



REINSTATEMENT FORM

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

Office Use Only

Amount _____
Check # _____
Date: _____

Requirements for reinstatement: Reinstatement form, renewal fee, reinstatement fee, completion of delinquent continuing education requirements (including the jurisprudence exam) up to 40 contact hours for physical therapists and up to 20 contact hours for physical therapist assistants.

**FEES: Physical Therapists: Annual Renewal Fee - \$75.00 - Reinstatement Fee - \$75.00 – Total Due = \$150.00
Physical Therapist Assistants: Annual Renewal Fee - \$50.00 - Reinstatement Fee - \$50.00 – Total Due = \$100.00**

PT PTA License # _____ Issue Date: _____ Social Security No.: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Middle: _____ Last Name When Lapsed if Changed: _____

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: _____

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1. 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. Have you ever 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.

Additional Data Required By Act 1489 of 2009

Ethnicity (choose one):

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

Race (choose one or more):

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

Gender:

- Male
- Female

Place of Birth: _____

Signature