



**KENTUCKY BOARD OF PHYSICAL THERAPY**  
**312 Whittington Parkway, Suite 102**  
**Louisville, KY 40222**  
<http://pt.ky.gov>  
 Phone: 502/429-7140  
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**EXTENSION OF TIME FOR  
 COMPLETION OF CONTINUED COMPETENCY FORM**

Extension of Time Requirements  
 See 201 KAR 22:045, Section 2(5)

NOTE: All applications for time extension shall be in writing and received by the board office by March 31 of each odd numbered year of the renewal cycle.

1. Name and address of applicant (please type or print)

_____	Date of application:_____
_____	License Number:_____
_____	Telephone Number:_____

2. This application is made pursuant to: (Read carefully and complete)

- Hardship: 201 KAR 22:045, Section 2:** Attach evidence of circumstances establishing “hardship or other clearly mitigating circumstance.” **Note:** Statement of evidence is required. Application will be returned as Denied if statement is not attached. Provide a plan that will meet the required credit deficiencies, along with a date by which you propose to complete the process.
- Non-Hardship: 201 KAR 22:045, Section 2(5):** Attach a \$250.00 filing fee and a written plan setting forth how the applicant’s credit deficiency will be in compliance on or before July 1 of the filing year. **Note:** Written plan and fee are required at the time of filing. Application will be returned as Denied if not attached. (Make check payable to “Kentucky Board of Physical Therapy.”)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

