

FSBPT Score Transfer Service

FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

<https://www.fsbpt.net/pt>

APPLICATION INSTRUCTIONS

Note: Omissions or errors will result in delays. Please follow the instructions.

The FSBPT Score Transfer Service was established to facilitate the endorsement of licenses from one state to another. Your participation in this service is entirely voluntary. In offering this service, FSBPT makes no guarantees that any licensing board will accept a score transfer in lieu of other state requirements for the purposes of licensure.

You may transfer your scores on the National Physical Therapy Examination any time after taking the examination. Your scores are automatically reported to the board in the state (jurisdiction) in which you are seeking licensure and which you paid to take the examination. There is a reporting fee only when you transfer your scores to other states (jurisdictions).

You may submit an application for the FSBPT Score Transfer Service on the Internet at <https://www.fsbpt.net/pt> (note the "s" after "http"). It can also be printed from Score Transfer Service web site or you can complete and mail this form. You may also request this application form from the board of the state (jurisdiction) in which you seek endorsement/licensure. You may reach the Score Transfer Service at 800-200-3031 or scoretransfer@fsbpt.org. However, we do not accept faxed requests or requests made by phone.

Applicant Information

You must provide your current name, social security number, the complete name under which you took the examination (if different from your current name), date of birth, current address, daytime telephone number, physical therapy school, and month and year graduated.

Examination Information

You must provide the date (month, day, year), the state to which you applied and paid to take the examination, and your candidate ID number (the number that you wrote on the answer document at the time you tested). For those who tested in 1996 and later, their social security number is the candidate number. To verify this information, you may contact the board of the state to which you applied and which you paid to take the examination.

Fees

Transfer Fee The transfer fee is \$60.00 per examination for each licensing board for the first transfer to a state licensing board and \$35.00 for each additional state to which you want that score transferred. If the FSBPT Score Transfer Service (or its predecessor, Interstate Reporting Service) previously transferred the examination score, the transfer fee will be \$35.00 per state.

Expedited Service Fee You may request expedited service for an additional \$10.00 for each licensing board to which you want your PT or PTA scores transferred. This fee is in addition to the transfer fee. Processing time is 5 business days after we receive your request. (Note: There is no additional expedite fee if the request for transfer is made via our web site.)

Personal Copy/Individual Report Fee You may request a copy of your scores for yourself at \$35.00 per examination.

Method Of Payment

We accept credit cards (MasterCard/VISA only), certified check, cashier's check or money order made payable to Federation of State Boards of Physical Therapy. Personal checks will not be accepted.

Processing Your Request

Please allow 3 weeks from the date you mail your transfer request to FSBPT for the reporting of your scores to the licensing board(s). If you submit your transfer request via the Internet, the request should be processed within 1 week.

Mail to:

FSBPT Score Transfer Service
500 Montgomery Street, Suite 120
Alexandria, VA 22314

Score Transfer Service Request

FEDERATION OF STATE BOARD OF PHYSICAL THERAPY

For Office Use Only
DA _____
RN _____
Fee _____

APPLICANT INFORMATION

Current Last Name	First	MI	SSN
Name at time of Exam, if different	Other Names	Date of Birth	
Current Address			
City	State/Province	Zip	
Email	Work Telephone	Home Telephone	
School From Which Physical Therapy Degree Was Obtained		Graduation Date (month/year)	

EXAM INFORMATION

Physical Therapist
 Physical Therapist Assistant
 _____ Exam Date

State Applied for Examination _____
 Candidate ID Number (SSN on/after 1996) _____

FEES

State Transfer Fees* (LIST STATES BELOW)	FEE	EXPEDITED FEE	SUBTOTAL
1 st _____	<input type="checkbox"/> \$60	<input type="checkbox"/> \$10	\$ _____
2 nd _____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$10	\$ _____
3 rd _____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$10	\$ _____
4 th _____	<input type="checkbox"/> \$35	<input type="checkbox"/> \$10	\$ _____
*If appropriate FCCPT may be entered.			
Individual Report Fee (\$35 PER EXAM)	<input type="checkbox"/> \$35	<input type="checkbox"/> \$10 x number of exams =	\$ _____
	Total		\$ _____

PAYMENT

Cashiers check
 Money order
 Certified check
 Corporate/business check

Personal checks are not accepted.

Credit card: VISA MasterCard

Credit Card Number	Expiration Date	Card Holders Name	Signature
--------------------	-----------------	-------------------	-----------

I certify that the information, which I have provided above, is correct. (Your request will not be processed unless it is signed.)

Signature _____ Date _____