Jeff Landry
Governor

State of Louisiana
Department of Health and Hospitals

Charlotte F. Martin, M.P.A.
Executive Director

Louisiana Physical Therapy Board

RPTP Monitoring Fee Hardship Request

I, _____, respectfully request that the Louisiana Physical Therapy Board consider lowering my monthly payment amount or offering a payment deferral related to monitoring fees for the Recovering Physical Therapy Program.

Please provide a detailed reason for hardship request:

Licensee Signature _____ Date of Request _____

Duration of Payment Deferral :

☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months ☐ Entire Contract

☐ Other : _____

All requests will be reviewed at a future board meeting by a quorum of the board. Once a decision has been made, a staff member will contact you.