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**MARYLAND BOARD OF PHYSICAL THERAPY EXAMINERS**

4201 PATTERSON AVE.  
 BALTIMORE, MARYLAND 21215-2299  
 Office: 410-764-4718 Fax: 410-358-1183

<https://health.maryland.gov/bphte>

**REQUEST – JURISPRUDENCE EXAM FOR PT COMPACT**

Please complete this application either on-line or by hand with **BLACK** ink. Once you have completed the application return it to the Board and not the PT Compact Commission. You must email the completed request to **mdh.bpteadmin@Maryland.Gov**. Once the Board receives your request you will receive an email with instructions for taking the on-line exam. Please ensure your email below is legible and correct.

This is an open book test and a current version of the Maryland Practice Act can be found on the Board’s website. You must score 90% or better to pass the exam. If you fail the test you may retake it one-time using the same log-in information provided to you. If you fail a second time you **MUST** notify the Board by email at **mdh.bpteadmin@Maryland.Gov**

APPLICANT INFORMATION	
<b>All Fields Mandatory</b>	Please print or type all information
Name: _____	_____
	(Last) (First) (Middle)
Date of Birth: _____	FSBPT ID# _____ E-Mail: _____
Home Address: _____	_____
	(Street) (City) (State) (Zip)
Home Phone: _____	Cell Phone: _____ Work Phone: _____
Previous Maryland Licensee? _____ Yes _____ No	Maryland Lic #: _____

HOME STATE LICENSE INFORMATION	
Home State: _____	License #: _____
Date Issued: _____	Date of Expiration: _____
College: _____	Year Graduate: _____ Degree: _____
	(B.A., M.A., DPT)
Is your home state licenses unencumbered? _____ Yes _____ No	
I hereby swear and affirm under penalty of perjury that the information contained in this application is true and accurate to the best of my knowledge and information. I have not knowingly made any false statements in this document.	
_____	_____
Date of Application	Signature of Applicant