

South Carolina Department of Labor, Licensing and Regulation **South Carolina Board of Physical Therapy Examiners** 110 Centerview Dr. • Columbia • SC • 29210 P.O. Box 11329 • Columbia • SC 29211-1329 Phone: 803-896-4655 • Contact.PT@llr.sc.gov • Fax: 803-896-4719 llr.sc.gov/pt

## **REQUEST TO REPEAT THE NATIONAL PHYSICAL THERAPY EXAMINATION**

To request to take the repeat NPTE exam, please complete this application and submit via Document Submission. <u>https://eservice.llr.sc.gov/documentsubmission/</u>

Section 40-45-230 (G) If an applicant fails the examination, whether or not taken in South Carolina, the applicant may take the examination up to six times, each time upon payment of the examination fee and completion of an official application. If the applicant fails the examination for a fifth time, the applicant must take courses the board may require and furnish evidence of completing these courses before taking the examination for the sixth time.

Section 40-45-230 (H) No person may be licensed under this chapter if the person has failed the examination six or more times, whether or not the exam was taken in South Carolina.

Your initial application for a Physical Therapist or Physical Therapist Assistant is valid for one year. If the application expires, you must submit a new application before applying to request repeating the NPTE.

Visit <u>https://www.fsbpt.org/Secondary-Pages/Exam-Candidates</u> to register to retake your exam.

The SC Board of Physical Therapy Examiners will notify the FSBPT of your exam eligibility. You may check your application/ exam eligibility status via <a href="https://eservice.llr.sc.gov/SSO/Login/LoginPage?ReturnUrl=%2fsso">https://eservice.llr.sc.gov/SSO/Login/LoginPage?ReturnUrl=%2fsso</a> or log into <a href="https://www.fsbpt.org/">https://www.fsbpt.org/</a>.

Name:		Phone:	
Address:			
Last 5 digits of social security number:			
1 <sup>ST</sup> Exam Date:	Score:	2 <sup>ND</sup> Exam Date:	Score:
3 <sup>RD</sup> Exam Date:	Score:	4 <sup>TH</sup> Exam Date:	Score:
5 <sup>TH</sup> Exam Date:	Score:	6 <sup>TH</sup> Exam Date:	Score:
I hereby request to repeat the National Physical Therapy Examination.			
Signature:		Date:	

If you need to submit a legal name change request, please use this form: https://llr.sc.gov/pt/Applications/PTNameChange.pdf.