



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.

LICENSEE INFORMATION:

 LICENSEE'S FULL NAME (PLEASE PRINT)

 LOUISIANA PT/PTA LICENSE NUMBER

 LICENSE EXPIRATION DATE

I do not plan to *or* intentionally did not renew my Louisiana Physical Therapist/Physical Therapist Assistant license. My justification for voluntarily not 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)

Explanation: _____

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. Further, I acknowledge that my name will appear in the Louisiana Physical Therapy Board's quarterly newsletter, which is available to the public.

Signature

Date

Remit to:
 Louisiana Physical Therapy Board
 104 Fairlane Drive
 Lafayette, LA 70507
 info@laptboard.org
 Fax 337-262-1054