



Arkansas Department of Health State Board of Physical Therapy

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Office Use Only

Amount \$ _____

Check # _____

Date _____

2022 LICENSURE RENEWAL

Fees: Physical Therapists - \$70.00 * Physical Therapist Assistants - \$45.00 * Late Fee - \$100.00

Continuing education, which includes the Jurisprudence Exam, is not required for 2022 renewal.

Type of Licensure: Physical Therapist Physical Therapist Assistant

Name: _____
(Last) (First) (Middle)

Mailing Address: _____

(City) (State) (Zip) (County)

Residence County: _____ **Work County:** _____

Office Phone #: _____ **Home Phone #** _____ **Cell Phone #** _____

Email: _____ **Preferred Correspondence:** Email Mail

Facility Name	Facility City	Facility State

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**

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**

Within the last two (2) years have you been convicted of a felony (including a nolo contendere plea or guilty plea) in any state or federal court? **Yes No**

If you answered yes to any of the above questions, please attach information explaining the disciplinary action, charges or conviction including copies of court records, settlement agreements and any other pertinent documents.

Signature