

**ARIZONA STATE BOARD OF PHYSICAL THERAPY  
APPLICATION FOR  
PHYSICAL THERAPIST INACTIVE STATUS**

A.R.S. § 32-2031 (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.

I, \_\_\_\_\_, am a

**Licensed Physical Therapist** in the state of Arizona. I hold active license number \_\_\_\_\_.

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Number/Street/Apartment Number

\_\_\_\_\_  
City State Zip Area Code Telephone number

I affirm that I do not practice physical therapy in the state of Arizona

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I affirm that I have paid all fees required by this chapter before this request for waiver.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I affirm that I understand that I may not engage in the practice of physical therapy in the state of Arizona.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I affirm that I understand that I must renew my status as "Inactive" by **August 31 of every even numbered year.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Under penalty of perjury, I declare and affirm that the statements made in this Application for Inactive 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 (<https://elicense.az.gov/>)**