BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • PHYSICAL THERAPY BOARD OF CALIFORNIA
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STATEMENT OF RENEWAL

Keep this document for your records. **DO NOT** mail it with your renewal payment.

Business and Professions Code, Section 121: *No licensee who has complied with the provisions of this code relating to the renewal of his or her license prior to expiration of such license shall be deemed to be engaged illegally in the practice of his or her business or profession during any period between such renewal and receipt of evidence of such renewal which may occur due to delay not the fault of the applicant.*

The Physical Therapy Board of California (PTBC) considers a license to be renewed as of the postmark date of the renewal payment, if such payment is valid (i.e., check is honored by the payor's bank) and the criminal conviction disclosure question has been answered. Submitting a renewal payment without the required disclosure constitutes an incomplete license renewal application and a license is not renewed. The licensee listed below is stating that he or she has mailed his or her renewal payment and answered the criminal conviction disclosure question to meet the PTBC's renewal requirements. The PTBC suggests that the employer retain a copy of this completed document in the employee's personnel file. Renewal payments may take up to 4-6 weeks to process. The PTBC recommends the employer verify the status of the licensees' renewal within 60 days from the date the renewal was mailed by visiting the PTBC's website at www.ptbc.ca.gov to confirm that the PTBC has officially acted to renew the license. A certificate of renewal (wallet license) will be issued within 4-6 weeks from the date the renewal payment has been processed by the PTBC.

_____

Licensee's Statement of Renewal

I _____ mailed a renewal payment in the amount
            Licensee's Full Name

of $_____ for license number _____ and answered the criminal

conviction disclosure question and the continuing competency compliance statement.

The renewal payment was mailed to _____
                                 Address to which payment was mailed

on _____.
     Date payment was mailed

I declare under penalty of perjury under the laws of the State of California that the information contained in this document is true and correct. Should I furnish any false information in this document, I hereby agree that it shall constitute cause for denial, suspension, or revocation of my license to practice as a physical therapist or physical therapist assistant in the State of California. I understand the Board is authorized to verify any information contained in this document.

_____
     Licensee's Signature   Date