BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • PHYSICAL THERAPY BOARD OF CALIFORNIA
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Continuing Competency Exemption Application

If you are requesting a Continuing Competency Exemption fill out the following information and mail your request to the Physical Therapy Board of California.

Licensee's Name: _____ _____ _____
First Middle Last

_____ _____ _____
License Number License Expiration Date Telephone Number

REASON FOR EXEMPTION: (Check all that apply) Exemptions are granted for a 2-year period ONLY. Any licensee granted a temporary exemption may not be granted another temporary exemption at the next license renewal. In the event a licensee cannot complete continuing competency requirements following an exemption, the licensee may only renew the license in an inactive status.

☐ Residing in another Country
Provide evidence that during the renewal period prior to the expiration of the license, the licensee was residing in another country for one year or longer, reasonably preventing completion of the continuing competency requirements. (i.e.; passport with exit and entry history, utility bill or lodging receipts. Documents must show sufficient dates of the above requirement.)

☐ Military Service
Provide evidence that the licensee was absent from California because of military service for a period of one year or longer during the renewal period, preventing completion of the continuing competency requirements.

☐ Other
1. Health Reason If you are requesting an exemption for a health reason, have the licensed physician or surgeon or licensed clinical psychologist fill out the information on the box below. Reasons of health include but are not limited to:
   - Total physical and/or mental disability for one (1) year or more during the renewal period and the inability to work during this period has been verified by a licensed physician or surgeon or licensed clinical psychologist; or
   - Total physical and/or mental disability for one (1) year or longer of an immediate family member for whom the licensee had total responsibility, as verified by a licensed physician or surgeon or licensed clinical psychologist.
2. If you are requesting an exemption due to another good cause provide evidence to support your request.

The above mentioned licensee has/had a health related condition preventing completion of the continuing competency requirements and/or has/had a total physical and/or mental disability for one (1) year or more during the renewal period (or if immediate family member for whom the licensee had total responsibility has/had disability, write his/her relationship to the licensee:_____)

_____ _____ _____
Name of licensed physician, surgeon or clinical psychologist License Number Telephone Number

Address: _____

Signature: _____ Date: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Signature _____ Date: _____
Signature of licensee requesting the exemption