

License No	<input type="text"/>
------------	----------------------

Check For New Address.
Indicate any changes below.

Name	<input type="text"/>				
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Country	<input type="text"/>				
E-Mail	<input type="text"/>				

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 REQUIREMENT:
Beginning April 1, 2015, each licensee shall obtain 30 hours/credits of continuing education in each 24-month period prior to the renewal date in odd-numbered years. The first reporting period is April 1, 2015 to March 31, 2017. Do not report continuing education in even-numbered years. The Board will randomly audit continuing education hours/credits in each odd year.

Continuing education is not required for licensees renewing their licenses for the first time.

STATEMENT: By signing the application below, I declare under penalty of perjury that I have completed the 30 hours of continuing education as stated if I am required to do so during this renewal cycle. I am aware that a false statement may lead to subsequent revocation of licensure on ethical grounds.

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: _____