



ARIZONA STATE BOARD OF PHYSICAL THERAPY
 1740 W. Adams Street, SUITE 2450 PHOENIX, ARIZONA 85007
 (602) 274-0236 Fax (602) 274-1378
 www.ptboard.az.gov

BUSINESS ENTITY REGISTRATION APPLICATION

Return this form with the registration fee of \$50.00 payable by check or money order to: Arizona State Board of Physical Therapy.

Business Entity Name: _____

Contact Name: _____ Title: _____

Business Entity Street Address: _____

City _____ Zip _____

Telephone Number _(_____) _____

1. List the name and license number(s) of the physical therapist(s), and certificate number(s) of the physical therapist assistants who provide physical therapy services. If additional space is needed, you may attach a separate piece of paper.

Name (Last, First, Middle Initial)	License or Certificat Number(s)
_____	_____
_____	_____
_____	_____
_____	_____

2. List the name of the manager who the physical therapist reports to within the business:
 Name (Last, First, Middle Initial): _____

Manager's position in business and professional designation (if any):

3. Describe the services offered to the public. If additional space is needed, you may attach a separate sheet of paper.



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4. List the names and addresses of the Officers and Directors. If additional space is needed, you may attach a separate piece of paper.

Name (Last, First, Middle Initial)	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Has any state, territory, district, or country ever taken the any of the following action against your registration, permit, license or other authorization by:

- | | | |
|--|------------|----------|
| a Refusal to issue or renew | Yes* _____ | No _____ |
| . . . | | |
| b Denial of an application | Yes* _____ | No _____ |
| . . . | | |
| c Surrender in lieu of disciplinary action | Yes* _____ | No _____ |
| . . . | | |
| d Suspension | Yes* _____ | No _____ |
| . . . | | |
| e Revocation | Yes* _____ | No _____ |
| . . . | | |
| f Cancellation | Yes* _____ | No _____ |
| . . . | | |
| g Any disciplinary action | Yes* _____ | No _____ |
| . . . | | |

***If yes, attach a separate page stating the full details.**

6. In accordance with A.R.S. §32-2030 the business entity has establish and implement a written protocol for the secure storage, transfer and access of the physical therapy records of the business entity's patients. This protocol includes, at a minimum, procedures for:

- A. Notifying patients of the future locations of their records if the business entity terminates or sells the practice.
- B. Disposing of unclaimed physical therapy records.
- C. The timely response to requests by patients for copies of their records.

Yes _____ No _____ If no, state the reason.



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7. Return this form with the registration fee of \$50.00 payable by check or money order to: Arizona State Board of Physical Therapy.

I do hereby swear and affirm that the foregoing statements contained in this registration are true and correct.

Signature of Authorized Agent Date

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public