



**GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES  
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**DEPARTMENT OF HEALTH  
PO Box 222995 – Christiansted, VI 00822-222995**

VIRGIN ISLANDS  
BOARD OF PHYSICAL THERAPY

Ph. 340-718-1311 XT 3849 (STX)  
Ph/ 340-774-7477 xt 5694

Dear Applicant:

The Board is in receipt of your request for information regarding Physical Therapy/Physical Therapy Assistant licensure in the U.S. Virgin Islands.

United States trained graduates with a degree from an accredited school of Physical Therapy/Physical Therapy Assistant recognized by the Federation of State Boards of Physical Therapy (FSBPT) and a valid state license may be considered for licensure in the Virgin Islands.

All new graduates who have not taken the national Physical Therapy/Physical Therapy Assistant licensure examination administered by FSBPT in another state and foreign trained graduates are required to complete the examination.

Foreign trained graduates are also required to meet all applicable requirements of the U.S. Immigration and Naturalization Service.

Enclosed is an application form and the requirements for licensure in the U.S. Virgin Islands.

Your interest is appreciated. If we can be of further assistance, please do not hesitate to contact the Office of Professional Licensure and Health Planning by calling (340)718-1311 XT 3849 (STX) or (34)774-7477 xt 5694 (STT).

Sincerely,

Bryan Pittman, DPT  
Secretary, VI Board of Physical Therapy

Enclosures



## **Virgin Islands Board of Physical Therapy Application for Licensure and Examination**

Requirements for Physical Therapy/Physical Therapy Assistant licensure and examination in the U.S. Virgin Islands:

Application for license shall be sent to the VI Board of Physical Therapy, **PO Box 222995, Christiansted, VI 00822-2995**. The applicant shall comply with the following requirements:

- Submit application on the form prescribed by and obtainable from the Board of Physical Therapy. All documents must be accompanied by a notarized translation in English.
- Proof of age, submit copy of passport, birth certificate copy, Visa or green card..
- Be a graduate of an accredited school of Physical Therapy/Physical Therapy Assistant recognized by the Federation of State Boards of Physical Therapy. Documents attesting to the above must be furnished. This is to include diploma, **official transcript**, degree and date of graduation.
- Submit National Physical Therapy/Physical Therapy Assistant Examination Test Scores.
- Submit a Notarized Authorization of Release form;
- Submit two (2) original and current letters of recommendation dated within six months of your application date. Letters must be from either the school director of your Physical Therapy/Physical Therapy Assistant program or a licensed Physical Therapist/Physical Therapist Assistant familiar with your work.
- Submit a signed, notarized, non-addiction statement (form attached).
- Submit a \$15.00 non-refundable application fee. A separate license fee of \$100.00 (PTA) or \$200.00(PT) is required for approved applications. All payable to **“Gov’t of the VI”**.

## **Foreign Trained Applicants**

In addition to the above requirements, Foreign trained applicants, irregard of possession of a U.S. license to practice Physical Therapy/ or as a Physical Therapy Assistant must obtain a "Credential Evaluation" to be completed and supplied by the following agency

### **Foreign Credentialing Commission of Physical Therapy, Inc. (FCCPT)**

PO Box 2587

Alexandria, VA 22313-9998

Telephone: 703-684-8406      FAX: 703-684-8715

The Board reserves the right to require the applicant to take and pass the **TOEFL** to demonstrate competency in the English language.

## **Endorsement Applications**

If you have ever been licensed to practice as a Physical Therapist/Physical Therapist Assistant in another state, you must make arrangements with each state to send verification of your licensure status, either current or expired, directly to the Virgin Islands Board of Physical Therapy. A copy of your license from another state is not acceptable as verification. The verification **must** also have the state seal.

It will be your responsibility to notify the state and pay any fees required by the licensing state.

You are responsible for having your test scores and verification of passing transmitted directly to the VI Board.

## **Computerize National Licensure Examination**

After a candidate's application is considered approved by the V.I. Board of Physical Therapy, he/she will have to register via our office to take the Computerize National Licensure Examination.

All foreign graduates and graduates of schools not approved by the American Physical Therapy Association must complete the Computerize National Licensure Examination.

The Board currently uses the passing standard as recommended by the Federation of State Boards of Physical Therapy.

After a candidate passes the examination and is, in the opinion of the Board of Physical Therapy/ of good moral character, the Board shall issue him/her a license. Such a license shall be registered in the Office of the Commissioner of Health within thirty (30) days of issuance and shall thereafter be conclusive evidence of his/her right to practice in the U.S. Virgin Islands.

Failure to pass two (2) consecutive examinations will require the candidate to take additional education course(s). Evidence of taking such course(s) must be presented to the Board before re-examination.

Mail Application to: **V.I. Board of Physical Therapy**  
**VI Department of Health**  
**PO Box 222995**  
**Christiansted, VI 00822-2995**



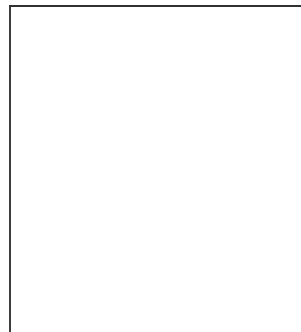
**VIRGIN ISLANDS BOARD OF PHYSICAL THERAPY**

**APPLICATION FOR  
LICENSURE AND EXAMINATION**

**Photo Here**

**Type of Application**     PT     PTA

Examination     Endorsement



Name in full \_\_\_\_\_  
                                    Last                                      First                                      Middle

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_ S.S.# **Last 4 digits** only \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Educational Experience**

**College**

a) Full Name \_\_\_\_\_

b) Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

**School of Physical Therapy/Physical Therapy Assistant**

a) Name \_\_\_\_\_

b) Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

**Post Graduate**

a) College Name \_\_\_\_\_

b) Date of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

c) Intended Place of Employment: \_\_\_\_\_

St. Thomas                       St. Croix                       St. John                       Water Island

**Licensure Information**

State Licensed \_\_\_\_\_ Lic. No. \_\_\_\_\_ Date \_\_\_\_\_ Status \_\_\_\_\_

State Licensed \_\_\_\_\_ Lic. No. \_\_\_\_\_ Date \_\_\_\_\_ Status \_\_\_\_\_

Have you ever had your license revoked, suspended or denied? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you currently have any pending or unresolved complaints/actions? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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**Professional Information**

Attach resume. Beginning with most recent, list all places of employment, position held, and include all dates.

**Affidavit of Applicant**

\_\_\_\_\_ depose and state that I am the person referred to in the foregoing application and supporting documentation. The attached photograph is a true likeness of myself and I have never been convicted of a crime involving moral turpitude. I am of a good moral character and have not treated or undertaken to treat ailments other than by Physical Therapy/Physical Therapy Assistant as authorized.

I hereby authorize all hospital(s), institution(s), or organization(s), personal physicians, employers (past and present), and all government agencies and instrumentalities (local, state or federal) to release to the Virgin Islands Board of Physical Therapy any information, which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Physical Therapist/Physical Therapist Assistant in the United States Virgin Islands.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Sworn to before me this \_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

My Commission expires on \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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-0-  
DEPARTMENT OF HEALTH**

VIRGIN ISLANDS  
BOARD OF PHYSICAL THERAPY

Ph. 340-718-1311

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my application for licensure for the practice of Physical Therapy/Physical Therapist Assistant in the United States Virgin Islands, I hereby authorize and consent to the release of any and all information requested by the Virgin Islands Board of Physical Therapy.

Additionally, I release from liability any hospital or agency releasing such information to the Physical Therapy Board in good faith.

\_\_\_\_\_  
**Name of Applicant (Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

**Subscribed and** sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**My Commission expires on** \_\_\_/\_\_\_/\_\_\_\_\_

**VERIFICATION OF LICENSURE**

**Applicant:** Complete the applicant section of this form and forward to the state(s) in which you are now or have ever been licensed to practice Physical Therapy/ or as a Physical Therapy Assistant. If needed, you may copy this form for additional copies.

**TO WHOM IT MAY CONCERN:**

I am being considered for Physical Therapy/Physical Therapy Assistant licensure in the Territory of the United States Virgin Islands. The Virgin Islands Board of Physical Therapy requires that this form be completed by each state in which I am now or have ever been licensed to practice my profession. Enclosed is my authorization for release of information. Please forward this form directly to the **Virgin Islands Board of Physical Therapy, Department of Health, PO Box 222995, Christiansted, VI 00822-2995.**

\_\_\_\_\_  
**Applicant Signature/Date**

**Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My license Number in your state**\_\_\_\_\_

**THIS SECTION TO BE COMPLETED AND SIGNED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE VI BOARD OF PHYSICAL THERAPY.**

State of \_\_\_\_\_

Full Name of Licensee \_\_\_\_\_

License No. \_\_\_\_\_

Issuance Date \_\_\_\_\_

Licensed By:  Examination  
 Endorsement/Reciprocity  
 Waiver

License Status:  Active  
 Inactive  
 Lapsed

Date licensed expires \_\_\_\_\_

If licensed by endorsement, please indicate state licensee was endorsed from

\_\_\_\_\_

Is license current and in good standing? \_\_\_\_\_ If No, furnish please details.

Has any disciplinary action ever been taken, or is any action pending against the above named licensee? \_\_\_\_\_. If yes, please furnish details.



VI DEPARTMENT OF HEALTH  
VIRGIN ISLANDS BOARD OF PHYSICAL THERAPY  
PO BOX 222995 - CHRISTIANSTED, VI 00822-2995

NOTARIZED NON-ADDICTION AFFIDAVIT

I, \_\_\_\_\_ am not addicted to the intemperate use of alcohol, illicit drugs,  
(first, middle, last, suffix)

*Any prescription medications including controlled substances or any mind altering substances that may alter or impair my judgement and ability to carry out the duties of the profession.*

**Affidavit - NOTE:** Any false or misleading information in or in connection with any application may be cause for debarment on the ground of lack of good moral character.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires