

Arkansas Department of Health

Arkansas State Board of Physical Therapy

P.O. Box 250254 • Little Rock, AR 72225 (501) 228-7100 • Fax: (501) 228-0294 arptb@arkansas.gov • www.arptb.org

Office Use Only
Amount \$
Check #
Date

2024 LICENSURE RENEWAL

License renewal is due by March 1, 2024.

Renewal fees were required to be reduced by 95% from July 1, 2023 through June 30, 2024.

Renew online at www.arptb.org or mail a check or money order with the completed form to the address above.

Fees: Physical Therapists = \$4.00 * Physical Therapist Assistants = \$2.00 * Late Fee = \$100.00 (Check or money order if paid by mail or in-person. Cash is not accepted)

Online Renewals by credit card = the renewal fee + 3% plus \$1.00.

Type of Licensure:	I Physical Therapist ☐ Physical T	herapist Assistant Lice	ense #
Name:(Last)	(First)		(Middle)
(City)	(State)	(Zip)	(Country)
Residence County:	We	ork County:	
Office Phone #:	Home Phone #	Cell Phone	#
Email:			
Facility Name	F	Facility City	Facility State
disciplinary action taken, or ar	ave you had a license or certificating application for licensure or certify of another state, territory or cour	ication refused, revoked	
	n pending against you by any licen rcement authority? Yes □ No □		DA, Drug Enforcement Agency, or
Within the last two (2) years h state or federal court? Yes D	ave you been convicted of a felony 1 No □	/ (including a nolo conte	ndere plea or guilty plea) in any
	above questions, please attach inform settlement agreements and any other		linary action, charges or conviction

Signature