



ARIZONA STATE BOARD OF PHYSICAL THERAPY

4205 N. 7th Ave, Ste 208 ♦ Phoenix, AZ 85013

(602) 274-0236 ♦ Fax (602) 274-1378

Web site: www.ptboard.az.gov

RENEWAL of PHYSICAL THERAPIST LICENSE

SEPTEMBER 1, 2016 THROUGH AUGUST 31, 2018

NAME: _____ License #: _____

Proof of citizenship or alien status is required for any licensee or certificate holder who:
1. Held a non-permanent status at the time of the last submission of the statement of citizenship;
OR
2. 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. A non-permanent status expiring before September 1, 2016 cannot be accepted for renewal. To obtain the form, contact Board staff at 602.274.0236

If your completed application is not received or postmarked by 8/31/16, your license will be administratively suspended. Pursuant to Arizona Revised Statute A.R.S. §32-2027 you may not practice as a physical therapist with an administratively suspended license. Practicing with an administratively suspended license may result in disciplinary action by the Board pursuant to A.R.S. §32-2048. Allow three weeks for processing of renewal. To ensure you receive your renewal card by 09/01/16, your complete renewal application must be received by 08/11/16.

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. Although fee payments are automatically deposited this does not necessarily signify that your renewal is complete.

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. Arizona law requires that you notify the Board in writing within 30 days of any change in your business or home addresses or telephone numbers. Renewal application serves as notification of changes in address and/or telephone number. Licensees who change their names must provide the Board with a correct and complete name change form along with a copy of the legal documents describing the change (e.g. copy of marriage license, divorce decree, driver's license, etc).

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

Street (including apartment / unit number if applicable)
City, State Zip Code
E-Mail Address
Home Phone #
Cell Phone #

Business Name
Street (including apartment / unit number if applicable)
City, State Zip Code
Business Phone #

RETURN THIS NOTICE WITH :
[] 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.

QUESTIONS ON REVERSE SIDE MUST BE COMPLETED FOR RENEWAL

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. If your completed application is not received by 8/31/14 your license will be administratively suspended. A renewal application with “Yes” answer(s) must be reviewed by the Board at a public meeting for approval or denial of your renewal application. **Documents must be received no later than August 9, 2016.**

**** Questions below pertain to the period preceding the renewal application (9/1/14 through 8/31/16.) ****

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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
4) Have you been the subject of disciplinary action by a professional association or post-secondary educational institution?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5) Have you had a malpractice judgment against you or do you have a lawsuit currently pending for malpractice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
13) Have you ever violated A.R.S. § 32-2044 (10) “Engaging in sexual misconduct”?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14) Have you completed training and education for the intervention “Dry Needling” as required by A.A.C. R4-24-313?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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.

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: _____