

**State of California  
Office of Administrative Law**

**In re:**  
**Physical Therapy Board of California**

**Regulatory Action:**

**Title 16, California Code of Regulations**

**Adopt sections: 1398.18**

**Amend sections: 1399.50, 1399.52**

**Repeal sections:**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2022-1021-07**

**OAL Matter Type: Regular (S)**

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This action by the Physical Therapy Board establishes an optional "retired" licensure status and adopts standards for licensed physical therapists or physical therapist assistants seeking to apply for a retired license, as well as procedures for restoring a retired license to an active status, in accordance with Business and Professions Code section 464.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on January 1, 2023.

**Date:** December 8, 2022



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Nicole C. Carrillo  
Senior Attorney

**For:** Kenneth J. Pogue  
Director

**Original:** Jason Kaiser, Interim Executive  
Officer

**Copy:** Brooke Arneson

NOTICE PUBLICATION/REGULATION SUBMISSION

REGULAR

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 10/2019)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z- 2022-0607-05</b>	REGULATORY ACTION NUMBER <b>2022-1021-075</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

**OFFICE OF ADMIN. LAW**  
2022 OCT 21 PM 4:48 *JK*

NOTICE	REGULATIONS
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ENDORSED - FILED  
In the office of the Secretary of State  
of the State of California

DEC 08 2022  
1:57 PM

AGENCY WITH RULEMAKING AUTHORITY  
**Physical Therapy Board of California**

AGENCY FILE NUMBER (If any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b> <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER <b>2022, 24-Z</b>	PUBLICATION DATE <b>6/17/2022</b>

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) <b>Retired License and Fees</b>	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT <b>1398.18</b>
AMEND <b>1399.50 &amp; 1399.52</b>
TITLE(S) <b>16</b>
REPEAL

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify) _____		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) <b>January 1, 2023</b>
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input checked="" type="checkbox"/> Other (Specify) <b>Kimberly Kirchmeyer, Director, Department of Consumer Affairs</b>		

7. CONTACT PERSON <b>Brooke Arneson</b>	TELEPHONE NUMBER <b>916-561-8276</b>	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) <b>brooke.arneson@dca.ca.gov</b>
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

DEC 08 2022

Office of Administrative Law

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Jason Kaiser</i>	DATE <b>10/17/2022</b>
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TYPED NAME AND TITLE OF SIGNATORY  
**Jason Kaiser, Executive Officer**

# PHYSICAL THERAPY BOARD OF CALIFORNIA

## ORDER OF ADOPTION

Add Article 1.5 and Section 1398.18 to Article 1.5 of Division 13.2 of Title 16 of the California Code of Regulations to read as follows:

### Article 1.5 License Status

#### § 1398.18. Retired License Status

- (a) For the purposes of this section, "disciplinary reasons" means that the applicant's practice was restricted by order of the Board for violations of the Physical Therapy Practice Act, Physical Therapy Regulations, or Section 822 of the Code, including orders resulting from:
- (1) an accusation filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code seeking to revoke, suspend, or place the license on probation; or,
  - (2) an interim suspension order filed pursuant to Section 494 of the Code.
- (b) A physical therapist or physical therapist assistant licensee ("applicant") may apply for and, upon compliance with the requirements in subdivision (d), be issued a license by the Board in retired status ("retired license").
- (c) A holder of a retired license is not required to renew that license or meet the continuing competency requirements of section 1399.91.
- (d) In order to be eligible for a retired license, an applicant shall:
- (1) Submit a completed form to the Board titled "Application for Retired License (RS1 (New 09/2021))," which is hereby incorporated by reference;
  - (2) Pay the nonrefundable retired license application fee as set forth in section 1399.50 or 1399.52, as applicable;
  - (3) Have an active or inactive license issued by the Board;
  - (4) Not have been placed on inactive status by the Board due to disciplinary reasons; and,
  - (5) Not be actively engaged in practice as a physical therapist or physical therapist assistant or engaged in any activity that requires them to be licensed by the Board.
- (e) A holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required.

(f) To be eligible to restore a retired license to active status within five years of being issued a retired license, an applicant shall:

- (1) Complete and submit a form to the Board titled "Application to Restore Retired License to Active Status (RS2 (New 09/2021))," which is hereby incorporated by reference;
- (2) Pay the nonrefundable biennial renewal fee for a physical therapist or physical therapist assistant, as set forth in sections 1399.50 or 1399.52, as applicable;
- (3) Have completed a minimum of thirty (30) hours of continuing competency within the last two years prior to applying to restore the license to active status in compliance with Article 13 (commencing with section 1399.90); and,
- (4) If an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender identification database and on written request of the Board, furnish to the Department of Justice a full set of fingerprints for the purposes of conducting criminal history record checks pursuant to Section 144 of the Code.

(g) If a licensee who has been in retired status for more than five years seeks an active license, the individual may apply for a new license in accordance with Section 2647 of the Code.

Note: Authority cited: Sections 464 and 2615, Business and Professions Code.  
Reference: Sections 118, 144, 464, 2647, 2649, 2660, and 2688, Business and Professions Code.

**Amend sections 1399.50 and 1399.52 of Article 10 of Division 13.2 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.50. Physical Therapist Fees.**

Pursuant to ~~s~~Section 2688 of the ~~e~~Code, physical therapist fees are fixed as follows:

\* \* \* \*

(f) The retired license application fee shall be \$100.00.

Note: Authority cited: Section 2615, Business and Professions Code.  
Reference: Sections 163.5, 464, 2644, and 2688, Business and Professions Code.

**§ 1399.52. Physical Therapist Assistant Fees.**

Pursuant to ~~s~~Section 2688 of the ~~e~~Code, physical therapist assistant fees are fixed as follows:

\* \* \* \*

(e) The retired license application fee shall be \$100.00.

Note: Authority cited: Section 2615, Business and Professions Code.  
Reference: Sections 163.5, 464, 2644, and 2688, Business and Professions Code.

## **ATTACHMENT A**

### ***PERSONAL INFORMATION COLLECTION NOTICE:***

The information provided in this form will be used by the Physical Therapy Board of California ("Board") to process your request to change your license status to retired. Section 464 of the Business and Professions Code and Section 1398.18 of Title 16 of the California Code of Regulations authorizes the collection of this information. Failure to provide any of the required information (except the email address) is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review their file, except as otherwise provided by the Information Practices Act. The Custodian of Records of the Board is responsible for maintaining the information in this form, and may be contacted at 2005 Evergreen St., Suite 2600, Sacramento, CA 95815, telephone number (916) 561-8200, regarding questions about this notice or access to records.



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
**DEPARTMENT OF CONSUMER AFFAIRS • PHYSICAL THERAPY BOARD OF CALIFORNIA**  
 2005 Evergreen St., Suite 2600, Sacramento, CA 95815  
 P (916) 561-8200 | F (916) 263-2560 | E pt@dca.ca.gov  
 www.ptbc.ca.gov • facebook.com/ptbcnews • twitter.com/ptbcnews



### Application for Retired License

To be eligible for a retired license, you must have an active or inactive license issued by the Board, complete this form, and submit it to the Board by mail to the above address with a check or money order payable to the Physical Therapy Board of California for \$100. Failure to provide any requested information or fee may prevent, or significantly delay, the processing of your request. Upon approval, your current license will be replaced with a retired license. You can verify your updated license status on the PTBC's website under "Verify a License." Licensees who are inactive for disciplinary reasons do not qualify for a retired license.

Licensees issued a retired license are prohibited from engaging in the practice of, or assisting in the provision of, physical therapy or physical therapy assistant services. Such licensees are exempt from the renewal fee and continuing competency requirements. For full information on retired license status requirements, refer to Section 1398.18 of Title 16 of the California Code of Regulations (CCR).

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
*ADDRESS OF RECORD (include City, State, Zip):		
Confidential Street Address:		

\* Current public / mailing address. If using a P.O. Box, you must also provide a confidential street address.

SECTION B: Qualification for Retired License Status
Are you actively engaged in practice as a physical therapist or physical therapist assistant or engaged in any activity that requires you to be licensed by the Board?
<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C: Declaration (See Attachment A before signing)
By signing below, I am requesting Retired License Status.
I declare under penalty of perjury under the laws of the State of California that the information given above is true and correct, and that I am the person who was issued the license by the Physical Therapy Board of California.
Signature: _____ Date: _____



### Application to Restore Retired License to Active Status

To restore your retired license to active within five years of your retired license being issued, complete this form and submit it to the Board at the address above by mail with a check or money order for the renewal fee made payable to the Physical Therapy Board of California for \$300.

Failure to provide any requested information may prevent or significantly delay the processing of your request. You can verify your updated license status on the PTBC's website under "Verify a License." You are not authorized to practice as a physical therapist or physical therapist assistant until your license has been restored to active status. For full information on requirements to restore a retired license to active, refer to Section 1398.18 of Title 16 of the California Code of Regulations (CCR).

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
*ADDRESS OF RECORD (include City, State, Zip):		
Confidential Street Address:		

\* Current public / mailing address. If using a P.O. Box, you must also provide a confidential street address.

SECTION B: Mandatory Conviction and License Disciplined Disclosure Question
<p>1. Since you placed your license in Retired status, have you had any license disciplined by a licensing board in or outside of California, a state, or agency of the federal government? For the purposes of this question, "disciplined" means revoked, suspended, placed on probation, reprovved, reprimanded, or otherwise restricted from practicing physical therapy or another business or profession.</p> <p style="text-align: center;"><input type="checkbox"/> *Yes      <input type="checkbox"/> No</p> <p>*If you answered yes to this question please provide details. If you have had a license disciplined, provide copies of the disciplinary order and any documentation of rehabilitation to the PTBC.            If you had a license disciplined, list the state(s) in which your license was disciplined:</p> <hr/>
<p>2. Have you been convicted of or pled guilty or <i>nolo contendere</i> 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.</p> <p style="text-align: center;"><input type="checkbox"/> *Yes      <input type="checkbox"/> No</p> <p>*If you answered yes to this question please provide details. If you have been convicted, please provide CERTIFIED TRUE COPIES of the court and arrest records for each criminal offense to the PTBC.</p>
<p>Mail all documents within 30 days of the date you submitted this application to:            PTBC 2005 Evergreen Street, Suite 2600, Sacramento, CA 95815.</p>

**SECTION C: Continuing Competency Requirements:**

Physical therapist and physical therapist assistant licensees must certify they have completed all continuing competency requirements required to restore a Retired license to Active. Continuing competency activity must be completed within the last two years prior to application and must be in compliance with Article 13 (commencing with Section 1399.90) ("Board's continuing competency requirements"). Do not submit proof of completion of continuing competency activity with this request. Retain proof of completion for your records and provide to the PTBC only if requested.

**Continuing Competency Compliance Statement:**

By signing below, I certify that I have completed at least 30 hours of the Board's continuing competency requirements within the last two years.

**SECTION D: Declaration (See Attachment A before signing)**

By signing below, I am requesting Restoration of my Retired License to Active License Status.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT A**

***PERSONAL INFORMATION COLLECTION NOTICE:***

The information provided in this form will be used by the Physical Therapy Board of California ("Board") to process your request to restore your status to active status. Section 464 of the Business and Professions Code and Section 1398.18 of Title 16 of the California Code of Regulations authorizes the collection of this information. Failure to provide any of the required information (except the email address) is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. The Custodian of Records of the Board is responsible for maintaining the information in this form, and may be contacted at 2005 Evergreen St., Suite 2600, Sacramento, CA 95815, telephone number (916) 561-8200, regarding questions about this notice or access to records.

**FOR PTBC USE ONLY**

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ ATS#: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_