



District of Columbia
DEPARTMENT OF HEALTH – HEALTH REGULATION AND LICENSING ADMINISTRATION
PHYSICAL THERAPY RENEWAL APPLICATION

PT REN

PHYSICAL THERAPY RENEWAL BEGINS ON NOVEMBER 1, 2014! LICENSES EXPIRE JANUARY 31, 2015

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HPLA's toll-free Customer Service line Monday through Friday, 8:30AM to 4:30PM EST at 1-877-672-2174, *A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)*

SECTION 1. LICENSEE INFORMATION – Carefully review all demographic information in this section. Please make all name, address, SSN, and birth date corrections in Sections 4 on Page 2.

PRINT Full Name & home address: (PO Box may not be used for home address) License Number: _____
 *SSN: _____
 Birth date: _____
 Business Address: _____
 (REQUIRED*): *(Complete Section 5)
 Phone: _____ Phone: _____
 Fax: _____ Fax: _____
 E-mail:(REQUIRED): _____ E-mail: _____

Please select your preferred mailing address;

Home Business

*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (HORA), applicants are required to provide a Social Security Number (SSN) on licensure applications.

SECTION 2. SPECIAL INSTRUCTIONS

- Your license expires on **January 31, 2015**
- Renewal applications submitted after January 31st will be required to pay an \$85 late fee
- If you are unable to renew; your license by January 31st or within the 60-day late renewal period, you will then be required to apply for reinstatement of your license.
- You may reinstate your license in the District within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended you must meet the Board's requirements to reapply.

Continuing Education Requirement: Physical Therapists must complete forty (40) contact hours of continuing education (only 20 can be only can be online/home study). **Continuing Education Requirement is NOT required for 1st time renewal applicants.**

Submission of CE hours is not required for first (1st) time renewal applicants. **DO NOT** send documentation verifying your compliance with CE requirement unless asked to do so by the Board. The Board will perform a CE audit following the 2015 renewal period. Documentation mailed to the Board **will not** be returned.

CRIMINAL BACKGROUND CHECK (CBC): If a CBC was completed within the last four years, with the Department of Health, you are not required to complete it for this renewal cycle.

PHOTOS WILL NOT BE REQUIRED: If you don't currently have a picture on your pocket license, submit two (2) identical, recent passport photographs. On the back of the photos write your full name and either your license number or Social Security Number.

ONLINE RENEWAL INSTRUCTIONS: To renew your license online go to: <https://app.hpla.doh.dc.gov/mylicense/>. Enter your Social Security #and Last Name, then go to the next screen and enter your User ID and Password or enter User ID/Password that you established during the 2013 renewal period. Be sure to keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify your professional board of any address change within 30 days of the change. You may send address changes to the address below. This will help ensure that you receive your next **renewal notice in a timely manner**

Please check the <u>appropriate box (es)</u> .	FEE	
A. <input type="checkbox"/> PT Renewal fee	\$ 179.00	_____ .00
B. <input type="checkbox"/> Paid Inactive Status	\$179.00	_____ .00
C. <input type="checkbox"/> Late fee (if received after due date)	\$ 85.00	_____ .00
D. <input type="checkbox"/> Cancel license or Deceased * (see notes)	\$ 0.00	_____ .00
E. <input type="checkbox"/> Duplicate Licenses	qty: _____ X	_____ .00
Reactivate (Paid Inactive License) Submit Reinstatement Application	\$34.00	

Make check or money order payable to

DC Treasurer and mail to:
 Department of Health/HPLA –
 Board of Physical Therapy
 899 North Capitol Street, NE; 1st Floor, Washington, D.C. 20002
 Phone: 1-877-672-2174; Processing Center FAX (202) 724-5145
 CBC Fax: 202-478-1387
www.hpla.doh.dc.gov * Email: doh.cbcu@dc.gov

Total Enclosed \$ _____ .00

Notes: * If you cancel your license, you must sign and return this renewal application. You may not practice in the District of Columbia until you re-apply as a new license applicant and are approved by the DC Health Regulations and Licensing Administration for a new license. Upon approval, you will be issued a new license number.

* If the licensee is deceased, please return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased.

SECTION 7. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

LICENSEE SIGNATURE

LICENSEE NAME (Please print)

DATE