An FSBPT Alternate Identification Number (AIN) will be issued to NPTE candidates who do not have a U.S. Social Security Number (SSN) for identification purposes. The issuance of an Alternate Identification Number (AIN) is solely for the purpose of registering for examinations or services through the FSBPT when a candidate cannot obtain a Social Security Number (SSN). The AIN is not a substitute for a Social Security Number for any other purpose.

Applicants should retain their AIN and utilize it for all correspondence, inquiries or requests relating to their licensing examination. AIN applications will be processed within three business days of receipt. Candidates will be notified of their assigned number by email upon issuance.

For inquiries, please call (703) 739-9420 and press “1” for Exam Services. Completed forms should be mailed to: FSBPT, Exam Services 124 West Street South Third Floor Alexandria, VA 22314.

PLEASE PRINT OR TYPE - All fields must be complete in order to process your request.

Date: __________________________
Month / Day / Year

Name:
Last                                               First                                               Middle

Aliases or Previous Name(s):
Last                                               First                                               Middle

Applicant’s Mailing Address:
Street

City                      State/Province                  Zip Code                  Country

Phone Number: __________________________ Email Address: __________________________

Date of Birth: __________________________ O Male O Female
Month / Day / Year

Place of Birth: __________________________ Country: __________________________

Mother’s Maiden Name: __________________________

Have you previously received an alternate identification number (AIN)?
[ ] No/Do not know
[ ] Yes. Previous AIN number: __________________________

Have you previously taken the NPTE for physical therapy licensure?  [ ] Yes  [ ] No

In what State or other U.S. licensing jurisdiction did you apply for the NPTE?
__________________________ __________________________
Identification Number: ___________________________ State/Country: ___________________________
(Applicants must provide a single identification number issued by their country of origin that is your own unique individual identification number. Please do not write your PT license number as the national ID number.)

Type of Identification document (Check one)

☐ Driver’s license/State I.D.  ☐ Passport  ☐ National ID  ☐ Other______________________________

I, ____________________________________________ , the above named applicant, hereby certify under oath that I am the person named in this application; that all statements and information provided herein are true; that should FSBPT determine that I have falsely answered or responded to any portion of this application, I may be denied the right to sit for the NPTE and that the U.S. licensing jurisdiction to whom I am applying for licensure shall be notified of such falsification of information; and, that the photograph attached is a true and recent likeness.

________________________________________________________________________________________
Signature of Candidate

NOTARY’S USE ONLY

The foregoing was acknowledged before me this day of __________________ , 20______ by the above named attestant, who has produced for my examination a credible means of identification as listed above. Furthermore, I have affixed my initials to the photograph below as an acknowledgement that it represents a reasonable likeness of the above named attestant.

Signature of Notary: ______________________________
Name printed in ink, typed or stamped: ______________________________
My commission expires: ______________________________

(Affix Seal)

Photograph: Staple recent photo here; do not glue or tape