



## Application for Retired License

To be eligible for a retired license, you must have an active or inactive license issued by the Board, complete this form, and submit it to the Board by mail to the above address with a check or money order payable to the Physical Therapy Board of California for \$100. Failure to provide any requested information or fee may prevent, or significantly delay, the processing of your request. Upon approval, your current license will be replaced with a retired license. You can verify your updated license status on the PTBC's website under "Verify a License." Licensees who are inactive for disciplinary reasons do not qualify for a retired license.

Licensees issued a retired license are prohibited from engaging in the practice of, or assisting in the provision of, physical therapy or physical therapy assistant services. Such licensees are exempt from the renewal fee and continuing competency requirements. For full information on retired license status requirements, refer to Section 1399.18 of Title 16 of the California Code of Regulations (CCR).

### SECTION A: Personal Information

License Type: <input type="checkbox"/> PT <input type="checkbox"/> PTA		License Number
First Name	Middle Name	Last Name
Last Four Digits of SSN	Date of Birth	
Work Phone	Daytime Phone	Email Address
*ADDRESS OF RECORD (include City, State, Zip):		
Confidential Street Address:		

\* Current public / mailing address. If using a P.O. Box, you must also provide a confidential street address.

### SECTION B: Qualification for Retired License Status

Are you actively engaged in practice as a physical therapist or physical therapist assistant or engaged in any activity that requires you to be licensed by the Board?

Yes  No

### SECTION C: Declaration (See Attachment A before signing)

By signing below, I am requesting Retired License Status.

I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct, and that I am the person who was issued the license by the Physical Therapy Board of California.

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

## **ATTACHMENT A**

### ***PERSONAL INFORMATION COLLECTION NOTICE:***

The information provided in this form will be used by the Physical Therapy Board of California (“Board”) to process your request to change your license status to retired. Section 464 of the Business and Professions Code and Section 1399.18 of Title 16 of the California Code of Regulations authorizes the collection of this information. Failure to provide any of the required information (except the email address) is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review their file, except as otherwise provided by the Information Practices Act. The Custodian of Records of the Board is responsible for maintaining the information in this form, and may be contacted at 2005 Evergreen St., Suite 2600, Sacramento, CA 95815, telephone number (916) 561-8200, regarding questions about this notice or access to records.