



**KENTUCKY BOARD OF PHYSICAL THERAPY**

**312 Whittington Parkway, Suite 102**

**Louisville, KY 40222**

**http://pt.ky.gov**

**Phone: 502/429-7140**

**Fax: 502/429-7142**

**Exemption or Extension for Completion of Continued Competency Form  
(See 201 KAR 22:045, Section 2(5))**

NOTE: All applications for exemption or time extension shall be in writing.

All **non-hardship** extension applications must be received by the Board by March 31 of each odd numbered year of the renewal cycle.

All **hardship** extension applications must be received by the Board by April 30 of each odd numbered year of the renewal cycle.

1. Name and address of applicant:

_____	Date of application: _____
_____	License Number: _____
_____	Telephone Number: _____

2. This application is made pursuant to: *(Read carefully and check the proper box)*

- Active Military Duty Exemption:** Attach evidence of circumstances associated with active military duty.
- Non-Hardship Extension:** Attach a \$250.00 filing fee and a written plan setting forth how the applicant's credit deficiency will be in compliance on or before July 1 of the filing year. **Note:** Written plan and fee are required at the time of filing. Application will be returned as denied if not attached. *(Make check payable to Kentucky Board of Physical Therapy)*
- Hardship Extension:** Attach evidence of circumstances establishing "hardship or other clearly mitigating circumstance." **Note:** Statement of evidence is required. Application will be returned as denied if statement is not attached. Provide a plan that will meet the required credit deficiencies and a date by which you propose to complete the process

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

