

ARIZONA STATE BOARD OF PHYSICAL THERAPY APPLICATION FOR PHYSICAL THERAPIST ASSISTANT *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 paid all fees required by this chapter before the waiver.

I, _____, am a

Certified physical Therapist Assistant in the state of Arizona. I hold active number _____.

Date of Birth: _____ SSN: _____

Current Mailing Address: _____

Number/Street/Apartment Number

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City State Zip Area Code Telephone number

I affirm that I retired from the practice of physical therapy on _____

Date of Retirement

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.

Signature: _____ Date: _____

I affirm that I understand that I must renew my status as "Retired" 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 Retired 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