

Physical Therapy Interim Permit

Checklist and Sponsor Form

Interim permits are available to graduates of CAPTE approved physical therapy programs. Interim permits expire immediately upon notification of exam failure and are not renewable.

- Complete and submit the attached Interim Permit Sponsor form.
- Request that your school send an official transcript indicating degree and date conferred, or ask your program director to submit a letter verifying successful program completion and date of graduation. Documents must be sent directly from the issuing institution to the address listed above.
- You may begin to work as a graduate physical therapist or physical therapist assistant only upon receipt of your interim permit.
- Post your interim permit in a conspicuous place at your place of employment.
- Wear identification stating your clinical title and role in the facility as a “graduate physical therapist or physical therapist assistant.” A Washington State licensed physical therapist must be on the premises at all times to provide supervision.
- A physical therapy license will be issued to you upon receipt of a passing score on the physical therapy examination and official transcripts with degree posted has been received. Destroy your interim permit immediately and replace it with your license.
- Cease practice as a graduate physical therapist or physical therapist assistant immediately upon notification of examination failure. Mail your interim permit to the Department of Health, Physical Therapy Credentialing, PO Box 47877, Olympia, WA 98504-7877.



Physical Therapy Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Interim Permit Sponsor Form

To be completed by applicant and supervising physical therapist. Detach and return this page only to the address above:

Please check one: Physical Therapist Interim Permit
 Physical Therapist Assistant Interim Permit

Applicant's Full Name _____

Sponsoring Physical Therapist _____
(Must hold a current Washington State Physical Therapy License)

Sponsor's License Number _____

Sponsor's Telephone: Work _____ Home _____

Facility Name _____

Facility Mailing Address _____
Street City State Zip Code

Facility Telephone _____

Supervisor's Statement

I have read the attached [RCW 18.74.075](#) and [WAC 246-915-078](#) and understand that failure to adhere to these rules pertaining to my sponsoring the above-referenced new graduate physical therapist or physical therapist assistant could result in disciplinary action being taken against my physical therapy license.

Signature of sponsoring physical therapist Date

Applicant Statement

I have read the attached [RCW 18.74.075](#) and [WAC 246-915-078](#) and understand that failure to adhere to these rules pertaining to interim permits could result in the revocation of my interim permit and disciplinary action against any future Washington license I may hold.

Signature of physical therapist or physical therapist assistant Date