



Texas Board of Physical Therapy Examiners

333 Guadalupe, Ste 2-510 • 512/305-6900 • 512/305-6951 fax
Austin, Texas 78701-3942 <http://www.ptot.texas.gov>

RETIRED STATUS APPLICATION & RENEWAL FORM (Performing Voluntary Charity Care)

License #: _____ Daytime Phone: _____

Name: _____

RESIDENTIAL ADDRESS

Street: _____

City: _____ State: _____ Zip: _____

Check the one which applies:

I wish to put my license on Retired Status. Retired status means that a licensee is providing physical therapy services only as voluntary charity care through a charitable organization. To be eligible for the retired status a licensee must hold a current license on active or inactive status, must have completed the required continuing competence units (CCUs) for the current regular renewal period, and must pass the jurisprudence exam, which can be accessed here: <http://www.ptot.texas.gov/page/applicant-JP-exam>.

I am renewing my license on Retired Status. A licensee on retired status must renew his license every two years before the expiration date by submitting the renewal form and fee, passing the jurisprudence exam, and completing the required CCUs (6 units for PTs and PTAs). A license on Retired Status is subject to the CC audit.

- **Return to Active Practice.** A licensee who has been on retired status may reinstate to active license by completing all requirements as described in §341.9.(f), Requirements for reinstatement of active status.
- A licensee on retired status may use the designation **PT, Retired, PT Ret., PTA Retired, or PTA Ret.**, as appropriate.

Read §341.9. Retired Status; Performing Voluntary Charity Care before you sign and submit this form.

By signing this form, I attest that I have met all the requirements for the retired status as stated in §341.9. I also attest the following:

* Since license issuance or last renewal, I have not been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or any other.

* Since license issuance or last renewal, I have not had my license or registration to practice physical therapy suspended or revoked in any other state or nation.

I understand that providing false or incorrect information is a violation of the PT Practice Act, and may subject me to the penalties set forth in the Act.

Signature _____

Date _____

Retired Status Fees:
Initiation: \$25
Renewal: \$25

Make checks or money order payable to **ECPTOTE** and mail to:
ECPTOTE, 333 Guadalupe, Suite 2-510, Austin, Texas 78701.

For Office Use Only

Fees Received: _____ Receipt Date: _____ Receipt #: _____



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RETIRED STATUS: Voluntary Charity Care Attestation

Name: _____

(Residential Address)

Street: _____

City: _____ State: _____ Zip: _____

License #: _____ Daytime Phone: _____

CHARITABLE ORGANIZATION

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

I attest that I am providing physical therapy services only as a volunteer at the above named charitable organization and that I am not providing physical therapy services for compensation at any other facility.

Signature: _____ Date: _____