

# ABPTS EMERITUS STATUS APPLICATION



## APPLICANT CONTACT INFORMATION

First:	Middle:	
Last:	Credentials:	
Home address:		
City:	State:	ZIP Code:
Phone:	E-mail:	

## EMPLOYMENT INFORMATION (IF APPLICABLE)

Current employer:		
Employer address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

## ABPTS CERTIFICATION INFORMATION

APTA ID Number:		
Board Certification Specialty Area(s):		
Board Certification Expiration Date(s):		
I would like to remain listed in the online Directory of Certified Specialist:	Yes	No

## AFFIRMATION OF EMERITUS STATUS POLICY

Board-certified specialists who have retired from direct patient/client care (as defined by ABPTS at <http://www.abpts.org/Resources/DirectPatientCare/>) may petition ABPTS to be granted the designation "emeritus." By checking the boxes below I certify that I have read and understand the listed policies, procedures, and restrictions.

A board-certified specialist with current certification status retiring from direct patient/client care (including any pro bono work) who desires to maintain affiliation with the certification process may submit a written request to ABPTS for authorization to include the designation "emeritus" after their specialist initials.

Clinical specialists with two or more clinical specialties may apply for "emeritus" status only when they have retired from direct patient/client care (including any pro bono work).

For the purpose of this policy, a therapist who does not participate in direct patient/client care but may perform occasional demonstrations or supervision of patient/client care of less than five hours per week, qualifies for "emeritus" status.

At the time that ABPTS grants a retired specialist permission to use the designation "emeritus," the individual will be notified that he or she may not represent themselves as board certified if they resume direct patient/client care. Use of the specialist initials in violation of this condition will be dealt with under [Section XIII of the ABPTS Policies and Procedures \(.pdf\)](#).

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## CURRENT CLINICAL PRACTICE/DIRECT PATIENT CARE ACTIVITIES

Are you currently involved with clinical practice or any direct patient care activities (including any pro bono work), as defined by ABPTS at <http://www.abpts.org/Resources/DirectPatientCare/>?

Yes     No

Please use this space to detail your current employment, including a brief description of your work responsibilities. If your employment status is fully retired, please indicate that below.

## ADDITIONAL COMMENTS

Use this space to provide any additional comments or information (if any) related to your board certification or request for emeritus status:

## STAFF USE ONLY

**Reviewed by:**    Derek Stepp

Brenda Smith-Epps

ABPTS

**Staff Comments:**

**Approved By:**

**Date:**

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## APPLICATION FEE - \$100

*Please make all checks payable to APTA*

*Please send application and payment to PO Box 75701 Baltimore, MD 21298*

MasterCard     Visa     AMEX     Discover     Check# \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

*For Accounting Use Only; Program 65, Activity 2, Line Item 451, Sub line 001*

## SIGNATURE

I authorize the verification of the information provided on this form as to my eligibility for ABPTS emeritus status.

Signature of applicant:

Date:

*Please send application and payment to PO Box 75701 Baltimore, MD 21298*