

PT/PTA RENEWAL FORM INSTRUCTIONS

For **Active, Inactive, or Expired (Late)** licenses only

For **Retired Status**, use the Retired Status Application
 To **Restore** a license use the PT Restoration Application
 Forms available at www.ptot.texas.gov/page/forms

A complete renewal includes:

1. a completed PT/PTA License Renewal Form, including a residential street address;
 2. a completed CC Activities Report;
 3. all applicable fee(s); and
 4. jurisprudence exam with passing score.
- ❖ **Your renewal is not complete until all items are received at the Board office.** If you do not submit all the required items before the expiration of your license, you will be subject to late fees as described below. Once your license expires, you may not practice until you have completed the renewal process and your license shows as current on the website.
 - ❖ **ADDRESS OF RECORD SELECTION:** You **MUST** select **ONE** of the addresses you list as your address of record. The address of record is available to the public on request.

Procedure

1. Complete the attached downloadable renewal form and CC Activities Report.
2. Take the APPLICANT jurisprudence exam online by going to www.ptot.texas.gov – on the homepage, go to the “PT Links for Licensees,” click on “Apply for a License.” On the new page under “PT Apply Links,” click on the “Jurisprudence Exam” link. Your passing score will be emailed to the board automatically.
3. Mail the renewal form and the CC Activity Report along with all applicable fees to the Board (see below for the fees/address)

FEES	Please make check or money order payable to: ECPTOTE	
Active Renewal	PT - \$248	PTA - \$184
Go or Stay Inactive	PT - \$124	PTA - \$92
Reinstatement (Inactive to Active)	PT - \$248	PTA - \$184

FEES. Late fees are required if you have not submitted **all** renewal or inactive requirements before the license expiration date. Renewal fees are only returned if the license is not issued.

LATE FEES	
License expired 90 days or LESS: you must pay the active renewal fee (or the inactive renewal fee), PLUS a late fee equal to 1/2 the renewal fee.	License expired MORE than 90 days: you must pay the active renewal fee (or the inactive renewal fee), PLUS a late fee equal to the renewal fee.
PLEASE NOTE: If your license has been EXPIRED FOR A YEAR OR MORE , you may NOT renew your license. See §341.6, <i>Restoration of License</i> , for more information.	

CONSIDERING GOING INACTIVE? To go inactive, you must have completed all of the required CC for the current renewal cycle. If you are renewing an inactive license or reactivating your license, you must have completed all of the CC for the current renewal period. CC done outside the renewal period will not count for renewal or reactivation purposes.

SEND THE COMPLETED RENEWAL FORM, CC ACTIVITIES REPORT, AND FEES TO:

EXECUTIVE COUNCIL OF PT & OT EXAMINERS
 333 Guadalupe St., Ste. 2-510
 Austin, TX 78701-3942

ANY QUESTIONS? Contact us at info@ptot.texas.gov. Or you may contact the renewals department by phone at 512/305-6900.

PT/PTA LICENSE RENEWAL FORM



Executive Council of Physical Therapy and Occupational Therapy Examiners
 333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942
<http://www.ptot.texas.gov>

License #: _____ Exp. Date: _____	Current license status (check one) <input type="checkbox"/> Active/Late <input type="checkbox"/> Inactive <input type="checkbox"/> Retired
Social Security Number: _____ / _____ / _____	Check one box and enter the amount. <input type="checkbox"/> Do not change my status. <input type="checkbox"/> Change my status to <u>active</u> . <input type="checkbox"/> Change my status to <u>inactive</u> . AMOUNT ENCLOSED: \$ _____

Full Legal Name (Name changes require legal documentation. See PT Rules, §329.1(g))

First	Middle	Last	Suffix
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EMAIL ADDRESS: _____

Home Location Address (This must be a physical street address.) Select as Address of Record

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

Business Address Select as Address of Record

Bus. Name: _____ Phone: _____

Street or PO Box: _____

City: _____ State: _____ Zip: _____

Optional Mailing Address Select as Address of Record
This can be a PO box. If you do not enter a mailing address, mail will be sent to your residential address.

Bus. Name if applicable: _____

PO Box or Street Address: _____

City: _____ State: _____ Zip: _____

If you are not sure what the renewal requirements are, you are advised to refer to Chapter 341, License Renewal, before you submit this form. **READ BEFORE SIGNING.**

By signing this form, I attest that I have met all of the renewal requirements as stated in the current PT rules, Chapter 341, License Renewal. 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 _____
Receipt Date	Receipt No	Amt. Received	Postmark Date	JP Exam Score	Reviewed by:



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>

Continuing Competence Activities Report

All information below is required and must also be on the completion documentation you retain for your records. This completed form must accompany the paper renewal application.

NAME: _____ License #: _____

CC Requirements: PTs must have 30 CCUs, PTAs must have 20 CCUs. All licensees must have 2 CCUs of approved Ethics and Professional Responsibility coursework. All activities submitted must be approved prior to submission. If you do not know the approval number, contact your course sponsor or go to www.tpta.org to check for activity standard approval numbers.

Name of Course/Activity <i>If you need additional rows, please copy this form.</i>	Mandatory Approval Number	Course/Activity Completion Date (MM/DD/YYYY)	Number of CCUs

I attest that the coursework I am submitting on this form includes at least 2 CCUs in approved programs in Ethics and Professional Responsibility. **(Please circle the approval number(s) for the ethics units.)**

Licensee Signature: _____ Date: _____