

State of Utah  
Department of Commerce  
Division of Occupational and Professional Licensing

**Request for Authorization to Test: Graduates of Non-CAPTE Accredited Schools**

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: \_\_\_\_\_

**Driver License**

or State ID Card: \_\_\_\_\_  
*State of Issue License/ID Number Expiration Date*

**NOTE:** If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence 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 an [FCCPT Type 1 Review for Licensure](#) (PTs) or [FCCPT Physical Therapist Assistant Educational Equivalency Review \(PTA-EER\)](#) (PTAs) documenting that my education is equal to a CAPTE accredited program and verification of licensure as a physical therapist or physical therapist assistant in the country where my education was completed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*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 FCCPT Report to:**

**In person or via express delivery:**  
Division of Occupational and Professional Licensing  
Heber M Wells Building, 1<sup>st</sup> 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

If you have questions, please contact the Division via our email address, [doplnewapplication@utah.gov](mailto:doplnewapplication@utah.gov), or via the phone or fax listed below.