

For Board Use Only

Date Received _____ Renewal Fee \$ _____ Check# _____

Approved By: _____ Relicensure Period: _____

Renewal Application

South Dakota Board of Physical Therapy

810 N. Main St., #298 · Spearfish, SD 57783-2446 · Phone: (605) 642-1600

South Dakota License # _____

Please select type of License

_____ Physical Therapist (\$120 Renewal fee for a 2 year period)

_____ Physical Therapist Assistant (\$120 Renewal fee for a 2 year period)

Name _____ 2. Degree _____
(Last) (First) (MI) (Previous or Maiden name)

Social Security Number _____

Date of Birth ____/____/____

Home Address _____
(Street or P.O. Box) (City) (State) (Zip)

Home Phone (____) _____

Email Address: _____

Employer Name _____

Employer Address _____
(Street or P.O. Box) (City) (State) (Zip)

Employer Phone (____) _____

Since the original date of your South Dakota PT or PTA License

3. Has any State/Province rejected your application or revoked your professional license or certificate? Yes No
4. Has any professional association rejected your application for membership or revoked a membership you held? Yes No
If yes, give complete details on a separate sheet.
5. Has any State/Province Regulatory Board or any professional organization determined that you committed unprofessional conduct? Yes No
If yes, give complete details on a separate sheet.
6. Have you ever been convicted of a crime other than misdemeanor traffic offenses? Yes No
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decisions in the case.
7. Have you ever been accused in a court of law of any civil or criminal misconduct, other than misdemeanor traffic offenses, which is not listed elsewhere in your responses to this application? Yes No
If yes, give complete details on a separate sheet, including copies of the court's judgement and any written decision in that case.
8. Have you had charges dismissed or received a plea-bargain related to any crime? Yes No
If yes, give complete details on a separate sheet.

9. Have you had a civil judgment rendered against you for workplace discrimination or injury to another? Yes No
If yes, give complete details on a separate sheet.
10. Have you received treatment for addictions of any kind including those related to drugs or alcohol? Yes No
If yes, give complete details on a separate sheet.
11. Have you received a mental health diagnosis that would prevent you from professional practice? Yes No
If yes, give complete details on a separate sheet.
12. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes \$1,000 or more in past due child support. Do you owe \$1,000 or more in past due child support? Yes No

Continuing Education Compliance

Per ARSD 20:66:03:03 each Physical Therapist and Physical Therapist Assistant shall sign a statement to confirm completion of the required continuing education hours and present proof of completion **if requested** by the Board. By signing below, you are attesting you have completed 15 continuing education hours in the previous licensure period in professional education activities updating competency in Physical Therapy and in compliance with ARSD 20:66:03:02.

Applicant's Signature

Date (mm/dd/yyyy)

Please print name

Please read carefully before you sign

I, the undersigned, hereby certify under oath that I am the person named in the South Dakota renewal application and that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the renewal application and all information furnished with respect to my renewal application are strictly true in every aspect.

I acknowledge that I will read and understand the South Dakota Board of Physical Therapy Renewal Application and will answer all questions during the renewal process and contained in the renewal application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my renewal application being denied and or being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the South Dakota Board of Physical Therapy any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the South Dakota Board of Physical Therapy or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the South Dakota Board of Physical Therapy, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the South Dakota Board of Physical Therapy.

I will immediately notify the South Dakota Board of Physical Therapy in writing of any changes including those changes to the answers to any of the questions contained in the renewal application. I understand my failure to answer questions during the renewal application process or questions contained in the renewal application process truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice in South Dakota.

Applicant's Signature

Date (mm/dd/yyyy)

Please print name