

APPLICATION CHECKLIST FOR TEMPORARY PERMIT

Name _____ TYPE: ☐ PT ☐ PTA ☐ OT ☐ OTA
METHOD: ☐ CRED ☐ EXAM

PHYSICAL THERAPIST OR PHYSICAL THERAPY ASSISTANT

TEMPORARY PERMIT BY CREDENTIALS - 12 AAC 54.050 AND 12 AAC 54.100

- _____ All fees paid ☐ Application fee ☐ License fee ☐ Temporary permit fee
_____ A complete application on a form provided by the department
_____ All items required under 12 AAC 54.100
_____ Holds a current license in good standing to practice physical therapy in _____.
_____ Completed application file ready for board review

Items in 12 AAC 54.100
_____ All items under 54.030a
_____ NPTE Scores
_____ Lic Verification/All States

TEMPORARY PERMIT BY EXAMINATION - 12 AAC 54.050 AND 12 AAC 54.030

- _____ All fees paid ☐ Application fee ☐ License fee ☐ Temporary permit fee
_____ A complete application on a form provided by the department
_____ All items required under 12 AAC 54.030
_____ Completed application file ready for board review
_____ Scheduled for examination
_____ Statement of responsibility

Items in 12 AAC 54.030
_____ PT or PTA Transcript
_____ Professional Reference
_____ Jurisprudence Questionnaire

OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

TEMPORARY PERMIT BY CREDENTIALS - 12 AAC 54.640

- _____ All fees paid ☐ Application fee ☐ License fee ☐ Temporary permit fee
_____ A complete application on a form provided by the department
_____ All items required under 12 AAC 54.640(b)
_____ Holds a current license in good standing to practice occupational therapy in _____.
_____ Completed application file ready for board review

Items in 12 AAC 54.640b
_____ Professional Reference
_____ NBCOT Registration
_____ Last 24 mths-____ 60 hrs exp
_____ OR
_____ passed Exam

TEMPORARY PERMIT BY EXAMINATION - 12 AAC 54.640

- _____ All fees paid ☐ Application fee ☐ License fee ☐ Temporary permit fee
_____ A complete application on a form provided by the department
_____ All items required under 12 AAC 54.640(a)
_____ Completed application file ready for board review
_____ Statement of responsibility

Items in 12 AAC 54.640a
_____ Professional Reference
_____ NBCOT Exam Date Letter
_____ Jurisprudence Questionnaire

Temporary Permit Requirement met: _____ Date _____	
Approved by: Signature _____	
COMMENTS/NOTES	Circle one PT PTA OT OTA
	Permit No: _____
	Effective: _____
	Expires: _____
	Supervision Required <input type="checkbox"/> Yes <input type="checkbox"/> No