



Arkansas Department of Health

Arkansas State Board of Physical Therapy

5800 W. 10th, Suite 100 • Little Rock, AR 72204
(501) 228-7100 • Fax: (501) 228-0294
arptb@arkansas.gov • www.arptb.org

Office Use Only

Amount \$ _____

Check # _____

Date _____

2025 LICENSURE RENEWAL

License renewal is due by March 1, 2025.

Renewal fees were required to be reduced by 95% from July 1, 2023 through June 30, 2025.

Renew online at www.arptb.org or mail a check or money order with the completed form to the address above.

Fees: Physical Therapists = \$4.00 * Physical Therapist Assistants = \$2.00 * Late Fee = \$100.00
(Check or money order if paid by mail or in-person. Cash is not accepted)
Online Renewals by credit card = the renewal fee + 3% plus \$1.00.

Type of Licensure: Physical Therapist Physical Therapist Assistant License # _____

Name: _____
(Last) (First) (Middle)

Mailing Address: _____

(City) (State) (Zip) (Country)

Residence County: _____ Work County: _____

Office Phone #: _____ Home Phone # _____ Cell Phone # _____

Email: _____

Facility Name	Facility City	Facility State

Within the last two (2) years have you had a license or certification sanctioned, restricted, revoked or suspended, other disciplinary action taken, or any application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? **Yes No**

Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state or federal drug enforcement authority? **Yes No**

Within the last two (2) years have you been convicted of a felony (including a nolo contendere plea or guilty plea) in any state or federal court? **Yes No**

If you answered yes to any of the above questions, please attach information explaining the disciplinary action, charges or conviction including copies of court records, settlement agreements and any other pertinent documents.

Signature