

1. Go to : <https://igovsolution.net/alptonline/Renewal/RenewalLogin.aspx>
2. Below page will open up with Login details;

ONLINE PROFILE

* License Type

Select License Type ▼

* License Number

admin

* Last 4 of SSN

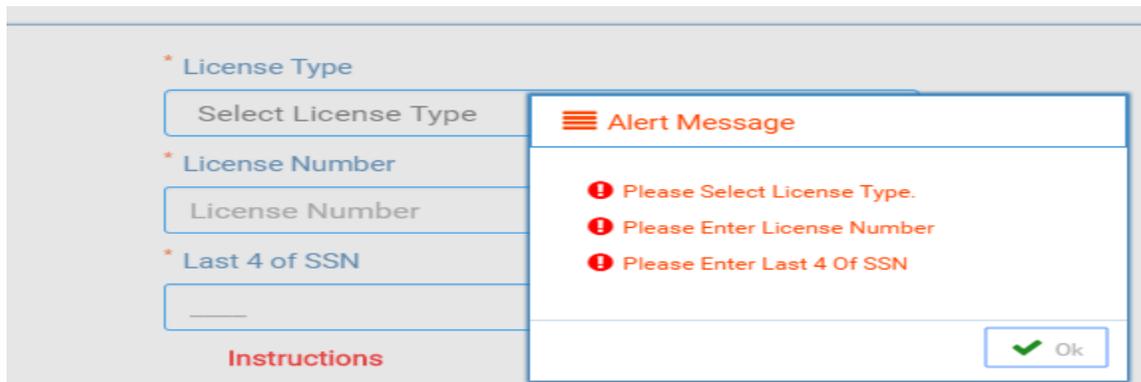
....

Instructions

- 1) Please Enter full License Number. Example: PTH1234.
- 2) Please Enter only Last 4 digits of your SSN in the Last 4 of SSN field.

Submit

3. If you click on “Renew” button without providing the details, alert message will display and you cannot proceed.



The screenshot shows the 'ONLINE PROFILE' form with an 'Alert Message' dialog box overlaid on top. The form fields are: 'License Type' (dropdown menu), 'License Number' (text box containing 'admin'), and 'Last 4 of SSN' (text box containing '....'). The 'Alert Message' dialog box contains three error messages: 'Please Select License Type.', 'Please Enter License Number', and 'Please Enter Last 4 Of SSN'. There is an 'Ok' button with a green checkmark at the bottom right of the dialog box.

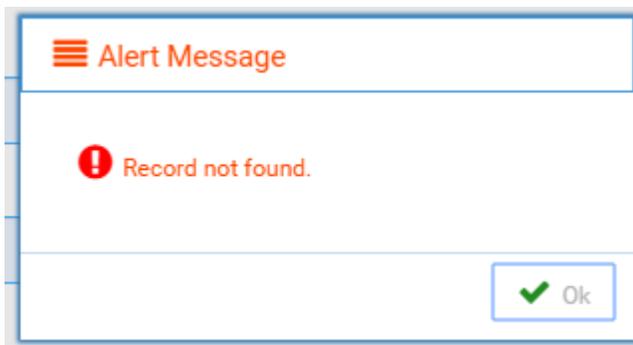
4. Key in the details;

* License Type

* License Number

* Last 4 of SSN

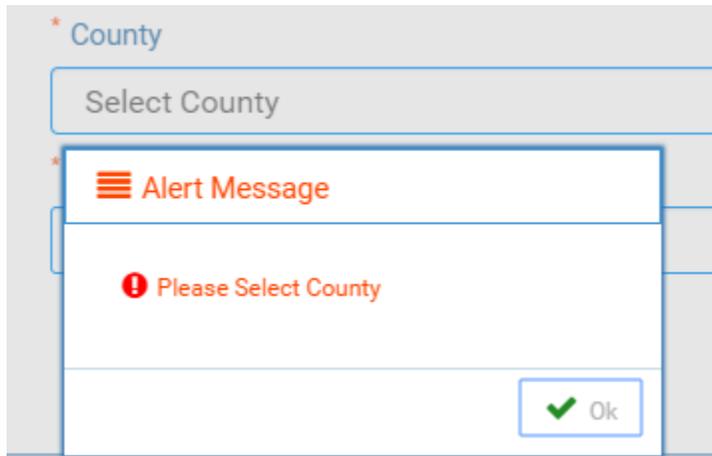
- i) **License Type** : Select from the list of license types for which an Individual has to be to be renewed
 - ii) **License Number** : Full License Number of the Licensee. Example: PTH1234
 - iii) **Last 4 of SSN** : Last 4 digits of SSN
5. If the Licensee details are not correct, on click of Renew, alert message will be displayed;



6. Once logged in, respective renewal form will open up.

General Note

- 1) Mandatory fields are marked as * in all the steps and all those have to be entered before clicking on next
- 2) If mandatory fields are not entered, you will get an alert message that alerts to enter those fields like below;



Instructions Tab

The first tab will be instructions tab that will display the fee and renewal period details. click on next to proceed to the next step

Instructions

RENEWAL INSTRUCTIONS

- 1) Each license expires on **October 1** of the year following its issuance.
- 2) Annual renewal period is July 1 through September 30.
- 3) Each physical therapist and physical therapist assistant licensed to practice by this Board shall complete for each compliance period, a minimum of ten (10) hours of continuing education activities, unless license was obtained by Exam within the past calendar year.

FEE

PT Renewal Fee : \$130
PTA Renewal Fee : \$93

After October 31st,

PT Expired License Renewal Fee : \$230
PTA Expired License Renewal Fee: \$193
Restoration Fee : \$50

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)

CE

Notice: Licensees will be selected at random to submit proof of CE courses entered

Screen Guide Tab

This tab will serve as a basic guide to navigate through the application. Please read the instructions carefully before proceeding with the application.

Screen Guide

Screen Layout

1. Text boxes with an asterisk(*) are required information fields.
2. Do NOT use your Browser's " Back" or "Forward" buttons to navigate between pages or the data entered may be lost. To edit your entered information before submitting the completed form, please use the "Previous" button to go back to the respective tab.
3. At the bottom of each page there will be an option to continue to the next page. If any portion of the required information for that page has been omitted, a dialog box will appear to refer you back to the missing information.
4. A screen resolution of 800x600 or greater is recommended.

Reviewing Completed Application

1. You will be allowed, before entering payment information, to edit and review your entered information. Make any necessary changes then click on the "submit" button on the final screen.
2. Attached files, once uploaded, cannot be changed!!

Printing Application

1. After submitting your payment information, you will have the option to print a copy of your online application. Check your printer settings and be ready to print a copy of the final application form submitted.
2. It is recommended that you keep a copy of your online application form. Once received in our office, it will be reviewed for completeness.

Demographics Tab

Next to instructions is demographics tab that will display the Licensee Name and License number which will be auto populated based on who logs in. License Number is non-editable. All the name fields – First Name, Last Name, Middle Name are editable and can be changed. Click on next.

Demographics

First Name <input type="text" value="REDACTED"/>	Middle Name <input type="text" value="L"/>	Last Name <input type="text" value="REDACTED"/>
License Number <input type="text" value="REDACTED"/>		

Home Mailing Address Tab

Home Mailing Address

* Address 1 <input type="text" value="REDACTED"/>	Address2 <input type="text" value="Address2"/>	* City <input type="text" value="REDACTED"/>
* State <input type="text" value="REDACTED"/>	* County <input type="text" value="Select County"/>	* Zip <input type="text" value="REDACTED"/>
* Home telephone number <input type="text" value="REDACTED"/>	* Email address <input type="text" value="REDACTED"/>	

- 1) All the fields will be auto populated based on the licensee record

- 2) Any updates to address can be made here.
- 3) Click on Next.

Current Business Address Tab

Current Business Address

Currently Not Employed

* Employer Name

* Address 1 Address 2 * City

* State * Zip * County

* Business Telephone Number Business Fax Number

* Type of Practice

- 1) Current Employer details will be displayed in this screen if any.
- 2) The employer details can be changed if required.
- 3) If currently not employed, then select the checkbox at the top “Currently Not Employed”. If this checkbox is checked, then rest of all the fields are not required to be filled in and can click on “Next”.

Regulatory Questions Tab

- 1) All the questions and explanation (if answered yes) are mandatory.

Regulatory Questions		
1	Have you ever been convicted of a felony or misdemeanor, entered a plea of nolo contendere, or received deferral adjudication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you undergone treatment for alcohol or chemical dependency or abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are you willing to serve as a future board member?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 2) If answered yes, explanation text box will appear which must be filled.

2	Have you undergone treatment for alcohol or chemical dependency or abuse?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, identify the date of treatment and nature and circumstances of treatment	

- 3) Answer the questions and click next.

Continuing Education Tab

Continuing Education	
<p>Instructions: Please enter the CE course name, date taken, and course hours. Courses entered may not exceed more than prior 24 months. Grand total of CE hours submitted must be equal to or greater than 10 hours.</p>	
Continuing Education	Click Here To Add More

- a) To add CE Course details, click on the button “Click Here to Add More” which will open the below screen;

Continuing Education		
* Course Name	<input type="text" value="Course Name"/>	
* Date Taken	<input type="text" value="MM/DD/YYYY"/>	* Course Hours
		<input type="text" value="Course Hours"/>
<input type="button" value="Save"/>		<input type="button" value="Cancel"/>

- b) All the fields are mandatory in this screen.
- c) Enter course details and click on “Save” in the above screen.

d) Once added, you should be able to see the details added in the main page.

Continuing Education

Instructions: Please enter the CE course name, date taken, and course hours. Courses entered may not exceed more than prior 24 months. Grand total of CE hours submitted must be equal to or greater than 10 hours.

Continuing Education [Click Here To Add More](#)

1	Course Name : Course	Date Taken : 06/01/2019	Course Hours : 2	
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e) If the details have been added by mistake and needs to be deleted, click on the “Delete” icon next to the record which will remove the record and you can go ahead and add new record.

f) To add more course details, click on “Click Here to Add More” and follow the same instructions from point a)

g) **Please Note: Grand Total of 10 or more hours required to proceed further with the application.**

h) If 10 or more hours are not entered, you will see an alert message on click of Next as below;

Continuing Education

Instructions: Please enter the CE course name, date taken, and course hours. Courses entered may not exceed more than prior 24 months. Grand total of CE hours submitted must be equal to or greater than 10 hours.

Continuing Education [Click Here To Add More](#)

1	Course Name : Course	Date Taken : 06/01/2019	Course Hours : 2	
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Alert Message

Attention : You Are Attempting To Complete Your Renewal Without The Required 10 Hours Of CE Required. Alabama Board Of Physical Therapy Rules Require A Minimum Of 10 Hours Each Year Prior To Renewal. Please Complete The Required CE Hours Before Continuing Your Renewal.



[Previous](#)

i) If the course hours are more than 10 hours, then on click of Next you can proceed with the application.

Continuing Education

Instructions: Please enter the CE course name, date taken, and course hours. Courses entered may not exceed more than prior 24 months. Grand total of CE hours submitted must be equal to or greater than 10 hours.

Continuing Education [Click Here To Add More](#)

1	Course Name : Course	Date Taken : 06/01/2019	Course Hours : 2	
2	Course Name : Course2	Date Taken : 06/05/2019	Course Hours : 11	

Review your information

This page allows you to review the application before you proceed to final submission. Any changes to be made can be done here as application cannot be changed after submission

Affirm and Submit

This is the final step where in card details will be provided for submission

- 1) Sign and enter phone number.
- 2) Date will be auto populated with current date.
- 3) Renewal amount will be auto populated
- 4) Select "Debit / Credit"
- 5) Select Card Type
- 6) Enter name of person that appears on card
- 7) Enter card number
- 8) Enter card expiration date (MM/YY format)
- 9) Enter security code in card
- 10) Click submit
- 11) You will get confirmation number
- 12) Once your confirmation notice appears, check your email for receipt and updated certificate.

Affirm And Submit

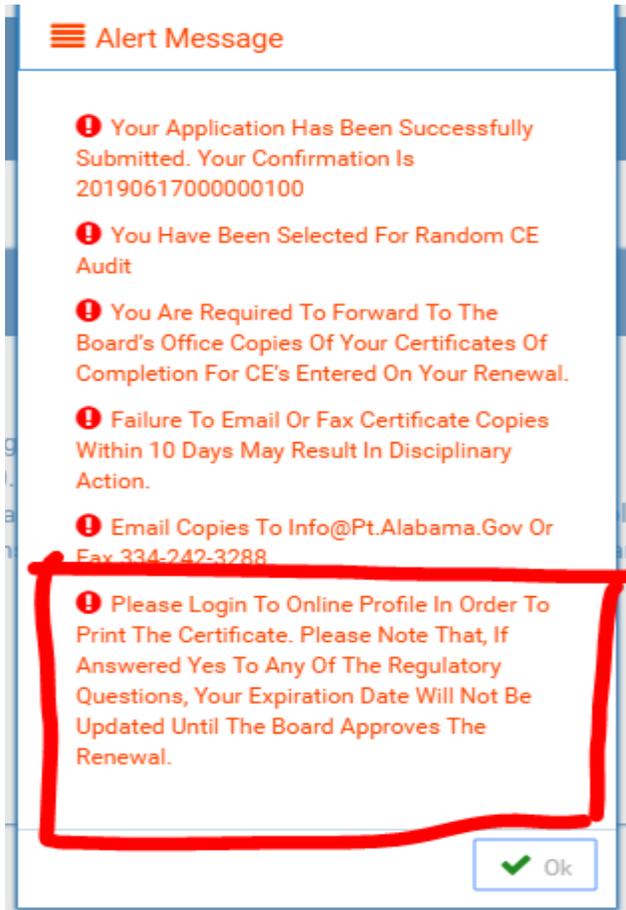
I certify that all the information is correct and current as of:

Date <input type="text" value="06/26/2019"/>	* Original Signature Required <input type="text" value="Signature"/>	* Daytime Telephone Number <input type="text" value="() - - - -"/>
Renewal Fee <input type="text" value="93.00"/>	Convenience Fee <input type="text" value="3.72"/>	Total <input type="text" value="96.72"/>
* Debit /Credit <input type="text" value="Select Debit or Credit"/>	* Card Type <input type="text" value="Select Card Type"/>	* Person's Name on Card <input type="text" value="Person's Name on Card"/>
* Card # <input type="text" value="Card #"/>	* Expiration Date (MM/YY) <input type="text" value="MM/YY"/>	* Security Code <input type="text" value="Security Code"/>

Please note that after you click the Submit button, you cannot make changes to your application.

Please Note:

If selected for CE Audit, you will see the below message after you pay and submit the application. Please keep the confirmation Order ID for future reference.



The image shows a screenshot of an alert message box. At the top left, there is a red hamburger menu icon followed by the text "Alert Message". The message contains five red circular icons with exclamation marks, each followed by a line of text. The first line says "Your Application Has Been Successfully Submitted. Your Confirmation Is 2019061700000100". The second line says "You Have Been Selected For Random CE Audit". The third line says "You Are Required To Forward To The Board's Office Copies Of Your Certificates Of Completion For CE's Entered On Your Renewal.". The fourth line says "Failure To Email Or Fax Certificate Copies Within 10 Days May Result In Disciplinary Action.". The fifth line says "Email Copies To Info@Pt.Alabama.Gov Or Fax 334-242-3288". The sixth line, which is enclosed in a red hand-drawn box, says "Please Login To Online Profile In Order To Print The Certificate. Please Note That, If Answered Yes To Any Of The Regulatory Questions, Your Expiration Date Will Not Be Updated Until The Board Approves The Renewal.". At the bottom right of the message box is a button with a green checkmark and the text "Ok".

Remember: Check your email provided for a confirmation email that will include; your confirmation number, payment amount processed, and your new certificate.

If you do not receive the confirmation email, please visit the **Online Profile**.

Once in the **Online Profile**, you may print your transaction receipt and certificate. Look for the action tab below

