



*State of Louisiana*  
*Department of Health and Hospitals*  
***Louisiana Physical Therapy Board***  
104 Fairlane Drive, Lafayette, Louisiana 70507  
337/262-1043 FAX 337/262-1054

To: All Licensees  
From: Cheryl Gaudin, Executive Director  
Re: Online License Renewal

You must renew your license by December 31st to continue practicing as a PT or PTA in Louisiana in 2012. Paper applications must be **RECEIVED** in the Board office by end of business December 29, 2011, or they will not be processed as being received timely.

Practicing without a current license in 2012 will result in disciplinary action by the Board. Follow these steps for smooth completion of your license renewal:

1. **Renewal Application Form.** Complete online or paper form. Personal and employment data must be updated along with designation of your current work setting.
2. **Continuing Education Report.** Read the instructions and complete sections A and B. No other documentation of continuing education is required unless you are contacted by the Board during the continuing education audit.
3. **Fee.** Your online payment, check, or money order in the amount of \$115 must accompany your application. Checks or money orders may be made payable to the Louisiana Physical Therapy Board.
4. **Delivery.** **You** are responsible for seeing that the completed Renewal Application Form, Continuing Education Report and Fee are in the possession of Board personnel **PRIOR** to noon on December 29, 2011. Incomplete submissions will be returned to sender and not processed. If you require receipt of your 2012 wallet card prior to January 1<sup>st</sup>, all renewal requirements must be completed by December 16<sup>th</sup>.

IF YOU WILL NOT BE RENEWING YOUR LICENSE FOR THE COMING YEAR, PLEASE PROVIDE THE "PERSONAL" AND "EMPLOYMENT" INFORMATION AT THE TOP OF THE RENEWAL FORM, CHECK THE APPROPRIATE BOX AT THE BOTTOM OF FORM, AND FAX OR MAIL THE FORM TO THE BOARD.

#### **ONLINE RENEWAL**

The online renewal process functions as follows:

1. Go to [www.laptboard.org/forms](http://www.laptboard.org/forms)
2. To enter the online renewal application, you must enter your license number, SSN, and select PT or PTA
3. **Continuing Education** – Use the drop down menu to select the sponsor, then the continuing education course attended. If the sponsor or course is not listed in the drop down menu, then you must enter the data manually. Whether you enter the continuing education by selection or manually, you must enter the number of contact hours approved by the board. **New graduates who do not require continuing education for renewal select the sponsor "Louisiana Physical Therapy Board". Course is one of the two selections using either your date of graduation or exemption date. Enter the number of hours in the box provided.**
4. **Payment** – The web page is a secure site for use of your credit card. A convenience fee of \$3 is charged for online payment.
5. An **email notification** of the payment transaction for renewal of license will be forwarded to you upon completion of the online renewal application and payment.
6. Transactions processed after midnight on December 31<sup>st</sup>, will require payment of the reinstatement fee (\$75) as well as the renewal fee (\$115).

***Louisiana Physical Therapy Board***  
**LICENSE RENEWAL APPLICATION FOR 2012**

**Personal Information**

Your current license number: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
*Last* *First* *M.I.*

Street Address \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Home and/or cell Phone(s) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

**Employment Information**

Employer's Name \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Worksite Name \_\_\_\_\_ Worksite Address \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

<b><i>Work Setting</i></b>	Acute/Hospital	Private Practice	Physicians' Office
<b><i>(Check Only One)</i></b>	Rehab Center	Extended Care Fac.	Home Health Agency
	School System	Academic Environ.	Outpatient Clinic
	Retired	Unemployed	

**If you are a contract therapist, select the work setting you practice in the most if more than one setting.**

**\*\*Please indicate a second work setting by numbering it (2) if you work in more than one setting.**

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You ***MUST*** answer every one of the following questions. If any response requires additional information, attach an additional sheet and key information to question number. Circle the selected answer.

1. Have you ever had an application for any professional license refused or denied by any licensing authority? Yes No
2. Have you ever been placed on probation, restriction, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise been acted against by any professional training program prior to completion of that training? Yes No
3. Have you ever voluntarily surrendered a physical therapy or physical therapist assistant license? Yes No
4. Have you ever allowed your physical therapy or physical therapist assistant license to lapse, or had a limited or probationary license issued by any state licensing authority? Yes No
5. Have you ever voluntarily surrendered any other professional license? Yes No
6. Have you ever allowed any other professional license to lapse, or had a limited or probationary license issued by any other licensing authority? Yes No
7. Has your physical therapist or physical therapist assistant license ever been revoked? Yes No
8. Have you ever been the subject of disciplinary action with regard to your physical therapist or physical therapist assistant license, been sanctioned by any state licensing authority, state association, licensed healthcare facility, or the administrative staff of such facility? Yes No
9. Have your practice privileges ever been restricted or terminated by any licensing authority, association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? Yes No
10. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license? Yes No
11. To your knowledge are there any complaints against you which are currently pending or unresolved before any licensing authority, association, licensed hospital/clinic, or staff of such hospital or clinic? Yes No
12. Is your professional license or permit currently under disciplinary review in another state? Yes No
13. Within the last five (5) years have you had a license or certification revoked or suspended, other disciplinary action taken, or an application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? If Yes, please explain. Yes No

14. Have you ever been charged with, convicted of, or pled guilty or nolo contendere, to a felony criminal offense in any state or federal court, whether or not sentence has been imposed or suspended? Yes No  
 If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction or plea, the nature of the offense and date of discharge, if applicable, as well as a statement from your probation or parole officer.
15. Have you ever been pardoned from a criminal felony conviction? Yes No
16. Have you ever had a record expunged from a criminal felony conviction? Yes No
17. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice)? Yes No
18. Have you ever been convicted of or plead guilty or nolo contendere to any violations of law (except minor traffic violations)? Yes No
19. Are you currently engaging, or within the past year have you engaged, in the abuse of alcohol and/or illegal use of drugs or controlled dangerous substances? If yes, please explain. Yes No
20. Are you currently participating in a supervised rehabilitation program or professional assistance program with regards to the abuse of alcohol and/or illegal use of drugs or controlled dangerous substances? If yes, please explain. Yes No

**I, the undersigned, do solemnly swear or affirm that I am the above individual. I have read the above form and all statements contained herein, are true to the best of my knowledge and belief.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

RENEW LICENSE FOR 2012  
FEE AND CEU ENCLOSED

I AM NOT RENEWING  
MY LICENSE FOR 2012

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**CONTINUING EDUCATION (CE) RENEWAL SUMMARY FORM**

I verify that I have attended and successfully completed the educational activities listed on this form during 2011. I understand that falsification of this information in any way is grounds for disciplinary action by the board and may result in failure to renew, and/or suspension or revocation of my license to practice physical therapy in Louisiana, or other sanctions.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Program Name	Date of Activity	Course Sponsor	Contact Hrs awarded
<b>TOTAL NUMBER of CEU hours accumulated</b>			