



Physical Therapy Board

Physical Therapist Assistant

Application User Guide

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Physical Therapist Assistant Application

In the Pre-Screening, you will answer questions about your **Reciprocity** and **Military** status.

1. The first question of the **Pre-Screening** asks if you hold a license anywhere other than New Mexico. If you select **"No"** using the radio button, you may then proceed using the **"Start Application"** button.

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Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

* Do you hold an active *Physical Therapist* license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?

☐ Yes ☒ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

Physical Therapy Application Requirements

The board may issue a license to an applicant who fulfills the following requirements:

- Completes online application.
- Successfully pays the non-refundable application fee.
- Passes the jurisprudence exam
- Provides official college or university transcripts from a program approved by the commission on accreditation in physical therapy education (CAPTE) verifying a post-baccalaureate degree in physical therapy.
- Proof of passing the national physical therapy licensure examination (NPTE) as specified in 16.20.2 NMAC).

Save for later

Start Application

- a. If you do hold a license outside of New Mexico and select **"Yes"**, you will be prompted with another question regarding your **Military Status**. If you have any Military associations matching the question, select the **"Yes"** radio button. Otherwise, you can select **"No"**. You may then proceed using the **"Start Application"** button.

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Pre-Screening

To start your application answer the following questions. Once the questions are answered, you will see the requirements necessary to complete your application.

* Do you hold an active *Physical Therapist* license that is current and in good standing, issued by another jurisdiction (other than New Mexico)?

☒ Yes ☐ No

** Jurisdiction means another state, territory or foreign country and does not include New Mexico.

* Are you a military service member, veteran, or the spouse of a person who is serving in the United States, a surviving spouse of a military service member who at the time of the member's death was serving on active duty, or a qualifying child/dependent of a military service member?

☒ Yes ☐ No

** Military service member means a person who is:

- serving in the armed forces of the United States as an active-duty member, or in an active reserve component of the armed forces of the United States, including the national guard;
- the spouse of a person who is serving in the armed forces of the United States or in an active reserve component of the armed forces of the United States, including the national guard, or a surviving spouse of a member who at the time of the member's death was serving on active duty; or
- the child of a military service member if the child is also a dependent of that person for federal income tax purposes; and

Veteran means a person who has received an honorable discharge or separation from military service.

Physical Therapy Application Requirements

The board may issue a license to an applicant who fulfills the following requirements:

- Completed online application.
- Proof of holding an active physical therapist license, that is in good standing, from another state or territory.
- Provides proof of military association (military orders, DD214, proof of dependent status).

Save for later

Start Application

2. In the **Introduction** step, read the information carefully, then click “Next”.

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Introduction

Thank you for starting your application for a license with the New Mexico Regulation and Licensing Department. This licensing portal will guide you through the licensing requirements and allow you to save your work and return to your application if you do not complete it all at one time.

This application will confirm that each individual applying meets all requirements for licensure set by either state statute or regulations governing the profession. These licensing requirements, along with continuing education, regular renewals, and compliance monitoring assist to safeguard the profession and certify that licensees meet minimum education, training, and health and safety standards to ensure public trust.

If you have further questions regarding licensure or the Regulation and Licensing Department Boards and Commissions Division, please visit the website at www.rld.nm.gov/boards-and-commissions/. Each Board and Commission have their own webpage with specific requirements for licensure, continuing education, renewals, public meeting information, and a direct phone number and email to their respective administrator and other support staff who can be reached for help.

If you are ready to apply, please click the Next button to begin your application.



Please ensure that you are applying for the correct license, permit or exam approval. Incorrect applications or those submitted in error may result in delays or additional application fees. Please note all fees are non-refundable even if the application is denied or withdrawn.

Save for later

Previous

Next

3. On the **Basic Information** page, verify that all information is valid and up to date.

Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

My Profile

Applicant Information

* First Name

Middle Name

* Last Name

Any other name(s)

* Phone Number

* Email Address

Mailing Address

* Mailing Street

* Mailing City

* Mailing State

Mailing County (If In New Mexico)

* Mailing Zip

* Mailing Country

Save for later

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- a. If your information is **Not Up to Date**, select the **“My Profile”** button at the top left to update your information.

Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

Applicant Information

*First Name	Middle Name	*Last Name
Any other name(s) 		
*Phone Number	*Email Address	

Mailing Address

*Mailing Street 	
*Mailing City 	*Mailing State
Mailing County (If in New Mexico) 	*Mailing Zip
*Mailing Country 	

[Save for later](#)

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[Next](#)

- i. Select the **“Edit”** button at the bottom right of the page.

My Profile

Person Information

*First Name	Middle Name	*Last Name
Have you ever used another name under which records relating to your application, education, training or experience may be filed? 		
Race 	Ethnicity 	Preferred Language
Are you a New Mexico Resident? 		
Date of Birth 	Gender 	
Primary Phone No 	Business Phone No 	
Identifier Type 	Identifier Number 	

Mailing Address

Mailing Street 		
City 	State/Province 	
Country 	Zip Code 	County (If in New Mexico)

[Edit](#)

- ii. Enter in all relevant updated data and select **“Save”** at the bottom right when completed, then return to your application and click **“Next”**.

My Profile

✓ **Person Information**

*First Name Middle Name *Last Name

Have you ever used another name under which records relating to your application, education, training or experience may be filed?

*Race *Ethnicity *Preferred Language *Are you a New Mexico Resident?

*Date of Birth *Gender

*Primary Phone No Business Phone No

*Identifier Type *Identifier Number

SSN

✓ **Mailing Address**

*Mailing Street

*City State/Province

Country *Zip Code County (If in New Mexico)

- b. If your information is **Up to Date**, select the **“Next”** button at the bottom right of the page.

Basic Information

Carefully verify that all contact information is current and correct.

Communication regarding licensing and renewals may be sent through email, and any official legal communication regarding complaints and discipline will be sent to the mailing address on file. It is required that every applicant and licensee maintain a current email and mailing address with the board where mail is checked regularly.

Name changes or other updates to your personal information cannot be processed on this page. Any such changes must be made by clicking on the 'My Profile' button below.

Note: If you change any profile information, you will need to restart your application, so that your application reflects your updates.

[My Profile](#)

✓ Applicant Information

*First Name Middle Name *Last Name

Any other name(s)

*Phone Number *Email Address

✓ Mailing Address

*Mailing Street

*Mailing City *Mailing State

Mailing County (If in New Mexico) *Mailing Zip

*Mailing Country

[Save for later](#)

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Licensure Information (Reciprocity and Military)

If you selected “**Yes**” to any of the questions in the **Pre-Screening**, you will have an additional application section for **Licensure Information**.

- Select the “**Add New**” button to begin entering your license information. A smaller window will then open asking for additional information.

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Licensure Information

Specify all active licenses in another jurisdiction in similar profession
If you need to view, edit or delete any records, click the down arrow under action for that specific record.

License Number	Issuing State/Territory	Issue Date	Expiration Date	Action
Add New				

[Military Information](#)

- In the newly opened window, enter your full **License Number** exactly as it appears on your out-of-state license. Then use the dropdown to select the **State/Territory** that issued your license. You can then enter the **Issue Date** and **Expiration Date** in their respective fields by using the calendar icon. The format for dates is MM/DD/YYYY. Once your information is entered, select “**Save**”.

If you need to view, edit or delete any records, click the down arrow under action for that specific record.

State Licenses

* License Number

* Issuing State/Territory

Select Issuing State/Territory

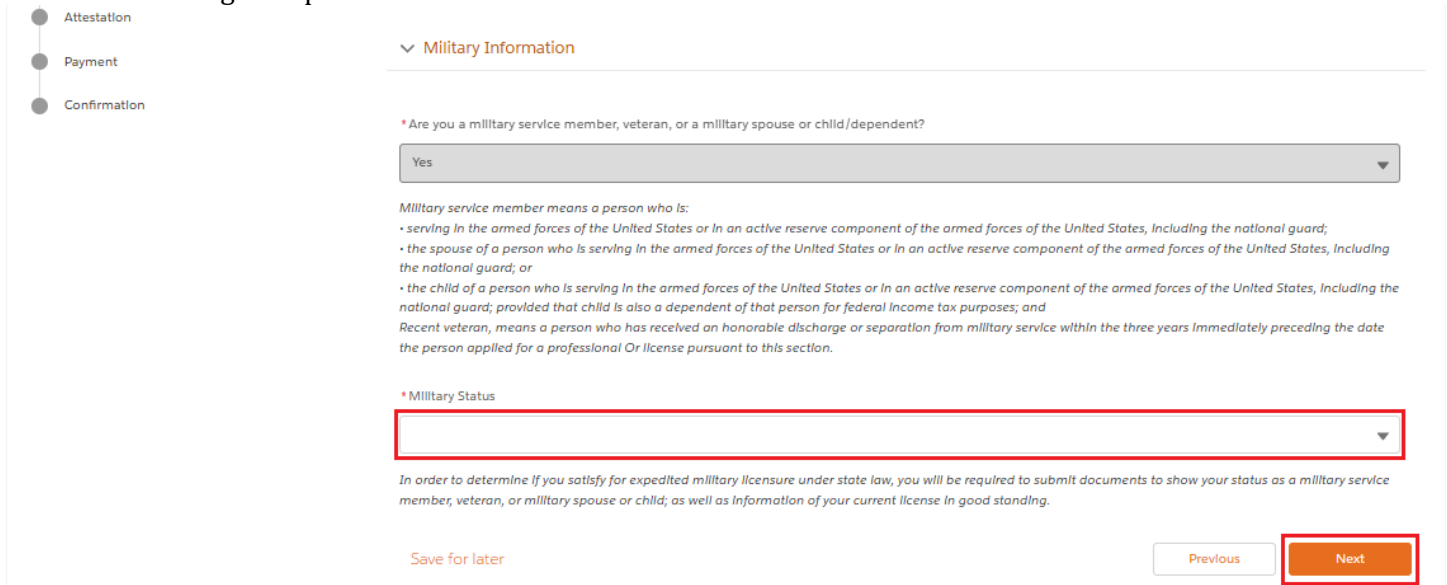
* Issue Date

* Expiration Date

Cancel

Save

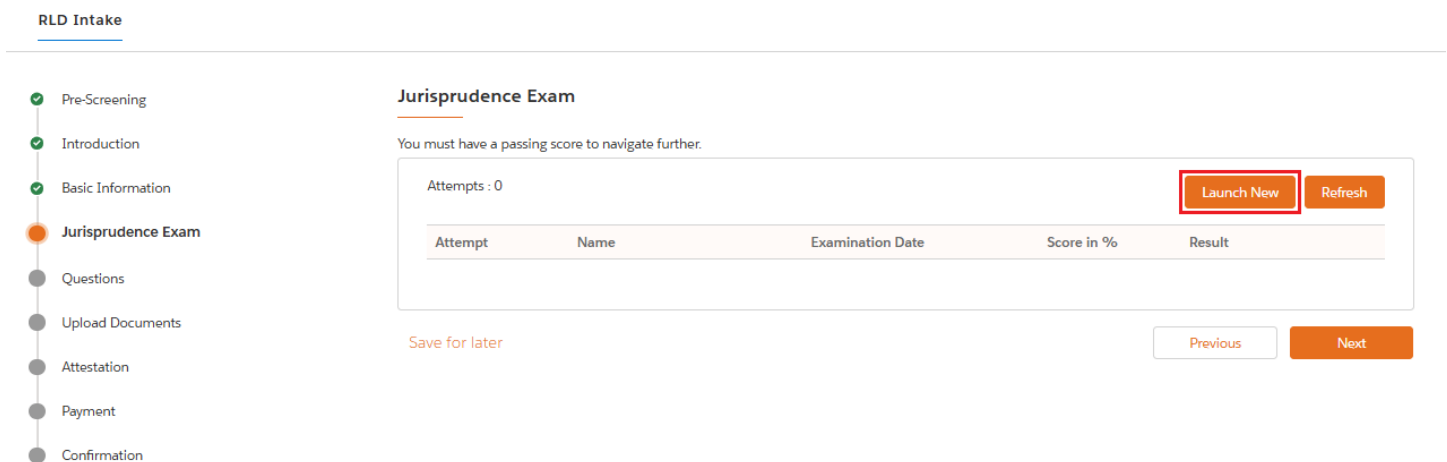
- c. If you selected “**Yes**” to the military question in your **Pre-Screening**, a secondary question will populate in the **Licensure Information** section. Use the dropdown to select your **Military Status** among the options listed.



The screenshot shows the 'Military Information' section of the application. On the left is a sidebar with steps: Attestation, Payment, and Confirmation. The main content area has a dropdown menu for the question 'Are you a military service member, veteran, or a military spouse or child/dependent?' with 'Yes' selected. Below this is a detailed definition of 'Military service member'. Another dropdown menu for 'Military Status' is highlighted with a red box. At the bottom right, 'Previous' and 'Next' buttons are shown, with 'Next' highlighted by a red box.

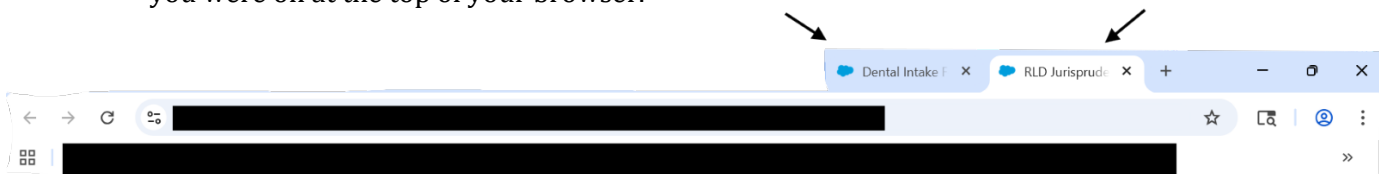
- d. With your license information added and your **Military Status** selected, click “**Next**” to proceed with the rest of your application.

4. On the **Jurisprudence Exam** page, select the “**Launch New**” button on the page.



The screenshot shows the 'Jurisprudence Exam' page. The sidebar on the left highlights 'Jurisprudence Exam' with an orange dot. The main content area shows 'Attempts : 0' and a 'Launch New' button highlighted with a red box. Below this is a table with columns: Attempt, Name, Examination Date, Score in %, and Result. At the bottom right, 'Previous' and 'Next' buttons are visible.

- a. A new **Tab** will open containing the exam, once the exam is complete you can select the previous tab you were on at the top of your browser.



- b. You will be able to view your **Exam Score** by selecting the orange “**Refresh**” button at the top right. If you passed the exam, a ‘**Pass**’ will show under the **Result** section.

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Jurisprudence Exam

You must have a passing score to navigate further.

Attempts : 1

Launch New

Refresh

Attempt	Name	Examination Date	Score in %	Result
1	PEX-0000117348	11/20/2025	100	Pass

Save for later

Previous

Next

- c. If you have not passed, you will receive a **Warning** and not be able to continue the application. Click “**Previous**” to go to the previous page and retake the **Jurisprudence Exam**.

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Warning

Is Exam Passed? false

Please complete your exam before moving into next step

Save for later

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Note: You can make multiple attempts of the exam to receive a passing grade. To make a new attempt select the “Launch New” button again.

- d. Once you have passed the exam, you can select the “**Next**” button at the bottom right of the page.

Jurisprudence Exam

You must have a passing score to navigate further.

Attempts : 1 Launch New Refresh

Attempt	Name	Examination Date	Score in %	Result
1	PEX-0000117348	11/20/2025	100	Pass

Save for later
Previous
Next

5. In the **Questions** section, you will answer questions about your licensure, education, and background. Please complete each section of this page, as they are all required to proceed.
- Answer the first three questions in this section by clicking “**Yes**” or “**No**” (and “**N/A**” if applicable) in the radio button next to the response you are choosing. If you select “**Yes**” to any of these questions, an additional text field will populate for you to **Provide Any Relevant Details** pertaining to the question. You will have an opportunity to upload **Supporting Documents** in a later section of the application.

Questions

* Have you ever had a license in this profession denied, suspended, revoked, surrendered, or had any other form of discipline by a licensing board in another state or jurisdiction?

☐ Yes
☒ No

* Have you ever been convicted of a felony offense in any jurisdiction that would be considered a disqualifying criminal conviction, as outlined in 16.20.3 NMAC?

☐ Yes
☒ No

* Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state?

☒ Yes
☐ No
☐ N/A

A person who submits an application for an initial license or renewal of a license is not eligible for issuance of the license if the applicant is not in compliance with a judgment and order for support or subpoenas or warrants relating to paternity or child support proceedings.

* Provide any relevant details below. It is also recommended that you upload any supporting documentation on the document upload page, later in this application.

- b. Answer questions 4 through 6 using the “Yes” or “No” radio buttons. Questions with only one response are a licensure requirement set by your Board/Commission. If you are unable to answer the question truthfully, you may need to contact your Board to inquire about meeting this license type’s requirements.

* Do you certify that you have completed the required Department of Public Safety (DPS) Authorization of Release of Information Form, and submitted said form to “DPS” for processing.

☒ Yes

You must complete the required background process prior to proceeding with your application. You may save your application and continue once you have completed this process.

* Have you taken the National Physical Therapist Examination (NPTE) in a United States jurisdiction other than American Samoa and Guam?

☒ Yes
☐ No

If you have taken the exam, you must ask Federation of State Boards of Physical Therapy (FSBPT) to send your NPTE scores directly to RLD Board Office by email. If you have not taken the National Physical Therapist Examination (NPTE) and you decide to proceed with completing this application, you will be eligible for receiving a temporary license. Once you take and pass the NPTE, you will be able to receive a full license.

* Did you pass National Physical Therapist Examination (NPTE)?

☒ Yes
☐ No

* Date of National Physical Therapist Examination (NPTE)?

* Has It been three or more years since you have graduated from a physical therapy educational program and practiced as a physical therapist?

☒ Yes
☐ No

Save for later

Previous

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- c. If you indicated that you have taken the **National Physical Therapist Examination (NPTE)**, you will be prompted to answer an additional question and enter the **Date of the Examination**. You can enter the date into the field in **MM/DD/YYYY** format, or you can use the **Calendar** icon to select the date from the full calendar view.

* Have you taken the National Physical Therapist Examination (NPTE) in a United States jurisdiction other than American Samoa and Guam?

☒ Yes
☐ No

If you have taken the exam, you must ask Federation of State Boards of Physical Therapy (FSBPT) to send your NPTE scores directly to RLD Board Office by email. If you have not taken the National Physical Therapist Examination (NPTE) and you decide to proceed with completing this application, you will be eligible for receiving a temporary license. Once you take and pass the NPTE, you will be able to receive a full license.

* Did you pass National Physical Therapist Examination (NPTE)?

☒ Yes
☐ No

* Date of National Physical Therapist Examination (NPTE)?

* Has It been three or more years since you have graduated from a physical therapy educational program and practiced as a physical therapist?

☒ Yes
☐ No

Save for later

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- d. Once all sections of the **Question** page are complete and correct, click “Next” to proceed.

6. In the **Uploaded Documents** section, click the blue **“Upload”** icon to begin selecting the document to upload. All fields marked with a red asterisk (*) are mandatory for your application.

RLD Intake

Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Proof of Continuing Education	Proof of 15 continuing education contact hours for each year of “non practice”			
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

Previous Next

- a. Select the **“Upload Files”** button to open the file directory of your computer.

Upload

Please attach a copy of the required document.

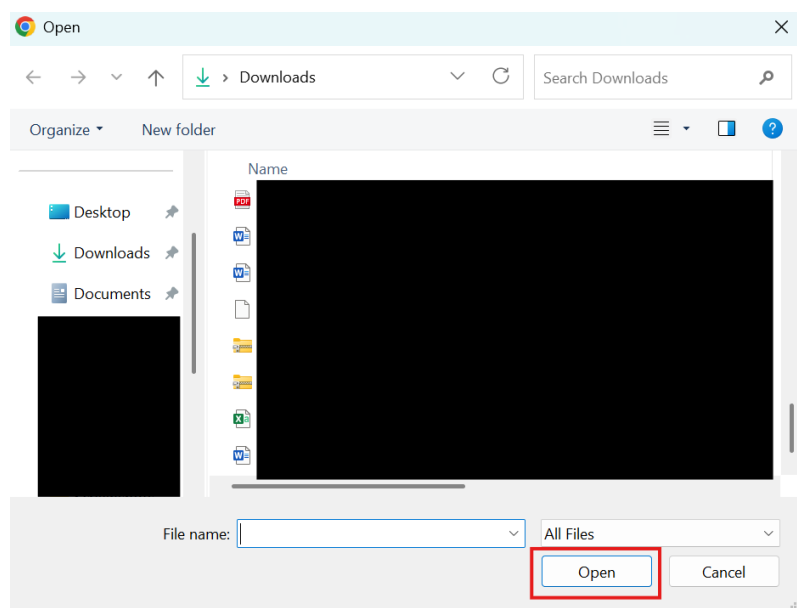
Note that:

1. File size should not exceed 10MB.
2. File extensions will be accepted only of type doc, docx, pdf, png, tiff, jpg, jpeg, tsv, csv.
3. Documents may be uploaded as individual files or as a single merged file on the next page.

 Upload Files or drop files

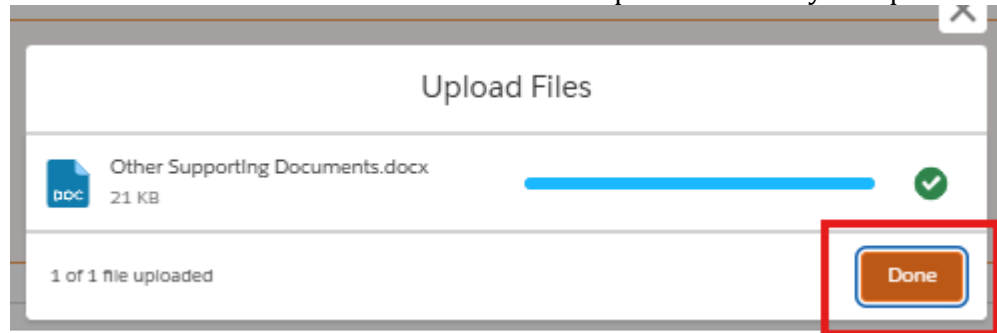
Close

- b. Select the appropriate document requested by your Board from your files, and then select **“Open”** to upload it to your application.

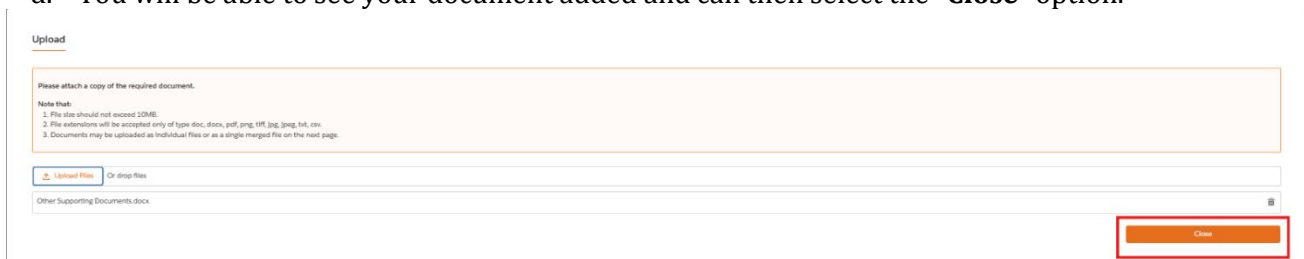


Note: The document must be under 10MB, and of a supported file type (.doc, .docx, .pdf, .png, .tiff, .jpg, jpeg, txt, csv). If you experience issues, we recommend clearing your cache and cookies for the site and then trying to upload the documents again. If the secondary window does not appear when you click the upload button, you may need to enable pop-ups in your web browser as well.

- c. The file will notify you when it has finished uploading with a green check mark to the right of the document name. Select the **“Done”** button when it’s completed to finish your upload.



- d. You will be able to see your document added and can then select the **“Close”** option.



- e. You will be able to see the documents in each section once you have completed an upload. If you would like to remove any uploaded documents, you can click the red **“Trash Can”** icon to delete it from your application.

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Upload Documents

Document Name	Document Description	Upload a New File	Uploaded Files	Delete
* Proof of Continuing Education	Proof of 15 continuing education contact hours for each year of "non practice"		Your Document Name	
Other Supporting Documents	Any supporting documents that could assist in review of the application.			

Save for later

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- f. Repeat step 6 of this guide until all required documents (*) have been uploaded. Then click the **“Next”** button to proceed.

7. On the **Attestation** page, review the statement on the screen. Then select the **checkbox** to certify your agreement. After, **enter your name** and select the **"Next"** button at the bottom right.

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Attestation

▼ Application Attestation

Under penalties of perjury, I declare and affirm that the statement made in the foregoing application, including notarized documentation are true, complete and correct. I understand that false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure. I hereby authorize the Department of Regulation and Licensing and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I hereby certify that I have read and understand the Physical Therapy Board Rules and Regulations.

☒

* Applicant Name Date

Enter Full Name Here 11/21/2025

Save for later Previous **Next**

8. On the **Payment** page, review the notice before making any selections.

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Payment

Select your mode of payment and click "Pay and Submit" to input your payment information. Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select 'Operating Transfer' if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

* Mode of Payment

The amount to be paid is \$

Please click the **Pay & Submit** button to proceed with the payment.

Save for later Previous **Pay and Submit**

*Note: **Military Applications DO NOT** require payment.*

- a. Select a **Mode of Payment** then the **“Pay and Submit”** button. When selecting either **Credit Card (Visa or Mastercard)** or **E-Check** as your payment method, a new tab will open directing you to the **CyberSource Payment Gateway** screen. Please disable any pop-up blockers to ensure the page opens correctly in the new tab.

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Payment

Select your mode of payment and click "Pay and Submit" to input your payment information.
Payments made with a Visa or Mastercard will be charged a 2.5% transaction fee. This is a fee imposed directly by the bank, and no portion of the fee is paid to or collected by the RLD. Payments made by e-check will not result in any transaction fee.

Note: Only select 'Operating Transfer' if your fee will be paid by another New Mexico state agency and you have received formal confirmation from the agency that it is transferring the funds to RLD through an operating transfer. Renewals will not be approved until an operating transfer is confirmed by RLD. If this option is selected, users can bypass the fee payment.

* Mode of Payment

The amount to be paid is \$

Please click the **Pay & Submit** button to proceed with the payment.

[Save for later](#) [Previous](#) [Pay and Submit](#)

Note: Payments are processed through a separate system, and your credit card info is not stored or saved by RLD. Cybersource is a SoNM billing platform, and this is not phishing or other malware. Upon payment completion, you will receive a payment receipt to the email address you have entered in the Payment Gateway.

- b. Fill out all fields in the **Billing Information** and **Payment Information** portions, then **Review** the transaction information before paying. Click the **“Next”** button to proceed through the entire payment process. Once your payment is completed, you may close your tab with Cybersource where you processed your payment.

Billing
Payment
Review
Receipt

Billing Information

* Required field

First Name *

Last Name *

Company Name

Address Line 1

City

Country/Region

State/Province

Zip/Postal Code

Phone Number *

Email *

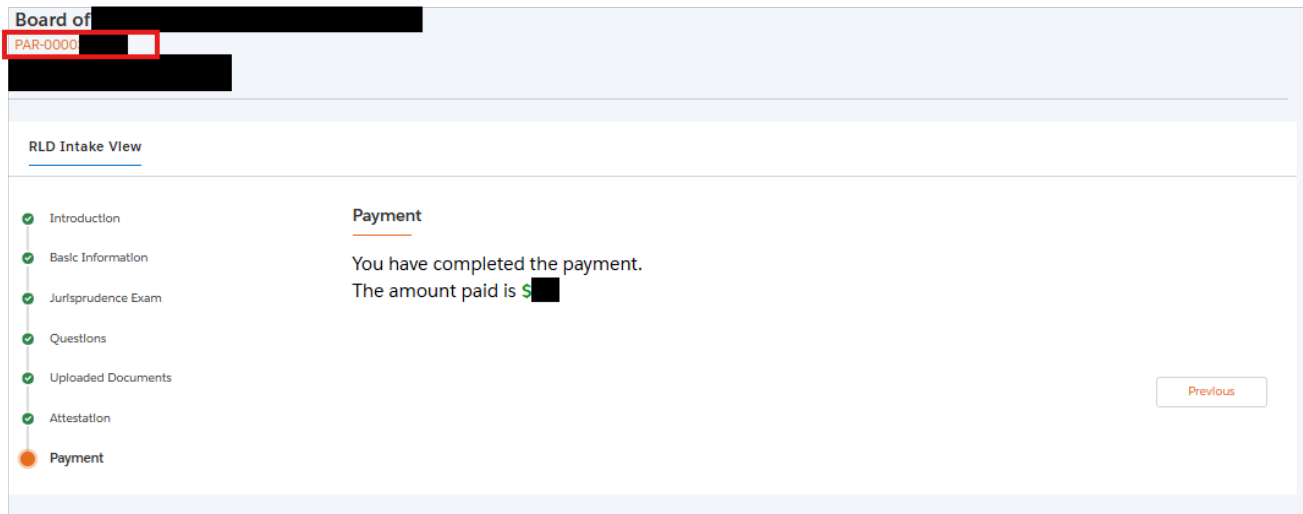
[Next](#)

[Cancel Order](#)

Your Order

Total amount \$

9. Your application is now complete and will be submitted for approval. To check the status of your application, please contact your board or division directly. Please be sure to reference your application number, which begins with **PAR-** and can be found at the top of your application.



Board of [REDACTED]
PAR-0000 [REDACTED]

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Payment

You have completed the payment.
The amount paid is \$ [REDACTED]

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10. On the **Home Page**, the application will appear under **My Applications** with **Submitted** status.

Licenses & Applications

My Applications

Application ID	License Type	Application Type	Applied Date	Status	Action
PAR-0000 [REDACTED]	[REDACTED]	New	10/7/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/29/2025	Draft	
PAR-0000 [REDACTED]	[REDACTED]	New	7/28/2025	Submitted	View Review Checklist

[View All](#)