

**Telephone**  
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**(334)242-4064**  
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**Alabama Board of Physical Therapy**  
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**Montgomery, Alabama 36130-5040**

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## License Renewal

**Important Notice:**

Your license will expire at midnight September 30th of the current year. To renew your license, return this form with: certificate(s) of attendance at Board-approved continuing education (10 hours PT, 10 hours PTA); and appropriate renewal fee (\$130 PT and \$93 PTA) no later than September 30th. We do not accept personal checks, cash or credit cards. **A \$50 license restoration fee will be due after September 30th.**

Practicing without a license is a Class C misdemeanor punishable by a fine of not more than \$500, or by a term of imprisonment of not more than 90 days, or both. ALA. CODE Section 34-24-196 (1975)

**Home Address**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**PTH** \_\_\_\_\_

**PTA** \_\_\_\_\_

**Business Address**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
County \_\_\_\_\_  
Telephone Number \_\_\_\_\_

If renewing late, have you treated patients since September 30th?

Yes

No

Have you been convicted of a felony or misdemeanor, entered a plea of nolo contendere, or received deferral adjudication in the last 12 months?

Yes \_\_\_\_\_

No \_\_\_\_\_

**If you checked yes, give full explanation using additional page**

Have you undergone treatment for alcohol or chemical dependency or abuse within the last 12 months?

Yes \_\_\_\_

No \_\_\_\_

**If you checked yes, identify the date of treatment and nature and circumstances of treatment on a separate sheet of paper.**

The information above is correct and current as of:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Phone #