



**DISTRICT OF COLUMBIA -- DEPARTMENT OF HEALTH
HEALTH OCCUPATION LICENSE RENEWAL FORM**

GENERAL INSTRUCTIONS: The information printed Section 1 of this form shows the current information on record for your license. Complete all sections of this form, where applicable, including the fee calculation. If more space is needed to fully answer questions, attach additional sheets. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution. Mail the form, the required fee, and all supporting documents to: Department of Health, Health Professional License Administration, **Board of Physical Therapy Renewal**, 717 14th Street NW, 6th Floor, Washington, D.C. 20005. This form is due back to HPLA by January 31, 2011. Forms postmarked after the 31st of December must contain an additional late fee of \$85.00. If you have any questions, call HPLA Customer Service at 1-877-672-2174.

1. DEMOGRAPHIC INFORMATION

Please make name and address changes on the reverse side of this form.

Preferred mailing address:

License Number
Birth Date

Other Address

Phone:
Fax:
Email (required):

*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (Health Occupations Revisions Act), applicants are required to provide a Social Security Number (SSN) on applications for a professional license. Please provide your Social Security Number in Section 4 of this form. If a Social Security Number is not available, a sworn affidavit stating that you do not have a Social Security Number must be submitted on a separate notarized letter.

2. SPECIAL INSTRUCTIONS

- Your license expires January 31, 2011.
- Renewal applications submitted after January 31, 2011 will be required to pay a \$85.00 late fee.
- If you are unable to renew your license by January 31, 2011 or within the 60-day late renewal period, you will then be required to apply for reinstatement of your license.
- In addition, you must submit your pictures no later than the 60-day late renewal period. Failure to do so will result in your license lapsing and you will have to apply for reinstatement of your license. **You may not practice your profession in the District of Columbia until you reinstate 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 apply as a new applicant. You will receive a new license number upon approval.

IMPORTANT NOTICE: If you do not currently have a photo on your license then, in compliance with 17 DCMR 4001.1(c), please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Please send the photos along with your Renewal Application form. Photos will be placed on the pocket license. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity. **Your application is not complete and your license will not be renewed until your photos are received.**

CONTINUING EDUCATION REQUIREMENTS: You are required to have completed your continuing education hours when renewing your license. Physical Therapists are required to have completed 40 hours of continuing education and Physical Therapist Assistants are required to have completed 30 hours of continuing education.

INTERNET INSTRUCTIONS: This is a reminder that if you decide to register online, remember to register at: <http://www.hpla.doh.dc.gov>.

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 in the GENERAL INSTRUCTIONS above. This will help ensure that you receive your next renewal notice in a timely manner.

3. LICENSE RENEWAL AND FEES – Select the type of action you wish to take for your license.

Please check the appropriate boxes to indicate other requests you would like to be processed with your license renewal and then total the fee column. This form will be returned unprocessed if the fee is not included or if the fee is less than required. Make your check or money order payable to "DC Treasurer" CASH PAYMENTS WILL NOT BE ACCEPTED.

Please check the appropriate box(es).

	FEE
A) <input type="checkbox"/> PT Renewal	\$179.00
B) <input type="checkbox"/> PTA Renewal	\$179.00
C) <input type="checkbox"/> Paid Inactive	\$179.00
D) <input type="checkbox"/> Deceased or Cancellation (*See notes)	\$ 0.00
E) <input type="checkbox"/> Reactivate (Paid Inactive License)	\$34.00
F) <input type="checkbox"/> Late fee (if received after due date)	\$85.00
G) <input type="checkbox"/> Duplicate License Request	QTY: _____ X \$34.00

TOTAL FEE DUE = \$ _____

Make check or money order payable to DC TREASURER.

Mail to:
Department of Health
Health Professional Licensing Administration
Board of Physical Therapy – Renewals
717 14th Street NW, 6th Floor
Washington, D.C. 20005

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

* If you cancel your license, you must sign and return the 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 Board of Physical Therapy for a new license. Upon approval, you will be issued a new license number.

A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)



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SECTION 4. NAME CHANGE

If you are changing your name, you must provide legal documentation of the name change. Acceptable documentation for individuals includes a copy of marriage certificate, divorce decree, or court order.

Changed to current name by: Marriage Divorce Court Order

Form fields for FIRST NAME, MI, LAST NAME, SUFFIX (Jr., Sr. etc)

Form fields for DATE OF BIRTH CORRECTION (MM-DD-YYYY)

Form fields for SSN/FEIN CORRECTION *(Required)

SECTION 5A. HOME ADDRESS CHANGE

APARTMENT SUITE FLOOR PO BOX NUMBER

Form fields for HOME STREET ADDRESS

Form fields for CITY, E-MAIL (OPTIONAL)

Form fields for STATE, ZIP CODE + 4, HOME PHONE NUMBER, HOME FAX NUMBER

SECTION 5B. BUSINESS ADDRESS CHANGE

Please note: This information will be made available to the public.

Form fields for COMPANY NAME

APARTMENT SUITE FLOOR PO BOX NUMBER

Form fields for BUSINESS STREET ADDRESS

Form fields for CITY, E-MAIL (OPTIONAL)

Form fields for STATE, ZIP CODE + 4, BUS PHONE NUMBER, BUS FAX NUMBER

Indicate your preferred mailing address by placing "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

HOME BUSINESS

SECTION 6. QUESTIONS - Applicants MUST answer all of the following questions.

Please answer questions A through J by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through J below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this form.

Table with 2 columns: Question (A-K) and Yes/No response boxes. Questions cover clean hands, convictions, disciplinary actions, and continuing education.

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.

Form fields for LICENSEE SIGNATURE, LICENSEE NAME (Please print), DATE