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

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 plaid all fees required by this chapter before the waiver.

| Current Mailing Address: Number/Street/Apartment Number | l, | | | | , am a |
|---|--|----------------------------|-------------|-----------------------|------------------------------|
| Current Mailing Address: Number/Street/Apartment Number City State Zip Area Code Telephone number I affirm that I retired from the practice of physical therapy on Signature: Date: I affirm that my Arizona PT license 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. 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 State of County of State of County of Sworn to before me this day of, 20 Signature of Notary Public | Licensed Physical Therapist in the s | tate of Arizona. I hold | active lice | nse number | |
| Image: City State Zip Area Code Telephone number I affirm that I retired from the practice of physical therapy on | Date of Birth: | SSN: _ | | 1 | |
| Image: City State Zip Area Code Telephone number I affirm that I retired from the practice of physical therapy on | | | | $\leq 4 \gamma$ | |
| I affirm that I retired from the practice of physical therapy on | Num | iber/Street/Apartment | Number | | |
| Signature: | City | State | Zip | Area Code Te | lephone number |
| Signature: | I affirm that I retired from the pract | ice of physical therapy | on | | |
| I affirm that my Arizona PT license is in good standing with the Board. Signature: | | DITAT | DE | Date of Retirement | 127 |
| Signature: | Signature: | | 1117, | Date: | |
| I affirm that I understand that I may not engage in the practice of physical therapy. Signature: | I affirm that my Arizona PT license i | s in good standing with | the Boar | d. | |
| Signature: | Signature: | | | Date: | |
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| 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 State of | | | | - June | |
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| State of County of Signature of Applicant Sworn to before me this day of, 20 Signature of Notary Public | complete and correct and that any | false or misleading info | rmation r | nay be cause for de | nial or disciplinary action. |
| State of County of, 20 Sworn to before me this day of, 20 Gignature of Notary Public | To the best of my knowledge and be | elief I am not in violatio | on of the p | provisions of the Ari | zona Physical Therapy Law |
| State of County of, 20 Sworn to before me this day of, 20 Gignature of Notary Public | | | | | |
| Sworn to before me this day of, 20 | State of County o | f | | Signatu | re of Applicant |
| Signature of Notary Public | | | | | |
| | Sworn to before me this da | ay of, 20 | | | |
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| Mail completed form (No Eco Poquired) to: A7 State Board of DT | | | S | ignature of Notary F | Public |
| | Mail completed fo | rm (No Fee Re | auirea | l) to: AZ Stat | te Board of PT |

1740 W. Adams, Ste 2450 - Phoenix AZ 85007

Application PT Retired Status 12/17