



ARIZONA STATE BOARD OF PHYSICAL THERAPY

1740 W. Adams Street, Suite 2450 ♦ Phoenix, AZ 85007 ♦ (602) 274 – 0236

ptboard.az.gov

RETIRED STATUS REQUEST FORM

To request license or certificate status change to Inactive/Retired

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 paid all fees required by this chapter before the waiver.

I, _____, am a

Licensed Physical Therapist in the state of Arizona.

Certified Physical Therapist Assistant in the state of Arizona

I hold active license/certificate number _____

Date of Birth: _____ SSN: _____

Current Mailing Address: _____

Number/Street/Apartment Number

_____ ()

City State Zip Area Code Telephone number

Email Address: _____

I affirm that I retired from the practice of physical therapy/work as a physical therapist assistant on _____
Retirement Date

Signature: _____ **Date:** _____

I affirm that my Arizona PT license/PTA certificate is in good standing with the Board.

Signature: _____ **Date:** _____

I affirm that I understand that I may not engage in the practice of physical therapy or work as a physical therapist assistant.

Signature: _____ **Date:** _____

Under penalty of perjury, I declare and affirm that the statements made in this Application for Retired Status 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 of Applicant

Submit via eLicensing Portal only elicense.az.gov