

State Board of Physical Therapy

RENEWAL APPLICATION - *Physical Therapist Assistant*

RETURN TO:

**State Board of Physical Therapy
PO Box 8416
Harrisburg, PA 17105-8416**

Print Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

TE _____ or TEI _____
License Number

Check if applicable:

- ADDRESS CHANGE** - The address above is a new address and not on file with the Board.
- NAME CHANGE** - The name above is not the current name on the licensure records. (You must submit a photocopy of a legal document verifying name change, i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- INACTIVE STATUS** - I will **NOT** be practicing as a **PHYSICAL THERAPIST** in Pennsylvania after the expiration date indicated below and therefore request **INACTIVE STATUS**. No fee is required, however the questions must be answered and the form signed and dated.

CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING QUESTIONS:

YES	NO	If "YES" to question(s) 2-9 below, provide details AND attach certified copies of all related legal documents.
		1. Do you hold a license, certificate, permit, registration, or other authorization to practice a profession or occupation in any state or jurisdiction? If "yes", LIST EACH HERE →
		2. Since your initial application or last renewal, whichever is later , have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration, or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit, or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later , have you withdrawn an application for a professional or occupational license, certificate, permit, or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit, or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later , have you been convicted, (found guilty or pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: you are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or last renewal, whichever is later , have you had provider privileges denied, revoked, suspended, or restricted by a Medical Assistance agency, Medicare, third party payor, or another authority? terminated by any medical assistance agency for cause?
		8. Since your initial application or last renewal, whichever is later , have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		9. Since your initial application or last renewal, whichever is later , have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics, or other drugs or substances that may impair judgment or coordination?
		10. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

LICENSE NUMBER _____

CONTINUING EDUCATION – CHECK APPLICABLE BLOCK: You are required to retain until December 31, 2021, your official certificates of completion for continuing education earned during 1/1/15 - 12/31/16 and provide them to the Board if requested.

- I have completed the required hours (**30-contact hours**) of board approved **continuing education** courses during 1/1/15 - 12/31/16. Certificates of attendance are available for audit.

- I wish to claim **exemption** from the continuing education requirement, as I received my license/certificate during 1/1/15 - 12/31/16.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa C.S. §4911 and that any false statement made is subject to the penalties of 18 Pa C.S. §4904 relating to unsworn falsification to authorities and may result in my license being disciplined. **I also verify that I have read and am familiar with the content of the Pennsylvania Physical Therapy Practice Act and regulations of the State Board of Physical Therapy (see www.dos.pa.gov/physther).**

Signature of Licensee: _____ Date: _____

EXPIRATION DATE of current license: December 31, 2016	EXPIRATION DATE of renewed license: December 31, 2018
RENEWAL FEE: \$45.00 FEE: Payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment. DO NOT STAPLE.	To ensure that your license is renewed by December 31, 2016, RETURN this application by December 1, 2016. A \$20.00 fee will be charged for a check returned unpaid by your bank.
LATE FEE - \$5.00 per month or part of a month. A late renewal fee will be assessed if application is postmarked after December 31, 2016.	PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTION & ADDITIONAL MONETARY PENALTY.