



RENEWAL OF PHYSICAL THERAPY ASSISTANT CERTIFICATION
JANUARY 1, 2017 TO DECEMBER 31, 2017

ONLINE RENEWAL IS AVAILABLE at www.ksbha.org from November 15, 2016 to January 31, 2017. Do not submit a paper renewal application if you have completed the online renewal process.

The renewal application and fee must be received postmarked by December 31, 2016 to renew your license. A late fee must be paid for renewal applications completed on-line or received postmarked January 1, 2017 or later. If an online renewal or complete renewal application is not received postmarked on or before January 31, 2017 the license will be cancelled. Any person desiring to reinstate a cancelled license must contact the Board office for the appropriate form. A license will not be renewed if the application is not complete. Please print or type all responses.

1. Certification Number: 2. Name:

3. Addresses: I have had a change of address since the last renewal

Mailing Address: Street or PO BOX City County State Zip

Residence Address: Street City County State Zip

Telephone / Cell :

Business Address (May not be a Post Office Box. Additional business addresses may be submitted on a separate page.)

Street City County State Zip

Telephone / Fax:

E-mail:

4. Identify all other authorities that have licensed or certified you to practice as a Physical Therapist Assistant. (use additional pages if necessary): I have not been or currently licensed or certified in another state.

State State State State State

5. Continuing Education (with 2016 CEU year only): To verify your CEU year review your wallet card, or visit our website and click on verification or call our office at 785-296-2575. The Board will verify compliance with continuing education requirements in an undetermined percentage of renewal application. This verification will involve an audit of records maintained by the licensee. You must maintain your continuing education records for a three year period in a manner that allows them to be readily produced. I understand the audit process and I have met the hours for the following continuing education update.

- 20 hours obtained between 1-1-2015 and 12-31-2016
10 hours obtained since I have been licensed and I have been licensed for less than 2 years

DO NOT mail in proof of your CEU with the renewal form.

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Office Use Only

Table with 4 columns and 2 rows for office use only.

10 Renewal Fee by Status: \$70.00 (\$75 if postmarked January 1 or later)

11. Pursuant to KSA 65-28,131, information provided herein deemed may be public and posted on our website. Failure to furnish the Board any information legally requested by the Board may be deemed unprofessional conduct and may be the basis for disciplinary action. Pursuant to KSA 65-12-126, licensees are required to notify the Board in writing within 30 days of any changes in the licensee's mailing or practice address. By this submission I hereby certify that I am the licensee named in this renewal application and I have personally submitted all data requested in the renewal application form. I understand that Kansas Statutes allow the Board to revoke, suspend or limit a license, censure the license, or impose a fine in an amount up to \$5,000 for any act of fraud or misrepresentation in applying for renewal of a license.

I declare, under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Signature: _____

Date: _____

PLEASE RETURN TO:
website: www.ksbha.org

Kansas State Board of Healing Arts, Attn: Licensing
800 SW Jackson, Lower Level, Suite A., Topeka, KS 66612

voice : 785 296-2575



CREDIT CARD PAYMENT AUTHORIZATION

Please enter required information, sign and date at the bottom. Mail or fax form.



CARD NUMBER

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Verification Code

3-4 digit non-embossed number found on the card signature panel

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Expiration Date

MO / YR

Name (as it appears on the credit card): _____

Billing Address: _____
Street City State Zip

Telephone Number: _____ - _____ - _____

Payment Amount \$ _____ Purpose of Payment: _____
(e.g. renewal, application)

I agree to pay the above amount per the card issuer agreement.

Signature _____

Date _____

Please Note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.

office use only

800 SW Jackson, Lower Level, Suite A., TOPEKA, KS 66612
Voice: 785-296-7413 Toll Free: 888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

Print Form