

ARIZONA STATE BOARD OF PHYSICAL THERAPY

1740 W. Adams Street, Suite 2450 ♦ Phoenix, AZ 85007 ♦ (602) 274 – 0236 <u>ptboard.az.gov</u>

INACTIVE STATUS REQUEST FORM

To request license or certificate status change to Inactive/Not-Practicing

<u>A.R.S. § 32-2032</u> (A): The board shall place a licensee or certificate holder on inactive status and waive the continuing competence requirements if a licensee or certificate holder presents a written affidavit to the board that the licensee or certificate holder is not currently engaged in the practice of physical therapy or working as a physical therapist assistant in this state, is in good standing with the board and has paid all fees required by this chapter.

l,				, am a
Licensed Physical Therapis	t in the state of Arizor	na.		
Certified Physical Therapis	t Assistant in the state	e of Arizona	a.	
I hold active license/certificate num	ber	D	LA	
Date of Birth:	SSN:			
Current Mailing Address:				
	per/Street/Apartment Num	ber		
City	State	Zip	() Area Code	Telephone number
Email Address:			30	
I affirm that I do not practice physic	al therapy/work as a p	physical the	erapist assistant	t in the state of Arizona
Signature:			Date:	
I affirm that my Arizona PT license/I	PTA certificate is in go	od standing	g with the Boar	d.
Signature:			Date:	
I affirm that I have paid all fees requ	uired by this chapter b	efore this r	equest for waiv	ver.
Signature:			Date:	
I affirm that I understand that I may assistant in the state of Arizona.	not engage in the pra	actice of ph	ysical therapy o	or work as a physical therapist
Signature:	_ 19	12	Date:	
I affirm that I understand that I mus	st renew my status as '	"Inactive" b	by August 31 of	f every even numbered year.
Signature:			Date:	
Under penalty of perjury, I declare a complete and correct and that any f				

To the best of my knowledge and belief I am not in violation of the provisions of the Arizona Physical Therapy Law.

Submit via eLicensing Portal only elicense.az.gov