



# Physical Therapy Board of California

2005 Evergreen Street, Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

www.ptbc.ca.gov



## Request for Retired License Status

Failure to provide any requested data may prevent or significantly delay the processing of your request. Submit completed forms by mail, fax or email. You can verify your Retired status on our website under "Verify a License".

Licensees in Retired status are prohibited from engaging in the practice of, or assisting in the provision of, physical therapy services. Such licensees are exempt from the renewal fee and continuing competency requirements.

SECTION A: Personal Information				
License Type:		<input type="checkbox"/> PT	<input type="checkbox"/> PTA	License Number
First Name	Middle Name		Last Name	
Last Four Digits of SSN			Date of Birth	
Work Phone	Daytime Phone	Email Address		

SECTION B: Mandatory Conviction and License Disciplined Disclosure Question
<p>Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body? Have you been convicted of or pled guilty or nolo contendere to any felony, misdemeanor, infraction or other criminal offense under the laws of any state, the United States, or a foreign country, including any conviction which has been dismissed under Section 1203.4 of the Penal Code? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction.</p> <p style="text-align: center;"><input type="checkbox"/> *Yes      <input type="checkbox"/> No</p> <p><small>*If you answered yes to this question please provide details. If you have had a license disciplined, provide certified copies of the disciplinary order and any documentation of rehabilitation to the PTBC. If you have been convicted, please provide CERTIFIED TRUE COPIES of the court and arrest records for each criminal offense to the PTBC. Mail all documents within 30 days to: PTBC 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815</small></p>

SECTION D: Declaration
<p>By signing below, I am requesting Retired Status. I understand that I am prohibited from engaging in the practice of, or assisting in the provision of physical therapy. I declare under penalty of perjury under the laws of the State of California that the information given above is true, correct and that I am the person who was issued a license by the Physical Therapy Board of California.</p> <p><b>Signature:</b> _____ <b>Date:</b> _____</p>