

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

Request for Authorization to Test:

- Physical Therapist
 Physical Therapist Assistant

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City State ZIP Code

Phone: _____ Email: _____

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
 I am a foreign national not physically present in the United States.
 None of the above, please explain: _____

Drivers License
or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Drivers License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT

I certify that I meet the requirements outlined in 58-24b-302 to sit for the exam. I further certify that this request is for authorization to take the exam, and does not imply eligibility for licensure or grant authority to practice in a regulated field. After passing the exam, I must submit a complete application for licensure.

I understand that I must be registered with the testing company prior to submitting this request, and that I must provide official transcripts* documenting graduation from an approved program or original letter from FCCPT documenting that my education is equal to a CAPTE accredited program**.

Signature of Applicant: _____ Date: _____

*Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap. Do not submit this form until your degree has been posted and your transcripts are available. Without transcripts, your request will be denied.

** If you are a foreign educated physical therapist, do not register for the exam or submit this request until your education has been found equivalent by FCCPT. Without the equivalency, your request will be denied.

Submit this form and official transcripts to:

In person or via express delivery:
Division of Occupational and Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:
Division of Occupational and Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741