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

A.R.S. §32-2001, DEFINITIONS

Review this statutory definition in conjunction with appropriate form below

13. "Practice of physical therapy" means:

(a) Examining, evaluating and testing persons who have mechanical, physiological and developmental impairments, functional limitations and disabilities or other health and movement related conditions in order to determine a diagnosis, a prognosis and a plan of therapeutic intervention and to assess the ongoing effects of intervention.

(b) Alleviating impairments and functional limitations by managing, designing, implementing and modifying therapeutic interventions including:

(i) Therapeutic exercise.

(ii) Functional training in self-care and in home, community or work reintegration.

(iii) Manual therapy techniques.

(iv) Therapeutic massage.

(v) Assistive and adaptive orthotic, prosthetic, protective and supportive devices and equipment.

(vi) Pulmonary hygiene.

(vii) Debridement and wound care.

(viii) Physical agents or modalities.

(ix) Mechanical and electrotherapeutic modalities.

(x) Patient related instruction.

(c) Reducing the risk of injury, impairments, functional limitations and disability by means that include promoting and maintaining a person's fitness, health and quality of life.

(d) Engaging in administration, consultation, education, and research.

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REINSTATEMENT OF AN ADMINISTRATIVELY SUSPENDED LICENSE AND LICENSE RENEWAL

AFFIRMATION OF EMPLOYMENT STATUS

FOR PERSONS WHO ***HAVE*** PRACTICED WITH AN ADMINISTRATIVELY SUSPENDED LICENSE

Name: _____ Date: _____

License / Certificate Number: _____

I have reviewed the statutory definition of "practice of physical therapy" at A.R.S §32-2001(13). I affirm that I have continued to practice as a physical therapist or physical therapist assistant since my license/certificate was administratively suspended.

The following must be completed. If you require more space, attach a separate sheet that includes all the information requested below.

Name of facility, clinic, etc	Address / City / State / Zip	Phone w/Area Code	Dates of Employment AFTER Expiration Date of License/Certificate

I am aware that until my license/certificate has been reinstated and renewed I may not legally practice as a physical therapist or physical therapist in Arizona.

I am aware that practicing as a physical therapist or physical therapist assistant with an administratively suspended license is in violation of A.R.S. §32-2048 and may be grounds for disciplinary action pursuant to A.R.S. §32-2044. The Board has the investigative authority to validate your employment status.

Signed: _____ **Date:** _____

If you prefer to consult with legal counsel prior to signing this affirmation, or to write your own affirmation, please be aware that you may not practice until your reinstatement and renewal application is complete (including an affirmation of employment status), your fees have been paid and your reinstatement has been processed.

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REINSTATEMENT OF AN ADMINISTRATIVELY SUSPENDED LICENSE AND LICENSE RENEWAL

AFFIRMATION OF EMPLOYMENT STATUS

FOR PERSONS WHO ***HAVE NOT*** PRACTICED WITH AN ADMINISTRATIVELY SUSPENDED LICENSE

Name: _____ Date: _____

License / Certificate Number: _____

Section 1: Check all that apply:

☐ **I affirm that currently I am not practicing in the State of Arizona**

☐ **I affirm that currently I am not residing in the State of Arizona**

Section 2:

☐ **I have reviewed the statutory definition of "practice of physical therapy" at A.R.S §32-2001(13). I affirm that I am employed in Arizona but have not practiced as a physical therapist or Physical therapist assistant since my license was administratively suspended.**

Name of place of employment: _____

Address: _____
Street City State Zip Code

Phone: _____

I am aware that until my license/certificate has been reinstated and renewed I may not legally practice as a physical therapist or physical therapist in Arizona.

I am aware that practicing as a physical therapist or physical therapist assistant with an administratively suspended license is in violation of A.R.S. §32-2048 and may be grounds for disciplinary action pursuant to A.R.S. §32-2044. The Board has the investigative authority to validate your employment status.

Signed: _____ **Date:** _____

If you prefer to consult with legal counsel prior to signing this affirmation, or to write your own affirmation, please be aware that you may not practice until your reinstatement and renewal application is complete (including an affirmation of employment status), your fees have been paid and your reinstatement has been processed.