



Arkansas Department of Health

Arkansas State Board of Physical Therapy

P.O. Box 250254 • Little Rock, AR 72225
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2023 LICENSURE RENEWAL

Office Use Only

Amount \$ _____

Check # _____

Date _____

License renewal is due by **March 1, 2023.**

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

**Continuing education, which includes the Jurisprudence Exam, is required for 2023 renewal.
The late penalty for completion after December 31, 2022 is \$50.00 per month.**

Type of Licensure: Physical Therapist Physical Therapist Assistant License # _____

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

Mailing Address: _____

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

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

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

Email: _____

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