

# WYOMING BOARD OF PHYSICAL THERAPY

EMERSON BUILDING RM 104  
2001 CAPITOL AVENUE  
CHEYENNE, WY 82002  
(307) 777-5403

## OCTOBER 2, 2017 THROUGH OCTOBER 1, 2018 LICENSE OR CERTIFICATE RENEWAL APPLICATION INSTRUCTIONS

### **!ONLINE RENEWAL WILL NOT BE AVAILABLE FOR THIS RENEWAL PERIOD!**

Your paper renewal application, fee, jurisprudence exam (if applicable) and Statement of Continuing Education Activities (if applicable) must be **post-marked** by October 1, 2017 in order to be considered. Renewal applications post-marked after October 1, 2017 will be returned.

RENEWAL FEE: PT - \$75.00 PTA - \$50.00

**THERE ARE NO EXCEPTIONS AND THERE IS NO GRACE PERIOD.**

### **PLEASE NOTE:**

If you are required to provide continuing education with this renewal, successful completion of the jurisprudence exam is required and shall satisfy two (2) of the required twenty (20) hours, and you must complete the "Statement of Continuing Education Activities" form included in this packet. List the continuing education courses taken (including the jurisprudence exam), sign and have the form notarized. The completed form and jurisprudence exam must accompany your renewal application and fee.

Items #1 through 3 - Please print the correct information in the spaces provided.

Item #4 - Specify your mailing address preference in the area provided. All future correspondence will be mailed to you at your chosen mail preference address.

Item #5 - The Board may periodically send information to license/certificate holders via e-mail. Please provide your current e-mail address.

Items #6 through 12 - Answer the questions truthfully. Be sure to attach an explanation and supportive documents for any "Yes" answer.

Read the Warning, Agreement and Affidavit. Sign and date the application.

Return the complete application and, if applicable, the jurisprudence exam **and the Statement of Continuing Education Activities** form with the appropriate renewal fee (check or money order made payable to the State of Wyoming) to the above address. Failure to provide a complete application will delay the processing of your license renewal.

Applications must be postmarked on or prior to October 1, 2017. Applications postmarked after October 1, 2017 will not be processed and will be returned.

If you do not submit your renewal application by the posted deadline your license will expire and **you may not legally provide physical therapy services in the state of Wyoming**. Please inform the board, in writing via mail, fax (307-777-5403) or e-mail ([carla.fleming@wyo.gov](mailto:carla.fleming@wyo.gov)) if you will not be renewing your license.

If you have any questions about the renewal process please feel free to contact Carla Fleming at 307-777-5403 or [carla.fleming@wyo.gov](mailto:carla.fleming@wyo.gov). To check your status, please visit our online search at <http://physicaltherapy.wyo.gov>.

Thank you for taking the time to read these instructions.

JoAnn Reid  
Executive Director  
307-777-3507  
[joann.reid@wyo.gov](mailto:joann.reid@wyo.gov)

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**OCTOBER 2, 2017 – OCTOBER 1, 2018 LICENSE/CERTIFICATE RENEWAL APPLICATION**

**!ONLINE RENEWAL WILL NOT BE AVAILABLE FOR THIS RENEWAL PERIOD!**

Your paper renewal application must be **post-marked** by October 1, 2017 in order to be considered.  
Renewal applications **post-marked** after October 1, 2017 will be returned.

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1 Name: \_\_\_\_\_  PT  PTA Number: \_\_\_\_\_

## Residence Address And Telephone

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Business Address And Telephone

3. Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

4. Preferred Address for Correspondence:  Business  Residence

5. E-mail address: \_\_\_\_\_

6. During the last two (2) years, has any disciplinary action been taken against you  Yes  No by a licensing authority?
7. During the last two (2) years, have you been or are you currently under  Yes  No investigation by any licensing authority?
8. During the last two (2) years, have you voluntarily surrendered a professional  Yes  No license and/or certificate, failed to renew a professional license and/or certificate or allowed your license or certificate to lapse or expire after a complaint was filed against you with any licensing authority?
9. During the last two (2) years, has any application you have submitted to any  Yes  No licensing authority for professional licensure or certification been denied?
10. Do you have a physical or mental disability that impairs your ability to practice  Yes  No physical therapy?
11. During the last two (2) years, have you unlawfully used or possessed controlled  Yes  No substances or excessively indulged in using alcoholic beverages?
12. During the last two (2) years, have you been criminally investigated, arrested,  Yes  No convicted, pled guilty to, pled nolo contendere to, received a deferred conviction, or have charges pending against you for any crime (except minor traffic violations like speeding or parking infractions)? Note: you must include ALL felonies, misdemeanors, municipal ordinances, and/or any military code of justice violations, including driving under the influence of any intoxicating substance. Please DO NOT include non-moving traffic violations or moving violations which did not involve alcohol or substance impairment.

[If you answered "YES" to any of questions 6 through 12 above attach a written explanation with copies of supporting documents.](#)

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### WARNING

Making a false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. § 6-5-303.)

### AGREEMENT

In signing this renewal application, I do hereby state that I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming Board of Physical Therapy, and W.S. § 33-25-101 through 115.

### AFFIDAVIT

I do hereby state that I am the person making the foregoing statements and that they are made in good faith and are true in every respect. I agree to adhere to the codes of ethics applicable to my profession.

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Signature of Applicant

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Date

# Statement of Continuing Education Activities

(To be completed only if you are required to submit continuing education with this renewal)

NAME: \_\_\_\_\_

To ensure you receive CEU credit, you must provide your type and number. PT PTA Number: \_\_\_\_\_

**Note: Successful completion of the jurisprudence exam is required and shall satisfy two (2) of the required twenty (20) hours.**

**!ONLINE RENEWAL WILL NOT BE AVAILABLE FOR THIS RENEWAL PERIOD!**

Type or print neatly, illegible forms cannot be processed. If additional space is needed, photocopy an additional sheet and attach. Continuing education must have been taken between **October 2, 2015 and October 1, 2017** in order to count toward renewal.

This form and the jurisprudence exam must be submitted in addition to your renewal application and fee. If it is not, your renewal will be considered incomplete and your license or certificate will expire

All information for each activity submitted as continuing education must be itemized below.

DATE(S)	COURSE/ACTIVITY	PROGRAM SPONSOR	HOURS

Total hours submitted \_\_\_\_\_

**WARNING**

Making a false statement on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. 6-5-303.)

**AGREEMENT, AFFIDAVIT AND NOTARIZATION**

In signing this statement, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming State Board of Physical Therapy, and W.S. 33-25-101 through 116.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Signed and sworn to or affirmed before me on \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires: \_\_\_\_\_