

Continuing Competence Exemption Request Form

This form may be used to request an exemption from the Continuing Competence requirements for license renewal. The form may be downloaded, printed and sent via mail, email or fax to the Board including all required attachments. Once a complete application form is submitted and received, it will be reviewed at the next scheduled quarterly Board meeting. Licensees will be notified of the Board's decision by mail. **Send this form and any documents supporting this request** (military orders, medical or legal documents, etc.) to:

North Carolina Board of Physical Therapy Examiners
18 West Colony Place, Suite 140
Durham, North Carolina 27705
Phone: (919)490-6393;(800)800-8982
Fax: (919)490-5106
email: dragan@ncptboard.org

Licensee Full Name: _____ (Please Print)

Address: _____

Email address: _____ Preferred daytime phone number: _____

Licensee Professional Designation: (PT/PTA) _____; NC PT License Number _____

Dates of reporting period exemption request: _____ to _____

Current Work Status: ___ Not working as a licensed PT/PTA ___ Working as a licensed PT/ PTA

If not working, as of what date: _____

If disabled, Start date: _____ Anticipated Return to work date: _____

Definitions: *Exemption:* Licensee will not be responsible for completing the continuing competence requirements for license renewal during a specific reporting period. Licensees who believe they will not be able to complete the requirement due to their personal circumstances or qualify for the over 65 years of age or military exemption should request an exemption for a specific reporting period.

Reason for Exemption Request: (check reason and attach supporting documents)

_____ I am over 65, no longer actively practicing physical therapy

_____ I have been ordered on active military duty for over 120 days

_____ I have a personal hardship described below:
