



Final Order / Continuing Education Credit Florida Laws and Rules Application

Board of Physical Therapy
P.O. Box 6330
Tallahassee, FL 32314-6330

Website: floridasphysicaltherapy.gov

Email: info@floridasphysicaltherapy.gov

Phone: (850) 245-4373

Fax: (850) 414-6860

Important Information:

Candidates are required to provide **current and valid** forms of identification (ID) to be able to sit for the examination. Acceptable forms of ID are currently valid, government-issued photo ID (passport, driver's license, etc.), and another piece of identification pre-printed with your name containing your signature, such as a credit card. Your signature must match your pre-printed name on both forms of ID. A Social Security card is not an acceptable form of identification. As part of your identification processing, the driver's license/passport will be swiped in order to retain scanned information.

Applicants must provide the full name that appears on the valid form of Identification (ID) that they will present at the Prometric Testing Center, on their application. Variations in names will cause delays in approval and possibly denial of entry at the testing site to take the examination.



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Board of Physical Therapy
4052 Bald Cypress Way, Bin C-05
Tallahassee, FL 32399-3255
Fax: (850) 245-4373
Email: info@floridaspysicaltherapy.gov



This application is only for use by current license holders and should only be used to fulfill a Final Order requirement or to apply for continuing education credit.

Choose the appropriate license type:

Physical Therapist (5501)

License #: _____

Physical Therapist Assistant (5502)

License #: _____

Choose the reason for application:

Fulfill Final Order

Case #: _____

Continuing Education Credit

I have registered online with the FSBPT (<https://www.fsbpt.org>) for the Florida laws and rules exam

1. PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone (Input without dashes)

Practice Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website)

Street Suite No. City

State ZIP Country Work/Cell Telephone (Input without dashes)

EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with CFR 41 Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Gender: Male Race: Native Hawaiian or Pacific Islander Hispanic or Latino White
Female American Indian or Alaska Native Black or African American Asian
Two or More Races

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

This information is exempt from public records disclosure.

2. SOCIAL SECURITY DISCLOSURE

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statute (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

Last Name: _____

First Name: _____

Middle Name: _____

Social Security Number: _____
(Input without dashes)

Social Security Information- * Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, §§ 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

3. SPECIAL TESTING ACCOMMODATIONS

Applicants must have a qualifying medical condition in order to receive special testing accommodations. Applicants requiring special accommodations should **verify that the accommodations are available prior to scheduling their examination.**

Do you require special testing accommodations? **Yes** **No**

Applicants who require special testing accommodations should be aware that the process to have accommodations approved is quite lengthy, usually taking a minimum of 60 days. To apply for special accommodations, download the information booklet at <https://floridaspysicaltherapy.gov/applications/booklet-special-testing-accommodations.pdf> or contact the Special Testing Coordinator at (850) 245-4252. **Accommodation requests must be sent to:**

**Department of Health, Division of Medical Quality Assurance
Bureau of Operations, Attention: ADA Accommodations
4052 Bald Cypress Way, Bin C-91
Tallahassee, FL 32399-3250**

Name: _____

4. APPLICANT BACKGROUND

List any other name(s) by which you have been known in the past. Attach additional sheets if necessary.

5. EDUCATION HISTORY

A. List in chronological order school, colleges, and universities attended.

School Name and Location	Graduation Date (MM/DD/YYYY)	Degree Awarded	Major

B. What name(s) did you use when you received your physical therapist education?

6. APPLICANT SIGNATURE

I hereby authorize all hospitals, institutions, or organizations, personal physicians, employers (past or present), business and professional associates (past or present), and all governmental agencies and instrumentality's (local, state, federal, or foreign) to release to the Department of Health any information, files, or records requested by the department in connection with the processing of this application. I further authorize the department to release to the organizations, individuals, and groups listed above any information for which is material in my application.

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the board's decision concerning my eligibility for examination or licensure. Such supplement is required under ch. 456.013(1)(a), F.S. Failure to do so may result in disciplinary action by the board including denial of licensure.

I have carefully read the questions in the foregoing application and have answered them completely without reservation of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information on this application, I hereby acknowledge that such act shall constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida for the profession for which I am applying. I declare that I am the person referred to in the foregoing application. I further state that I will comply with all requirements for licensure renewal in effect at the time of license renewal including submission of appropriate renewal fees and continuing education credits.

Under penalties of perjury, I declare that I have read the foregoing document, and the evidence presented herein for the purpose of demonstrating, to the satisfaction of the board, that I possess the qualifications preliminary to examination required by s. 486.041 and 486.103, F.S., or that I possess licensure in another state, the district of Columbia, or a territory as required by s. 486.081 and s. 486.107, F.S., is true.

I hereby acknowledge that practice as a physical therapist and physical therapy assistants in Florida is governed by ch. 456 and 486, F.S., and Rule Title 64B17, F.A.C. I understand that I am under a continuing obligation to understand and keep informed of any changes to the aforementioned statutes and rules.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature _____ Date _____
You may print this application and sign it or sign digitally. MM/DD/YYYY

The Candidate Information Booklet for the Physical Therapy Laws and Rules Computer Based Testing Examination may be obtained on our website at: <https://floridasphysicaltherapy.gov/forms/pt-study.pdf>.

The FSBPT Laws and Rules Exam fee must be paid directly to the FSBPT. Please visit www.fsbpt.org for fee and payment information.

The Prometric Testing fee must be paid directly to the Prometric Testing Center at the time of scheduling. Visit <https://www.prometric.com/test-takers/search/abpts> for fee and payment information.

FSBPT Content Overview



The Florida Laws and Rules Examination consists of 50 multiple-choice questions, 40 of which are scored and 10 that are pilot questions. Applicants are given one hour (60 minutes) to complete the computer-based test.

Applicants are **not** permitted to bring any reference materials including Laws and Rules Study Guides into the examination room. The Florida Laws and Rules Examination will cover chapter (ch.) 486, Florida Statutes (F.S.), Physical Therapy Practice; ch. 456, F.S., Health Professions & Occupations: General Provisions; and ch. 64B-17, Florida Administrative Code (F.A.C.), Physical Therapy Rules.

Florida Jurisprudence Examination Content Outline

Category	Section	Statutes-Physical Therapy	Statutes-General Provisions	Administrative Code	Specs: % of items (40 item test)
1000- Legislative Intent and Definitions	1100- Legislative intent	486.015	456.003		25 % (10 items)
	1200- Definition of physical therapy/practice of physical therapy	486.021(8) 486.021(11)			
	1300- Definition of physical therapist, physical therapist assistant, support personnel	486.021(5) 486.021(6) 486.021(7)		64B17-6.001(1)(i)	
	1400- Types of licenses, inactive status, etc.	486.021(3)	456.036	64B17-5.001	
	1500- Definition of supervision and levels of supervision	486.021(9)		64B-17.6001(1)(e) 64B-17.6001(1)(f)	
2000- Board of Physical Therapy Powers and Duties	2100- Continuing education	486.109	456.0361	64B17-8 64B17-9.001	5% (2 items)
3000- Licensure and Examination	3100- Renewal; name changes	486.085 486.108	456.036 456.038	64B17-5.002 64B17-6.004	7.5% (3 items)
	3200- Reinstatement of license	486.085 486.108		64B17-5.001 64B17-7.003	
4000- Patient Care Management and Use of Titles	4100- Use of titles	486.135 486.151			35% (14 items)
	4200- Components of Care/Standards of Practice	486.021(10)		64B17-6.001 64B17-6.003 64B17-6.006 64B17-6.007	
	4300- Supervision requirements and ratios (not definitions)			64B17-6.001(5) 64B17-6.007	
	4400- Referral if outside scope of physical therapist practice			64B17-6.001(3)	
	4500- Documentation/Medical Records			64B17-6.0042 64B17-6.005	
	4600- Responsibilities of the physical therapist and physical therapist assistant			64B17-6.001(2-5) 64B17-6.007	



FSBPT Content Overview

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Category	Section	Statutes-Physical Therapy	Statutes-General Provisions	Administrative Code	Specs: % of items (40 item test)
5000- Disciplinary Actions: Unlawful Practice; Ethical Conduct	5100- Grounds for disciplinary action	486.123 486.125	456.072		15% (6 items)
	5200- Receipt of complaint, investigative powers, emergency action, hearing officers		456.073	64B17-7.001 64B17-7.002	
	5300- Unlawful practice, classification, civil penalties, injunctive relief, aiding and abetting unlawful practice	486.151 486.153	456.065		
6000- Consumer Advocacy	6100- Reporting violations, immunity		456.061		12.5% (5 items)
	6200- Substance abuse recovery		456.076		
	6300- Rights of consumers, disclosure of financial interests, freedom of choice, confidentiality, public records		456.052 456.053 456.054 456.057		

[Chapter 486, F.S. - Physical Therapy](#)

[Chapter 456, F.S. - General Provisions](#)

[Florida Administrative Code](#)

Sample Questions:

1. Appropriate general supervision of a physical therapist assistant in an outpatient setting requires:
 - a. Direct supervision by the physical therapist.
 - b. On-site supervision by the physical therapist.
 - c. Communication accessibility and geographic proximity by the physical therapist.
 - d. Direct supervision by the referring physician.

2. An athletic trainer is employed in an outpatient physical therapy center to assist in the delivery of patient care treatment with direct supervision by the physical therapist. The athletic trainer may document which of the following?
 - a. Tasks and activities of patients during treatment
 - b. Evaluation of a physical therapy patient
 - c. Re-evaluation of a physical therapy patient
 - d. Patient progress notes during treatment

3. Which of the following may a physical therapist delegate to a physical therapist assistant?
 - a. Initial evaluation of a patient
 - b. Re-evaluation of a patient
 - c. Interpretation of initial evaluation
 - d. Assessment of patient's progress

Correct Answers: 1. C; 2. A; 3. D