

Nevada State Board of Physical Therapy Examiners
7570 Norman Rockwell Lane Suite 230
Las Vegas, NV 89143
(702) 876-5535

- Physical Therapy - \$150.00
 Physical Therapist Assistant \$100.00

Make all payment payable to: Nevada State Board of Physical Therapy

To receive your renewal certificate, you must submit this completed form (both pages) and pay the required fee postmarked no later than July 31, 2017. **Your original current license must be displayed on August 1, 2017.** 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 Education requirement section. This education must be obtained between the dates of August 1, 2016 and July 31, 2017. Fraudulently representing, or failure to obtain continuing education as represented on this renewal/continuing education form could result in disciplinary action.

Please **verify the primary professional address and personal information** set forth below, making correction if necessary. Primary professional address means the physical address where a license practices physical therapy or carries out any other activities relating to physical therapy for the majority of his working hours. Post Office Box addresses are not acceptable.

Failure to renew your license will result in the expiration of the license effective August 1, 2017. You will need to be reinstated before you may practice in the State of Nevada. **I do not intend to renew my license.**

Name: _____ License #: _____

Address: _____ SS #: _____

Home Phone: _____ DOB: _____

Cell Phone: _____ Home Fax: _____

Email: _____

Professional _____ **I am not presently working**

Address: _____

Telephone # _____ Fax # _____

It is required for this portion of the renewal Child Support Information: 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. Since date of your last application or renewal, has your license, registration or certification in any state ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited or place on probation? Yes No
2. Are there any actions pending against your license in any state? Yes No If yes, give details on a separate sheet.
3. Since the date of your last application or renewal, have you has a problem related to the habitual use of alcohol or drugs, or been diagnosed and/or treated for addiction? Yes No If yes, give details on a separate sheet.
4. Since the date of your last application or renewal, have you been arrested, charged or convicted of Federal Law, State Law or Municipal Ordinance other than a traffic violation? Yes No If yes, give details on a separate sheet.
5. Since the date of your last application or renewal, 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 function of a licensed physical therapist/physical therapist assistant? Yes No If yes, give details on a separate sheet.
6. Since the date of your last application or renewal, 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 Education Courses (list additional courses on separate sheet)

1.
Course Sponsor: _____

Course Title: _____

Dates Attended: _____ Units: _____

2.
Course Sponsor _____

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 State Board of Physical Therapy Examiners that I have obtained the required continuing education during the period August 1, 2016 through and including July 31, 2017, as provided in NAC 640.510(1) and NAC 640.400.

Signature _____ Date: _____

FOR OFFICIAL USE ONLY:

Date Received _____ Signature _____