



Physical Therapy Board of California

2005 Evergreen Street, Suite 1350, Sacramento, California 95815
Phone: (916) 561-8200 FAX : (916)263-2560 Internet: www.ptb.ca.gov

CRIMINAL CONVICTION DISCLOSURE RENEWAL FORM

In order to complete your license renewal for your physical therapist or physical therapist assistant license, please complete the required name, license number and address fields and Part 3 of the renewal form below in their entirety. (Items A, B, C, D).

Type of License: Physical Therapist Physical Therapist Assistant **License Number:** _____

Name: _____
First MI Last

Old Address: _____
Street Address City County State Zip Code

Residence Address: _____
(PO Box Not Acceptable) Street Address City County State Zip Code

Mailing Address of Record: _____
(If different from above) Street Address City County State Zip Code

Telephone Number: (____) _____ **Date Address of Record Changed:** _____
(Not the date submitted to the PTBC) Month/Date/Year

CONVICTIONS - Since you last renewed your license, have you been convicted of or pled guilty or nolo contendere to any felony, misdemeanor, 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. Please note disclosure of this information is mandatory pursuant to Section 2684(b), Business and Professions Code.

***A. Yes** _____ **B. No** _____

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

C. Signature _____

D. Date _____

* If you answered yes to the conviction question, please provide CERTIFIED TRUE COPIES of the court and arrest records for each criminal offense to the address above.

Return this letter to the Physical Therapy Board of California at the above address as soon as possible. Upon receipt and review of the above information, your renewal application will be processed.

(CDF 6/2005)

For Board Use Only

Receipt #: _____ Amount: \$ _____ Check #: _____

ATS#: _____ Date: _____ Initials: _____