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ARIZONA STATE BOARD OF PHYSICAL THERAPY

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PHYSICAL THERAPIST ASSISTANT APPLICATION FOR SPOUSE OF ACTIVE MILITARY PERSONNEL STATIONED IN ARIZONA

*The following forms are for a physical therapist assistant applicant who is married to an active duty member of the armed forces of the United States and who is accompanying the member to an official permanent change of station to a military installation located in this state. Pursuant to state law, applicant must hold an active Arizona PTA certificate **before** starting work in Arizona as a physical therapist assistant.*

NOTICE OF APPLICATION FILE CONFIDENTIALITY: The Board office advises all applicants for physical therapist assistant certification that no information concerning any application file will be disclosed to any third party unless otherwise required by law. This policy has been implemented to protect sensitive information. For further information regarding confidential / public information, review Arizona Administrative Rule R4-24-104 at www.ptboard.az.gov.

WORKING AS A PHYSICAL THERAPIST ASSISTANT IS PROHIBITED BY LAW PRIOR TO ISSUANCE OF AN ARIZONA CERTIFICATE. APPLICANTS ARE URGED NOT TO ENTER INTO IRREVOCABLE CONTRACTS, PURCHASES, OR SALES AGREEMENTS ON THE ASSUMPTION THAT CERTIFICATION WILL BE GRANTED ON A CERTAIN DATE.

THE ARIZONA STATE BOARD OF PHYSICAL THERAPY STRONGLY RECOMMENDS THAT THE APPLICANT VERIFY CERTIFICATION AT WWW.PTBOARD.AZ.GOV BEFORE BEGINNING TO WORK AS A PHYSICAL THERAPIST ASSISTANT IN THIS STATE.

THE ARIZONA STATE BOARD OF PHYSICAL THERAPY STRONGLY RECOMMENDS APPLICANTS FOR THIS CERTIFICATION PROCESS REVIEW THE STATUTES AND RULES THAT GOVERN THE PRACTICE OF PHYSICAL THERAPY IN THE STATE OF ARIZONA. A copy of the Arizona Revised Statutes and Arizona Administrative Rules will be mailed to the applicant upon receipt of application.

Pursuant to A.R.S. 32-4302 All of the following must apply:

1. *The person is currently licensed or certified in at least one other state as a physical therapist assistant. The license or certification must be in good standing in all states in which the person holds a license or certificate.*
2. *The person has not had a license or certificate revoked and has not voluntarily surrendered a license or certificate in any other state or country while under investigation for unprofessional conduct.*
3. *The person has not had discipline imposed by any other regulating entity. If another jurisdiction has taken disciplinary action against the person, the regulating entity shall determine if the cause for the action was corrected and the matter resolved. If the matter has not been resolved by that jurisdiction, the regulating entity may not issue or deny a license until the matter is resolved.*
4. *The person does not have a complaint, allegation or investigation pending before another regulating entity in another state or country that relates to unprofessional conduct. If an applicant has any complaints, allegations or investigations pending, the regulating entity in this state shall suspend the application process and may not issue or deny a license to the applicant until the complaint, allegation or investigation is resolved.*
5. *The person pays all applicable fees.*

STEPS TO CERTIFICATION AS A SPOUSE OF ACTIVE MILITARY PERSONNEL STATIONED IN ARIZONA

1. **Complete** all sections of the following application including your email address as it is required so that you may receive updates to your process for certification. Do not leave any section blank. If a section does not apply, add "N/A" in that section. The completed application must be notarized. An incomplete application will be returned for completion.

2. **Mail:** Application with the fee enclosed *only in the form of a cashier's check or money order*. No personal checks are accepted.
3. **Provide:** Copy of spouse's *official orders for permanent change of station to a military installation located in this state*.
4. *If you have answered "Yes" to either of the Good Moral Character questions on page 3 of the application, include required documentation with the application. See top of page 3 of the application for requirements.*
5. **Request:** Verification of licensure or certification from all states in which you hold an active license or certificate in physical therapy or other medical related areas
6. **If a yes answer is given on page 3 of the application "Good Moral Character Questions"**, Board staff cannot approve a request for certification if either of the questions on page 3 is yes. The Board meets regularly the fourth Tuesday of every month. All documentation relating to the Yes answer and all other required documentation must be received by the deadline of 11 days prior to the scheduled board meeting for the Board to determine approval of certification. See the box at the top of page 3 of the application for requirements.
7. **Board Meeting:** The Board meets the 4th Tuesday of the month (Subject to change)
8. An applicant denied licensure may request a hearing under Arizona Revised Statutes, Title 41, Ch. 6, Art. 10.

Check list:

- **Complete and mail the application: See page 1 and 2 Numbers 1 through 8**
- **Verify licensure at www.ptboard.az.gov before beginning to practice as a physical therapist assistant in the state of Arizona**

Contact our Licensing Administrator, Paula Brierley, at 602 297-0276 or email her at paula.brierley@ptboard.az.gov if you have any questions. We look forward to assisting you with the application process.

APPLICATION FOLLOWS THIS PAGE

EDUCATION: Complete all requested information as indicated. If the information is not complete, it may result in a delay of certification. False or misleading information may be cause for denial, disciplinary action or loss of license or certificate

| Name of College or University -Physical Therapy Education- | City and State | Dates of Attendance | Date of Graduation | Degree or Diploma |
|---|----------------|---------------------|--------------------|-------------------|
| | | | | |

PROFESSIONAL EXPERIENCE:

List your professional employment history *for the past 5 years* as indicated. ***DO NOT LIST TRAVEL AGENCY OR EMPLOYMENT AGENCY in this section. USE FACILITY INFORMATION ONLY. Explain ALL gaps in employment during the PAST FIVE YEARS. Attach another page if necessary. DO NOT LEAVE ANY LINE BLANK. USE N/A IF NOT APPLICABLE.***

| Date (From – To) | Name of Work Place | Address and phone number | Job Title / Position |
|------------------|--------------------|--------------------------|----------------------|
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PREVIOUS LICENSING HISTORY:

List all U.S. jurisdictions and foreign countries in which you are, or have been licensed or certified to practice physical therapy or work as a physical therapist assistant or other medical-related profession. Include the license/certificate number and status. You may attach a separate page if necessary.

| Name of State | Type of License, License Number and Status (i.e. active, expired, etc.) | Name of State | Type of License, License Number and Status (i.e. active, expired, etc.) |
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EMPLOYMENT BY A STAFFING / TRAVELING AGENCY: Circle if not applicable N/A

| Name of Agency <small>If more than one agency, use a separate sheet.</small> | Address | State | Were you licensed in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---------|-------|--|
| | | | Have you practiced in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No |

GOOD MORAL CHARACTER QUESTIONS

If you answer "YES" to any of these questions, submission of a written explanation and legal (i.e. police report and court records) or medical documentation supporting your answer is required.

| | |
|--|--|
| 1) 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"/> |
| 2) 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? (See A.R.S. § 32-2044) | YES <input type="checkbox"/> NO <input type="checkbox"/> |

~THE FOLLOWING MUST BE COMPLETED ~

AFFIDAVIT OF APPLICANT: Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including notarized documentation, are true, complete and correct. I understand that any false or misleading information in my application may be cause for denial, disciplinary action or loss of license/certificate.

Signature of Applicant

State of _____

County of _____

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

Notary Public

Arizona law requires an applicant who, after submitting an application, is charged with a felony or a misdemeanor involving conduct that may affect patient safety, to notify the Board within 10 days after the charge is filed. A.R.S. §32-3208. For a list of reportable misdemeanors, please contact the Board. *All felonies are reportable.*

~ All applicants are required to notify the Board immediately of any change of address, phone number or name.

~ Title II of the Americans with Disabilities Act (ADA) prohibits the Arizona State Board of Physical Therapy from discriminating on the basis of disability in the provision of its programs, services, and activities.



ARIZONA STATE BOARD OF PHYSICAL THERAPY
4205 NORTH 7TH AVENUE, SUITE 208
PHOENIX, ARIZONA 85013
Phone (602) 274-0236 - Option 1 ♦ Fax (602) 274-1378

**VERIFICATION OF PHYSICAL THERAPIST ASSISTANT CERTIFICATION
OR OTHER HEALTH RELATED LICENSE or CERTIFICATE**

**TO BE COMPLETED BY APPLICANT and MAILED TO THE LICENSING AGENCY IN STATE OF LICENSURE OR CERTIFICATION IN ANY
AND ALL MEDICAL RELATED FIELD(S) BOTH CURRENT AND PREVIOUSLY HELD:**

NAME _____

ADDRESS _____

TITLE OF LICENSE / CERTIFICATE (i.e. PT, PTA, MT, AT) _____

LICENSE / CERTIFICATE NUMBER _____

**TO BE COMPLETED BY THE PHYSICAL THERAPY OR OTHER HEALTH RELATED STATE BOARD WHERE APPLICANT HOLDS OR HAS
HELD A LICENSE OR CERTIFICATE:**

The above applicant has requested licensure with the Arizona State Board of Physical Therapy. In order to meet the requirements of our Physical Therapy Law, please complete this form and return it to the Board at the address above.

NAME of LICENSEE / CERTIFICATE HOLDER: _____

TYPE OF LICENSE or CERTIFICATE: _____

LICENSE or CERTIFICATE NUMBER: _____

DATE ISSUED: _____ EXPIRATION DATE: _____

***Has the Licensee ever been subject to disciplinary proceedings or is there any current investigation involving
this individual?*** YES ___ NO ___ If yes, please attach documents.

(SEAL) Signed _____
Title _____
State of _____
Board of _____
Date _____