

RENEWAL or REINSTATEMENT APPLICATION
PHYSICAL THERAPISTS & PHYSICAL THERAPIST ASSISTANTS
KENTUCKY BOARD OF PHYSICAL THERAPY

SECTION 1: This is your renewal application. Verify or furnish the information on BOTH pages of this document. Incomplete forms shall be returned. SIGN & DATE THE AFFIDAVIT and follow instructions concerning payment & renewal deadline at the end of this form. PLEASE PRINT.

HOME ADDRESS:

CORRECTIONS TO RECORD

Credential #:
 Name:
 Home Address:
 City, State, Zip:

 Home County:
 Telephone #:
 Email Address _____

PRIMARY WORK SITE:

Facility Site:
 Address:
 City, State, Zip:
 County:
 Telephone #:
 Full Time _____ Part Time/PRN _____
PTAs ONLY: List primary PT Supervisor and License #:

Additional Site:
 Address:
 City, State, Zip:
 County:
 Telephone #:
 Full Time _____ Part Time/PRN _____

Note: Home address shall be the official address for the board. Please check the appropriate box above for your preferred public address of record for all other purposes. If no box is checked, your home address shall be used.

SECTION 2: Continued Competency Requirement. ~~Do not send proof of your contact hours with renewal.~~

- PT – I have taken the required thirty (30) hours of continued competency for this biennium which includes the two (2) hour open book tutorial (Jurisprudence Exam, JE).
- PTA – I have taken the required twenty (20) hours of continued competency for this biennium which includes the two (2) hour open book tutorial (Jurisprudence Exam, JE).
- I have graduated within the last two (2) years and have taken the two (2) hour Jurisprudence Exam.
- I will keep written verification of my continued competency contact hours earned for three (3) years and understand this is subject to board audit.
- My HIV/Aids Course will be required for biennial renewal period ending _____

AFFIDAVIT

SECTION 3: Since your credential was issued or last renewed in Kentucky, have you:

- A. Been convicted of a felony, misdemeanor, or any crime in the courts of this state or any other state, territory, or country since your last application for a license or renewal application? KRS 327.070 (2)(f) states, "Conviction," . . . shall include a finding or verdict of guilt, an admission of guilt, or a plea of nolo contendere. Do not include information of minor traffic violations (such as moving violations or parking tickets), which do not involve alcohol or other substance abuse. ___ Yes ___ No
- B. Had your credential to practice physical therapy disciplined in another state or is your credential under current disciplinary review or investigation in another state since your last application for a license or renewal application? ___ Yes ___ No
- C. Had a credential in another health profession disciplined in this state or another state or is that credential under current disciplinary review or investigation since your last application for a license or a renewal application? ___ Yes ___ No
- D. Had a malpractice settlement or civil judgment entered against you related to your practice of physical therapy since your last application for a license or renewal application? ___ Yes ___ No
- E. Had an application for a credential as a physical therapist or assistant in this state or another state rejected or denied since your last application for a license or renewal application? ___ Yes ___ No
- F. Ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter had your rights restored since your last application for a license or renewal application? ___ Yes ___ No
- G. Had an obligation in a financial aid program administered by the Kentucky Higher Education Assistance Authority (KHEAA)? ___ Yes ___ No
 If "Yes" to G, are you in default of the repayment obligation per KRS 164.772? ___ Yes ___ No

If the answer to any of the above questions is **yes**, and required information has not already been submitted to the board, send a letter of full explanation and official (**certified**) copies of the charge(s) and conviction(s), including penalty, to the board office. Your answering "yes" to any of the above questions is not an automatic reason for the board to deny an application or to take disciplinary action, but may lead to further inquiry or investigation.

I certify the information reported on this form is true and correct.

Date Signed

Signature

Renewal Fee – Refer to Renewal Instructions
Reinstatement Fee – Refer to Reinstatement Instructions

Check payable to the "**Kentucky Board of Physical Therapy**" or Online at <http://pt.ky.gov> (renewal only)

KENTUCKY BOARD OF PHYSICAL THERAPY
312 Whittington Parkway, Suite 102
Louisville, Kentucky 40222
(502)429-7140 (502)429-7142 (FAX)

"Credentials not renewed by the board by March 31 of each uneven numbered year shall lapse." - 201 KAR 22:040, Section 2.
A lapsed credential may be reinstated by the board in accord with 201 KAR 22:040, Sections 3 and 4 before a physical therapist or physical therapist assistant may practice physical therapy in Kentucky.