

Continuing Competence Compliance Form: Request for Exemption or Deferment

This form may be used to request an **exemption or deferment** from the Continuing Competence requirements for license renewal pursuant to 21 NCAC 48G .0111. The form may be downloaded, printed and sent via mail or fax to the Board or downloaded and completed electronically, then sent as an attachment to the NCBPTE via email. The request will be taken to the next quarterly Board meeting for a decision. Licensees will be notified of the Board's decision by regular 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: karney@ncptboard.org

Licensee Full Name (Please Print): _____
First Middle Last

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

Dates of Reporting Period request from: __/__/__ to __/__/__.

Classifications:

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 requirements due to their personal circumstances or qualify for the over 65 years of age should request an exemption for a specific reporting period.

Deferment: Licensee will not have to meet the requirements for up to one year but will have to meet the wholly or partially at some point in the future. Licensees who are unable to meet the requirements now due to personal circumstances but will be able to meet the requirements in the future should apply for a deferment for a specific period of time.

REASON FOR EXEMPTION REQUEST: (Please check the appropriate reason) (attach supporting documents)

- I am over 65, no longer actively practicing physical therapy (21 NCAC 48G .0111 (e))
- I have been ordered on active military duty for over 120 days. The reporting period for those qualifying for a military exemption will commence on January 1 following the discharge from active duty. (21 NCAC 48G .0111 (b))
- I have a disability or personal hardship described below: (21 NCAC 48G .0111 (c))

REASON FOR DEFERMENT REQUEST: *(Check the appropriate response):*

I require additional time (specify time period) from _____ to _____ to complete the continuing competence requirements due to the personal or family emergency described below: *(or attach a statement with a description to the form)* (21 NCAC 48G .0111 (d))

I request to defer completion of _____ points for a period from _____ to _____ due to hardships or circumstances beyond my control as follows: *(attach supporting documents)* (21 NCAC 48G .0111 (f))
