

A ARIZONA STATE BOARD OF PHYSICAL THERAPY

1740 West Adams, Ste 2450 ♦ Phoenix, Arizona 85007

Telephone (602) 274-0236 ♦ web: [www.ptboard.az.gov](http://www.ptboard.az.gov)

**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(13). I affirm that I have continued to practice as a physical therapist since my was administratively suspended on September 1, 2016. The following must be completed. If you require more space, attach a separate sheet that includes all the information requested below.

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

**A.R.S. §32-2001, Definitions**

**13. "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.