State of Louisiana
Department of Health and Hospitals
Louisiana Physical Therapy Board
104 Fairlane Drive | Lafayette, Louisiana 70507
Phone 337-262-1043 | Fax 337-262-1054
www.laptboard.org | info@laptboard.org

NOTICE OF NON-RENEWAL OF LICENSE

This notice is intended for licensees who will not be renewing their license in Louisiana.

I, _____ (PT/PTA #_____) do not plan to *or* intentionally did not
print name *license number*
renew my Physical Therapist/Physical Therapist Assistant license.

My justification for voluntarily <u>not</u> renewing my license is indicated below.

_____ intentionally did not renew for the purpose of retiring

_____ intentionally did not renew for the purpose of leaving the practice temporarily (explain below)

_____ intentionally did not renew for the purpose of leaving the practice permanently (explain below)

_____ Other (explain below)

<u>Explanation:</u>

_____

_____

_____

By signing this notice, I acknowledge that I will no longer be licensed to practice in the state of Louisiana once my license expires. Continued practice after my license expiration date may result in legal/disciplinary action and reimbursement of fraudulent insurance/patient payments.

_____ _____
Signature Date

<u>Remit to:</u>
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Lafayette, LA 70507
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