

**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

State of _____ County of _____

Sworn to before me this _____ day of _____, 20_____

Signature of Notary Public

Mail completed form to: Arizona State Board of Physical Therapy, 4205 N. 7th Ave, Ste 208, Phoenix AZ 85013