



GEORGIA STATE BOARD OF PHYSICAL THERAPY  
237 Coliseum Drive  
Macon, Georgia 31217  
Phone (478) 207-2440  
<http://sos.ga.gov/index.php/licensing/plb/39>

## **APPLICATION TO INACTIVATE PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT LICENSE**

Please read the instructions carefully and be familiar with the laws and rules governing the practice of PHYSICAL THERAPY in the State of Georgia. Visit the following web site for information: <http://sos.ga.gov/index.php/licensing/plb/39>.

**\*\*Important\*\***

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application will not be presented to the Board for consideration. Please review your application before you submit it to ensure that all information and documentation is complete and accurate. Incomplete and/or inaccurate information on the application will result in delayed processing. Incomplete applications are void after one year.

### Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

- APPLICATION:** Application is complete and signed. NO fee is required.
- LETTER:** You have included a signed, detailed letter of explanation if you are requesting an inactive status as a result of an inability to practice as a physical therapist or physical therapist assistant due to a PHYSICAL IMPAIRMENT OR INFIRMITY WHICH IN TIME IS NOT EXPECTED TO RESOLVE. If the reason for an inability to practice is age related, you are not required to submit a letter of explanation.
- APPLICANT:** You have verified that the current status of any and all licenses you have been issued in this or any other state is not revoked, suspended, probation or otherwise sanctioned.



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APPLICATION FOR INACTIVATE LICENSE FOR  
PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT

**\*\*\* NO Application Fee Is Required**

Name as on License \_\_\_\_\_  
First Middle Last

License Number \_\_\_\_\_

Name as shown on exam records or transcripts (If different)

First Middle Last \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

E Mail Address \_\_\_\_\_

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in a timely manner. Your email address will not be shared with any third party.

Physical Address \_\_\_\_\_  
(P.O. Box not acceptable)  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different from physical address)  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

I \_\_\_\_\_ (Print Name) hereby swear and affirm that all information provided in this application and any supporting documents is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Physical Therapy, that I meet the requirements of Board Rule 490-4-.04 Inactive Status, I agree not to practice as a physical therapist or physical therapist assistant in the state of Georgia, and I attest that I am not the holder of any license with a current status of revoked, suspended, probation or a sanction of any kind.

*In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Physical Therapy and/or criminal prosecution.*

\_\_\_\_\_  
Signature of Applicant