



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GAVIN NEWSOM, GOVERNOR

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

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

Internet: www.ptbc.ca.gov EMAIL cps@dca.ca.gov



PETITION FOR REDUCTION OF PENALTY

Type of Petition: <input type="checkbox"/> Reinstatement of Revoked License <input type="checkbox"/> Modification of Probation <input type="checkbox"/> Termination of Probation		Location Requested for Hearing: <input type="checkbox"/> Northern California <input type="checkbox"/> Southern California <input type="checkbox"/> First Available Location	
Petitioners' Full Name:		If Applicable, Name of Attorney:	
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Home Telephone #:		Telephone:	
Business Telephone #:		Fax #:	
A. DISCIPLINE INFORMATION			
1. Effective Date of Most Recent Discipline			
2. Cause for Discipline:			
3. Effective Date of Probation	4. Period of Probation Order	5. Balance of Probation Remaining	
	Years: Months:	Years: Months:	
6. List prior Petition Hearings (If Any)	7. List Prior Discipline other than the one listed above.		
B. EMPLOYMENT STATUS			
1. Are you currently licensed in another state: If yes, include state, year issued and expiration date.			
2. Employment History –List all employers for the last five (5) years, beginning with the most recent employer.			
a. Employer:		Telephone Number:	
Address:		Supervisor's Number:	
Your Job Title:		Dates of Employment:	
Responsibilities:			
Reason for Leaving			
b. Employer:		Telephone Number:	
Address:		Supervisor's Number:	
Your Job Title:		Dates of Employment:	
Responsibilities:			
Reason for Leaving:			
3. Year first licensed in California:		4. Total years of practice:	

C. EDUCATION

1. Since the effective date of the decision placing your license on probation, what education course(s), continuing education, or other educational program(s) have you completed? Attach proof of Completion, Attendance, or Transcripts.

Course Title	Name of Provider	Hours/Units	Date Completed

D. RECENT HISTORY:

1. Since the effective date of your latest disciplinary decision, have you:	Yes	No
a. Been placed on criminal probation or parole?		
b. Been charged in any pending criminal action?		
c. Been convicted of any criminal offense?		
d. Been charged or disciplined by any medical society?		
e. Been disciplined by a hospital as to staff privileges?		
f. Been addicted or habituated to alcohol or drugs?		
g. Been hospitalized for alcohol or drug problems or for mental illness?		

If you answered “yes” to any of the above questions, please submit written detailed explanation and attach it to your narrative statement.

E. DECLARATION:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements and documents attached in support of this petition are true and correct.

Date:

Signature:

F. EXHIBITS LIST:

- 1) Petitioner’s Narrative Statement
- 2) Two letters of recommendation from California licensed physical therapists with knowledge of petitioners current activities
- 3) Copies of prior disciplinary action(s)
- 4) Copy of completed Live Scan Form