



### 2015 LICENSURE RENEWAL

Arkansas State Board of Physical Therapy  
9 Shackelford Plaza, Suite 3 Little Rock, AR 72211  
Phone: 501-228-7100 \* Fax: 501-228-0294 \* Email: arptb@sbcglobal.net

**Renew online at [www.arptb.org](http://www.arptb.org)**

To avoid license suspension and a penalty fee, payment is required on or before March 1, 2015.

*Office Use Only*

Amount \_\_\_\_\_

Check # \_\_\_\_\_

Date: \_\_\_\_\_

**Fees: Physical Therapists - \$75.00 \* Physical Therapist Assistants - \$50.00 \* Late Fee - \$100.00 Per Month Plus Renewal Fee  
Renew online and save \$5.00.**

|                                                          |           |                                    |                                                              |
|----------------------------------------------------------|-----------|------------------------------------|--------------------------------------------------------------|
| PT <input type="checkbox"/> PTA <input type="checkbox"/> | License # | Residence County                   |                                                              |
| Last Name                                                |           | Work County                        |                                                              |
| First Name                                               |           | Work Phone                         |                                                              |
| Middle Name/Initial                                      |           | Home Phone                         |                                                              |
| Mailing Address                                          |           | Cell Phone (optional)              |                                                              |
| City                                                     |           | Fax                                |                                                              |
| State                                                    |           | Email                              |                                                              |
| Zip                                                      |           | Preferred Method of Correspondence | Email <input type="checkbox"/> Mail <input type="checkbox"/> |

| Facility Name | Facility City | Facility State |
|---------------|---------------|----------------|
|               |               |                |
|               |               |                |
|               |               |                |
|               |               |                |
|               |               |                |

1. Within the last two (2) years have you had a license or certification sanctioned, restricted, revoked or suspended, other disciplinary action taken, or any application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? Yes  No

2. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state or federal drug enforcement authority? Yes  No

3. Within the last two (2) years have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or federal court (other than minor traffic violations) whether or not a sentence was imposed or suspended? Yes  No

*If you answered yes to any of the above questions, please attach information explaining the disciplinary action or conviction including copies of court records, settlement agreements and any other pertinent documents.*

\_\_\_\_\_  
**Signature**

*Continuing education, which includes the jurisprudence exam, is required for 2015 renewal.*