or any attachment. PTBC considers violations of an ethical nature to be a serious breach of professional conduct.

If you would like PTBC to disclose information regarding the processing of your application to another party, you must provide PTBC a letter authorizing release of your application information to that party.

PTBC does not offer expedited application processing except for members of the military as specified by BPC sections 115.4 and 115.5.

PROCESSING AND POINT OF CONTACT

PTBC will process your application in order of date received.

• If you apply online, your payment receipt will confirm receipt by PTBC.

• If you apply by mail, due to mail intake and cashiering processes, PTBC cannot confirm application receipt prior to issuing your acknowledgement notice. If you would like confirmation of receipt by PTBC, send paper applications using a tracking mailing method.

Please allow 45 days after application submission before checking the status of your application.

Once all deficiencies are fulfilled, a license will be issued within 45 days.

Your application will be assigned to a PTBC analyst who will assist you through the process. The initial communication from the PTBC analyst providing your application status (separate from the acknowledgement of receipt notice) will include his or her direct contact information. From that point forward, any questions relating to your application should be directed to your assigned analyst.

LICENSE APPLICANT STATUS

You are not authorized to work as a physical therapist license applicant/physical therapist assistant license applicant (PTLA/PTALA) until you receive a notice from PTBC granting you license applicant status. To be eligible for license applicant status, you must have:

• A complete application with PTBC except for the CAL-Law score.

• No criminal history or discipline taken by another licensing jurisdiction against a professional license you hold.

• Registered and paid for the CAL-Law.

Supervision requirements for applicants practicing under PTLA/PTALA status are set forth in California Code of Regulations (CCR) §§ 1399.10 and 1399.12.

Once PTBC grants you license applicant status, you may continue to work as a license applicant until PTBC issues you a regular, renewable license or otherwise terminates your privilege to work as a license applicant.

License applicant status may not be issued or will be terminated for disclosure on the application if the Board is otherwise notified of criminal history or discipline taken by another licensing jurisdiction against a professional license you hold. If criminal history or license discipline is disclosed, PTBC’s Consumer Protection Services program must evaluate the history or discipline to determine whether license applicant status may be granted.

The Authorization to Test (ATT) letter from the FSPBT does NOT grant you the ability to work as a license applicant.

DUE DILIGENCE

Pursuant to CCR § 1398.21, an application shall be denied without prejudice when, at the discretion of PTBC, an applicant does not exercise due diligence in the completion of his or her application, in furnishing information or documentation requested, or in the payment of fees.

GROUNDs FOR DENIAL

Each applicant’s credentials for licensure in California are evaluated on an individual basis. PTBC has the authority to deny licensure based upon an applicant’s act of dishonesty, unprofessional conduct, conviction of a crime, discipline of professional license of a jurisdiction in the United States, or inability to practice safely.
<table>
<thead>
<tr>
<th><strong>COMMON ACRONYMS AND TERMS</strong></th>
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<tbody>
<tr>
<td><strong>PTBC</strong></td>
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<tr>
<td><strong>Federation or FSBPT</strong></td>
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<td><strong>Prometric</strong></td>
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<td><strong>NPTE</strong></td>
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<tr>
<td><strong>CAL-Law</strong></td>
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<td><strong>CAPTE</strong></td>
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<td><strong>Live Scan</strong></td>
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<td><strong>DOJ</strong></td>
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<td><strong>FBI</strong></td>
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CERTIFICATE OF COMPLETION

FOR GRADUATES OF CAPTE-ACCREDITED, ENTRY-LEVEL PT OR PTA PROGRAMS ONLY

PLEASE NOTE THAT TRANSITIONAL AND POST-PROFESSIONAL PT PROGRAMS ARE NOT ACCREDITED PROGRAMS

The Physical Therapy Board of California (PTBC) must receive the Certificate of Completion with the application for licensure in an officially sealed school envelope, sealed by the registrar or program director completing this form. This is to ensure that the Certificate of Completion came from the school and was not opened by the applicant. Submitting an application without a properly sealed Certificate of Completion will cause your application to be denied.

This form is to be completed in its entirety and signed by the college registrar or program director of the degree-granting program to document completion and graduation of a professional degree program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The entry-level PT/PTA program completed must have also included academic coursework and a clinical internship pursuant to section 2650 of the California Business and Professions Code.

Type of Program Completed:  □ Physical Therapist (PT)  □ Physical Therapist Assistant (PTA)

For PT graduates ONLY: Was the program completed a transitional and/or post-professional PT program?  □ YES* □ NO

* If yes, please note transitional and/or post-professional PT programs are not accredited programs.

This certifies ____________________________________________________________

First Name  Last Name  Other Last Names Used

Completed all coursework and clinical practice on: __________________________

Date

Graduated on or is a candidate for graduation on: __________________________

Date

Received the following degree: ____________________________________________

Name of Degree Obtained

From: ____________________________________________________________________

Name of Academic Institution That Granted the Degree (Must be a CAPTE-Accredited Program)

Signed and the college seal affixed this ________________ day of ________________ , ________________.

Month  Year

I swear under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

______________________________________________

Signature of Registrar or Program Director

______________________________________________

Type or Print Your Name and Title
LIVE SCAN INSTRUCTIONS

1. Complete PTBC’s Request for Live Scan Service form.
2. Locate a Live Scan operator and make an appointment if necessary.
3. Take the completed Request for Live Scan Service form to the Live Scan site.
4. Have a passport or state-issued photo identification.
5. Pay the processing and preparation fees at the Live Scan site.
6. Verify with the Live Scan operator that your fingerprints were submitted for both Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) processing.
7. Submit one copy of the Request for Live Scan Service form with your PTBC application.

REASONS FOR DELAYS AND HOW TO AVOID THEM

1. Issue: Fingerprint results do not include FBI.
   Avoid this by verifying with the Live Scan operator that fingerprints were submitted for BOTH DOJ and FBI processing.

2. Issue: Personal information is entered incorrectly.
   Avoid this by asking the Live Scan operator to verify that your name, Social Security number, and date of birth are entered correctly.

3. Issue: PTBC cannot send a follow-up request to DOJ because it doesn’t have the Live Scan information.
   Avoid this by submitting a copy of the Request for Live Scan Service form (after fingerprinting) to PTBC with your application.

CHECKING ON THE STATUS OF FINGERPRINT SUBMISSION

PTBC cannot provide fingerprint processing status unless DOJ has communicated processing results to PTBC. To check the status of fingerprint processing, call the DOJ’s 24-hour automated phone service at (916) 227-4557. You will need to enter your date of birth and the 10-digit Automated Transaction Identifier (ATI) number entered on the Request for Live Scan Service form after completion. The ATI number always appears in the following sequence: 1 LETTER; 3 NUMBERS; 3 LETTERS; and 3 NUMBERS.
REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0432

License

ORI (Code assigned by DOJ)

Authorized Applicant Type

Physical Therapist

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ use exact title assigned)

Contributing Agency Information:

Physical Therapy Board of California

Agency Authorized to Receive Criminal Record Information

05633

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2005 Evergreen Street, Suite 1350

Contact Name (mandatory for all school submissions)

Sacramento,

Contact Telephone Number

CA

95815

Street Address or P.O. Box

(916) 561-8200

City

State

ZIP Code

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Sex

Male

Female

Date of Birth

Driver's License Number

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home Address

Street Address or P.O. Box

City

State

ZIP Code

Your Number:

Level of Service:

Original ATI Number

If re-submission, list original ATI number:

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

This section is not applicable.

Employer Name

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

ORIGINAL - Live Scan Operator

SECOND COPY - Applicant

THIRD COPY (if needed) - Requesting Agency
REQUEST FOR LIVE SCAN SERVICE

Privacy Notice
As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725.-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the DOJ's Keeper of Records at (916) 210-3310 or by email at keeperofrecords@doj.ca.gov or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Keeper of Records
P.O. Box 903417
Sacramento, CA 94203-4170
**DISABILITY ACCOMMODATION REQUEST FOR EXAMINATION**

*Print or Type*

**ALTERNATIVE ARRANGEMENTS**
The Americans with Disabilities Act (ADA) requires this agency to make “reasonable accommodation” for applicants with disabilities in giving this examination. If you are a person with a disability that may affect your ability to take any portion of the examination, the ADA may require the agency to provide alternative examination arrangements. We are not required to do so if we are unaware of your need for alternatives. We ask that you inform us of any alternative arrangements you may require to take this examination by providing the board with the information requested below. This information and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential; however, your signature on this form is authorization for the release of this information to the provider of the national examination to document the need for an accommodation.

Application Type:  □ Physical Therapist  □ Physical Therapist Assistant

Name of Applicant: ____________________________________________
Last                      First                      Middle

Applicant’s Address: __________________________________________
Street                   City                      State                      Zip Code

Phone No. ( ) ____________

Please respond to the following three questions. Attach additional sheets if needed.

1) My disability is (e.g., visual impairment, arthritis, etc.):

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

2) My disability impairs my ability to accurately exhibit my knowledge and skill under standardized examination conditions in the following way:

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

3) The accommodation(s) I am requesting is (be specific):

   Note: If the requested accommodation(s) involves additional time for the examination, indicate the amount of additional time required.

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

**VERIFICATION BY A PROFESSIONAL, LICENSED TO PERFORM A DIAGNOSIS AND PROVIDE TREATMENT OF THE DISABILITY, MUST BE COMPLETED ON THE SECOND PAGE OF THIS FORM.**

**SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION.**

I certify under penalty and perjury under the laws of the state of California that the foregoing is true and correct.
I authorize the Physical Therapy Board of California to contact and discuss the information provided by the professional who has completed the reverse side of this form.

Applicant Signature: ____________________________________________ Date
PROFESSIONAL VERIFICATION OF NEED FOR ACCOMMODATION

Applicant's Full Name: _____________________________________, a candidate for examination by the Physical Therapy Board of California, has made a request for accommodation of disability. The request is described on the reverse side of this form.

The purpose of this form is to request your professional opinion concerning the disability and the accommodation requested. Please read the instructions for this form, answer the questions below, and sign the certification. The opinion you provide will be used in evaluating the request.

The information obtained on this form will be treated as a confidential medical record except that exam proctors and exam providers may be informed regarding necessary modifications to exam procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Please provide your diagnosis, the nature and extent of the candidate's disability, and if applicable, the tests used to diagnose the disability (attach additional sheets if needed).

_________________________________________________________________________________________

What effect does the disability and/or medical condition have on the candidate's ability to perform under standardized testing conditions?

_________________________________________________________________________________________

In your opinion, what examination accommodation(s), if any, does the candidate require?

_________________________________________________________________________________________

This is a  ☐ permanent disability  ☐ temporary disability

If this is a temporary disability, indicate the anticipated end of the disability:____________________________________

_________________________________________________________________________________________

I certify under penalty of perjury under the laws of the state of California that I have the necessary specialized training and I am currently licensed as specified below. I can also legally diagnose based on my employment by the below institution to make the above diagnosis, that I personally examined the candidate named above, and that the above diagnosis and assessment of accommodation request is my professional judgment. I understand the candidate has authorized me to provide the information on this form, and to provide further information if necessary. The board may also obtain an independent assessment by a second professional.

Signature of Professional Date

Name of the Institution of Practice

Typed or Printed Name of Professional Street Address

Title City State Zip Code

License Number Expiration Date Phone Number
INSTRUCTIONS FOR EVALUATORS

I. POLICY OF THE PHYSICAL THERAPY BOARD OF CALIFORNIA

The Physical Therapy Board of California recognizes its responsibilities under Title II of the Americans with Disabilities Act to provide reasonable, appropriate, and effective accommodations, including auxiliary aids to qualified examination candidates with disabilities. However, the board will not fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

All examination sites will be physically accessible to individuals with disabilities.

A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual. Mental impairment includes any mental or psychological disorder such as organic brain syndrome, emotional or mental illness, and specific learning disabilities.

A candidate who seeks an accommodation has the responsibility to make the request and provide reasonable documentation of the need for accommodation by the application deadline established for all applicants. The information supplied to substantiate a candidate’s request for an accommodation will be kept confidential to the extent provided by law. However, your signature on this form is authorization for the release of this information to the provider of the national examination to document the need for an accommodation. The board will evaluate each request individually, in accordance with the guidelines set forth herein, in order to provide an appropriate and effective accommodation. Any request for accommodation must be submitted to the board on the form provided by the board.

II. FORMAT OF EXAMINATION

An applicant for licensure as a physical therapist or physical therapist assistant is required to pass a written examination.

All written examinations contain objective multiple-choice questions. The candidates sit at a computer and select the appropriate box. The number of questions has traditionally consisted of 150 to 200, with a maximum time limit of three to four hours in which to take the examination. All written examinations are designed to measure job-related knowledge, skills, and abilities as defined in the results of an occupational analysis for the particular profession for which licensure is sought.

In order to protect the integrity and fairness of the testing process, the board requires documentation of the existence of a disability and how the accommodation sought is necessary to provide the candidate with an equal opportunity to exhibit his/her knowledge, skills, and ability through the examination.

III. DOCUMENTING THE NEED FOR ACCOMMODATION

A. CONDITIONS APPLICABLE TO ALL CANDIDATES REQUESTING ACCOMMODATION

The board requires documentation of the existence of a disability and how the accommodation sought is necessary to provide the candidate with an equal opportunity to exhibit his/her knowledge, skills, and ability through the examination.

Beginning with the initial submission, all candidates requesting a reasonable accommodation must complete Form D1 and have a professional certify the disability. If a candidate has previously received the same or similar accommodations for one or more prior administrations of this examination, the candidate may submit a signed statement under penalty of perjury that the disabling condition has not changed in any way that would modify the accommodation that was previously provided. This prior documentation shall be deemed acceptable; however, for candidates who claim a learning disability, the prior documentation will be acceptable only if it meets the criteria set forth in subsection B below.

An evaluation and supporting documentation of a disability shall be valid for a period of three years from the date on which it was submitted to the board, except that no further documentation will be required in cases where the evaluation clearly states that the disability will not change in any way over time.

B. CANDIDATES WITH LEARNING DISABILITIES

A learning disability is defined as individual evidence of significant learning problems that substantially affect or limit one or more major life activities and that are not primarily due to cultural, emotional, or motivational factors. [NOTE that while an emotional factor may be involved in other types of disabilities, such a factor is excluded from the determination of a learning disability.]

The individual must demonstrate (a) at least average overall intellectual functioning, and (b) show evidence of a significant impairment in one or more of the following areas of intellectual functioning: attention and concentration, reception (perception and verbal comprehension), expression, memory (ability for new learning), and cognition (thinking).

Significant impairment is generally determined by a discrepancy of 1.5 standard deviations between the individual’s expected level of achievement and actual
performance on reliable standardized measures of attention and concentration, memory, language reception and experience, cognition, reading, spelling, writing, and mathematics.

Further, determination of the learning disability shall be based on reliable standardized psychometric tests and a complete clinical history including medical, family, education, and occupational information. Attached is a list of the most commonly used reliable standardized psychometric tests to assess learning disabilities. If a measurement instrument is used that is not on this list, it will be considered if it is published in the *Buros Mental Measurements Yearbook* and is being used for the purpose for which it was developed.

**C. REQUIRED INFORMATION NECESSARY TO EVALUATE DISABILITIES**

A candidate who requests an accommodation and/or auxiliary aid must provide the board with the necessary information to assist it in evaluating the request. The board will, of course, evaluate each request on an individual basis. The following is intended to provide guidance as to the type of documentation that will be necessary.

1. Identification of the type of disability (e.g., physical, mental, learning disability).

2. Credential requirements of the evaluator. The board will accept evaluations from qualified evaluators. A qualified evaluator cannot be the spouse of the candidate and cannot be related to the candidate by blood or marriage. A qualified evaluator is one of the following:
   - For purposes of physical or mental disabilities, not including learning disabilities, the evaluator must be a licensed physician or psychologist with special expertise in the area of the disability.
   - In the case of learning disabilities, a qualified evaluator must be one of the following:
     - A licensed psychologist or physician who possesses a minimum of three years of experience working with adults with learning disabilities and who has training in all of the areas described below;
     - A professional who possesses a master’s or doctorate degree in special education or educational psychology from a regionally accredited institution and who has at least three years of equivalent training and experience in all of the areas described below:
       - Assessing intellectual ability level and interpreting tests of such ability.
       - Screening for cultural, emotional, and motivational factors.

3. Professional verification of the disability, which must include:
   - The nature and extent of the disability.
   - The test(s) performed to diagnose the disability (if applicable).
   - The effect of the disability on the candidate’s ability to perform under standard conditions.
   - The accommodation recommended and how the accommodation is related to the candidate’s disability, given the format of the examination.
   - The professional’s name, title, phone number, professional license or certification number, educational credential, and original signature of the professional.
   - A description of the professional’s experience that qualifies them to make the determination.
### MOST COMMONLY USED, RELIABLE, STANDARDIZED PSYCHOMETRIC TESTS

If a measurement instrument is used that is not on this list, it will be considered if it is published in the *Buros Mental Measurements Yearbook* and is being used for the purpose for which it was developed.

<table>
<thead>
<tr>
<th>AREA OF FUNCTIONING</th>
<th>TESTS</th>
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<tbody>
<tr>
<td><strong>Attention and Concentration</strong> (Arithmetic)</td>
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</table>
    - Wechsler Adult Intelligence Scale, aka WAIS-R (Digit Symbol) (Digit Span)  
    - Wechsler Memory Scale (Attention/Concentration Subset)  
    - Halstead-Reitan Seashore Rhythm  
    - Test of Variables of Attention  
    - Learning Efficiency Test (LET) |
| **Memory/New Learning Ability** |  
    - Wechsler Memory Scale–Revised  
    - Learning Efficiency Test (LET)  
    - Woodcock-Johnson Tests of Cognitive Ability  
    - Detroit Tests of Learning Aptitude (DTLA) |
| **Reception** |  
    - Wechsler Adult Intelligence Scale, aka WAIS-R (Verbal Subset: Comprehension) (Perception and Basic Comprehension)  
    - Reitan Aphasia Screening Test  
    - Peabody Picture Vocabulary Test–Revised |
| **General Cognitive Ability** |  
    - Stanford-Binet Intelligence Scale (Recognizing, Thinking, Problem Solving)  
    - Wechsler Adult Intelligence Scale–Revised, aka WAIS-R  
    - Wechsler Intelligence Scale for Children–III, aka WISC-III  
    - Woodcock-Johnson Tests of Cognitive Ability  
    - Test of Nonverbal Intelligence, aka TONI  
    - Ravens Standard Progression Matrices  
    - Halstead-Reitan Category Test |
| **Verbal Expression** |  
    - Wechsler Adult Intelligence Scale–Revised, aka WAIS-R  
    - Reitan Aphasia Screening Test |
| **Expressive Abilities** |  
    - Peabody Individual Achievement Test–Revised/Written Expression  
    - Test of Written Language–2, aka TOWL-2 |
| **Other** |  
    - Development Test of Visual-Motor Integration  
    - Woodcock-Johnson Revised-Writing Samples |
| **Processing Speed/Efficiency** |  
    - Wechsler Adult Intelligence Scale–Revised, aka WAIS-R (Digit Symbol)  
    - Halstead-Reitan Trail Making Test  
    - Woodcock-Johnson Visual Cluster (Spatial Relations/Visual Matching) |
| **Reading** |  
    - Woodcock-Johnson Tests of Achievement  
    - Wide Range Achievement Test–Revised, aka WRAT-R  
    - Peabody Individual Achievement Test–Revised (Reading Comprehension) (Reading Recognition)  
    - Gilmore Oral Reading Test  
    - Nelson-Denny Reading Test (Vocabulary) (Comprehension)  
    - Degrees of Reading Power (DRP) |
| **Spelling** |  
    - Woodcock-Johnson Tests of Achievement  
    - Wide Range Achievement Test–Revised, aka WRAT-R  
    - Peabody Individual Achievement Test–Revised (Spelling) |
| **Math** |  
    - Arlin Test of Formal Reasoning, aka ATFR  
    - Key Math Test  
    - Woodcock-Johnson Tests of Achievement  
    - Wide Range Achievement Test–Revised, aka WRAT-R  
    - Peabody Individual Achievement Test–Revised (Math) |