



NPTE Appeal Form

The only exception to the eligibility requirements will be at the explicit request of a state licensing authority. FSBPT will accept an appeal to the policy for ONE additional attempt from a state on behalf of a candidate who is seeking licensure in that state.

CANDIDATE SECTION (Candidate must complete and send to JURISDICTION)			
Candidate Name:			
FSBPT ID:			
Exam Level:	<input type="checkbox"/> PT <input type="checkbox"/> PTA		
Policy Being Appealed:	<input type="checkbox"/> 6-time lifetime limit - A candidate is ineligible to take the NPTE if the candidate has made six or more prior attempts to pass that exam level. <input type="checkbox"/> 2 very low scores – A candidate is ineligible to take the NPTE if the candidate has two scores at or below 400 on a given exam level.		
State in which you are seeking licensure:			
Reason for appeal:			
EXAMINATION INFORMATION			
Exam Level (PT/PTA)	Date	State	Score (If known)
DISCIPLINE INFORMATION – Has any state or FSBPT taken a disciplinary action or issued you a sanction?			
Action Taken	Date	State	Explanation

Candidate Attestation:

The information I have provided above is accurate and I meet all the licensure requirements for the state in which I am seeking licensure.

Signature: _____ Date: _____

CANDIDATES – CONTACT THE JURISDICTION IN WHICH YOU ARE SEEKING LICENSURE TO INQUIRE AS TO WHO THE CORRECT CONTACT IS TO PROCESS AN APPEAL ON YOUR BEHALF. (<http://www.fsbpt.org/FreeResources/LicensingAuthoritiesContactInformation.aspx>)



LICENSING AUTHORITY SECTION (To be completed by Administrator or Board Chair)	
Background information	
When did this candidate first seek licensure in your state?	
What evidence do you have that the candidate intends to practice in your state?	
Has the state imposed a remediation requirement for this candidate? At what point in the process was remediation required?	
Reason for Requesting Appeal	
<input type="checkbox"/>	Candidate was attending PT/PTA school (receiving a second entry level degree) during the notification period (October 2014 – December 2015)
<input type="checkbox"/>	Candidate was not an active test taker after January 2011 (i.e., was not notified)
<input type="checkbox"/>	State law requires an additional attempt be granted
	Citation:
<input type="checkbox"/>	Other
	Rationale:

Licensing Authority Attestation:

I have reviewed the individual’s prior examination history. S/he is eligible to sit for the exam and meets all licensure requirements and will be eligible for licensure in this jurisdiction if s/he passes the NPTE. I certify that I am authorized to present this request on behalf of the physical therapy licensing authority.

Name: _____

Signature: _____

Title: _____

Date: _____

JURISDICTIONS - PLEASE EMAIL THIS FORM TO appeals@fsbpt.org