

ARIZONA STATE BOARD OF PHYSICAL THERAPY

4205 N. 7th Ave, Ste 208
Phoenix, Arizona 85013

Telephone (602) 274-0236
Web: www.ptboard.az.gov

Janice K. Brewer, Governor ♦ Charles D. Brown, Executive Director

♦ PHYSICAL THERAPIST ♦ REINSTATEMENT OF ADMINISTRATIVELY SUSPENDED LICENSE AND LICENSE RENEWAL ♦ September 1, 2012 through August 31, 2014 ♦

Your Arizona physical therapist license has been administratively suspended. In accordance with Arizona Revised Statute §32-2027 you may not practice as a physical therapist until your license has been reinstated and renewed. *Practicing with an administratively suspended license is a violation of A.R.S. §32-2048 and will result in disciplinary action by the Board pursuant to A.R.S. §32-2044. In addition the following applies:*

All reinstated licensees are subject to an audit for completion of the required continuing competence hours described in the Arizona Administrative Code Title 4, Chapter 24, Article 4.

If your license was administratively suspended on 9/1/2012 AND you received your license on or before 08/31/10 pursuant to R4-24-401 through R4-24-403 you are required to obtain 20 contact hours of continuing competence activities. At least 10 hours, up to the full amount, must come from Category A activities; up to 5 contact hours may come from Category B and up to 5 contact hours may come from Category C. You must submit the attached Audit form and documentation of this requirement with this Reinstatement form.

If your license was administratively suspended on 9/1/2012, AND you received your license between 09/01/11 and 08/31/12 pursuant to R4-24-401 through R4-24-403 you are required to obtain 10 contact hours of continuing competence activities. All 10 hours must come from Category A. You must submit the attached Audit form and documentation of this requirement with this Reinstatement form.

If your license was administratively suspended 3 or more years ago, you must reapply for licensure as a new applicant.

****If you HAVE practiced in Arizona with an administratively suspended license** you must submit the following:

1. Application for reinstatement and renewal,
2. Fee of \$260.00 (\$100 reinstatement fee and \$160 renewal fee),
3. Separate affirmation acknowledging the dates during which you practiced with an administratively suspended license (form attached),
4. Arizona Statement of Citizenship and Alien Status for Public Benefits form, if you have not previously submitted the form with proof of status (form attached),
5. Audit form and documentation of continuing competence hours (form attached).

If you practiced with an administratively suspended license the Board will review your application at a public meeting to determine possible violations of law and disciplinary action.

****If you HAVE NOT practiced with an administratively suspended license**, you must submit the following:

1. Application for reinstatement and renewal,
2. Fee of \$260.00 (\$100 reinstatement fee and \$160 renewal fee),
3. Separate affirmation stating that you have not practiced with an administratively suspended license (form attached),
4. Arizona Statement of Citizenship and Alien Status for Public Benefits form, if you have not previously submitted the form with proof of status (form attached),
5. Audit form and documentation of continuing competence hours (form attached).

Renewal and Reinstatement Fee: The fee may be paid in the form of a cashiers/personal/business check or money order.

Renewal Information: Arizona law requires that you notify the Board within 30 days of any change in your business address, home address, and telephone numbers. Renewal or reinstatement application with current information will suffice as a change of address. Licensees who change their names must provide the Board with correct and complete name change form and a copy of the legal document describing the change (e.g. copy of marriage license, divorce decree, driver's license etc.).

To verify that your reinstatement has been processed, do a PT/PTA Search at the Board's website <http://www.ptboard.az.gov>, if your license status reads active, your reinstatement has been processed and you may practice in Arizona.

RETURN ALL REQUIRED FORMS WITH REINSTATEMENT & RENEWAL FEE

Amount due for Reinstatement of administratively suspended license: \$100.00

Amount due for Renewal period (9/01/12 to 8/31/14): \$160.00

TOTAL DUE: \$260.00

Amount Enclosed (cashier's/personal/business check or money order): \$_____

ALL OF THE FOLLOWING FIELDS SHOWN BELOW ARE REQUIRED INFORMATION

An incomplete form will be returned for completion.

Name: _____

License #: _____

HOME INFORMATION

Street (including apartment / unit number if applicable)

City

State

Zip

Home Telephone Number

Cell Phone Number

E-Mail Address - **REQUIRED**

BUSINESS INFORMATION

Are you currently employed? (circle one) **yes** **no**

Business Name

Street (including suite number if applicable)

City

State

Zip

Business Telephone Number

PERSONAL INFORMATION:

Please answer each of the following questions by checking the appropriate box on the right. All "Yes" answers **MUST** be explained in detail in a separate signed document. The document should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to attach all of the requested information (e.g. court dockets, arrest record, medical records) may result in the delay and/or denial of your reinstatement and renewal application.

THE QUESTIONS PERTAIN TO THE PERIOD FROM SEPTEMBER 1, 2010 TO THE FILING OF THIS APPLICATION.

1. Have you been convicted of, pled guilty or no contest to, or entered into diversion in lieu of prosecution for any criminal offense in any jurisdiction of the United States or foreign country?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. 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"/>
3. 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?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Have you been the subject of disciplinary action by a professional association or post-secondary educational institution?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Have you had a malpractice judgment against you or do you have a lawsuit currently pending for malpractice?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Are you currently more than 30 days in arrears for payment required by a judgment and order for child support in Arizona or any other jurisdiction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Have you failed to adhere to the recognized standards of ethics of the physical therapy profession?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. Have you committed any of the actions referenced in the definition of good moral character in R4-24-101? Good moral character means the applicant has not taken any action that is grounds for disciplinary action under A.R.S. §32-2044.	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Have you been the subject of any criminal investigation by a federal, state, or local agency or had criminal charges filed against you?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Do you have any impairment to your cognitive, communicative, or physical ability to engage in the practice of physical therapy with skill and safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Have you used alcohol, any illegal chemical substance, or prescription medicine that in any way has impaired or limited your ability to practice physical therapy with skill and safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Have you been diagnosed as having or are you being treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder that in any way has impaired or limited your ability to practice physical therapy with skill and safety?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Have you ever violated A.R.S. § 32-2044(10) "Engaging in sexual misconduct."?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Medical Records Protocol as required in A.R.S. §32-3211. See Board website for further information. (check one)

- I affirm that I have complied with the medical records protocol.
- I affirm that the medical records protocol does not apply to me.
- I have not complied with the medical records protocol. (By stating that you have not complied with the medical records protocol, you are admitting to a possible violation A.R.S. §32-3211 and an investigation will be initiated by Board staff)

Signature: _____

Date: _____

Continuing Competence (check one)

- I affirm that I have completed the required contact hours of continuing competence in accordance with A.A.C. Title 4, Chapter 24, Article 4. I have enclosed documentation of my required hours of continuing competence activities pursuant to R4-24-401(G).
- I affirm that I have completed the required contact hours of continuing competence after the 2010-2012 compliance period. I have enclosed documentation of my required hours of continuing competence activities pursuant to R4-24-401(G).
- I have not complied with the continuing competence requirements. (By stating that you have not complied with the continuing competence requirements, you are admitting to a possible violation A.R.S. §32-2044 (24) and an investigation will be initiated by Board staff)

Signature: _____

Date: _____

Under penalty of perjury, I declare and affirm that the statements made in this license renewal application 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: _____

Date: _____



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REINSTATEMENT OF AN ADMINISTRATIVELY SUSPENDED LICENSE AND LICENSE RENEWAL

AFFIRMATION OF EMPLOYMENT STATUS

FOR PERSONS WHO HAVE PRACTICED WITH AN ADMINISTRATIVELY SUSPENDED LICENSE

NAME: _____ DATE: _____

License Number: _____

I have reviewed the statutory definition of “practice of physical therapy” at A.R.S. § 32-2001(11). I affirm that I have continued to practice as a physical therapist since my was administratively suspended on September 1, 2012. The following must be completed. If you require more space, attach a separate sheet that includes all the information requested below.

Name of facility, clinic, etc	Address / City / State / Zip	Phone w/ Area Code	Dates of Employment

I am aware that until my license has been reinstated and renewed I may not legally practice as a physical therapist in Arizona.

I am aware that practicing as a physical therapist with an administratively suspended license is in violation of A.R.S. § 32-2048 and may be grounds for disciplinary action pursuant to A.R.S. § 32-2044. The Board has the investigative authority to validate your employment status.

Signed: _____ Date: _____

If you prefer to consult with legal counsel prior to signing this affirmation, or to write your own affirmation, please be aware that you may not practice until your reinstatement and renewal application is complete (including an affirmation of employment status), your fees have been paid and your reinstatement has been processed.



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REINSTATEMENT OF AN ADMINISTRATIVELY SUSPENDED LICENSE AND LICENSE RENEWAL

AFFIRMATION OF EMPLOYMENT STATUS

FOR PERSONS WHO HAVE NOT PRACTICED WITH AN ADMINISTRATIVELY SUSPENDED LICENSE

NAME: _____ DATE: _____

License Number: _____

Section 1: Check all that apply:

- I affirm that currently I am not practicing in the State of Arizona
- I affirm that currently I am not residing in the State of Arizona

Section 2:

- I have reviewed the statutory definition of “practice of physical therapy” at A.R.S. § 32-2001(11). I affirm that I am employed in Arizona but have not practiced as a physical therapist since my license was administratively suspended on September 1, 2012.

Name of place of employment: _____

Address: _____
Street City State Zip Code

Telephone # (_____) _____

I am aware that until my license has been reinstated and renewed I may not legally practice as a physical therapist in Arizona.

I am aware that practicing as a physical therapist with an administratively suspended license is in violation of A.R.S. § 32-2048 and may be grounds for disciplinary action pursuant to A.R.S. § 32-2044. The Board has the investigative authority to validate your employment status.

Signed: _____ Date: _____

If you prefer to consult with legal counsel prior to signing this affirmation, or to write your own affirmation, please be aware that you may not practice or work until your reinstatement and renewal application is complete (including an affirmation of employment status), your fees have been paid, and your reinstatement processed.

A.R.S. §32-2001, Definitions

11. "Practice of physical therapy" means:

(a) Examining, evaluating and testing persons who have mechanical, physiological and developmental impairments, functional limitations and disabilities or other health and movement related conditions in order to determine a diagnosis, a prognosis and a plan of therapeutic intervention and to assess the ongoing effects of intervention.

(b) Alleviating impairments and functional limitations by managing, designing, implementing and modifying therapeutic interventions including:

(i) Therapeutic exercise.

(ii) Functional training in self-care and in home, community or work reintegration.

(iii) Manual therapy techniques.

(iv) Therapeutic massage.

(v) Assistive and adaptive orthotic, prosthetic, protective and supportive devices and equipment.

(vi) Pulmonary hygiene.

(vii) Debridement and wound care.

(viii) Physical agents or modalities.

(ix) Mechanical and electrotherapeutic modalities.

(x) Patient related instruction.

(c) Reducing the risk of injury, impairments, functional limitations and disability by means that include promoting and maintaining a person's fitness, health and quality of life.

(d) Engaging in administration, consultation, education, and research.