



Application to Restore Retired License to Active Status

To restore your retired license to active within five years of your retired license being issued, complete this form and submit it to the Board at the address above by mail with a check or money order for the renewal fee made payable to the Physical Therapy Board of California for \$300.

Failure to provide any requested information may prevent or significantly delay the processing of your request. You can verify your updated license status on the PTBC's website under "Verify a License." You are not authorized to practice as a physical therapist or physical therapist assistant until your license has been restored to active status. For full information on requirements to restore a retired license to active, 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: Mandatory Conviction and License Disciplined Disclosure Question
<p>1. Since you placed your license in Retired status, have you had any license disciplined by a licensing board in or outside of California, a state, or agency of the federal government? For the purposes of this question, "disciplined" means revoked, suspended, placed on probation, reprovod, reprimanded, or otherwise restricted from practicing physical therapy or another business or profession.</p> <p style="text-align: center;"><input type="checkbox"/> *Yes <input type="checkbox"/> No</p> <p>*If you answered yes to this question please provide details. If you have had a license disciplined, provide copies of the disciplinary order and any documentation of rehabilitation to the PTBC. If you had a license disciplined, list the state(s) in which your license was disciplined:</p> <p>_____</p>
<p>2. Have you been convicted of or pled guilty or <i>nolo contendere</i> to any felony, misdemeanor, or other criminal offense under the laws of any state, the United States, or a foreign country, including any conviction which has been dismissed under Section 1203.4 of the Penal Code? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction.</p> <p style="text-align: center;"><input type="checkbox"/> *Yes <input type="checkbox"/> No</p> <p>*If you answered yes to this question please provide details. If you have been convicted, please provide CERTIFIED TRUE COPIES of the court and arrest records for each criminal offense to the PTBC.</p>
<p>Mail all documents within 30 days of the date you submitted this application to: PTBC 2005 Evergreen Street, Suite 2600, Sacramento, CA 95815.</p>

SECTION C: Continuing Competency Requirements:

Physical therapist and physical therapist assistant licensees must certify they have completed all continuing competency requirements required to restore a Retired license to Active. Continuing competency activity must be completed within the last two years prior to application and must be in compliance with Article 13 (commencing with Section 1399.90) ("Board's continuing competency requirements"). Do not submit proof of completion of continuing competency activity with this request. Retain proof of completion for your records and provide to the PTBC only if requested.

Continuing Competency Compliance Statement:

By signing below, I certify that I have completed at least 30 hours of the Board's continuing competency requirements within the last two years.

SECTION D: Declaration (See Attachment A before signing)

By signing below, I am requesting Restoration of my Retired License to Active License Status.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

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 restore your status to active status. 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 his or her 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.

FOR PTBC USE ONLY

Date: _____ Initials: _____ RECEIPT #: _____ ATS#: _____ Amount: \$ _____ Check #: _____