



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 LICENSE
SEPTEMBER 1, 2018 THROUGH 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.

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.

RENEWAL INFORMATION: We recommend that you submit your renewal application and fee online at www.ptboard.az.gov or by registered mail (e.g. certified mail, FedEx., UPS) to verify delivery to the Board office because staff cannot respond to queries about receipt of your renewal application.

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

Form with fields for: 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 #

Payment in the amount of \$160 (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.

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, excluding question 14. Documentation should include all pertinent dates and the relevant jurisdiction and/or entity involved. Failure to attach all of the pertinent information 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
14) Have you completed training and education for the intervention “Dry Needling” as required by A.A.C. R4-24-313?	YES	NO

I affirm that I have complied with the medical records protocol as required in A.R.S. §32-3211. See Board website for further information.

Signature: _____ Date: _____

I affirm that I have completed the required contact hours of continuing competence in accordance with A.A.C. Title 4, Chapter 24, Article 4. I understand that I am subject to audit for verification of continuing competence hours. I understand that the Board may take disciplinary action for failure to respond to a notice of audit of my continuing competence activities.

Signature: _____ Date: _____

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: _____