

## 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 [ptot.texas.gov/forms](http://ptot.texas.gov/forms)

**A complete renewal includes:**

1. a completed PT/PTA License Renewal Form, including a residential street address;
2. a completed CC Activities Report - must include *Texas Jurisprudence Assessment Module (TX JAM)* and *Human Trafficking Prevention Training*;
3. all applicable fee(s); and
4. a criminal background record report obtained through fingerprinting. More information is available online at [ptot.texas.gov](http://ptot.texas.gov) under *Latest Updates*. (Does not apply if licensee is changing status to Inactive or renewing Inactive Status.)

- ❖ **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 Summary.
2. Make sure you have taken the *Jurisprudence Assessment Module (TX JAM)* and an HHS-approved *Human Trafficking Prevention Training*.
3. Mail the renewal form and the CC Activity Summary along with all applicable fees to the Board (see below for the fees/address)

FEES	Please make check or money order payable to: ECPTOTE		<b>FEES.</b> Late fees are required if you have not submitted <b>all</b> renewal or inactive requirements before the license expiration date. Renewal fees are only returned if the license is not renewed.
<b>Active Renewal</b>	<b>PT - \$248</b>	<b>PTA - \$184</b>	
<b>Go or Stay Inactive</b>	<b>PT - \$124</b>	<b>PTA - \$92</b>	
<b>Reinstatement (Inactive to Active)</b>	<b>PT - \$248</b>	<b>PTA - \$184</b>	

LATE FEES	
<b>License expired 90 days or LESS:</b> you must pay the active renewal fee (or the inactive renewal fee), <b>PLUS</b> a late fee equal to 1/2 the renewal fee.	<b>License expired MORE than 90 days:</b> you must pay the active renewal fee (or the inactive renewal fee), <b>PLUS</b> 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 *PT Rules §341.6, Restoration of License*, 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 Summary, AND FEES TO:**

**EXECUTIVE COUNCIL OF PT & OT EXAMINERS**  
 1801 Congress Ave Ste 10.900  
 Austin, TX 78701

**ANY QUESTIONS?** Contact us at [info@ptot.texas.gov](mailto: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  
 1801 Congress Ave Ste 10.900 Austin, TX 78701  
 ptot.texas.gov

License #: _____ Exp. Date: _____	<b>Current license status (check one)</b> <input type="checkbox"/> Active/Late <input type="checkbox"/> Inactive <input type="checkbox"/> Retired
Social Security Number: _____ / _____ / _____ Or FSBPT ID#: _____	<b>Check one box and enter the amount.</b> <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

1801 Congress Ave Ste 10.900  
Austin, Texas 78701

512/305-6900  
ptot.texas.gov

## Continuing Competence Activities Summary

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 of approved continuing competence activities. All licensees must complete an HHS-approved *Human Trafficking Prevention Training* course and the *Jurisprudence Assessment Module (TX JAM)*. The Human Trafficking Prevention Training is calculated as 1 contact hour = 1 CCU and the TX JAM counts as 2 CCUs toward the total renewal requirement. All activities submitted must be approved prior to submission. If you do not know the approval number, contact your course sponsor or go to [ptot.texas.gov/cc-ce](http://ptot.texas.gov/cc-ce) to check for pre-approved 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/activities that I am submitting on this form have been approved and includes the *Jurisprudence Assessment Module (TX JAM)* and an HHS-approved *Human Trafficking Prevention Training* course.

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