

WYOMING BOARD OF PHYSICAL THERAPY

1800 CAREY AVENUE, 4th Floor
CHEYENNE, WY 82002
(307) 777-5403

OCTOBER 2, 2011 THROUGH OCTOBER 1, 2012 LICENSE OR CERTIFICATE RENEWAL APPLICATION INSTRUCTIONS

Your paper renewal application and Statement of Continuing Education Activities (if applicable) must be **post-marked** by October 3, 2011 in order to be considered. Renewal applications received with a **post-mark** after October 3, 2011 will be returned.

RENEWAL FEE: PT - \$50.00 PTA - \$35.00

THERE ARE NO EXCEPTIONS AND THERE IS NO GRACE PERIOD.

PLEASE NOTE: Effective October 1, 2009 all physical therapists and physical therapist assistants must obtain twenty (20) contact hours of continuing education every two years to be eligible for renewal.

Anyone licensed or certified prior to October 1, 2009* must complete the “Statement of Continuing Education Activities” form. List the continuing education courses taken, sign and have the form notarized. The completed form should accompany your renewal application.

***Continuing Education for licenses or certificates issued after October 1, 2009 will be due with the 2012 renewal.**

Items #1 through 3 - Please print the correct information in the spaces provided.

Item #4 - Specify your mailing address preference in the area provided. All future correspondence will be mailed to you at your chosen mail preference address.

Item #5 - The Board may periodically send information to license/certificate holders via e-mail. If you wish to be added to the list of e-mail recipients, please provide your current e-mail address.

Items #6 through 14 - Answer the questions truthfully. Be sure to attach an explanation and supportive documents for any “Yes” answer.

Read the Warning, Agreement and Affidavit. Sign and date the application.

Return the complete application **and the Statement of Continuing Education Activities** form with the appropriate renewal fee (check or money order made payable to the State of Wyoming) to the above address. Failure to provide a complete application will delay the processing of your license renewal.

Applications must be postmarked on or prior to October 3, 2011. Applications postmarked on or after October 4, 2011 will not be processed and will be returned.

If you do not submit your renewal application by the posted deadlines your license will expire. This means that you may not legally provide physical therapy services in the state of Wyoming. Please inform the board, in writing via mail, fax (307-777-3508) or e-mail (rick.bengston@wyo.gov) if you will not be renewing your license.

If you have any questions about the renewal process please feel free to contact Rick Bengston at 307-777-5403 or rick.bengston@wyo.gov. To check your status, please visit our online search at <http://plboards.state.wy.us/ptherapy/Directory.asp>.

Thank you for taking the time to read these instructions. Please contact me if you need further clarification of the renewal process.

JoAnn Reid
307-777-3507
joann.reid@wyo.gov

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OCTOBER 2, 2011 – OCTOBER 1, 2012 LICENSE/CERTIFICATE RENEWAL APPLICATION

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THERE ARE NO EXCEPTIONS AND THERE IS NO GRACE PERIOD.

1. Name: _____ License #: _____

Residence Address And Telephone

2. Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Business Address And Telephone

3. Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

4. Preferred Address for Correspondence: Residence Business

5. E-mail address: _____

6. During the last two (2) years, has any disciplinary action been taken against you Yes No from a licensing authority?
7. During the last two (2) years, have you been or are you currently under Yes No investigation by any licensing authority?
8. During the last two (2) years, have you voluntarily surrendered a professional Yes No license and/or certificate, failed to renew a professional license and/or certificate or allowed your license or certificate to lapse or expire after a complaint was filed against you with any licensing authority?
9. During the last two (2) years, has any application you have submitted to any Yes No licensing authority for professional licensure or certification been denied?
10. Do you have a physical or mental disability? Yes No
11. During the last two (2) years, have you unlawfully used or possessed controlled Yes No substances or excessively indulged in using alcoholic beverages?
12. During the last two (2) years, have you been criminally investigated, arrested, Yes No convicted, pled guilty to, pled nolo contendere to, received a deferred conviction, or have charges pending against you for any crime (except minor traffic violations like speeding or parking infractions)? Note: you must include ALL felonies, misdemeanors, municipal ordinances, and/or any military code of justice violations, including driving under the influence of any intoxicating substance. Please DO NOT include non-moving traffic violations or moving violations which did not involve alcohol or substance impairment.

If you answered "YES" to any of questions 6 through 12 above attach a written explanation with copies of supporting documents.

WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-5-303.)

AGREEMENT

In signing this renewal application, I do hereby state that I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Physical Therapy, and W.S. § 33-25-101 through 115.

AFFIDAVIT

I do hereby state that I am the person making the foregoing statements and that they are made in good faith and are true in every respect. I agree to adhere to the codes of ethics applicable to my profession.

Signature of Applicant

Date

WARNING

Making a false statement on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. 6-5-303.)

AGREEMENT, AFFIDAVIT AND NOTARIZATION

In signing this statement, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming State Board of Physical Therapy, and W.S. 33-25-101 through 116.

Signature of Applicant

Date

STATE OF: _____

COUNTY OF: _____

Signed and sworn to or affirmed before me on _____, 20____, by

Notary Public

SEAL

My Commission Expires: _____