

# Nevada Physical Therapy Board



7570 Norman Rockwell Lane, Suite 230 · Las Vegas, NV 89143  
Phone (702) 876-5535 · Facsimile (702) 876-2097

**MAIL IN RENEWAL FORM**

Physical Therapy - \$150.00

Physical Therapist Assistant - \$100.00

**Make all payments payable to: Nevada Physical Therapy Board**

To receive your renewal certificate, you must submit this completed form (both pages) and pay the required fee postmarked no later than July 31, 2018. Your original current license must be displayed on August 1, 2018. You may renew your license if you are not presently working by checking the appropriate box below, completing this form, and paying the renewal fee. **Be certain to answer all questions on the form** including the Continuing Competency requirement section. Fraudulently representing, or failure to obtain continuing education as represented on this renewal/ continuing competency form could result in disciplinary action. Continuing competency requirements are listed on page three of this form.

I do not intend to renew my license.

**Please verify the primary professional address and personal information** set forth below, making corrections if necessary. Primary professional address means the physical address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his/her working hours. Note: Post Office Box addresses are not acceptable. Failure to renew your license will result in the expiration of the license effective August 1, 2018. You will need to be reinstated before you may practice in the State of Nevada.

Name:	License #
Address:	SS #:
Home Phone:	DOB:
Cell Phone:	Home Fax:
Email:	<input type="checkbox"/> I am not presently working
Professional Address:	
Telephone #	Fax #

**CHILD SUPPORT INFORMATION:** The following information is required. Please mark the appropriate response.

(failure to mark one of the three will result in denial of the application)

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the amount owed pursuant to the order, or
- I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

1. Has your license, registration or certification in any state ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or placed on probation?  Yes  No
2. Is there any action pending against your license?  Yes  No. If yes, give details on a separate sheet.
3. Within the past year have you have a problem related to the habitual use of alcohol or drugs or been diagnosed and/or treated or for addiction?  Yes  No. If yes, give details on a separate sheet.
4. Within the past year have you been arrested, charged or convicted of a violation of a Federal Law, State Law or Municipal Ordinance other than a traffic violation?  Yes  No. If yes, give details on a separate sheet.
5. Within the past year have you been diagnosed, treated or hospitalized for a psychiatric or mental health condition that will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist assistant?  Yes  No. If yes, give details on a separate sheet.
6. Within the past year have you been diagnosed as having a physical or medical condition which will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist assistant?  Yes  No. If yes, give details on a separate sheet.

A yes answer to any of the above questions may affect the processing of your application for renewal and may result in issuing an unrestricted, limited or restricted license. Failing to answer truthfully is grounds for a fraudulent application and may result in disciplinary action.

**Attendance Record of Continuing Competency Courses (list additional courses on separate sheet)**

<b>1. Course Sponsor</b>		
Course Title:		
Dates Attended:	Units:	
<b>2. Course Sponsor</b>		
Course Title:		
Dates Attended:	Units:	

Note: NO DOCUMENTATION SHOULD ACCOMPANY THIS FORM. As required by NAC 640.510(2), licensees shall retain a certificate of completion awarded for completing a course of study or training for continuing education for four (4) years after completion of the course of training. A copy of the certificate must be submitted to the Board upon request to verify completion of the course of study or training. Failure to provide the requested certificate(s) may subject the licensee to disciplinary action. Any false, incorrect or misleading statements(s) on this form may subject the licensee to disciplinary action

I, \_\_\_\_\_, hereby certify to the Nevada Physical Therapy Board that I have obtained the required continuing education during the period August 1, 2017 through and including July 31, 2018, as provided in NAC 640.510(1) and NAC 640.400.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Date Received \_\_\_\_\_ Signature \_\_\_\_\_

## CONTINUING COMPETENCY REQUIREMENTS FOR PHYSICAL THERAPIST | PHYSICAL THERAPIST ASSISTANTS

### CONTINUING COMPETENCY REQUIRED BY THE MONTH YOU WERE LICENSED:

Month Licensed	Continuing Competency Required
August	1.5
September	1.38
October	1.25
November	1.13
December	1.0
January	0.88

WAIVED	Continuing Competency Required
February, March, April, May, June, July	0.00

**NAC 640.400 General requirements. ([NRS 640.050](#), [640.150](#), [640.280](#))**

1. Except as otherwise provided in subsections 3, 4 and 5, every physical therapist or physical therapist's assistant must complete 1.5 units of an approved course within the year immediately preceding his or her application for the renewal of his or her license, of which not more than 0.8 units may be completed in nonclinical courses.
  
2. The Board will not approve as training for continuing education experience acquired in fields that it determines are unrelated to the practice of physical therapy.
  
3. A person who is initially licensed as a physical therapist or physical therapist's assistant between February 1 and July 31 is not required to complete the requirements for continuing education for the period of licensing which ends on July 31 of that year.
  
4. A physical therapist or physical therapist's assistant who is licensed between August 1 and January 31 must complete the requirements for continuing education before his or her license is renewed. The number of units of continuing education required to be earned must be computed on the basis of .125 units for each month he or she was licensed during that year.
  
5. A physical therapist or physical therapist's assistant who graduated from a school in which he or she completed a curriculum of physical therapy approved by the Board and who is licensed by the Board within 12 months immediately preceding the date for the renewal of his or her license is not required to complete the requirements for continuing education for the year in which the initial license is issued.
  
6. Continuing education hours earned through completing a specific course may be counted only once toward the units of continuing education required by this section during a 3-year period, even if the licensee completes that course more than once during that 3-year period.

(Added to NAC by Bd. of Phys. Therapy Exam'rs, eff. 10-17-86; A 5-19-88; 6-11-90; 3-28-95; R153-98, 12-18-98; R111-02, 1-24-2003; R059-06, 9-18-2006)