ARIZONA STATE BOARD OF PHYSICAL THERAPY
1740 W. Adams Street, Suite 2450 ♦ Phoenix, AZ 85007 ♦ (602) 274 – 0236
ptboard.az.gov

REINSTATEMENT/REACTIVATION TO ACTIVE STATUS FROM INACTIVE – RETIRED

For Licensed Physical Therapists & Certified Physical Therapist Assistants

In accordance with A. R. S. §32-2031, the board may reinstate a retired licensee or certificate holder to active practice or work on payment of the renewal fee and presentation of evidence satisfactory to the board that the retired licensee or certificate holder is professionally able to engage in the practice of physical therapy or work as a physical therapist assistant and still possesses the professional knowledge required.

All reinstated licensees and certificate holders are subject to an audit for completion of the required continuing competence hours described in the Arizona Administrative Code Title 4, Chapter 24, Article 4.

If you have been retired for less than three years you must apply for reinstatement to active status, submit the full renewal fee, and complete continuing competence for the last compliance period. Pursuant to R4-24-401 through R4-24-403 continuing competence contact hours are required according to the table below. You must also submit a Continuing Competence Audit Form and supporting documentation with this Reinstatement Form.

REQUIREMENTS	PHYSICAL THERAPIST	PHYSICAL THERAPIST ASSISTANT
Total Requirement	20 contact hours per compliance period	10 contact hours per compliance period
Category A (required)	Minimum 10 hours (may earn full 20 hours)	Minimum 6 hours (may earn full 10 hours)
Category B	Maximum 10 hours from Cat B & C combined (Sub-category credit maximums apply)	Maximum 4 hours from Cat B & C combined (Sub-category credit maximums apply)
Category C		

If you have been retired for more than three years, you must apply for reinstatement to active status and the board must review your application at a regularly scheduled board meeting. Pursuant to A. R. S. §32-2031, you must submit the full renewal fee and demonstrate competency to the board's satisfaction by satisfying one or more of the following as prescribed by the board:

1. **Practicing for a specified time under an interim permit.**
2. **Completing remedial courses.**
3. **Completing continuing competence requirements for the period of the lapsed license. (Requires submission of a Continuing Competence Audit Form and supporting documentation.)**
4. **Passing an examination.**

Fees: PT $160.00; PTA $55.00

Contact Information Changes: Arizona law requires you to notify the Board within 30 days of any change in your name, addresses(physical or email; home or business), or phone numbers. Contact information must be updated through your eLicensing portal account.

Name change requests must be accompanied by required legal documentation (i.e. certified divorce decree; marriage license/certificate; court order) and supporting documentation (i.e. driver's license; social security card) displaying updated name.

To verify that your reinstatement has been processed, visit the Board's website at ptboard.az.gov and use the Find a PT/PTA search. If your license status displays as active, your reinstatement has been processed and you may practice in Arizona.

COMPLETE THE FOLLOWING • ALL FIELDS REQUIRED

Incomplete forms are not processed.

Name:____ License/Certificate #: :__________________________

HOME INFORMATION

____

Street (including apartment / unit number if applicable)

____

City State Zip

____ ____

Phone Alternate phone

____

E-Mail Address - **REQUIRED**

BUSINESS INFORMATION

Are you currently employed? ☐ **Yes** ☐ **No**

____

Business Name

____

Street (including suite number if applicable)

____

City State Zip

____

Business Telephone Number

PERSONAL INFORMATION:

INSTRUCTIONS: Please answer each of the following questions by checking the appropriate response. All "**Yes**" answers to Good Moral Character (GMC) questions **MUST** be explained in detail in a separate signed document. The document should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to attach all of the requested information (e.g. court dockets, arrest record, medical records, payment receipts, etc.) may result in the delay and/or denial of your application.

THE QUESTIONS PERTAIN TO THE PERIOD FROM YOUR LAST RENEWAL TO PRESENT.

Good Moral Character	
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? R4-24-101	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 "Engaging in sexual misconduct."?	YES □ NO □
Citizenship Status	
1. Have you held a non-permanent status when you last submitted your statement of citizenship OR have you had a change of status from either permanent to non-permanent status or from non-permanent to permanent status? IF YOU ARE A U.S. CITIZEN, ANSWER "NO"	YES □ NO □
Training Information	
1. Have you completed training and education for the intervention "Dry Needling" as required by A.A.C. R4-24-313?	□ Completed □ Not Completed
2. I affirm that I have complied with the medical records protocol as required in A.R.S. §32-3211. See Board web site for further information.	□ Yes, I affirm
3. 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.	□ Yes, I affirm

Demographic Questions (questions refer to your most recent practice setting)	
1. "Race" means an individual's self-identification or affiliation with one of the following categories used to identify individuals according to historical or phenotypical characteristics.	◻ White/Caucasian ◻ Black/African ◻ American Native ◻ Hawaiian/Other Pacific Islander ◻ Asian ◻ American Indian/Alaska Native ◻ Latino/Spanish ◻ Other
2. Principle Practice Site State (fill in the blank)	___________________________
3. Zip Code (fill in the blank)	___________________________
4. Over the last 12 months at principal practice site, average hours worked per week	◻ Less than 10 hrs ◻ 11 to 20 hours ◻ 21 to 31 hours ◻ 32 to 40 hours ◻ 40+ hours
5. Of the hours at principal site, primary responsibilities (check all that apply)	◻ Direct Clinical/Patient Care ◻ Administration ◻ Research ◻ Teaching/Education ◻ None Applicable
6. Plans in Arizona prior to the next renewal of license	◻ Increase direct clinical/patient care hours ◻ Decrease direct clinical patient care hours ◻ Continue number of direct clinical/patient care hours
7. If plan to reduce direct clinical/patient care hours, indicate all that apply	◻ Plan to practice outside AZ ◻ Plan to seek a position that does not provide direct clinical/patient care ◻ Plan to retire from direct clinical/patient care ◻ None Applicable
8. Highest Level of Education as related to work performed in primary work site	◻ Associates Degree ◻ Bachelor Degree ◻ Master Degree ◻ Clinical Doctorate Degree (DPT) ◻ PhD ◻ DSc ◻ Other

☐ **I affirm, I have attached supplemental documentation for any "Yes" answers above as required by the instructions.**
☐ **I affirm, I have attached a Continuing Competence Audit Reporting Form and completion documentation.**

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:** ___________________________