



# 2010 RENEWAL NOTICE FOR LICENSURE

Arkansas State Board of Physical Therapy  
9 Shackelford Plaza, Suite 3 Little Rock, AR 72211  
Phone: 501-2228-7100 \* 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, 2010.

### Office Use Only

Amount \_\_\_\_\_  
Check # \_\_\_\_\_  
Date: \_\_\_\_\_

**FEES: Physical Therapists - \$75.00 Physical Therapist Assistants - \$50.00 Late Fee (After March 1) - \$100.00 Per Month Plus Renewal Fee**

PT  PTA  License # \_\_\_\_\_ Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Residence County: \_\_\_\_\_ Work County: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred method of correspondence from the Board:

Email:  Mail:

List the name of each facility where you provide physical therapy services. Attach additional sheet if necessary.

Facility Name, City & State: \_\_\_\_\_

Facility Name, City & State: \_\_\_\_\_

### **Additional Data Required By Act 1489 of 2009**

**Ethnicity** (choose one):

- No, not Hispanic/Latino  
 Yes, Hispanic/Latino

**Gender:**

- Male  
 Female

**Race** (choose one or more):

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Place of Birth: \_\_\_\_\_

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.

Continuing education (includes jurisprudence exam)  
is not required for 2010 renewal.

Signature