

**ARIZONA STATE BOARD OF PHYSICAL THERAPY**

1740 W. Adams St. ♦ Phoenix, AZ 85007

(602) 274-0236 ♦ Fax (602) 274-1378

Web site: <https://ptboard.az.gov>**RENEWAL of PHYSICAL THERAPIST ASSISTANT CERTIFICATE****SEPTEMBER 1, 2018 - AUGUST 31, 2020****NAME:** _____ **License #:** _____Proof of citizenship or alien status is **required** for any license or certificate holder who:

Held a non-permanent status at the time of the last submission of the state of citizenship;

OR

Has had a change of status from either permanent to non-permanent status or from non-permanent to permanent status. If you fall into either of the above categories, you must submit a new Arizona Statement of Citizenship and Alien Status for Public Benefits form along with proof of current status and return it to the Board with your renewal application. A non-permanent status Benefits form along with proof of current status and return it to the Board with your renewal application. A non-permanent status expiring before September 1, 2018 cannot be accepted for renewal. To obtain the form, contact Board staff at 602.274.0236.

FEES: All renewal fees are non-refundable. Your renewal will be incomplete if your check is returned for insufficient funds and will only be processed with the receipt of certified funds. Although fee payments are automatically deposited this does not necessarily signify that your renewal is complete.

RENEWAL INFORMATION: We recommend that you submit your renewal application and fee online at <https://ptboard.az.gov> or by registered mail (e.g. certified mail, Fed. Ex., UPS) to verify delivery to the Board office because staff cannot respond to queries about receipt of your application. Arizona law requires that you notify the Board in writing within 30 days of any change in your business or home addresses or telephone numbers. This renewal application serves as notification of changes in address and/or telephone number. Certificate holders who change their names must provide the Board with a correct and complete name change form along with a copy of the legal document describing the change (e.g. copy of marriage license, divorce decree, driver's license, etc).

ALL OF THE FOLLOWING FIELDS ARE REQUIRED. An incomplete form will be returned for completion.**Home Information:****Business Information:** Are you currently employed: ☐ YES ☐ NO

Street (including apartment / unit number if applicable)

Business Name

City, State Zip Code

Street (including apartment / unit number if applicable)

E-Mail Address

City, State Zip Code

Home Phone #

Business Phone #

Cell Phone #

RETURN THIS NOTICE WITH:

- ☐ Payment in the amount of \$55 (payment must accompany form)
- ☐ Statement of Citizenship and Alien Status Form (if required)

Submit payment in the form of a cashier's check, personal check, business check or money order.**Make checks payable to Arizona Board of Physical Therapy.**

PERSONAL INFORMATION: RENEWAL 09/01/2016 THROUGH 08/31/2018

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.) ****

1) 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
2) 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
3) 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
4) Have you been the subject of disciplinary action by a professional association or post-secondary educational institution?	YES	NO
5) Have you had a malpractice judgment against you or do you have a lawsuit currently pending for malpractice?	YES	NO
6) 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
7) Have you failed to adhere to the recognized standards of ethics of the physical therapy profession? <i>See Board rules at A.A.C. R4-24-101 (33).</i>	YES	NO
8) 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
9) 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
10) 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
11) 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
12) 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
13) 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: _____