

License No

Check For New Address.
Indicate any changes below.

Name

Address

City State Zip Code

Country

E-Mail

PHYSICAL THERAPIST PHYSICAL THERAPIST ASSISTANT

Your Montana Physical Therapy license will expire on **April 1**.
TO RENEW ONLINE GO TO: www.ebiz.mt.gov/pol/ (Online transactions must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee.)

- OR**
- 1) Complete and sign the renewal application.
 - 2) Read the continuing education statement very carefully.
 - 3) Answer the disciplinary question at the bottom of the form.
 - 4) Submit a check or money order for \$60.00 made payable to the Board of Physical Therapy Examiners. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
 - 5) All licenses must be renewed on or before April 1. Renewals postmarked after April 1 will be assessed a late fee by state law of \$60.00, increasing the total amount due to \$120.00.
 - 6) Sign and date the renewal application and return it to the Board office with the appropriate fee on or before April 1.
 - 7) Indicate any address correction/change where requested at the top of the form.

CONTINUING EDUCATION AFFIRMATION OF UNDERSTANDING:

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by ARM 24.177.2105 and that I may be audited for compliance with these requirements. I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the rule stated above.

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

YES If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Section 37-1-105 MCA requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

NO

Your signature: _____ Date: _____