

ARIZONA STATE BOARD OF PHYSICAL THERAPY  
Physical Therapist

RENEWAL Application ~ Retired Status

9/1/18 – 8/31/20

A.R.S. § 32-2031 (A): The Board shall place a licensee or certificate holder on retired status and waive the renewal fee and continuing competence requirements if a licensee or certificate holder presents a written affidavit to the board that the licensee or certificate holder has retired from the practice of physical therapy or from work as a physical therapist assistant, is in good standing with the board and has plaid all fees required by this chapter before the waiver.

I, \_\_\_\_\_, am a retired

**Licensed Physical Therapist** in the state of Arizona. I hold retired license number \_\_\_\_\_.

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Area Code Telephone number

**Email Address** (Required for Renewal) \_\_\_\_\_

I affirm that I retired from the practice of physical therapy on \_\_\_\_\_  
Date of Retirement

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I affirm that I understand that I may not engage in the practice of physical therapy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I affirm that I understand that I am renewing my status as "Retired" for the renewal years 9/1/18 to 8/31/20.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**QUESTIONS ON REVERSE SIDE MUST BE COMPLETED FOR RENEWAL**

**Mail completed form (no fee required) to:**  
**Arizona State Board of Physical Therapy**  
**4205 N. 7<sup>th</sup> Ave, Ste 208**  
**Phoenix AZ 85013**

**PERSONAL INFORMATION: RENEWAL 09/01/2018 THROUGH 08/31/2020**

Please answer each of the following questions by checking the appropriate box on the right. All "Yes" answers MUST be explained in detail in a separate signed statement with relevant documentation attached. Documentation should include all pertinent dates and the relevant jurisdiction and/or entity involved. Failure to attach all of the pertinent information (e.g. court dockets, arrest record, medical records) will result in your application being returned as incomplete.

**\*\* Questions below pertain to the period preceding the renewal application (9/1/16 through 8/31/18.) \*\***

<b>1)</b>	Have you been convicted of, pled guilty or no contest to, or entered into diversion in lieu of prosecution for any criminal offense in any jurisdiction of the United States or foreign country?	YES	NO
<b>2)</b>	Have you had an application for a professional or occupational license, certificate, or registration, other than a driver's license, denied, rejected, suspended, or revoked by any jurisdiction of the United States or foreign country?	YES	NO
<b>3)</b>	Are you currently or have you ever been under investigation, suspension, or restriction by a professional licensing board in any jurisdiction of the United States or foreign country for any act that occurred in that jurisdiction that would be the subject of discipline under this Chapter?	YES	NO
<b>4)</b>	Have you been the subject of disciplinary action by a professional association or post-secondary educational institution?	YES	NO
<b>5)</b>	Have you had a malpractice judgment against you or do you have a lawsuit currently pending for malpractice?	YES	NO
<b>6)</b>	Are you currently more than 30 days in arrears for payment required by a judgment and order for child support in Arizona or any other jurisdiction?	YES	NO
<b>7)</b>	Have you failed to adhere to the recognized standards of ethics of the physical therapy profession? See Board rules at A.A.C. R4-24-101 (33).	YES	NO
<b>8)</b>	Have you committed any of the actions referenced in the definition of good moral character in R4-24-101? Good moral character means the applicant has not taken any action that is grounds for disciplinary action under A.R.S. §32-2044.	YES	NO
<b>9)</b>	Have you been the subject of any criminal investigation by a federal, state, or local agency or had criminal charges filed against you?	YES	NO
<b>10)</b>	Do you have any impairment to your cognitive, communicative, or physical ability to engage in the practice of physical therapy with skill and safety?	YES	NO
<b>11)</b>	Have you used alcohol, any illegal chemical substance, or prescription medicine that in any way has impaired or limited your ability to practice physical therapy with skill and safety?	YES	NO
<b>12)</b>	Have you been diagnosed as having or are you being treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder that in any way has impaired or limited your ability to practice physical therapy with skill and safety.	YES	NO
<b>13)</b>	Have you ever violated A.R.S. § 32-2044 (10) "Engaging in sexual misconduct"?	YES	NO

**Under penalty of perjury, I declare and affirm that the statements made in this license renewal application are complete and correct and that any false or misleading information may be cause for denial or disciplinary action. To the best of my knowledge and belief I am not in violation of the provisions of the Arizona Physical Therapy Law.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_