



Alaska Board of Physical Therapy and Occupational Therapy Meeting - Day 1 - October 24, 2024

Alaska Division of Corporations, Business and Professional Licensing
Robert B. Atwood Bldg., 550 W. 7th Ave., Ste. 1535, Anchorage, AK 99501 + Zoom
2024-10-24 09:00 - 2024-10-24 16:30 AKDT

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1. Call to Order/Roll Call

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Board members: Tina McLean, Chair Enlow Walker, Secretary Rebecca Dean, Public Member Valerie Phelps Victoria "Tori" Daugherty Jonathan Gates Staff members: Reid Bowman, Program Coordinator 2 Shane Bannarbie, Program Coordinator I Sheri Ryan, Licensing Examiner 3 Alaska State Physical Therapy and Occupational Therapy Mission Statement The mission of the Alaska State Physical and Occupational Therapy Board is to promote healthy, independent, productive Alaskans. The board strives to do this by: Adopting regulations necessary for the safe and efficient practice of Physical Therapy and Occupational Therapy in the State of Alaska. Reviewing and approving the qualification of applicants to ensure a competent and effective work force of therapists and assistants. Issuing temporary permits and licenses to qualified persons. Monitoring compliance with continuing education requirements. Reviewing and acting on any report or documentation of any unsafe, unethical or unlawful actions of a licensee.

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Alaska State Physical Therapy and Occupational Therapy Mission Statement

The mission of the Alaska State Physical and Occupational Therapy Board is to promote healthy, independent, productive Alaskans. The board strives to do this by:

1. Adopting regulations necessary for the safe and efficient practice of Physical Therapy and Occupational Therapy in the State of Alaska.
2. Reviewing and approving the qualification of applicants to ensure a competent and effective work force of therapists and assistants.
3. Issuing temporary permits and licenses to qualified persons.
4. Monitoring compliance with continuing education requirements.
5. Reviewing and acting on any report or documentation of any unsafe, unethical or unlawful actions of a licensee.

Statutes and Regulations **Physical Therapy and Occupational Therapy**

August 2024



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

*DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING*

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CHAPTER 84.
PHYSICAL THERAPISTS AND OCCUPATIONAL THERAPISTS

Article

1. **State Physical Therapy and Occupational Therapy Board (§§ 08.84.010, 08.84.020)**
2. **Licensing (§§ 08.84.030 – 08.84.120)**
3. **Unlawful Acts (§§ 08.84.130 – 08.84.180)**
- 3A. **Interstate Physical Therapy Licensure Compact (§ 08.84.188)**
4. **General Provisions (§§ 08.84.190, 08.84.200)**

ARTICLE 1.
STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD

Section

10. **Creation and membership of board**
20. **Applicability of Administrative Procedure Act**

Sec. 08.84.010. Creation and membership of board. (a) There is created the State Physical Therapy and Occupational Therapy Board, which consists of seven members. The membership consists of three physical therapists licensed in the state or two physical therapists and one physical therapist assistant licensed in the state, three occupational therapists licensed in the state or two occupational therapists and one occupational therapy assistant licensed in the state, and one lay person with no direct financial interest in the health care industry. Members of the board shall be United States citizens domiciled in the state.

(b) The board shall control all matters pertaining to the licensing of physical therapists, physical therapist assistants, occupational therapists, and occupational therapy assistants and the practice of physical therapy and the practice of occupational therapy. The board shall

- (1) pass upon the qualifications of applicants;
- (2) provide for the examination of applicants;
- (3) issue temporary permits and licenses to persons qualified under this chapter;
- (4) suspend, revoke, or refuse to issue or renew a license under AS 08.84.120;
- (5) keep a current register listing the name, business address, date, and number of the license of each person who is licensed to practice under this chapter;
- (6) adopt regulations under AS 44.62 (Administrative Procedure Act) necessary to carry out the purposes of this chapter, including regulations establishing qualifications for licensure and renewal of licensure under this chapter;
- (7) implement the Interstate Physical Therapy Licensure Compact under AS 08.84.188.

Sec. 08.84.020. Applicability of Administrative Procedure Act. The board shall comply with AS 44.62 (Administrative Procedure Act).

ARTICLE 2.
LICENSING

Section

30. **Qualifications for licensing**
32. **Foreign-educated applicants**
34. **Exemption from criminal justice information and criminal history record check**
40. **Application for license**
50. **Fees**
60. **Licensure by acceptance of credentials**
65. **Temporary permit**
75. **Limited permit**
80. **Examinations**
90. **Licensure**
100. **Renewal of license**
120. **Refusal, revocation, and suspension of license; discipline**

Sec. 08.84.030. Qualifications for licensing. (a) To be eligible for licensure by the board as a physical therapist or physical therapist assistant, an applicant, unless a graduate of a foreign school of physical therapy located outside the United States, shall

- (1) have graduated from a professional physical therapy education program that includes supervised field work and is accredited by a national accreditation agency approved by the board;

(2) pass, to the satisfaction of the board, an examination prepared by a national testing service approved by the board to determine the applicant's fitness for practice as a physical therapist or physical therapist assistant, or be entitled to licensure without examination as provided in AS 08.84.060;

(3) meet qualifications for licensure established in regulations adopted by the board under AS 08.84.010(b); and

(4) have been fingerprinted and have provided the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the fingerprints and fees shall be forwarded to the Department of Public Safety to obtain a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400

(b) To be eligible for licensure by the board as an occupational therapist or occupational therapy assistant, an applicant, unless a graduate of a foreign school of occupational therapy located outside the United States, shall

(1) have graduated from a professional occupational therapy education program that includes supervised field work and is accredited by a national accreditation agency approved by the board;

(2) pass, to the satisfaction of the board, an examination prepared by a national testing service approved by the board or an examination recognized by a national accreditation agency approved by the board to determine the applicant's fitness for practice as an occupational therapist or occupational therapy assistant, or be entitled to licensure without examination under AS 08.84.060;

(3) meet qualifications for licensure established in regulations adopted by the board under AS 08.84.010(b); and

(4) have been fingerprinted and have provided the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the fingerprints and fees shall be forwarded to the Department of Public Safety to obtain a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400.

Sec. 08.84.032. Foreign-educated applicants. (a) To be eligible for licensure by the board as a physical therapist or physical therapist assistant, an applicant who is a graduate of a school of physical therapy that is located outside the United States shall

(1) have completed, to the satisfaction of the board, a resident course of study and professional instruction substantially equivalent to a professional physical therapy education program that is accredited by a board-approved national accreditation agency in the United States;

(2) have completed, to the satisfaction of the board, an internship under the continuous direction and immediate supervision of a physical therapist in an institution that ordinarily provides physical therapy and is approved by the board, for that period of time specified by the board, and furnish documentary evidence of compliance with this paragraph;

(3) pass an examination recognized by the board that measures the competence of the applicant in the English language if the applicant's physical therapist or physical therapist assistant education program was not taught in English;

(4) have met applicable requirements under 8 U.S.C. 1101 – 1503 (Immigration and Nationality Act), unless a United States citizen;

(5) pass the examination approved by the board under AS 08.84.030(a)(2);

(6) pay the fee required under AS 08.84.050;

(7) meet additional qualifications for licensure established in regulations adopted by the board under AS 08.84.010(b); and

(8) have been fingerprinted and have provided the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the fingerprints and fees shall be forwarded to the Department of Public Safety to obtain a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400.

(b) To be eligible for licensure by the board as an occupational therapist or occupational therapy assistant, an applicant who is a graduate of a school of occupational therapy that is located outside the United States shall

(1) have completed, to the satisfaction of the board, a resident course of study and professional instruction substantially equivalent to a professional occupational therapy education program that is accredited by a board-approved national accreditation agency in the United States;

(2) have completed, to the satisfaction of the board, supervised field work equivalent to that required under AS 08.84.030(b);

(3) pass an examination recognized by the board that measures the competence of the applicant in the English language if the applicant's occupational therapist or occupational therapy assistant education program was not taught in English;

(4) have met applicable requirements under 8 U.S.C. 1101 – 1503 (Immigration and Nationality Act), unless a United States citizen;

(5) pass an examination approved by the board under AS 08.84.030(b);

(6) pay the fee required under AS 08.84.050;

(7) meet additional qualifications for licensure established in regulations adopted by the board under AS 08.84.010(b); and

(8) have been fingerprinted and have provided the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the fingerprints and fees shall be forwarded to the Department of Public Safety to obtain a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400.

Sec. 08.84.034. Exemption from criminal justice information and criminal history record check. A physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant holding a valid license under this chapter on July 1, 2024, is exempt from the requirements of AS 08.84.030(a)(4) and (b)(4) and 08.84.032(a)(8) and (b)(8), but is otherwise subject to this chapter.

Sec. 08.84.040. Application for license. To be licensed under this chapter to practice physical therapy or occupational therapy, an applicant shall apply to the board on a form prescribed by the board. An applicant shall include in the application evidence under oath that the applicant possesses the qualifications required by AS 08.84.030 or 08.84.032.

Sec. 08.84.050. Fees. The Department of Commerce, Community, and Economic Development shall set fees under AS 08.01.065 for the following:

- (1) application;
- (2) license by examination;
- (3) license by acceptance of credentials;
- (4) renewal;
- (5) temporary permit;
- (6) limited permit;
- (7) compact privilege.

Sec. 08.84.060. Licensure by acceptance of credentials. The board may license without examination an applicant who is a physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant licensed under the laws of another state, if the requirements for licensure in that state were, at the date of the applicant's licensure, substantially equal to the requirements in this state.

Sec. 08.84.065. Temporary permit. (a) The board may issue a nonrenewable temporary permit to an applicant for licensure by acceptance of credentials or by examination who

- (1) meets the requirements of
 - (A) AS 08.84.030(a)(1) or (b)(1); or
 - (B) AS 08.84.032(a)(2) and (4) or (b)(2) and (4); and
- (2) pays the required fee.

(b) A temporary permit issued to an applicant for licensure by acceptance of credentials is valid for eight months or until the board considers the applicant's application for acceptance of credentials, whichever occurs first.

(c) A temporary permit issued to an applicant for licensure as a physical therapist or physical therapist assistant by examination is valid for eight months or until the results of the first examination for which the applicant is scheduled are published, whichever occurs first. If the applicant fails to take the first examination for which the applicant is scheduled, the applicant's temporary permit lapses the day of the examination.

(d) A temporary permit issued to an applicant who is a graduate of a foreign school of physical therapy or occupational therapy located outside the United States is valid until the results of the first examination for which the applicant is scheduled are published following completion of the internship required under AS 08.84.032.

(e) A temporary permit issued to an applicant for licensure as an occupational therapist or occupational therapy assistant by examination is valid for eight months or until the results of the examination for which the applicant is scheduled are published, whichever occurs first. If the applicant fails to take an examination for which the applicant is scheduled the applicant's temporary permit lapses on the day of the examination.

Sec. 08.84.070. Registration fee. *[Repealed, Sec. 8 ch 49 SLA 1969.]*

Sec. 08.84.075. Limited permit. (a) The board may issue a limited permit to a person to practice occupational therapy in the state as a visiting, nonresident occupational therapist or occupational therapy assistant, if the person

- (1) applies on the form provided by the board;
- (2) has not previously been denied occupational therapy licensure in the state;
- (3) is licensed to practice occupational therapy in another state or satisfies the requirements for certification by the American Occupational Therapy Association;
- (4) provides proof satisfactory to the board that the person will not practice in the state for more than 120 days in the calendar year for which the permit is issued; and
- (5) pays the fee required under AS 08.84.050.

(b) The board may issue a limited permit to a person to practice physical therapy in the state as a visiting, nonresident physical therapist or physical therapist assistant, if the person

- (1) applies on the form provided by the board;

- (2) has not previously been denied physical therapy licensure in the state;
- (3) is licensed to practice physical therapy in another state;
- (4) provides proof satisfactory to the board that the person will not practice in the state for more than 120 days in the calendar year for which the permit is issued; and
- (5) pays the fee required under AS 08.84.050.
- (c) A limited permit is valid for a period of 120 consecutive days in a calendar year.
- (d) A person may not receive more than
 - (1) one limited permit to practice occupational therapy or physical therapy in a 12-month period; and
 - (2) three limited permits to practice occupational therapy or physical therapy during the person's lifetime.

Sec. 08.84.080. Examinations. The board shall examine applicants for licensure under this chapter at the times and places it determines.

Sec. 08.84.090. Licensure. The board shall license an applicant who meets the qualifications for licensure under this chapter and shall issue a license certificate to each person licensed. A license certificate is prima facie evidence of the right of the person to hold out as a licensed physical therapist, licensed physical therapist assistant, licensed occupational therapist, or licensed occupational therapy assistant.

Sec. 08.84.100. Renewal of license. (a) *[Repealed, § 49 ch 94 SLA 1987.]*

(b) If the license remains lapsed for more than three years, the board may require the applicant to submit proof, satisfactory to the board, of continued competency.

(c) A license may not be renewed unless the applicant submits proof of continued competence to practice physical therapy or occupational therapy in a manner established by the board in regulations adopted under AS 08.84.010(b).

Sec. 08.84.110. Renewal fee. *[Repealed, Sec. 8 ch 49 SLA 1969.]*

Sec. 08.84.120. Refusal, revocation, and suspension of license; discipline. (a) The board may refuse to license an applicant, may refuse to renew the license of a person, may discipline a person, and may suspend or revoke the license of a person who

- (1) has obtained or attempted to obtain a license by fraud or material misrepresentation;
- (2) uses drugs or alcohol in any manner that affects the person's ability to practice physical therapy or occupational therapy competently and safely;
- (3) has been convicted of a state or federal felony or other crime that effects the person's ability to practice competently and safely;
- (4) is guilty, in the judgement of the board, of gross negligence or malpractice or has engaged in conduct contrary to the recognized standards of ethics of the physical therapy profession or the occupational therapy profession;
- (5) has continued to practice physical therapy or occupational therapy after becoming unfit because of physical or mental disability;
- (6) has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person;
- (7) as a physical therapist assistant, has attempted to practice physical therapy that has not been initiated, supervised, and terminated by a licensed physical therapist;
- (8) as an occupational therapy assistant, has attempted to practice occupational therapy that has not been supervised by a licensed occupational therapist; or
- (9) has failed to comply with this chapter, a regulation adopted under this chapter, or an order of the board.

(b) The refusal or suspension of a license may be modified or rescinded if the person has been rehabilitated to the satisfaction of the board.

(c) The board may not impose disciplinary sanctions on a licensee for the evaluation, diagnosis, or treatment of a person through audio, video, or data communications when physically separated from the person if the licensee

- (1) or another licensed health care provider is available to provide follow-up care;
- (2) requests that the person consent to sending a copy of all records of the encounter to a primary care provider if the licensee is not the person's primary care provider and, if the person consents, the licensee sends the records to the person's primary care provider; and
- (3) meets the requirements established by the board in regulation.

(d) The board shall adopt regulations restricting the evaluation, diagnosis, supervision, and treatment of a person as authorized under (c) of this section by establishing standards of care, including standards for training, confidentiality, supervision, practice, and related issues.

ARTICLE 3. UNLAWFUL ACTS

Section

- 130. False claim of license prohibited
- 140. Penalty for fraud in obtaining license
- 150. License required; exceptions
- 160. Scope of authorized practice
- 180. Investigation

Sec. 08.84.130. False claim of license prohibited. (a) A person not licensed as a physical therapist, or whose license is suspended or revoked or has lapsed, who uses in connection with the person's name the words or letters "P.T.," "Physical Therapist," "L.P.T.," "Licensed Physical Therapist," or other letters, words, or insignia indicating or implying that the person is a licensed physical therapist, or who, in any way, orally or in writing, directly or by implication, holds out as a licensed physical therapist, is guilty of a class B misdemeanor.

(b) A person not licensed as a physical therapist assistant, or whose license is suspended or revoked or has lapsed, who, in any way, orally or in writing, directly or by implication, holds out as a licensed physical therapist assistant is guilty of a class B misdemeanor.

(c) A person not licensed as an occupational therapist, or whose license is suspended or revoked, or whose license is lapsed, who uses in connection with the person's name the words "Licensed Occupational Therapist," or other letters, words, or insignia indicating or implying that the person is a licensed occupational therapist, or who orally or in writing, directly or by implication, holds out as a licensed occupational therapist is guilty of a class B misdemeanor.

(d) A person not licensed as an occupational therapy assistant, or whose license is suspended or revoked, or whose license is lapsed, who orally or in writing, directly or by implication, holds out as a licensed occupational therapy assistant is guilty of a class B misdemeanor.

Sec. 08.84.140. Penalty for fraud in obtaining license. A person who willfully makes a false oath or affirmation or who obtains or attempts to obtain a license by a fraudulent representation is guilty of a class B misdemeanor.

Sec. 08.84.150. License required; exceptions. (a) It is unlawful for a person to practice physical therapy without being licensed under this chapter unless the person is

- (1) a student in an accredited physical therapy program;
- (2) a graduate of a foreign school of physical therapy fulfilling the internship requirement of AS 08.84.032, and then only unless under the continuous direction and immediate supervision of a physical therapist;
- (3) issued a limited permit under AS 08.84.075; or
- (4) granted a compact privilege under AS 08.84.188.

(b) A person may not provide services that the person describes as occupational therapy without being licensed under this chapter unless the person is

- (1) a student in an accredited occupational therapy program or in a supervised field work program;
- (2) a graduate of a foreign school of occupational therapy fulfilling the internship requirement of AS 08.84.032, and then only unless under the continuous direction and immediate supervision of an occupational therapist;
- (3) an occupational therapist or occupational therapy assistant employed by the United States Government while in the discharge of official duties;
- (4) granted a limited permit under AS 08.84.075;
- (5) licensed under this title and uses occupational therapy skills in the practice of the profession for which the license is issued; or

(6) employed as a teacher or teacher's aide by an educational institution and is required to use occupational therapy skills during the course of employment, if

- (A) the occupational therapy skills are used under a program implemented by the employer and developed by a licensed occupational therapist;
- (B) the employer maintains direct supervision of the person's use of occupational therapy skills; and
- (C) the person does not represent to
 - (i) be an occupational therapist or occupational therapy assistant; and
 - (ii) practice occupational therapy.

Sec. 08.84.160. Scope of authorized practice. This chapter does not authorize a person to practice medicine, osteopathy, chiropractic, or other method of healing, but only to practice physical therapy or occupational therapy.

Sec. 08.84.170. Penalty. *[Repealed, Sec. 7 ch 46 SLA 1986.]*

Sec. 08.84.180. Investigation. The board shall request appropriate authorities to conduct investigations of every supposed violation of this chapter coming to its notice and shall report all cases that in the judgment of the board warrant prosecution to the proper law enforcement officials.

Sec. 08.84.185. Limits or conditions on license; discipline. *[Repealed, Sec. 49 ch 94 SLA 1987.]*

ARTICLE 3A.
INTERSTATE PHYSICAL THERAPY LICENSURE COMPACT

Sec. 08.84.188. Compact enacted. The Interstate Physical Therapy Licensure Compact as contained in this section is enacted into law and entered into on behalf of the state with all other states and jurisdictions legally joining it in a form substantially as follows:

SECTION 1. PURPOSE

The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient or client is located at the time of the patient/client encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure. This Compact is designed to achieve the following objectives:

- (1) Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;
- (2) Enhance the states' ability to protect the public's health and safety;
- (3) Encourage the cooperation of member states in regulating multistate physical therapy practice;
- (4) Support spouses of relocating military members;
- (5) Enhance the exchange of licensure, investigative, and disciplinary information between member states; and
- (6) Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

SECTION 2. DEFINITIONS

As used in this Compact, and except as otherwise provided, the following definitions shall apply:

- (1) "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Chapter 1209 and 1211.
- (2) "Adverse action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both.
- (3) "Alternative program" means a non-disciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes substance abuse issues.
- (4) "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient or client is located at the time of the patient/client encounter.
- (5) "Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work.
- (6) "Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege, and adverse action.
- (7) "Encumbered license" means a license that a physical therapy licensing board has limited in any way.
- (8) "Executive Board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission.
- (9) "Home state" means the member state that is the licensee's primary state of residence.
- (10) "Investigative information" means information, records, and documents received or generated by a physical therapy licensing board pursuant to an investigation.
- (11) "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state.
- (12) "Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant.
- (13) "Member state" means a state that has enacted the Compact.
- (14) "Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege.
- (15) "Physical therapist" means an individual who is licensed by a state to practice physical therapy.
- (16) "Physical therapist assistant" means an individual who is licensed or certified by a state and who assists the physical therapist in selected components of physical therapy.
- (17) "Physical therapy," "physical therapy practice," and "the practice of physical therapy" mean the care and services provided by or under the direction and supervision of a licensed physical therapist.
- (18) "Physical Therapy Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact.
- (19) "Physical therapy licensing board" or "licensing board" means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants.

(20) "Remote state" means a member state other than the home state, where a licensee is exercising or seeking to exercise the compact privilege.

(21) "Rule" means a regulation, principle, or directive promulgated by the Commission that has the force of law.

(22) "State" means any state, commonwealth, district, or territory of the United States of America that regulates the practice of physical therapy.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

(a) To participate in the Compact, a state must:

(1) Participate fully in the Commission's data system, including using the Commission's unique identifier as defined in rules;

(2) Have a mechanism in place for receiving and investigating complaints about licensees;

(3) Notify the Commission, in compliance with the terms of the Compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

(4) Fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions in accordance with Section 3(b);

(5) Comply with the rules of the Commission;

(6) Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the Commission; and

(7) Have continuing competence requirements as a condition for license renewal.

(b) Upon adoption of this statute, the member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and submit this information to the Federal Bureau of Investigation for a criminal background check in accordance with 28 U.S.C. §534 and 34 U.S.C. §40316.

(c) A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the Compact and rules.

(d) Member states may charge a fee for granting a compact privilege.

SECTION 4. COMPACT PRIVILEGE

(a) To exercise the compact privilege under the terms and provisions of the Compact, the licensee shall

(1) Hold a license in the home state;

(2) Have no encumbrance on any state license;

(3) Be eligible for a compact privilege in any member state in accordance with Section 4(d), (g) and (h);

(4) Have not had any adverse action against any license or compact privilege within the previous 2 years;

(5) Notify the Commission that the licensee is seeking the compact privilege within a remote state;

(6) Pay any applicable fees, including any state fee, for the compact privilege;

(7) Meet any jurisprudence requirements established by the remote state in which the licensee is seeking a compact privilege; and

(8) Report to the Commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken.

(b) The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of Section 4(a) to maintain the compact privilege in the remote state.

(c) A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

(d) A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

(e) If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

(1) The home state license is no longer encumbered; and

(2) Two years have elapsed from the date of the adverse action.

(f) Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of Section 4(a) to obtain a compact privilege in any remote state.

(g) If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

(1) The specific period of time for which the compact privilege was removed has ended;

(2) All fines have been paid; and

(3) Two years have elapsed from the date of the adverse action.

(h) Once the requirements of Section 4(g) have been met, the licensee must meet the requirements in Section 4(a) to obtain a compact privilege in a remote state.

SECTION 5. ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:

- (1) Home of record;
- (2) Permanent Change of Station (PCS); or
- (3) State of current residence if it is different than the PCS state or home of record.

SECTION 6. ADVERSE ACTIONS

- (a) A home state shall have exclusive power to impose adverse action against a license issued by the home state.
- (b) A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.
- (c) Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain non-public if required by the member state's laws. Member states must require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.
- (d) Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.
- (e) A remote state shall have the authority to:
 - (1) Take adverse actions as set forth in Section 4(d) against a licensee's compact privilege in the state;
 - (2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses and/or evidence are located; and
 - (3) If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.
- (f) Joint Investigations
 - (1) In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.
 - (2) Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

SECTION 7. ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

- (a) The Compact member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission.
 - (1) The Commission is an instrumentality of the Compact states.
 - (2) Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.
 - (3) Nothing in this Compact shall be construed to be a waiver of sovereign immunity.
- (b) Membership, Voting, and Meetings
 - (1) Each member state shall have and be limited to one delegate selected by that member state's licensing board.
 - (2) The delegate shall be a current member of the licensing board, who is a physical therapist, physical therapist assistant, public member, or the board administrator.
 - (3) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.
 - (4) The member state board shall fill any vacancy occurring in the Commission.
 - (5) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.
 - (6) A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.
 - (7) The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.
- (c) The Commission shall have the following powers and duties:
 - (1) Establish the fiscal year of the Commission;
 - (2) Establish bylaws;

- (3) Maintain its financial records in accordance with the bylaws;
 - (4) Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;
 - (5) Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;
 - (6) Bring and prosecute legal proceedings or actions in the name of the Commission, provided that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;
 - (7) Purchase and maintain insurance and bonds;
 - (8) Borrow, accept, or contract for services of personnel, including, but not limited to, employees of a member state;
 - (9) Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;
 - (10) Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;
 - (11) Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided that at all times the Commission shall avoid any appearance of impropriety;
 - (12) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;
 - (13) Establish a budget and make expenditures;
 - (14) Borrow money;
 - (15) Appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;
 - (16) Provide and receive information from, and cooperate with, law enforcement agencies;
 - (17) Establish and elect an Executive Board; and
 - (18) Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of physical therapy licensure and practice.
- (d) The Executive Board shall have the power to act on behalf of the Commission according to the terms of this Compact.
- (1) The Executive Board shall be composed of nine members:
 - (A) Seven voting members who are elected by the Commission from the current membership of the Commission;
 - (B) One ex-officio, nonvoting member from the recognized national physical therapy professional association; and
 - (C) One ex-officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.
 - (2) The ex-officio members will be selected by their respective organizations.
 - (3) The Commission may remove any member of the Executive Board as provided in bylaws.
 - (4) The Executive Board shall meet at least annually.
 - (5) The Executive Board shall have the following duties and responsibilities:
 - (A) Recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege;
 - (B) Ensure Compact administration services are appropriately provided, contractual or otherwise;
 - (C) Prepare and recommend the budget;
 - (D) Maintain financial records on behalf of the Commission;
 - (E) Monitor Compact compliance of member states and provide compliance reports to the Commission;
 - (F) Establish additional committees as necessary; and
 - (G) Other duties as provided in rules or bylaws.
- (e) Meetings of the Commission
- (1) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Section 9.
 - (2) The Commission or the Executive Board or other committees of the Commission may convene in a closed, non-public meeting if the Commission or Executive Board or other committees of the Commission must discuss:
 - (A) Non-compliance of a member state with its obligations under the Compact;
 - (B) The employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures;
 - (C) Current, threatened, or reasonably anticipated litigation;
 - (D) Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
 - (E) Accusing any person of a crime or formally censuring any person;
 - (F) Disclosure of trade secrets or commercial or financial information that is privileged or confidential;
 - (G) Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(H) Disclosure of investigative records compiled for law enforcement purposes;

(I) Disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact; or

(J) Matters specifically exempted from disclosure by federal or member state statute.

(3) If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

(4) The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

(f) Financing of the Commission

(1) The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(2) The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(3) The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

(4) The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

(5) The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

(g) Qualified Immunity, Defense, and Indemnification

(1) The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The Commission shall defend any member, officer, executive director, employee or representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The Commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

SECTION 8. DATA SYSTEM

(a) The Commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

(b) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

- (1) Identifying information;
- (2) Licensure data;
- (3) Adverse actions against a license or compact privilege;
- (4) Non-confidential information related to alternative program participation;
- (5) Any denial of application for licensure, and the reason(s) for such denial; and
- (6) Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

(c) Investigative information pertaining to a licensee in any member state will only be available to other party states.

(d) The Commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

(e) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

(f) Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

SECTION 9. RULEMAKING

(a) The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Section and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within 4 years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

(c) Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

(d) Prior to promulgation and adoption of a final rule or rules by the Commission, and at least thirty (30) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

- (1) On the website of the Commission or other publicly accessible platform; and
- (2) On the website of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

(e) The Notice of Proposed Rulemaking shall include:

- (1) The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;
- (2) The text of the proposed rule or amendment and the reason for the proposed rule;
- (3) A request for comments on the proposed rule from any interested person; and
- (4) The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

(f) Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(g) The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

- (1) At least twenty-five (25) persons;
- (2) A state or federal governmental subdivision or agency; or
- (3) An association having at least twenty-five (25) members.

(h) If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) All hearings will be recorded. A copy of the recording will be made available on request.

(4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

(i) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

(j) If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

(k) The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

(l) Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) Meet an imminent threat to public health, safety, or welfare;

(2) Prevent a loss of Commission or member state funds;

(3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

(4) Protect public health and safety.

(m) The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

SECTION 10. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(a) Oversight

(1) The executive, legislative, and judicial branches of state government in each member state shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.

(2) All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.

(3) The Commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

(b) Default, Technical Assistance, and Termination

(1) If the Commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

(A) Provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission; and

(B) Provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(4) A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(5) The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.

(6) The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(c) Dispute Resolution

(1) Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and non-member states.

(2) The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(d) Enforcement

(1) The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

(2) By majority vote, the Commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney's fees.

(3) The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

SECTION 11. DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

(a) The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

(b) Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

(c) Any member state may withdraw from this Compact by enacting a statute repealing the same.

(1) A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

(d) Nothing contained in this Compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a non-member state that does not conflict with the provisions of this Compact.

(e) This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

SECTION 12. CONSTRUCTION AND SEVERABILITY

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any party state, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

ARTICLE 4.
GENERAL PROVISIONS

Section

190. Definitions

200. Short title

Sec. 08.84.190. Definitions. In this chapter, unless the context otherwise requires,

- (1) “board” means the State Physical Therapy and Occupational Therapy Board;
- (2) “occupational therapist” means a person who practices occupational therapy;
- (3) “occupational therapy” means, for compensation, the use of purposeful activity, evaluation, treatment, and consultation with human beings whose ability to cope with the tasks of daily living are threatened with, or impaired by developmental deficits, learning disabilities, aging, poverty, cultural differences, physical injury or illness, or psychological and social disabilities to maximize independence, prevent disability, and maintain health; “occupational therapy” includes
 - (A) developing daily living, play, leisure, social, and developmental skills;
 - (B) facilitating perceptual-motor and sensory integrative functioning;
 - (C) enhancing functional performance, prevocational skills, and work capabilities using specifically designed exercises, therapeutic activities and measure, manual intervention, and appliances;
 - (D) design, fabrication, and application of splints or selective adaptive equipment;
 - (E) administering and interpreting standardized and nonstandardized assessments, including sensory, manual muscle, and range of motion assessments, necessary for planning effective treatment; and
 - (F) adapting environments for the disabled;
- (4) “occupational therapy assistant” means a person who assists in the practice of occupational therapy under the supervision of an occupational therapist;
- (5) “physical therapist” means a person who practices physical therapy;
- (6) “physical therapy” means the examination, treatment and instruction of human beings to detect, assess, prevent, correct, alleviate and limit physical disability, bodily malfunction, pain from injury, disease and other bodily or mental conditions and includes the administration, interpretation and evaluation of tests and measurements of bodily functions and structures; the planning, administration, evaluation and modification of treatment and instruction including the use of physical measures, activities and devices for preventive and therapeutic purposes; the provision of consultative, educational and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction and pain; “physical therapy” does not include the use of roentgen rays and radioactive materials for diagnosis and therapeutic purposes, the use of electricity for surgical purposes, and the diagnosis of disease.
- (7) *[Repealed, § 16 ch 66 SLA 2022.]*
- (8) “physical therapist assistant” means a person who assists in the practice of physical therapy or an aspect of physical therapy as initiated, supervised, and terminated by a licensed physical therapist; the responsibilities of a physical therapist assistant do not include evaluation.

Sec. 08.84.200. Short Title. This chapter may be cited as the Physical Therapists and Occupational Therapists Practice Act.

**CHAPTER 54. STATE PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY BOARD.**

Article

- 1. Physical Therapy Licensure by Examination
(12 AAC 54.010 – 12 AAC 54.080)**
- 2. Physical Therapy Licensure by Credentials
(12 AAC 54.100 – 12 AAC 54.130)**
- 3. Physical Therapy License Renewal and Continuing Competency Requirements
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**ARTICLE 1.
PHYSICAL THERAPY LICENSURE BY EXAMINATION.**

Section

- 10. (Repealed)**
- 20. (Renumbered)**
- 30. Requirements for physical therapy license by examination**
- 40. Foreign-educated physical therapy applicants**
- 50. Physical therapist temporary permits and scope of practice under those permits**
- 55. (Repealed)**
- 60. (Repealed)**
- 70. Supervised field work**
- 80. Passing scores**

12 AAC 54.010. OFFICERS OF THE BOARD. Repealed 9/26/91.

12 AAC 54.020. BOARD MEETINGS. Renumbered as 12 AAC 54.960, 9/26/91.

12 AAC 54.030. REQUIREMENTS FOR PHYSICAL THERAPY LICENSE BY EXAMINATION. (a) An applicant for a physical therapist or a physical therapist assistant license by examination, other than an applicant who is a graduate of a school of physical therapy that is located outside of the United States, shall submit a completed application on a form prescribed by the board with

- (1) payment of the fees established in 12 AAC 02.320;
- (2) the applicant's certified transcript sent directly to the department from a physical therapy school meeting the requirements of AS 08.84.030(a)(1);
- (3) a signed letter of professional reference sent directly to the department on a form provided by the department from

- (A) the head of the physical therapy school; or
- (B) an instructor, physician, supervising physical therapist, or supervisor;

(4) the jurisprudence questionnaire prepared by the board covering the provisions of AS 08.84 and this chapter; and

(5) proof of passing examination scores, sent directly to the department from the Federation of State Boards of Physical Therapy (FSBPT).

(b) Repealed 8/7/2021.

(c) An applicant who has applied for, but not yet received, licensure in another state and who has passed the national physical therapy examination in that state may have the examination scores transferred to the board and may apply for licensure by examination under (a) of this section.

Authority: AS 08.84.010 AS 08.84.030 AS 08.84.040

12 AAC 54.040. FOREIGN-EDUCATED PHYSICAL THERAPY APPLICANTS. (a) A physical therapist or physical therapist assistant applicant for license by examination who received an education and qualifying

degree outside of the United States must meet all requirements for licensure under AS 08.84. An applicant under this section must be a graduate from a school of physical therapy with a resident course of study and professional instruction that is

(1) substantially equivalent to a professional physical therapy education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE); and

(2) evaluated by one of the following board-approved credential evaluation services:

(A) International Consultants of Delaware (ICD);

(B) Foreign Credentialing Commission on Physical Therapy (FCCPT);

(C) International Education Research Foundation (IERF); or

(D) an equivalent nationally recognized company as approved by the board.

(b) To apply for a physical therapist or physical therapist assistant license by examination under this section, an applicant must submit

(1) a completed application on the form prescribed by the board;

(2) payment of the fees established in 12 AAC 02.320;

(3) a professional reference letter on a form provided by the department; the form must be signed and sent directly to the department from

(A) the head of the applicant's physical therapy school; or

(B) a professional who has knowledge of the applicant's competency, including a current or former instructor, supervising physician or physical therapist, or other supervisory professional;

(4) the jurisprudence questionnaire covering the provisions of AS 08.84 and this chapter as prepared by the board;

(5) verification that the applicant

(A) completed the internship requirements under (c) of this section; and

(B) passed the National Physical Therapy Examination; the applicant's passing scores must be sent directly to the department from the Federation of State Boards of Physical Therapy (FSBPT).

(c) A foreign-educated physical therapist or physical therapist assistant applicant shall complete an internship under the on-site supervision of a currently licensed physical therapist in an institution that meets the requirements of (d) of this section and AS 08.84.032(a)(2). The board will not consider internship hours claimed before the date the board pre-approves the internship. A foreign-educated physical therapist or physical therapist assistant applicant shall complete an internship based on

(1) a minimum of six months of full-time work, averaging not less than 35 hours per week; or

(2) part-time work averaging less than 35 hours per week, but equivalent to the total minimum number of hours required under (1) of this subsection.

(d) An institution used for an internship must have at least two full-time physical therapists on the staff licensed under this chapter and be in a clinic setting providing a varied case load to be approved by the board. A government service hospital may be used if the hospital meets the requirements of this subsection.

(e) A licensed physical therapist who serves as a preceptor to a foreign-educated intern applicant shall assume responsibility for the intern's experience and the safety and welfare of the patient.

(f) A licensed physical therapist who serves as a preceptor under this section shall directly submit a national performance evaluation tool that is recognized by the board to the department. On the tool, the preceptor shall attest to the applicant's

(1) satisfactory or unsatisfactory completion of the internship; and

(2) level of skill in completion of evaluation, program planning, therapeutic practice, potential ability to practice safely while unsupervised with sound professional judgment, and ethics related to the practice of physical therapy.

(g) If a licensed physical therapist who serves as a preceptor will not recommend to the board that the applicant is qualified to work unsupervised at the end of an internship under (c) of this section, the board may require the applicant to arrange for another internship equivalent to six months or less. The board must approve any change in a preceptor before the change takes effect. If the applicant is not recommended by a preceptor as qualified to work independently at the end of a second internship, the board may deny licensure.

(h) If a licensed physical therapist who serves as a preceptor determines that an applicant is unqualified to continue the internship, nothing in this section obligates the preceptor or the preceptor's facility to either complete a six-month internship or provide a second internship for that applicant. A preceptor who terminates the internship of an applicant before the scheduled completion date must notify the board in writing and state the reason for the termination. Either an intern or a preceptor may request an advisory review of the internship by the board.

(i) After an applicant has satisfactorily completed an internship and has been scheduled for the National Physical Therapy Examination, the applicant may apply for a temporary permit under AS 08.84.065 and 12 AAC 54.050.

(j) To receive credit for an internship, an applicant must take and pass the National Physical Therapy Examination either before completing the internship or not later than one year after completing the internship.

(k) Verification of achieving a passing score, as set out in 12 AAC 54.080, on the national examination, meets the English language proficiency requirements of AS 08.84.032(a)(3).

(l) In this section, "preceptor" means a currently licensed physical therapist under this chapter who provides on-

site supervision for an individual who is completing an internship under this section.

Authority: AS 08.84.010 AS 08.84.032 AS 08.84.065

12 AAC 54.050. PHYSICAL THERAPIST TEMPORARY PERMITS AND SCOPE OF PRACTICE UNDER THOSE PERMITS. (a) The board or department will issue a temporary permit to an applicant for a physical therapist or physical therapist assistant license by examination, other than an applicant who is a graduate of a school of physical therapy that is located outside the United States, if the following are on file with the department:

- (1) a complete application on a form provided by the department;
- (2) the temporary permit fee established in 12 AAC 02.320;
- (3) all items required under 12 AAC 54.030(a);
- (4) a signed and notarized statement of responsibility from the supervising physical therapist; the statement must indicate that the supervising physical therapist will assume the full responsibility of supervising the applicant.

(b) The board or department will issue a temporary permit to an applicant for a physical therapist or physical therapist assistant license by credentials, other than an applicant who is a graduate of a school of physical therapy that is located outside the United States, if the following are on file with the department:

- (1) a complete application on a form provided by the department;
- (2) the temporary permit fee established in 12 AAC 02.320;
- (3) all items required under 12 AAC 54.100.

(c) The board or department will issue a temporary permit to an applicant for a physical therapist or physical therapist assistant license by examination who is a graduate of a school of physical therapy that is located outside the United States and demonstrates compliance with AS 08.84.032(a)(1) and 08.84.065(a) to the satisfaction of the board. A temporary permit issued under this subsection expires on the date the scores are posted to the board. The following items documenting compliance with 12 AAC 54.040 must be on file with the department before the temporary permit is issued:

- (1) a complete application on a form provided by the department;
- (2) an official copy of a
 - (A) credentials evaluation sent directly to the department from an agency approved by the board; or
 - (B) transcript indicating compliance with AS 08.84.032(a)(1) if the degree was obtained from a foreign program accredited by a board-approved accrediting agency;
- (3) a signed letter of professional reference on a form provided by the department and sent directly to the department from
 - (A) the head of a physical therapy school; or
 - (B) an instructor, physician, supervising physical therapist, or supervisor;
- (4) a signed and notarized statement of responsibility sent directly to the department on a form provided by the department from the supervising physical therapist; the statement must indicate that the supervising physical therapist will assume the full responsibility of supervising the applicant;
- (5) a copy of the confirmation from the testing center indicating the date that the applicant is scheduled to take the national physical therapy examination;
- (6) a signed letter of verification sent directly to the department on a form provided by the department from the preceptor attesting to the applicant's satisfactory completion of the internship;
- (7) the application, license, and temporary permit fees established in 12 AAC 02.320;
- (8) repealed 3/27/2024.

(d) The board or department will issue a temporary permit to an applicant for a physical therapist or physical therapist assistant license by credentials who is a graduate of a school of physical therapy that is located outside the United States if the following are on file with the department:

- (1) a complete application on a form provided by the department;
- (2) the temporary permit fee established in 12 AAC 02.320;
- (3) all items required under 12 AAC 54.110.

(e) The board will review an applicant for a physical therapist or physical therapist assistant temporary permit in accordance with 12 AAC 54.915.

(f) An applicant for a physical therapist or physical therapist assistant license who is waiting to take the next scheduled examination and who has been issued a temporary permit under AS 08.84.065 may practice only under the supervision of a licensed physical therapist and may not act as a supervisor until a permanent license is issued.

(g) The holder of a temporary permit as a physical therapist, issued according to the provisions of AS 08.84.065(b), who is awaiting licensure by acceptance of credentials, may practice without supervision.

(h) The holder of a temporary physical therapist assistant permit issued according to the provisions of AS 08.84.065(b) who is awaiting licensure by acceptance of credentials shall practice in accordance with 12 AAC 54.510.

Authority: AS 08.84.010 AS 08.84.065

12 AAC 54.055. LICENSURE OF APPLICANTS. Repealed 9/26/91.

12 AAC 54.060. ADMINISTRATION OF EXAMINATION. Repealed 10/20/99.

12 AAC 54.070. SUPERVISED FIELD WORK. As used in AS 08.84.030(a)(1), "supervised field work" means the clinical education experience portion of a CAPTE-accredited educational program to be completed under the supervision of a licensed physical therapist.

Authority: AS 08.84.010 AS 08.84.030

12 AAC 54.080. PASSING SCORES. (a) To pass the national examination an applicant must achieve at least the criterion-referenced passing score recommended by the Federation of State Boards of Physical Therapy for that examination. The passing score will equal a scaled score of 600 based on a scale ranging from 200 to 800.

(b) Repealed 10/20/99.

(c) Repealed 8/7/2021.

Authority: AS 08.84.010 AS 08.84.080

ARTICLE 2. PHYSICAL THERAPY LICENSURE BY CREDENTIALS.

Section

100. Application for licensure by credentials

110. Foreign-educated applicants

120. Military-trained therapy assistant

130. Temporary military courtesy license

12 AAC 54.100. APPLICATION FOR LICENSURE BY CREDENTIALS. An application for licensure by credentials as a physical therapist or a physical therapist assistant must be submitted to the department on a form prescribed by the board with

- (1) all items required under 12 AAC 54.030(a);
- (2) a report sent directly to the department from the testing organization of the applicant's national physical therapy examination scores;
- (3) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice physical therapy, one of which must indicate a current license in good standing; each verification from each jurisdiction where the applicant has or has ever held a license must include an explanation of any disciplinary actions taken against the licensee;
- (4) other evidence considered necessary by the board to determine if the requirements of the other jurisdiction were, at the date of issuance, substantially equal to the requirements of this state;
- (5) verification sent directly to the department from the source that the applicant has
 - (A) been employed in physical therapy at least 60 hours within the 24 months immediately preceding the date the application is received;
 - (B) passed the national physical therapy examination within the 24-month period immediately preceding the date the application is received; or
 - (C) satisfactorily completed an internship of 150 hours approved by the board.

Authority: AS 08.84.010 AS 08.84.040 AS 08.84.060
AS 08.84.030

12 AAC 54.110. FOREIGN-EDUCATED APPLICANTS. An applicant for a physical therapist or physical therapist assistant license by credentials who received an education and degree outside the United States shall meet all requirements for licensure under AS 08.84, 12 AAC 54.030(a)(1) and (4), and this section, and shall submit an application to the department on a form provided by the department. The application must include

- (1) transcripts evaluated in accordance with 12 AAC 54.040(a)(2);
- (2) a report sent directly to the department from the testing organization of the applicant's national physical therapy examination scores;
- (3) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice physical therapy, one of which must indicate a current license in good standing; each verification from each jurisdiction where the applicant holds or has ever held a license must include an explanation of any disciplinary actions taken against the licensee;
- (4) satisfactory evidence sent directly to the department on a form provided by the department from a supervising therapist of
 - (A) a minimum six months of supervised work experience while licensed as a physical therapist or physical therapist assistant in another state, another territory, or the District of Columbia; or
 - (B) satisfactory completion of an internship that meets the requirements of 12 AAC 54.040(c), (e), and (f);

- (5) other evidence determined necessary by the board to determine if the applicant's out-of-state license is substantially equal to the license requirements of this state;
- (6) verification of achieving a passing score, as set out in 12 AAC 54.080, on the national examination, shall meet the English language proficiency requirements of AS 08.84.032(a)(3);
- (7) a signed letter of professional reference sent directly to the department on a form provided by the department from
 - (A) the head of the physical therapy school from which the applicant graduated; or
 - (B) an instructor, physician, or physical therapist other than the physical therapist preceptor described in 12 AAC 54.040(e) and (f); and
- (8) verification sent directly to the department from the source that the applicant has
 - (A) been employed in physical therapy at least 60 hours during the 24 months immediately preceding the date the application is received; or
 - (B) passed the national physical therapy examination during the 24-month period immediately preceding the date the application is received.

Authority: AS 08.84.010 AS 08.84.032 AS 08.84.060

12 AAC 54.120. MILITARY-TRAINED THERAPY ASSISTANT. A military-trained physical therapist assistant may apply to the board for license by credentials only and must submit verification of a current and valid certificate, license, or other evidence of qualification issued under the laws of another state.

Authority: AS 08.84.010 AS 08.84.060

12 AAC 54.130. TEMPORARY MILITARY COURTESY LICENSE. (a) The board will issue a temporary military courtesy license to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as a physical therapist or physical therapy assistant to an applicant who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.

- (b) An applicant for a temporary military courtesy license under this section
 - (1) must submit an application on a form provided by the department;
 - (2) must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105;
 - (3) must submit a copy of
 - (A) the applicant's current active duty military orders showing assignment to a duty station in this state; or
 - (B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;
 - (4) must submit documentation showing the applicant is currently licensed and in good standing in another licensing jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;
 - (5) must demonstrate that the licensing jurisdiction of the applicant's current licensure required a passing score on the examination required under 12 AAC 54.030(a)(5) as a condition of licensure; and
 - (6) may not have been convicted of a crime that affects the applicant's ability to practice as a physical therapist or physical therapy assistant competently and safely, as determined by the board.
- (c) A temporary military courtesy license issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.
- (d) While practicing under a temporary military courtesy license issued under this section, the holder of the temporary military courtesy license must comply with the standards of practice set out in AS 08.84 and this chapter.
- (e) The board may refuse to issue a temporary military courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.84.120.

Authority: AS 08.01.062 AS 08.01.063 AS 08.84.010

ARTICLE 3. PHYSICAL THERAPY LICENSE RENEWAL AND CONTINUING COMPETENCY REQUIREMENTS.

Section

- 200. (Repealed)**
- 210. (Repealed)**
- 220. (Repealed)**
- 230. (Repealed)**
- 400. Physical therapy license renewal requirements**
- 405. Physical therapy continuing professional practice requirements and alternatives to those requirements**

- 410. Physical therapy continuing education requirements
- 420. Approved physical therapy courses and activities
- 430. Audit of physical therapy continuing competency requirements
- 435. Exemption from continuing education requirements for active duty military service
- 440. (Repealed)

12 AAC 54.200. APPLICATION FOR LICENSURE BY CREDENTIALS. Repealed 10/1/88.

12 AAC 54.210. APPLICATION FOR LICENSE RENEWAL. Repealed 6/3/89.

12 AAC 54.220. INACTIVE STATUS. Repealed 6/3/89.

12 AAC 54.230. INTERNSHIP. Repealed 6/3/89.

12 AAC 54.400. PHYSICAL THERAPY LICENSE RENEWAL REQUIREMENTS. An applicant for renewal of a physical therapist or physical therapist assistant license shall

- (1) complete the renewal application on a form prescribed by the board;
- (2) pay the license renewal fee established in 12 AAC 02.320; and
- (3) document continuing competency by submitting proof of having completed
 - (A) the continuing professional practice requirements or an alternative under 12 AAC 54.405; and
 - (B) the continuing education contact hours required under 12 AAC 54.410.

Authority: AS 08.84.010 AS 08.84.100

12 AAC 54.405. PHYSICAL THERAPY CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS AND ALTERNATIVES TO THOSE REQUIREMENTS. (a) An applicant for renewal of a physical therapist or physical therapist assistant license shall document completion of the jurisprudence questionnaire prepared by the board, covering the provisions of AS 08.84 and this chapter, and shall also document

- (1) having provided physical therapy services for at least 60 hours during the concluding licensing period; or
 - (2) successful completion during the concluding licensing period of at least one of the following:
 - (A) the national physical therapy examination sponsored by the Federation of State Boards of Physical Therapy;
 - (B) in addition to the contact hours of continuing education required under 12 AAC 54.410 and 12 AAC 54.420, 40 contact hours of continuing education consistent with the requirements of 12 AAC 54.410 and 12 AAC 54.420;
 - (C) a review course sponsored by a school of physical therapy approved by the American Physical Therapy Association;
 - (D) a physical therapy internship of 150 hours approved by the board.
- (b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute physical therapy services under this section, the applicant may request board approval before submitting the application for license renewal.
- (c) In this section, "physical therapy services" includes work and volunteer service under a position title other than physical therapist or physical therapist assistant if the applicant documents that the position required the use of physical therapy skills recognized by the board.

Authority: AS 08.84.010 AS 08.84.100

Editor's note: A list of schools of physical therapy approved by the American Physical Therapy Association may be obtained from the American Physical Therapy Association, 1111 North Fairfax Street, Alexandria, VA 22314; website at www.apta.org. Information on the national physical therapy examination may be obtained from the Federation of State Boards of Physical Therapy, 124 West Street South, Third Floor, Alexandria, VA 22314; website at www.fsbpt.org.

12 AAC 54.410. PHYSICAL THERAPY CONTINUING EDUCATION REQUIREMENTS. (a) Except as provided in 12 AAC 54.435, an applicant for renewal of a physical therapist or physical therapist assistant license who has been licensed for 12 months or more of the concluding licensing period shall have completed 24 contact hours of continuing education during that period. An applicant for renewal of a physical therapist or physical therapist assistant license who has been licensed for less than 12 months of the concluding licensing period shall have

- (1) completed during that period 12 contact hours of continuing education; or
 - (2) passed the national physical therapy examination within 12 months immediately before the date that the applicant's license is due to lapse.
- (b) An applicant shall complete at least one-half of the required contact hours in courses or programs offered by an accredited academic institution or a professional organization approved by the board under 12 AAC 54.420(a).
- (c) For the purposes of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of instruction;
 - (2) one continuing education unit awarded by a professional health care association equals 10 contact hours;
 - (3) one academic semester credit hour equals 15 contact hours; and
 - (4) one academic quarter credit hour equals 10 contact hours.
- (d) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education contact hours claimed and shall make the records available to the board upon request under 12 AAC 54.430. Records must be retained for three years from the date the contact hours were obtained.
- (e) The following activities will not be accepted for continuing education contact hours under this section:
- (1) routine staff meetings attended by the applicant;
 - (2) rounds conducted by the applicant;
 - (3) routine courses required for employment, including courses on cardiopulmonary resuscitation, first aid, and training related to Occupational Safety and Health Administration requirements.

Authority: AS 08.84.010 AS 08.84.100

12 AAC 54.420. APPROVED PHYSICAL THERAPY COURSES AND ACTIVITIES. (a) The following continuing education activities are approved for continuing education credit if they meet the requirements of (c) of this section:

- (1) courses recognized by
 - (A) the Alaska Physical Therapy Association;
 - (B) the American Physical Therapy Association (APTA);
 - (C) the Federation of State Boards of Physical Therapy (FSBPT);
 - (D) other state physical therapy associations; or
 - (E) other state physical therapy licensing boards;
 - (2) American Medical Association category one and two continuing education courses that involve physical therapy;
 - (3) continuing education activities sponsored by a professional organization or university approved by the Alaska Physical Therapy Association or the American Physical Therapy Association.
- (b) Repealed 9/29/2019.
- (c) To be accepted by the board, a continuing education course or activity must contribute directly to the professional competency of a physical therapist or physical therapist assistant and must be directly related to the skills and knowledge required to implement the principles and methods of physical therapy within the meaning given in AS 08.84.190.

Authority: AS 08.84.010 AS 08.84.100

12 AAC 54.430. AUDIT OF PHYSICAL THERAPY CONTINUING COMPETENCY REQUIREMENTS.

- (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing competency requirements of 12 AAC 54.400 - 12 AAC 54.430.
- (b) A licensee selected for audit shall, within 30 days after the date of notification, submit documentation of completion of contact hours required by 12 AAC 54.410 and physical therapy service hours or an alternative required by 12 AAC 54.405.
- (c) Refusal to cooperate with an audit will be considered an admission of an attempt to obtain a license by material misrepresentation under AS 08.84.120(a)(1).

Authority: AS 08.84.010 AS 08.84.100

12 AAC 54.435. EXEMPTION FROM CONTINUING EDUCATION REQUIREMENTS FOR ACTIVE DUTY MILITARY SERVICE.

- (a) A physical therapist or physical therapist assistant who meets the requirements of this section is exempt from the continuing education requirements of 12 AAC 54.400 - 12 AAC 54.430 as specified in this section. An exemption under this section applies to the renewal of the physical therapist or physical therapist assistant license for the biennial licensing period immediately following a period of service by the physical therapist or physical therapist assistant, during which the physical therapist or physical therapist assistant was engaged in active duty military service in the armed forces of the United States.
- (b) To obtain an exemption under this section, a physical therapist or physical therapist assistant must submit official documentation satisfactory to the board of active duty military service.
- (c) The board will waive half of the continuing education hours required in 12 AAC 54.410, if the board determines that the applicant was engaged in active duty military service in the armed forces of the United States for at least six consecutive months during the concluding licensing period.
- (d) The board will waive all continuing education hours required in 12 AAC 54.410, if the board determines that the applicant was engaged in active duty military service in the armed forces of the United States for 12 or more months during the concluding licensing period.
- (e) In this section, "engaged in active duty military service" means military personnel serving in an active capacity, including

- (1) active duty personnel in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; and
- (2) reservists and National Guard personnel in a combat zone for a named United States military conflict; in this paragraph, "combat zone" means an area that the President of the United States designates by executive order as an area in which the armed forces of the United States are engaging or have engaged in combat.

Authority: AS 08.01.100 AS 08.84.010 AS 08.84.100

12 AAC 54.440. ALTERNATIVE TO PHYSICAL THERAPY SERVICE. Repealed 5/21/97.

ARTICLE 4. PHYSICAL THERAPY STANDARDS OF PRACTICE.

Section

- 500. Physical therapy standards**
- 510. Supervision of physical therapist assistants**
- 520. Supervision of non-licensed personnel**
- 530. Standards for practice of telerehabilitation by physical therapist**
- 535. Physical therapy internship standards**
- 590. Definitions related to physical therapy**

12 AAC 54.500. PHYSICAL THERAPY STANDARDS. (a) Services may not be stated or implied as being physical therapy unless performed by a licensed physical therapist or under the supervision of a licensed physical therapist.

(b) A license or permit issued by the board, or a copy of the license or permit, must be posted in a conspicuous location in the licensee's place of business, for public inspection. Pending receipt of the current license certificate from the department, the licensee shall display the department's Internet website posting confirming licensure.

(c) To maintain a high standard of integrity in the profession and to safeguard the health and welfare of the public, physical therapists shall adhere to the ethical standards set out in the *State Physical Therapy and Occupational Therapy Board Principles of Practice*, dated March 2015. The *State Physical Therapy and Occupational Therapy Board Principles of Practice* is adopted by reference.

(d) To maintain a high standard of integrity in the profession and to safeguard the health and welfare of the public, physical therapist assistants shall adhere to the ethical standards set out in the *State Physical Therapy and Occupational Therapy Board Principles of Practice*, dated March 2015. The *State Physical Therapy and Occupational Therapy Board Principles of Practice* is adopted by reference.

(e) A physical therapist may not supervise more than three aides, assistants, students, foreign-educated candidates, or permittees in any combination at the same time.

Authority: AS 08.84.010 AS 08.84.150

Editor's note: The current posting confirming licensure can be found at the Internet website of the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing: <https://www.commerce.alaska.gov/web/cbp/main>. A copy of the *State Physical Therapy and Occupational Therapy Board Principles of Practice* described in 12 AAC 54.500 may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, State Physical Therapy and Occupational Therapy Board, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska 99801; telephone (907) 465-2580; website at <http://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy.aspx>.

12 AAC 54.510. SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS. (a) A physical therapist assistant shall work under the supervision of a licensed physical therapist.

(b) A licensed physical therapist is responsible for and shall participate in a patient's care.

(c) Except as specified in 12 AAC 54.500(e), a physical therapist may supervise a maximum of three physical therapist assistants.

(d) A licensed physical therapist assistant shall have written treatment plans formulated by the licensed physical therapist in possession for each patient under the care of the physical therapist assistant. Treatment plans must be revised following periodic evaluations by the licensed physical therapist.

(e) At least once a month, a supervising physical therapist shall provide periodic supervision to a physical therapist assistant while the physical therapist assistant being supervised implements a treatment plan with a patient. Supervision shall be conducted on site or by video or teleconference when in-person supervision is not reasonably practicable. The supervising physical therapist shall be available for consultation with the physical therapist assistant by telephone, verbally, or in writing.

(f) Nothing in this chapter restricts public health service or military personnel engaged in the practice of physical therapy in programs administered by federal agencies.

(g) If a licensed physical therapist agrees to supervise a physical therapist assistant, the supervising physical therapist shall

(1) determine the frequency and manner of consultations with the physical therapist assistant, taking into consideration the treatment settings being used, patient rehabilitation status, and the competency of the physical therapist assistant;

(2) fully document the supervision provided, including a record of all consultations provided, and maintain those records at the physical therapist assistant's place of employment; and

(3) countersign the patient treatment record each time the supervising physical therapist is physically present and directly supervises or supervises by video or teleconference the treatment of a patient by the physical therapist assistant being supervised.

Authority: AS 08.84.010

12 AAC 54.520. SUPERVISION OF NON-LICENSED PERSONNEL. (a) Regardless of the practice setting, a licensed physical therapist is solely responsible for the treatment and management of all aspects of physical therapy care of the patient.

(b) A licensed physical therapist or physical therapist assistant may use non-licensed personnel in the delivery of patient-related duties and non-patient related duties. Patient-related duties performed by non-licensed personnel are not considered the practice of physical therapy.

(c) A licensed physical therapist shall assure the training of non-licensed personnel under the supervision of the physical therapist or physical therapist assistant and shall document that training.

(d) A supervising physical therapist or physical therapist assistant shall provide continual on-site supervision of non-licensed personnel who are performing patient-related duties.

Authority: AS 08.84.010

12 AAC 54.530. STANDARDS FOR PRACTICE OF TELEREHABILITATION BY PHYSICAL THERAPIST. (a) The purpose of this section is to establish standards for the practice of telerehabilitation by means of an interactive telecommunication system by a physical therapist licensed under AS 08.84 and this chapter in order to provide physical therapy to patients who are located in this state and do not have access to a physical therapist in person due to geographic constraints or health and safety constraints.

(b) A physical therapist licensed under AS 08.84 and this chapter conducting telerehabilitation by means of an interactive telecommunication system

(1) Repealed 9/29/2019;

(2) must interact with the patient maintaining the same ethical conduct and integrity required under 12 AAC 54.500(c) and (d);

(3) must comply with the requirements of 12 AAC 54.510 for any licensed physical therapist assistant providing services under this section;

(4) may conduct one-on-one consultations, including initial evaluation, under this section; and

(5) must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure connections, activate firewalls, and encrypt confidential information.

Authority: AS 08.84.010 AS 08.84.120

12 AAC 54.535. PHYSICAL THERAPY INTERNSHIP STANDARDS. (a) This section establishes the standards for a physical therapy internship required under 12 AAC 54.100(5)(C), 12 AAC 54.405(a)(2)(D), or 12 AAC 54.950(e).

(b) An internship must be served

(1) under the continual on-site supervision of a physical therapist licensed under this chapter; and

(2) in an institution that ordinarily provides physical therapy, has a varied caseload, and has on staff at least one physical therapist licensed under this chapter.

(c) A licensed physical therapist serving as a preceptor to an intern is responsible for the intern's experience and for the safety and welfare of the patient.

(d) Upon an intern's completion of the internship, the preceptor shall submit, on a form provided by the board, a statement attesting to the intern's

(1) satisfactory or unsatisfactory completion of the internship; and

(2) level of skill in

(A) completion of evaluation;

(B) program planning;

(C) therapeutic practice;

(D) potential ability to practice safely while unsupervised with sound professional judgment; and

(E) ethics related to the practice of physical therapy.

(e) The board will not accept internship hours claimed before the date that the internship was approved by the board. To be approved by the board, internship hours must be completed no more than six months after the date the internship begins.

(f) In this section, "preceptor" means a physical therapist licensed under this chapter who provides on-site supervision for an intern serving an internship.

Authority: AS 08.84.010 AS 08.84.040 AS 08.84.060
AS 08.84.030

12 AAC 54.590. DEFINITIONS RELATED TO PHYSICAL THERAPY. (a) In 12 AAC 54.030 – 12 AAC 54.590,

- (1) "continual on-site supervision" means the supervising physical therapist or physical therapist assistant
 - (A) is present in the department or facility where services are being provided;
 - (B) is immediately available to the non-licensed personnel being supervised; and
 - (C) maintains continual oversight of patient-related duties performed by the non-licensed personnel;
 - (2) "internship" means postgraduate on-the-job training of a physical therapist or physical therapist assistant, approved by the board;
 - (3) "non-licensed personnel"
 - (A) means personnel who are
 - (i) used by a licensed physical therapist or physical therapist assistant to deliver patient-related duties and non-patient related duties related to the practice of physical therapy; and
 - (ii) trained under the direction of a licensed physical therapist or physical therapist assistant to perform designated non-patient related duties and patient-related duties related to the practice of physical therapy;
 - (B) includes personnel who are referred to as "aides", "technicians", or "techs";
 - (4) "non-patient related duties" includes clerical and maintenance activities and preparation of the work area or equipment;
 - (5) "patient-related duties" means routine tasks that do not require the education, skill, and training of a physical therapist or physical therapist assistant, and for which the
 - (A) outcome anticipated for the task is predictable;
 - (B) situation of the patient and the environment is stable and will not require that judgment, interpretations, or adaptations be made by non-licensed personnel; and
 - (C) task routine and process have been clearly established;
 - (6) "supervision" means
 - (A) the licensed physical therapist will be present whenever a patient is evaluated, a treatment program is established, or a treatment program is changed; and
 - (B) the licensed physical therapist is present to personally review the diagnosis of the condition to be treated, to authorize the procedure, and before dismissal of the patient, to evaluate the performance of the treatment given.
- (b) In AS 08.84.190, "physical therapy" does not include exercise or activities performed by non-licensed personnel in a home or school setting for the benefit of a patient or student.

Authority: AS 08.84.010

ARTICLE 5. OCCUPATIONAL THERAPY LICENSURE.

Section

- 600. Occupational therapy license requirements**
- 610. Foreign-educated occupational therapy applicants**
- 620. Supervised field work**
- 630. (Repealed)**
- 640. Occupational therapy temporary permits and scope of practice under those permits**
- 650. (Repealed)**
- 660. Temporary military courtesy license**

12 AAC 54.600. OCCUPATIONAL THERAPY LICENSE REQUIREMENTS. An applicant for an occupational therapist license or occupational therapy assistant license, other than an applicant who is a graduate of a school of occupational therapy that is located outside the United States, shall submit

- (1) a completed application on the form prescribed by the board;
- (2) the fees established in 12 AAC 02.320;
- (3) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice occupational therapy, one of which must indicate a current license in good standing; each verification from each jurisdiction where the applicant holds or has ever held a license must include an explanation of any disciplinary actions taken against the licensee;

- (4) a signed letter of professional reference sent directly to the department on a form provided by the department from a physician, instructor, supervisor, or official of the applicant's occupational therapy school;
- (5) proof of initial certification sent directly to the department from the National Board for Certification in Occupational Therapy (NBCOT) as evidence of having met the requirements of AS 08.84.030(b);
- (6) verification that, during the 24 months immediately before the date the application is received by the department, the applicant
 - (A) performed at least 60 hours of occupational therapy service; the verification of at least 60 hours of occupational therapy service must be sent directly to the department on a form provided by the department from the agency or source;
 - (B) passed the NBCOT examination; or
 - (C) satisfactorily completed an internship of 150 hours approved by the board; the verification must be sent directly to the department on a form provided by the department from the agency or source; and
- (7) the jurisprudence questionnaire prepared by the board covering the provisions of AS 08.84 and this chapter.

Authority: AS 08.84.010 AS 08.84.060 AS 08.84.120
 AS 08.84.030

12 AAC 54.610. FOREIGN-EDUCATED OCCUPATIONAL THERAPY APPLICANTS. (a) A foreign-educated occupational therapist or occupational therapy assistant applicant must have graduated from a resident course of study and professional instruction substantially equivalent to a professional occupational therapy education program that is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). A foreign-educated occupational therapist or occupational therapy assistant applicant shall submit

- (1) a completed application on the form prescribed by the board;
 - (2) the fees established in 12 AAC 02.320;
 - (3) verification of licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license, one of which must indicate a current license in good standing; each verification from each jurisdiction where the applicant holds or has ever held a license must include an explanation of any disciplinary actions taken against the licensee;
 - (4) a signed letter of professional reference sent directly to the department on a form provided by the department from a physician, instructor, supervisor, or official of the applicant's occupational therapy school;
 - (5) evidence of meeting each of the requirements of AS 08.84.032(b);
 - (6) verification that, within the 24 months immediately before the date the application is received by the department, the applicant
 - (A) performed at least 60 hours of occupational therapy service; the verification of at least 60 hours of occupational therapy service must be sent directly to the department on a form provided by the department from the agency or source; or
 - (B) passed the NBCOT examination; and
 - (7) the jurisprudence questionnaire prepared by the board covering the provisions of AS 08.84 and this chapter.
- (b) An applicant who has been certified by the National Board for Certification in Occupational Therapy (NBCOT) meets the requirements of AS 08.84.032(b)(1) - (5).
- (c) An applicant who has passed the NBCOT examination meets the requirements of AS 08.84.032(b)(3) and (5).

Authority: AS 08.84.010 AS 08.84.032 AS 08.84.120
 AS 08.84.030

12 AAC 54.620. SUPERVISED FIELD WORK. As used in AS 08.84.030(b)(1), 08.84.032(b)(2), and 08.84.150(b)(1), "supervised field work" means the portion of an ACOTE-accredited professional occupational therapy education program to be completed by an applicant under the supervision of a licensed occupational therapist.

Authority: AS 08.84.010 AS 08.84.030 AS 08.84.060

12 AAC 54.630. SUPERVISION OF OCCUPATIONAL THERAPY ASSISTANTS. Repealed 5/21/97.

12 AAC 54.640. OCCUPATIONAL THERAPY TEMPORARY PERMITS AND SCOPE OF PRACTICE UNDER THOSE PERMITS. (a) An applicant for an occupational therapist or occupational therapy assistant license by examination who is scheduled for the next NBCOT examination or who has taken the NBCOT examination and is waiting for the results of the examination may apply for a temporary permit. A temporary permit will be issued if the following are on file:

- (1) a complete application on a form provided by the department;
- (2) a signed professional reference letter sent directly to the department on a form provided by the department from a physician, instructor, supervisor, or official of the applicant's occupational therapy school;
- (3) a signed and notarized statement of responsibility sent directly to the department on a form provided by the department from the supervising occupational therapist; the statement must indicate that the supervising occupational therapist will assume the full responsibility for supervising the applicant;

- (4) a letter verifying
 - (A) the applicant's scheduled examination date sent directly to the department from NBCOT; or
 - (B) that the applicant has taken the examination and is waiting for the results to be sent directly to the department from NBCOT;
- (5) the application fee established in 12 AAC 02.320;
- (6) the license fee established in 12 AAC 02.320;
- (7) the temporary permit fee established in 12 AAC 02.320.
- (b) An applicant for an occupational therapist or occupational therapy assistant license who is or was initially certified with the NBCOT may qualify for a temporary permit by
 - (1) meeting the requirements of (a)(1), (2), (5), (6), and (7) of this section;
 - (2) submitting verification that the applicant is certified or was initially certified with the NBCOT;
 - (3) providing verifications of licensure from each jurisdiction where the applicant holds or has ever held a license to practice occupational therapy; at least one verification must be of a current license in good standing in another state; and
 - (4) providing verification that, during the 24 months immediately before the date the application is received by the department, the applicant
 - (A) performed at least 60 hours of occupational therapy service; the verification of at least 60 hours of occupational therapy service must be on a form provided by the department; or
 - (B) passed the NBCOT examination.
- (c) The verifications required in (b)(2) and (3) of this section must be sent directly to the board from NBCOT or the licensing agency for the other jurisdiction.
- (d) An applicant for an occupational therapist or occupational therapy assistant license, who is waiting to take an examination or for the results of the examination, and who has been issued a temporary permit under AS 08.84.065 shall work under the supervision of a licensed occupational therapist and may not act as a supervisor until a permanent license is issued.
- (e) The holder of a temporary permit under AS 08.84.065(b) as an occupational therapist, who is waiting for licensure by acceptance of credentials, may practice without supervision.
- (f) The holder of a temporary permit under AS 08.84.065(b) as an occupational therapy assistant, who is waiting for licensure by acceptance of credentials, shall practice in accordance with 12 AAC 54.810.

Authority: AS 08.84.010 AS 08.84.030 AS 08.84.065

12 AAC 54.650. OCCUPATIONAL THERAPY STANDARDS OF PRACTICE. Repealed 5/21/97.

12 AAC 54.660. TEMPORARY MILITARY COURTESY LICENSE. (a) The board will issue a temporary military courtesy license to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as an occupational therapist or occupational therapy assistant to an applicant who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.

- (b) An applicant for a temporary military courtesy license under this section
 - (1) must submit an application on a form provided by the department;
 - (2) must pay the temporary license application fee and fee for a temporary license set out under 12 AAC 02.105;
 - (3) must submit a copy of
 - (A) the applicant's current active duty military orders showing assignment to a duty station in this state; or
 - (B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;
 - (4) must submit documentation showing the applicant is currently licensed and in good standing in another licensing jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;
 - (5) must demonstrate that the licensing jurisdiction of the applicant's current licensure required a passing score on the NBCOT examination as a condition of licensure; and
 - (6) may not have been convicted of a crime that affects the applicant's ability to practice as an occupational therapist or occupational therapy assistant competently and safely, as determined by the board.
- (c) A temporary military courtesy license issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180-day period, at the discretion of the board.
- (d) While practicing under a temporary military courtesy license issued under this section, the holder of the temporary military courtesy license must comply with the standards of practice set out in AS 08.84 and this chapter.
- (e) The board may refuse to issue a temporary military courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.84.120.

Authority: AS 08.01.062 AS 08.01.063 AS 08.84.010

ARTICLE 6.
OCCUPATIONAL THERAPY LICENSE RENEWAL AND
CONTINUING COMPETENCY REQUIREMENTS.

Section

- 700. Occupational therapy license renewal requirements**
- 705. Required continuing occupational therapy professional practice and alternatives**
- 710. Occupational therapy continuing education requirements**
- 715. Approved occupational therapy courses and activities**
- 720. Audit of occupational therapy continuing competency requirements**
- 725. Exemption from continuing education requirements for active duty military service**

12 AAC 54.700. OCCUPATIONAL THERAPY LICENSE RENEWAL REQUIREMENTS. An applicant for renewal of an occupational therapist license or an occupational therapy assistant license shall submit

- (1) a complete renewal application on a form prescribed by the board;
- (2) the license renewal fee established in 12 AAC 02.320;
- (3) proof of continuing competency by submitting documentation verifying that the applicant has completed
 - (A) the continuing occupational therapy professional practice requirements or an alternative under 12 AAC 54.705; and
 - (B) the continuing education contact hours required under 12 AAC 54.710; and
- (4) a completed jurisprudence questionnaire prepared by the board covering the provisions of AS 08.84 and this chapter.

Authority: AS 08.84.010 AS 08.84.100

12 AAC 54.705. REQUIRED CONTINUING OCCUPATIONAL THERAPY PROFESSIONAL PRACTICE AND ALTERNATIVES. (a) An applicant for renewal of an occupational therapist or occupational therapy assistant license shall document

- (1) having provided occupational therapy services for at least 60 hours during the concluding licensing period; or
 - (2) successful completion during the concluding licensing period of one of the following:
 - (A) the applicable of the following certification examinations sponsored by the National Board for Certification in Occupational Therapy:
 - (i) for an occupational therapist, the Certification Examination for Occupational Therapist, Registered; or
 - (ii) for an occupational therapy assistant, the Certification Examination for Certified Occupational Therapy Assistant;
 - (B) in addition to the contact hours of continuing education required under 12 AAC 54.710, 40 contact hours of continuing education that is consistent with the requirements of 12 AAC 54.710 - 12 AAC 54.720;
 - (C) a review course sponsored by a school of occupational therapy approved by the American Occupational Therapy Association; or
 - (D) an occupational therapy internship of 150 hours approved by the board.
- (b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute occupational therapy services under this section, the applicant may request board approval before submitting the application for license renewal.
- (c) In this section, "occupational therapy services" includes work and volunteer service under a position title other than occupational therapist or occupational therapy assistant if the applicant documents that the position required the use of occupational therapy skills recognized by the board.

Authority: AS 08.84.010 AS 08.84.100

Editor's note: Information on certification examinations in occupational therapy may be obtained from the National Board for Certification in Occupational Therapy, 12 South Summit Avenue, Suite 100, Gaithersburg, MD 20877-4150; website at www.nbcot.org. Information on approved schools of occupational therapy may be obtained from the American Occupational Therapy Association, 6116 Executive Boulevard, Suite 200, North Bethesda, MD 20824-4929; website at www.aota.org.

12 AAC 54.710. OCCUPATIONAL THERAPY CONTINUING EDUCATION REQUIREMENTS. (a) Except as provided in 12 AAC 54.725, an applicant for renewal of an occupational therapist or an occupational therapy assistant license who has been licensed for 12 months or more of the concluding licensing period shall have

- (1) completed, during that period, 24 contact hours of continuing education; or
- (2) evidence of current certification by the National Board for Certification in Occupational Therapy (NBCOT).

(b) An applicant for renewal of an occupational therapist or an occupational therapy assistant license who has been licensed for less than 12 months of the concluding licensing period shall have

- (1) completed, during that period, 12 contact hours of continuing education;
- (2) passed the national occupational therapy examination during the 12 months immediately before the date that the applicant's license is due to lapse; or
- (3) evidence of current certification by the National Board for Certification in Occupational Therapy (NBCOT).

(c) An applicant shall complete at least one-half of the required contact hours in courses or programs offered by an accredited academic institution or a professional organization approved by the board under 12 AAC 54.715(a).

(d) For the purposes of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of instruction;
- (2) one continuing education unit awarded by a professional health care association equals 10 contact hours;
- (3) one academic semester credit hour equals 15 contact hours; and
- (4) one academic quarter credit hour equals 10 contact hours.

(e) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education contact hours claimed and shall make the records available to the board upon request under 12 AAC 54.720. Records must be retained for three years from the date the contact hours were obtained.

(f) The following activities will not be accepted for continuing education contact hours under this section:

- (1) routine staff meetings attended by the applicant;
- (2) rounds conducted by the applicant;
- (3) routine courses required for employment, including courses on cardiopulmonary resuscitation, first aid, and training related to Occupational Safety and Health Administration requirements.

(g) The board recognizes the maintenance of NBCOT certification as fulfilling the requirements of (a) and (b) of this section.

(h) To document current certification with the NBCOT, the applicant shall submit a photocopy of the front and back of the applicant's current NBCOT certificate.

Authority: AS 08.84.010 AS 08.84.100

12 AAC 54.715. APPROVED OCCUPATIONAL THERAPY COURSES AND ACTIVITIES. (a) The following continuing education activities are approved for continuing education credit if they meet the requirements of (c) of this section:

(1) courses recognized by

- (A) the Alaska Occupational Therapy Association;
- (B) the American Occupational Therapy Association;
- (C) the World Federation of Occupational Therapy;
- (D) the National Board for Certification in Occupational Therapy (NBCOT);
- (E) other state occupational therapy associations; or
- (F) other state occupational therapy licensing boards;

(2) continuing education activities sponsored by a professional organization or university approved by the Alaska Occupational Therapy Association or the American Occupational Therapy Association.

(b) Repealed 9/29/2019.

(c) To be accepted by the board, a continuing education course or activity must contribute directly to the professional competency of an occupational therapist or occupational therapy assistant and must be directly related to the skills and knowledge required to implement the principles and methods of occupational therapy.

Authority: AS 08.84.010 AS 08.84.100

12 AAC 54.720. AUDIT OF OCCUPATIONAL THERAPY CONTINUING COMPETENCY REQUIREMENTS. (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing competency requirements of 12 AAC 54.700 - 12 AAC 54.720.

(b) A licensee selected for audit shall, within 30 days after the date of notification, submit documentation that verifies completion of the contact hours claimed under 12 AAC 54.710 and occupational therapy service hours or an alternative required under 12 AAC 54.705.

(c) Refusal to cooperate with an audit will be considered an admission of an attempt to obtain a license by material misrepresentation under AS 08.84.120(a)(1).

Authority: AS 08.84.010 AS 08.84.100

12 AAC 54.725. EXEMPTION FROM CONTINUING EDUCATION REQUIREMENTS FOR ACTIVE DUTY MILITARY SERVICE. (a) An occupational therapist or occupational therapy assistant who meets the requirements of this section is exempt from the continuing education requirements of 12 AAC 54.700 - 12 AAC 54.720 as specified in this section for renewal of an occupational therapist or occupational therapy assistant license for the biennial licensing period immediately following a period of service by an occupational therapist or occupational

therapy assistant during which an occupational therapist or occupational therapy assistant was engaged in active duty military service in the armed forces of the United States.

(b) To obtain an exemption under this section, an occupational therapist or occupational therapy assistant must submit official documentation satisfactory to the board of active duty military service.

(c) The board will waive half of the continuing education hours required in 12 AAC 54.710, if the board determines that the applicant was engaged in active duty military service in the armed forces of the United States for at least six consecutive months during the concluding licensing period.

(d) The board will waive all continuing education hours required in 12 AAC 54.710, if the board determines that the applicant was engaged in active duty military service in the armed forces of the United States for 12 or more months during the concluding licensing period.

(e) In this section, "engaged in active duty military service" means military personnel serving in an active capacity, including

- (1) active duty personnel in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard; and
- (2) reservists and National Guard personnel in a combat zone for a named United States military conflict; in this paragraph, "combat zone" means an area that the President of the United States designates by executive order as an area in which the armed forces of the United States are engaging or have engaged in combat.

Authority: AS 08.01.100 AS 08.84.010 AS 08.84.100

ARTICLE 7. OCCUPATIONAL THERAPY STANDARDS OF PRACTICE.

Section

- 800. Occupational therapy standards**
- 805. Posting of license or permit**
- 810. Supervision of occupational therapy assistants**
- 815. Supervision of non-licensed personnel**
- 820. (Repealed)**
- 825. Standards for practice of telerehabilitation by occupational therapy**
- 830. Occupational therapy internship standards**
- 890. Definitions related to occupational therapy**

12 AAC 54.800. OCCUPATIONAL THERAPY STANDARDS. (a) In order to maintain a high standard of integrity in the profession and to safeguard the health and welfare of the public, occupational therapists and occupational therapy assistants shall adhere to the *State Physical Therapy and Occupational Therapy Board Principles of Practice*, dated March 2015. The *State Physical Therapy and Occupational Therapy Board Principles of Practice* is adopted by reference.

(b) An occupational therapist may not supervise more than three aides, assistants, students, foreign-educated candidates, or permittees at the same time, in any combination.

Authority: AS 08.84.010 AS 08.84.065 AS 08.84.150
AS 08.84.030

Editor's note: A copy of the *State Physical Therapy and Occupational Therapy Board Principles of Practice*, adopted by reference in 12 AAC 54.800, may be obtained from the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, State Physical Therapy and Occupational Therapy Board, State Office Building, 9th Floor, 333 Willoughby Avenue, Juneau, Alaska 99801; telephone (907) 465-2580; <http://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy.aspx>.

12 AAC 54.805. POSTING OF LICENSE OR PERMIT. A license or permit issued under this chapter, or a copy of a license or permit, must be posted in a conspicuous location in the licensee's primary place of business for public inspection. Pending receipt of the current license certificate from the department, the licensee shall display the department's Internet website posting confirming licensure.

Authority: AS 08.84.010 AS 08.84.030 AS 08.84.065

Editor's note: The current posting confirming licensure can be found at the Internet website of the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing: www.commerce.state.ak.us/occ/search3.htm.

12 AAC 54.810. SUPERVISION OF OCCUPATIONAL THERAPY ASSISTANTS. (a) An occupational therapy assistant shall work under the supervision of a licensed occupational therapist. To meet this supervision requirement,

(1) at least once every month, while the occupational therapy assistant being supervised implements a treatment plan for a patient, the occupational therapist supervising the licensed occupational therapy assistant shall be physically present, or shall be present by video or teleconference when in-person supervision is not reasonable or practicable; and

(2) the occupational therapist supervising the occupational therapy assistant shall be available for consultation with the occupational therapy assistant being supervised, through telephone consultations, written reports, or in-person conferences.

(b) If the licensed occupational therapist agrees to supervise an occupational therapy assistant, the occupational therapist shall

(1) determine the frequency and manner of consultations, taking into consideration the treatment settings being used, patient rehabilitation status, and the competency of the occupational therapy assistant being supervised;

(2) fully document the supervision provided, including a record of all consultations provided, and maintain those records at the occupational therapy assistant's place of employment; and

(3) countersign the patient treatment record each time the occupational therapist supervising the occupational therapy assistant is physically present and directly supervises or supervises by video or teleconference the treatment of a patient by the occupational therapy assistant being supervised.

Authority: AS 08.84.010 AS 08.84.030 AS 08.84.190

12 AAC 54.815. SUPERVISION OF NON-LICENSED PERSONNEL. (a) Regardless of the practice setting, a licensed occupational therapist is solely responsible for the treatment and management of all aspects of occupational therapy care of the patient.

(b) A licensed occupational therapist or occupational therapy assistant may use non-licensed personnel in the delivery of patient-related and non-patient related duties. Patient-related duties performed by non-licensed personnel are not considered the practice of occupational therapy.

(c) A licensed occupational therapist shall assure the training of non-licensed personnel under the supervision of the occupational therapist or occupational therapy assistant, and shall document that training.

(d) The supervising occupational therapist or occupational therapy assistant shall provide continual on-site supervision of non-licensed personnel who are performing patient-related duties.

(e) Nothing in this section restricts the implementation by a teacher or teacher's aide of a program that meets the requirements of AS 08.84.150(b)(6).

Authority: AS 08.84.010

12 AAC 54.820. STANDARDS FOR SUPERVISION. Repealed 6/10/2010.

12 AAC 54.825. STANDARDS FOR PRACTICE OF TELEREHABILITATION BY OCCUPATIONAL THERAPY. (a) The purpose of this section is to establish standards for the practice of telerehabilitation by means of an interactive telecommunication system by an occupational therapist licensed under AS 08.84 and this chapter in order to provide occupational therapy to patients who are located in this state and do not have access to an occupational therapist in person due to geographic constraints or health and safety constraints.

(b) An occupational therapist licensed under AS 08.84 and this chapter conducting telerehabilitation by means of an interactive telecommunication system

(1) Repealed 9/29/2019;

(2) must interact with the patient maintaining the same ethical conduct and integrity required under 12 AAC 54.800;

(3) must comply with the requirements of 12 AAC 54.810 for any licensed occupational therapist assistant providing services under this section;

(4) may conduct one-on-one consultations, including initial evaluation, under this section; and

(5) must provide and ensure appropriate client confidentiality and HIPAA compliance, establish secure connections, activate firewalls, and encrypt confidential information.

Authority: AS 08.84.010 AS 08.84.120

12 AAC 54.830. OCCUPATIONAL THERAPY INTERNSHIP STANDARDS. (a) This section establishes the standards for an occupational therapy internship required under 12 AAC 54.600(6)(C), 12 AAC 54.705(a)(2)(D), or 12 AAC 54.950(e).

(b) An internship must be served

(1) under the continual on-site supervision of an occupational therapist licensed under this chapter; and

(2) in an institution that ordinarily provides occupational therapy, has a varied caseload, and has on staff at least one occupational therapist licensed under this chapter.

(c) A licensed occupational therapist serving as a preceptor to an intern is responsible for the intern's experience and for the safety and welfare of the patient.

(d) Upon an intern's completion of the internship, the preceptor shall submit, on a form provided by the board, a statement attesting to the intern's

- (1) satisfactory or unsatisfactory completion of the internship; and
- (2) level of skill in
 - (A) completion of evaluation;
 - (B) program planning;
 - (C) therapeutic practice;
 - (D) potential ability to practice safely while unsupervised with sound professional judgment; and
 - (E) ethics related to the practice of occupational therapy.

(e) The board will not accept internship hours claimed before the date that the internship was approved by the board. To be approved by the board, internship hours must be completed no more than six months after the date the internship begins.

(f) In this section, "preceptor" means an occupational therapist licensed under this chapter who provides on-site supervision for an intern serving an internship.

Authority: AS 08.84.010 AS 08.84.030 AS 08.84.060

12 AAC 54.890. DEFINITIONS RELATED TO OCCUPATIONAL THERAPY. (a) In 12 AAC 54.600 – 12 AAC 54.890,

(1) "continual on-site supervision" means the supervising occupational therapist or occupational therapy assistant

- (A) is present in the department or facility where services are being provided;
- (B) is immediately available to the non-licensed personnel being supervised; and
- (C) maintains continual oversight of patient-related duties performed by the non-licensed personnel;

(2) "internship" means postgraduate on-the-job training of occupational therapists or occupational therapy assistants, approved by the board;

(3) "non-licensed personnel"

(A) means personnel who are

(i) used by a licensed occupational therapist or occupational therapy assistant to deliver patient-related duties and non-patient related duties related to the practice of occupational therapy; and

(ii) trained under the direction of a licensed occupational therapist or occupational therapy assistant to perform designated non-patient related duties and patient-related duties related to the practice of occupational therapy;

(B) includes personnel who are referred to as "aides", "technicians", or "techs";

(4) "non-patient related duties" includes clerical and maintenance activities and preparation of the work area or equipment;

(5) "patient-related duties" means routine tasks that do not require the education, skill, and training of an occupational therapist or occupational therapy assistant, and for which the

(A) outcome anticipated for the task is predictable;

(B) situation of the patient and the environment is stable and will not require that judgment, interpretations, or adaptations be made by non-licensed personnel; and

(C) task routine and process have been clearly established;

(6) "supervision" means

(A) the licensed occupational therapist will be present whenever a patient is evaluated, a treatment program is established, or a treatment program is changed; and

(B) the licensed occupational therapist is present to personally review the diagnosis of the condition to be treated, to authorize the procedure, and before dismissal of the patient, to evaluate the performance of the treatment given.

(b) In AS 08.84.190, "occupational therapy" does not include exercise or activities performed by non-licensed personnel in a home or school setting for the benefit of a patient or student.

Authority: AS 08.84.010

ARTICLE 8. GENERAL PROVISIONS.

Section

900. Refund of fees and renewals

910. (Renumbered)

915. (Repealed)

920. Change of name or address

930. (Renumbered)

950. Reinstatement of a lapsed license

960. Board meetings

990. Definitions

12 AAC 54.900. REFUND OF FEES AND RENEWALS. (a) Unless an application is considered abandoned under 12 AAC 02.910, an applicant for licensure who requests withdrawal of an application before taking an examination and before action has been taken by the board is entitled to a refund of all fees except the application fee.

(b) Renewal notices will be sent by the department to all current licensees at least 30 days before the end of the current licensing period. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

Authority: AS 08.84.010(b) AS 08.84.100

12 AAC 54.910. STANDARDS. Renumbered as 12 AAC 54.500, 9/26/91.

12 AAC 54.915. REVIEW OF APPLICATIONS FOR TEMPORARY PERMIT OR LIMITED PERMIT.
Repealed 3/27/2024.

12 AAC 54.920. CHANGE OF NAME OR ADDRESS. (a) It is the responsibility of a licensee to notify the department of a change in the licensee's name or mailing address.

(b) A licensee shall notify the department when the licensee's name has changed by submitting a notarized copy of a legal document verifying the change of name.

(c) A licensee shall notify the department when the licensee's mailing address has changed in accordance with 12 AAC 02.900.

(d) Upon written request and payment of the fees established in 12 AAC 02.105, a new license or certificate will be printed showing the licensee's new name or address.

Authority: AS 08.84.010(b) AS 08.84.090

12 AAC 54.930. STANDARDS OF PRACTICE OF PHYSICAL THERAPY ASSISTANTS. Renumbered as 12 AAC 54.510, 9/26/91.

12 AAC 54.950. REINSTATEMENT OF A LAPSED LICENSE. (a) A licensee whose license is lapsed for any reason is prohibited from practicing physical therapy or occupational therapy until the license is reinstated by the board.

(b) A license which has been lapsed for less than two years will be reinstated by the board upon submission of

(1) the fees required by 12 AAC 02.105 and 12 AAC 02.320; and

(2) documentation that all continuing competency and continuing education requirements of 12 AAC 54 have been met.

(c) A license that has been lapsed for two but less than five years will, in the board's discretion, be reinstated, if the applicant submits

(1) an application for reinstatement on a form provided by the department;

(2) the fees required by 12 AAC 02.105 and 12 AAC 02.320 for the entire period the license has been lapsed;

(3) evidence of completion of all continuing competency and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed;

(4) verification of all physical therapy and occupational therapy licenses held in other jurisdictions for the entire period the Alaska license has been lapsed and a signed statement from a licensing official in each of those jurisdictions verifying that no restrictions have been placed on the license or disciplinary sanctions have been taken against the licensee.

(d) In accordance with AS 08.01.100(d), a license that has been lapsed for five years or more is considered permanently lapsed and the former licensee will be required to apply for a new license under AS 08.84.030 or 08.84.060 and regulations adopted under them.

(e) An applicant for a new license whose original license in this state was lapsed for five years or more and who has not been actively practicing in another state during that time shall satisfactorily complete an internship approved by the board consisting of 150 hours of training.

Authority: AS 08.01.100 AS 08.84.030 AS 08.84.040
AS 08.84.010

12 AAC 54.960. BOARD MEETINGS. The board will hold at least two meetings a year at times and places designated by the chairman or by majority of the board.

Authority: AS 08.84.010(b)

12 AAC 54.990. DEFINITIONS. In this chapter and in AS 08.84

- (1) "board" means the State Physical Therapy and Occupational Therapy Board;
- (2) "department" means the Department of Commerce, Community, and Economic Development;
- (3) "licensed" has the same meaning as registered, certified, or a similar term used by another licensing jurisdiction.
- (4) "NBCOT" means the National Board for Certification in Occupational Therapy.
- (5) "HIPAA compliance" means compliance with 42 U.S.C. 300gg (Health Insurance Portability and Accountability Act of 1996);
- (6) "interactive telecommunication system"
 - (A) means audio and video equipment that permits a two-way, real time communication between a therapist licensed under AS 08.84 and this chapter and a patient who is located at a distant site in the state which is not in close proximity of the therapist;
 - (B) does not include
 - (i) electronic mail;
 - (ii) facsimile machine; or
 - (iii) telephone;
- (7) "telerehabilitation" means the practice of therapy by a person licensed as a therapist under AS 08.84 and this chapter using an interactive telecommunication system;
- (8) "CAPTE" means the Commission on Accreditation in Physical Therapy Education;
- (9) "ACOTE" means the Accreditation Council for Occupational Therapy Education.

Authority:	AS 08.84.010	AS 08.84.040	AS 08.84.160
	AS 08.84.030	AS 08.84.060	AS 08.84.190
	AS 08.84.032		

State Physical Therapy and Occupational Therapy Board

Principles of Practice

March 2015



DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT

*DIVISION OF CORPORATIONS, BUSINESS
AND PROFESSIONAL LICENSING*

State Physical Therapy and Occupational Therapy Board Principles of Practice March 2015

This document serves two purposes. It will identify what is expected from a professional therapist and it will also educate the consumer in what they can expect from their therapist.

Physical Therapists, Physical Therapy Assistants, Occupational Therapists, and Occupational Therapy Assistants shall:

Principle 1: Patient/Client Safety and Well Being:

1. Adhere to the respective national professional core values and ethical standards.
2. Act in the best interest of the patient/client.
3. Provide services within practitioner's level of competence as demonstrated by education, training and professional experience.
4. Provide supervision for support personnel.
5. Provide for the continuity of service when transitioning care.

Principle 2: Right of individuals to self-determination:

1. Respect the patient/client right to informed consent, right to refuse services, and keep informed of the process in meeting goals specific to the plan of intervention. If the patients/clients cannot give consent, the therapist must be sure that consent has been obtained from the person who is legally responsible for the patient/client.
2. Establish a collaborative relationship with recipients of services including families, significant others and caregivers throughout the intervention process, including setting goals and priorities.
3. Maintain confidentiality of all verbal, written, electronic, augmentative and non-verbal communication disclosing such only when allowed or required by law.

Principle 3: Provide services in a fair and equitable manner:

1. Advocate for just and fair treatment for all patients, clients, employees and colleagues by encouraging employers and colleagues to abide by the ethical standards set forth by their national professions.
2. Act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

Principle 4: Provide comprehensive, accurate, and objective information about services:

1. Provide accurate and relevant information to the public and recipients about service, credentials, experience, education and training.
2. Record and report in an accurate and timely manner in accordance with applicable regulations, all information related to professional activities, services, and patient care.

Principle 5: Treat colleagues and other professionals with respect, fairness, discretion, and integrity:

1. Respect the traditions, practices, competencies and responsibilities of physical therapy, occupational therapy and other professions, as well as those of the institutions and agencies that constitute the working environment.
2. Provide appropriate direction to, and communication with therapy staff and personnel.

Principle 6: Comply with institutional rules, local, state, federal, and international laws applicable to the profession:

1. Comply with professionally applicable institutional, local, state, federal and international laws and regulations.
2. Report to the Board any unprofessional, incompetent, or illegal behavior of a physical therapist or occupational therapist or physical therapist assistant or occupational therapy assistant in practice, education or research.
3. Cooperate with an investigation by the State Physical Therapy and Occupational Therapy Board. Cooperation includes responding fully and promptly to any questions raised by the Board and providing copies of the medical records and other documents requested by the Board.



Alaska Board of Physical Therapy and Occupational Therapy Meeting - Day 1 - October 24, 2024

Alaska Division of Corporations, Business and Professional Licensing
Thursday, October 24, 2024 at 9:00 AM AKDT to 4:30 PM AKDT

Robert B. Atwood Bldg., 550 W. 7th Ave., Ste. 1535, Anchorage, AK 99501 + Zoom

Meeting Details:

<https://us02web.zoom.us/j/89807044092?pwd=VGILZkpoOHlvNTBMVDhSeXkrYWxPdZ09>

Meeting ID: 898 0704 4092

Passcode: 412554

Call-in: +1 253 205 0468 US

Agenda

1. Call to Order/Roll Call

A. Roll Call

9:00 AM

Board members:

- Tina McLean, Chair
- Enlow Walker, Secretary
- Rebecca Dean, Public Member
- Valerie Phelps
- Victoria "Tori" Daugherty
- Jonathan Gates

Staff members:

- Reid Bowman, Program Coordinator 2
- Shane Bannarbie, Program Coordinator I
- Sheri Ryan, Licensing Examiner 3

Alaska State Physical Therapy and Occupational Therapy Mission Statement

The mission of the Alaska State Physical and Occupational Therapy Board is to promote healthy, independent, productive Alaskans. The board strives to do this by:

1. Adopting regulations necessary for the safe and efficient practice of Physical Therapy and Occupational Therapy in the State of Alaska.
2. Reviewing and approving the qualification of applicants to ensure a competent and effective work force of therapists and assistants.
3. Issuing temporary permits and licenses to qualified persons.

- 4. Monitoring compliance with continuing education requirements.
- 5. Reviewing and acting on any report or documentation of any unsafe, unethical or unlawful actions of a licensee.

- B. Ethics Reporting** **9:05 AM**
- C. Review/Approval Agenda - Day 1** **9:10 AM**
- D. Approve Minutes** **9:15 AM**
- E. Statistics**

2024 Statistics as of 10/03/2024

- Applications received - 2336
 - Initial - 351
 - Renewals - 1951
 - Pending = 2
 - Reinstatement - 34
 - Pending = 4
- Initial Licenses
 - Approved - 325
 - PT - 196
 - PTA - 31
 - OT - 91
 - OTA - 7
 - Denied = 0
 - Pending = 42
- Active as of 10/03/2024 = 2146
 - PT - 1316 (1 temp permit)
 - PTA - 194 (0 temp permit; 2 limited permits)
 - OT - 580 (5 temp permits)
 - OTA - 56 (1 temp permit)

- 2. Public Comment** **9:20 AM**
- 3. Strategic Plan Review** **9:35 AM**
- 4. Division Update - FY24 - Q3** **10:00 AM**
Presenter: Melissa Dumas
- 5. Association Updates**
 - A. AKOTA** **10:15 AM**
Presenter: Brianne (Bri) Oswald, OTD, OTR/L, LSVT-BIG, CSCS
- 6. Break** **10:30 AM**
- 7. Meeting Reports**
 - A. FSBPT April Informed Consent Task Force** **10:45 AM**
Presenter: Rebecca Sue Dean

B. FSBPT Regulatory Workshop May 16-18	11:00 AM
Presenters: Rebecca Sue Dean, Shane Bannarbie	
C. FSBPT LIF - July 12-14	11:15 AM
Presenter: Rebecca Sue Dean	
D. FSBPT August Dry Needling Competencies Task Force	11:30 AM
Presenter: Tina McLean	
8. Lunch	12:00 PM
9. Administrative Business	
A. 2025 Meeting Schedule -	1:00 PM
<ul style="list-style-type: none"> • Set Board (2) and Committee (4) Mtg. dates <ul style="list-style-type: none"> ○ Spring Board ○ Fall Board ○ Legislative Committee ○ Regulations Committee ○ Scope of Practices Committee ○ Continuing Competence/Education Committee • Discuss Committee composition/tenure <ul style="list-style-type: none"> ○ Legislative Committee <ul style="list-style-type: none"> ▪ Tina McLean, Enlow Walker and Tori Daugherty ○ Regulations Committee <ul style="list-style-type: none"> ▪ Valerie Phelps and Rebecca Dean ○ Scope of Practices Committee <ul style="list-style-type: none"> ▪ Enlow Walker, Tina McLean and Tori Daugherty; Alternate Valerie Phelps ○ Continuing Competence/Education Committee <ul style="list-style-type: none"> ▪ Rebecca Dean and Valerie Phelps; Alternate Tina McLean • Board Vacancies 03/2025 - Enlow Walker and Valerie Phelps 	
B. Tabled Items	1:30 PM
i. Tabled Correspondence	
a. PT Telehealth Scope Question	
b. COTA_PTA Progress Notes - 8-6-2024 Response	
ii. Tabled Applications	
<ul style="list-style-type: none"> • Temporary Permit Application - Kevin Beadle • Reinstatement Application - Joshua Morner • 150-hour internship Evaluation + OT by Credentials - Anna Sluz • 150-hour internship Final Evaluation + OT by Credentials - Judy Yang 	
C. Board Correspondence	2:00 PM
<ul style="list-style-type: none"> • Board Action Needed <ul style="list-style-type: none"> ○ PTA Scope of Practice Question - 9-18-2024 ○ Vet Board letter 	

- Informational
 - ACOTE - PAMIMs Final Draft 2024
 - FSBPT
 - NPTE Survey Results Q2 - 2024
 - NPTE Survey Results Q3 - 2024
 - Consumer Protection Rating - ELDD - Q1 - 2024
 - Consumer Protection Rating - ELDD - Q2 - 2024
 - CAPTE Recent Actions - 14-day Notice - 05-15-2024
 - CAPTE Recent Actions - 05-31-2024

D. Committee Reports

i. Scope of Practices Committee

2:15 PM

Presenter: Victoria Daugherty

Committee Recommendations:

- Board Correspondence Response - School Based OT Services - Releases Required - 08-30-2024
- DPT/ODT Term Protection - Draft Statutory Language
- Create OT Statutory work group with stakeholder involvement to champion OT bill introduction.
- Create Physical Therapy Statutory work group with stakeholder involvement to work on language.

ii. Legislative Committee

2:45 PM

Presenter: Tina McLean

- Chair report submitted 10-22-2024

iii. Regulations Committee

3:15 PM

Presenter: Valerie Phelps

- Chair report submitted 10-21-2024
- SB74 Regulations Project Draft to review - includes all other regulations projects

iv. Continuing Competence/Education

3:45 PM

Presenter: Valerie Phelps

- Chair Report submitted 10-21-2024
- CEU Clarification - 09-25-2024 - Response Recommendation

10. Meeting Summary - Action Items

4:15 PM

11. Adjourn

4:30 PM



Alaska Board of Physical Therapy and Occupational Therapy Meeting

Day 1 - February 15, 2024 Minutes

Alaska Division of Corporations, Business and Professional Licensing

Thursday, February 15, 2024 at 9:00 AM AKST

@ Robert B. Atwood Bldg., 550 W. 7th Ave., Ste. 1550, Anchorage, AK 99501 + Zoom

These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

1. Call to Order/Roll Call

- i. By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a scheduled meeting of the State Physical Therapy and Occupational Therapy Board was called to order at 9:01 am AKDT on Thursday, February 15, 2024. Roll Call was done by Chair, Tina McLean.
- ii. Board members present: Rebecca Dean, Lindsey Hill, Tina McLean, Chair, Valerie Phelps, Lisa Radley, and Enlow Walker, Secretary.
- iii. Absent: Bryan Murphy, excused.
- iv. Quorum exists, 6 of 7 appointed board members present. Bryan Murphy has resigned from the Physical Therapy and Occupational Therapy Board effective 02/14/2024. His vacant board member seat can be filled by an Occupational Therapist or Occupational Therapy Assistant.
- v. Staff present: Reid Bowman, Program Coordinator 2; Shane Bannarbie, Program Coordinator 1; Sheri Ryan, Occupational Licensing Examiner.
- vi. Guests present: (all connected remotely) Litz Regis, Clark Johnson, Kaitlin DuRoss from Petersburg, AK, and Nicole Braxton with Adventist Medical Evangelism Network (AMEN).
- vii. Physical Therapy and Occupational Therapy Mission statement read into record by Tina McLean.

2. Review/Approve Agenda

Discussion to amend agenda to include Travel + Board support and "DPT" Term protection as topics to agenda.

Rebecca Dean moved to approve the agenda as submitted with amendments as discussed to include include Board travel and support and "DPT" Term protection as topics of discussion. Motion seconded by Valerie Phelps. All in favor; none opposed. Motion passes unanimously.

3. Approve PHY Board Minutes November 16-17, 2023

Rebecca Dean moved to approve the 11-16-2023 PHY board meeting minutes as submitted. Valerie Phelps seconded the motion. All in favor; none opposed. Motion passes unanimously.

4. Ethics Reporting

PHY Board Chair Tina McLean asked all board members if there were any ethics issues they wished to declare. No board members reported any ethics issues at this meeting.

5. Public Comment

PHY Board Chair Tina McLean asked if any public members connected wished to give public comment.

Nicole Braxton, Adventist Medical Evangelism Network (AMEN) - Free clinics to be offered in Bethel and Anchorage in March, 2024 for underserved and underinsured members of the community. Ms. Braxton recapped her request currently before the Board for licensure exemption for Physical Therapists to staff these clinics.

Clark Johnson, pending licensure applicant. He is due to start 2/21/2024 providing rehab coverage 3x over next 6 months at Ancora Home Health Care.

6. Administrative Business

A. Year Recap (Presenters: Tina McLean, PT, DPT, ATC/L, CMTPTDN, GTS)

PHY Board Chair Tina McLean gave recounting of all board meetings as well as subcommittee and task force meetings held in 2023/2024. She believes this type of documentation will help document the work done for licensees as well as substantiate the requirement for an Executive Administrator position for the Physical Therapy/Occupational Therapy board.

Rebecca Dean moved to include Year in Recap in Action Summaries in FY24 Annual Report and final strategic planning. Motion seconded by Lindsey Hill.

Board discussed where in the annual report the action summaries should be included. The layout has changed from previous reports. Board to determine placement at drafting. **All in favor; none opposed. Motion passes unanimously.**

B. DPT Term Protection

Chair McLean brought up trademark infringement by Lifetime Inc. using DPT for their "dynamic personal trainers". APTA has distributed an issues brief regarding this topic. She would like the board to consider statute changes to address term protection on the use of DPT as Alaska statute is silent on the use of "DPT" by Doctors of Physical Therapy. Ms. McLean will forward the email she received and the APTA issues brief on the topic to all board members through staff.

C. Board Travel and Support

The board discussed travel and related support. The board shared their problems experienced with reservations, confusion on what is a deviation from the minimum business itinerary, and reimbursement delays and reconciliation efforts. Printed and video resources for board travel available on the state website were shared.

D. FSBPT 2024 Delegate Selection

The board discussed future representation needs for Federation of State Boards of Physical Therapy (FSBPT). 3 meetings scheduled in 2024. May 14-15, 2024 Regulatory Workshop - Arlington, VA; July 13-14, 2024 Leadership Issues Forum - Arlington, VA; and October 31-November 2 Annual Education Meeting - Cedar Rapids, IA.

Enlow Walker moved to approve Rebecca Dean as the voting delegate for FSBPT; Valerie Phelps as the alternate delegate; and Sheri Ryan as the funded administrator. Lisa Radley seconded the motion. All in favor; none opposed. Motion passes unanimously.

Rebecca Dean gave an overview of the recent activity as FSBPT delegate. Ms. Dean discussed issues/trends to be brought forward at July FSBPT meeting that are affecting the physical therapy community in Alaska.

Previously identified AK items:

- Professional competency/CE standards - inclusion of leadership/professional business CE
- Healthy practices guidelines - enhancement of our complaint intake process - fewer clicks with our website

National items identified:

- Strategic planning
- Standardizations with board actions (best practices especially in light of the PT Compact)
- Diversity, inclusion and belonging - social and professional diversity
- Substance abuse and sexual abuse in the practice work place
- Model practice act updates
- What it means for each board member to be a regulator
- Provider education and patient staff student education on the imbalance of power that occurs that results in issues in the physical therapy care
- Provider reentry process

- Workforce data development
- Using FSBPT Board assessment resource tool - Sunset audits - how do you substantiate board work

Informed Consent Task Force formed by FSBPT to research national trends and state practice acts to assess needs for protection and education (patient and provider) on responsibility of informed consent requirements. Rebecca Dean has been asked to serve as layperson/public member. Meetings have been held virtually and in-person meeting scheduled for April, 2024. Brief overview provided by Ms. Dean as to meetings to date.

Enlow Walker moved to approve participation by Rebecca Dean on the FSBPT Informed Consent Task Force on behalf of the Alaska Physical Therapy and Occupational Therapy Board and for her travel April 21-22, 2024 to attend the in-person meeting at the FSBPT Informed Consent Task Force in Alexandria, VA. Motion seconded by Lisa Radley. All in favor; none opposed. Motion passes unanimously.

The board briefly discussed current industry standards of informed consent requirements and how they apply to considerations within draft dry needling regulations.

E. Board Correspondence

i. PT Scope Correspondence

PT Scope - Federal Motor Carrier Safety Administration DOT Exams - 02-13-2023

Rebecca Dean moved to send the PT Scope of Practice work group response reviewed by the Department of Law to the Federal Motor Carrier Safety Administration (FMCSA) - 02-13-2023 as written. Motion seconded by Enlow Walker. All in favor; none opposed. Motion passes unanimously.

Response: Because the purpose of the FMCSA Medical Examination is to medically examine and identify diseases that would lead to road safety issues, disease diagnosis is an important part of the assessment. According to AS 08.84.190 (6), physical therapy specifically does not include “diagnosis of disease”. Therefore, the Alaska State Physical Therapy and Occupational Therapy Board considers the performance of

the FMCSA Medical Examination to be outside the scope of practice of a physical therapist. Source: [AK PT/OT Statutes and Regulations](#)

Scope of Practice PT - Wound Debridement - 12-07-2023 and Wound Debridement Regulations - 2-6-2024

Board discussed training obtained by therapists for wound debridement. Both chemical and sharps wound debridement are an entry level practice; basic (fundamental) skill for both PT and OT. The CPT codes cited are not "owned" by any healthcare provider. Ability to use the codes listed is defined by scope of practice for a licensee. The ability to perform for a physical therapist is within "physical measures" of 08.84.190(6). This board response letter equals a "board opinion" of statutory language as wound debridement is not defined within regulation.

Lisa Radley moved to send a letter that states chemical and sharps debridement and wound care are part of our statutory scope of practice based on 08.84.190(6). Motion seconded by Lindsey Hill. All in favor; none opposed. Motion passes unanimously. Staff to include usual phrasing that board does not regulate coding and billing/insurance practices.

Litz Regis left the meeting at 10:23 am.

COTA and PTA Discharge and Documentation requirements - 12-19-2023

The board discussed practical applications of discharge summaries within skilled nursing facilities/long term care facilities and how they relate to 08.84.190(4) OTA definition | 12 AAC 54.810 Supervision of OTA and 08.84.190(8) PTA definition | 12 AAC 54.510 Supervision of PTA. PT/OT responsible for assessment of goals and determination to terminate treatment. Determination = evaluation\assessment of discharge which is outside the scope of COTA/PTA per scope definition.

Response: Determination to discharge can not be done by a COTA/PTA. COTA/PTA can gather data information, write the summary, and create the document. The PT/OT has to make the final document for assessment of goals and determination to terminate treatment. We would advise documenting the collaboration and best practice, co-signed by both. 08.84.190(4) OTA definition | 12 AAC 54.810 Supervision of OTA and 08.84.190(8) PTA definition | 12 AAC 54.510 Supervision of PTA.

Action Items:

1. Staff to send response letter as discussed for PT Scope - FMCSA DOT Exams - 02-13-2023.
2. Staff to send response letter as discussed for Scope of Practice PT - Wound Debridement - 12-07-2023 and Wound Debridement Regulations - 2-6-2024
3. Staff to send response letter as discussed for COTA and PTA Discharge and Documentation Requirements - 12-19-2023

Break 10:40 am - recording stopped. Call to order at 10:57 am - recording started. Roll Call taken by Chair Tina McLean after break:

Board members present: Rebecca Dean, Lindsey Hill, Tina McLean, Valerie Phelps, Lisa Radley, and Enlow Walker. Bryan Murphy, absent.

Staff present: Reid Bowman, Program Coordinator II; Shane Bannarbie, Program Coordinator I; Sheri Ryan, Licensing Examiner

Guest: Kristen Neville, AOTA Manager State Affairs

ii. OT Scope Correspondence

OT - Supervision Non-Licensed Personnel in School Based Practice - 01-02-2024

Board discussed 08.84.150 (6) (A-C) exceptions from licensure and 12 AAC 54.815(e) Supervision of non-licensed personnel. Teacher and teacher's aide not required to have a license as OT/OTA per 08.84.150(6). Employer required to maintain direct supervision. Employer = school district.

OT Scope of Practice Clarification on Feeding vs. SLP - 11-20-2023

Board discussed statutory reference where feeding could be found in occupational therapy scope of practice - 08.84.190(3)(A) Develop living skills and development skills; (B) sensory integrative functioning; (C) enhancing functional performance.

12 AAC 54.800 Occupational Therapy Standards - Principles of Practice - Principle 1 Patient/Client Safety and Well Being- #3 Provide services within practitioner's level of competence as demonstrated by education, training and professional experience. You are ethically bound to refer if you feel that these services are outside your training or comfort level.

Action Items:

1. Staff to send response letter as discussed for OT - Supervision Non-Licensed Personnel in School Based Practice - 01-02-2024
2. Staff to send response letter as discussed for OT Scope of Practice Clarification on Feeding vs. SLP - 11-20-2023

iii. Education + Continuing Education Correspondence

Human Trafficking CE - 11-03-2023

Approved response:

There is no specific requirement for Human Trafficking continuing education in Alaska. If CE is recognized by an entity in 12 AAC 54.420 and 12 AAC 54.715 and relates to the practice of occupational therapy as defined in AS 08.84.190(3) and physical therapy as defined in AS 08.84.190(6) it is approved in Alaska. Please refer to [Alaska Occupational Therapy Association](#) (AKOTA) and [Alaska Physical Therapy Association](#) (APTA Alaska) for potential advertising opportunities as the Alaska Board of Physical Therapy and Occupational Therapy does not provide continuing education advertising on our website.

New ACOTE Accreditations Standards Adopted - informational only. No action needed.

Action Items:

1. Staff to send response letter as discussed for Human Trafficking CE - 11-03-2023

iv. General Correspondence

Vital Assessment Survey Post-COVID-19 - 01-22-2024

Refer to APTA-AK. Provide information available online for licensee list through state website. Emails are not public information.

AKOTA OT email list request - 1-20-2024

Provide information available online for licensee list through state website. Emails are not public information and cannot be shared.

Waiver of PT Licensing Request - 01-31-2024

There is no exception in statute that would allow a physical therapist or occupational therapist to bypass application for licensure in Alaska in 08.84.150. No courtesy license available 08.84. Physical therapy has a limited permit application available for visiting, non-resident therapist

that would allow the therapists to practice for up to 120-continuous days in Alaska.

Action Items:

1. Staff to send response letter as discussed for Vital Assessment Survey Post-COVID-19 - 01-22-2024
2. Staff to send response letter as discussed for AKOTA OT email list request - 1-20-2024
3. Staff to send response letter as discussed for Waiver of PT Licensing Request - 01-31-2024

F. Tabled Applications

- Litz Regis - Application by Examination
- Justin Thomas - Application by Credentials
- Clark Johnson - Application by Credentials

PHY - Litz Regis - 215829 - PTA - Application by Examination

Tabled application. Applicant has taken and failed the NPTE 6 times in other jurisdictions - 5 in Florida and 1 in Arkansas. He did apply in Alabama but his request to move forward with NPTE was not approved. He has exceeded the 6 lifetime maximum attempts with FSBPT to take the National Physical Therapy Examination. Mr. Regis joined the board meeting at 11:30 am. Board discussed possible obstacles with the applicant that he incurred previously and strategies he was utilizing to assist with his future success. He is currently taking a review course for extra learning to prepare in addition to a test-taking strategies course. He is participating in a PT online elevation course - one on one tutor. He is currently working full-time as a physical therapy tech but will be working part-time in the two months prior to taking the test to increase his study time in preparation.

Valerie Phelps moved to approve Litz Regis #215829 request to test for the National Physical Therapy Examination (NPTE) with FSBPT. Motion seconded by Rebecca Dean. All in favor; none opposed. Motion passes unanimously.

PHY - Justin Thomas - 219802 - PT - Application by Credentials + PHY - Clark Johnson - 148678 - PT - Application by Credentials

Tabled applications - Board discussed trend for applicants with lapsed licenses less than two years being given the choice to reinstate or apply for a new initial license by credentials. Applicants choosing to apply for new initial license versus

reinstating because they do not meet the renewal/reinstatement requirements as they have not completed their continuing education within the Alaska "concluding licensing period". Discussion of language within 12 AAC 54.950 and whether requirement to reinstate is mandatory or optional. The board discussed whether clarification was needed within regulations as a future regulations project. A clarification request has been made with the Department of Law and is pending. Board discussed how current regulation allows NBCOT active OTR/COTA certification to replace need for CE verification for OTs and OTAs. Therapists licensed in another state have completed CE, but possibly just not within the Alaska required timeframe. Board discussed how the Massage board resolved a similar situation by removing regulatory language "in the concluding licensing period" and replaced with "completed the continuing education before the time of application" to ensure competency before they applied. This would assist licensees who might have an oversight so it didn't end up being an investigation and/or licensing action.

Rebecca Dean moved to approve the initial application for Clark Johnson #148678. Motion seconded by Lisa Radley. All in favor; none opposed. Motion passes unanimously.

Rebecca Dean moved to approve the initial application for Justin Thomas #219802. Motion seconded by Lisa Radley. All in favor; none opposed. Motion passes unanimously.

7. Lunch

Lunch break taken from 12:15 pm to 1:00 pm. Recording stopped.

Call to Order: 1:00 pm. Recording resumed.

Roll Call: Board members present: Enlow Walker, Lisa Radley, Valerie Phelps, Tina McLean, Lindsey Hill, and Rebecca Dean. Bryan Murphy, absent.

Staff present: Shane Bannarbie, Program Coordinator I; Sheri Ryan, Licensing Examiner

Guest: Cary Moore, President AKOTA

8. Association Updates

A. AKOTA

AKOTA Update - Cary Moore, President with the Alaska Occupational Therapy Association, provided an update regarding Compact Licensure bill work. They hope to introduce in 2025 legislative session and are working with their lobbyist., David Parrish on gaining a sponsor for the bill. AKOTA is working with their

national association AOTA regarding the FBI level background requirement. They want the OT compact bill to be as similar to the PT bill as possible to facilitate the bill to move through the legislative process quickly. AKOTA considers the scope of practice changes previously worked on to be a long term 5+ year project with breadth of the project and impact it will have across both physical therapy and occupational therapy.

New officers elected at AKOTA. Full board now - all 4 executive positions as well as all 3 director positions have been filled. Cary Moore will be transition out after 2 years in leadership. Bree Oswald, OT will be new state association president. AKOTA's Spring Conference will be at Providence Hospital in Anchorage - speaker call has gone out for OTs for expertise in mental and behavioral health. Their fall conference is their full conference and they are looking to partner with the Speech association in hosting a national speaker.

B. APTA-AK (Presenters: LeeAnne Carrothers PT, PhD - State/Federal Government Affairs Liaison, APTA Alaska)

APTA-Alaska Update - LeeAnne Carrothers, PT, PhD - State and Government Affairs Liaison provided an update. Legislative efforts have focused this year around the PT Compact. Moving through with the SLP compact bill. PT Compact bill was voted on in Senate but ran out of time in House in the first legislative session for a vote to be held. APTA-Alaska has been reassured that it should make it through this year as non-controversial bill. Legislative language for the bill provided by the Federation (FSBPT). Association is looking at seeking potential regulatory change consistent with what other states have done - allowing physical therapists to order imaging. The board discussed their letter of support written for SB74/HB137 - PT Compact Licensure and preference for SB74 substitute version exempting currently licensed individuals from fingerprinting and background report and the board's request to extend the effective date to July, 2025 to allow for the regulation project and technical updates needed to implement the bill. The board discussed the recent trend of board correspondence received related to clinical decision making and possible educational efforts to assist in cooperation with APTA-AK.

Committees are made up of board members only. Public comment would be available at committee meetings. Work groups can invite one or more members of the public/industry to participate in the work group meeting. Meetings and agendas are publicly noticed through the state system and posted on the board's website.

Board requested that public board packets be posted on the website moving forward to assist APTA-Alaska with board correspondence educational efforts.

Ms. Carrothers is back in the role as interim program director for the CAPTE approved PTA program at UAA. UAA is in their 10th class now. PTA program runs Jan-Dec. Plan is to have another faculty member trained and CAPTE approved as program director by Feb. 2025.

Action Items:

1. Jurisprudence Questionnaire to be sent to Continuing Education/Competency Committee to update.
2. Public packets to be posted as best practice for board meetings moving forward.

9. Strategic Planning (Presenters: Sara Chambers, Boards and Regulation Advisor)

The board worked with Boards and Regulations Advisor Sara Chambers on a high level strategic planning session. Strategic plan should be included in every board packet as a reference and recommended to build as a quarterly agenda item for evaluation/assess goals, objectives and outcomes. The board worked collaboratively utilizing the Strategic Planning Worksheet to identify current goals, objectives and assign tasks to accomplish.

Break taken 3:18 pm. Recording stopped.

Call to order at 3:28 pm. Recording resumed. Roll call taken:

Board members present: Rebecca Dean, Lindsey Hill, Tina McLean, Valerie Phelps, Lisa Radley, Enlow Walker. Bryan Murphy absent.

Staff members present: Sara Chambers, Boards and Regulations Advisor; Reid Bowman, Program Coordinator II; Shane Bannarbie, Program Coordinator I; Sheri Ryan, Licensing Examiner

The board resumed work their indepth work on strategic planning. Further work to be continued on the Strategic Planning worksheet on Friday, February 16, 2024.

Action Items:

- Staff to clean up Strategic Planning Worksheet and post in OnBoard for review on Friday, February 16, 2024.
- Staff to post FSBPT guidelines to OnBoard for review on Friday, February, February 16, 2024.

10. Meeting Summary - Action Items

Action Items:

1. Staff will send response letter as discussed for PT Scope - FMCSA DOT Exams - 02-13-2023.
2. Staff will send response letter as discussed for Scope of Practice PT - Wound Debridement - 12-07-2023
3. Staff will send response letter as discussed for Wound Debridement Regulations - 2-6-2024
4. Staff will send response letter as discussed for COTA and PTA Discharge and Documentation Requirements - 12-19-2023
5. Staff will send response letter as discussed for OT - Supervision Non-Licensed Personnel in School Based Practice - 01-02-2024
6. Staff will send response letter as discussed for OT Scope of Practice Clarification on Feeding vs. SLP - 11-20-2023
7. Staff will send response letter as discussed for Human Trafficking CE - 11-03-2023
8. Staff will send response letter as discussed for Vital Assessment Survey Post-COVID-19 - 01-22-2024
9. Staff will send response letter as discussed for AKOTA OT email list request - 1-20-2024
10. Staff will send response letter as discussed for Waiver of PT Licensing Request - 01-31-2024
11. Staff will file appeal paperwork with FSBPT for Litz Regis #215829 to take the NPTE.
12. Staff will complete approval of initial application for Clark Johnson #148678.
13. Staff will complete approval of initial application for Justin Thomas #219802.
14. Jurisprudence Questionnaire will be referred to the Continuing Education/Competency Committee to update.
15. Public board packets will be posted as best practice for board meetings moving forward.
16. Staff will clean up Strategic Planning Worksheet and post in OnBoard for review on Friday, February 16, 2024.
17. Staff will post FSBPT guidelines to OnBoard for review on Friday, February, February 16, 2024.
18. Staff will amend Day 2 of board agenda with items held over from Day 1 and post in OnBoard.

11. Adjourn

Valerie Phelps moved to adjourn the meeting for the day. Rebecca Dean seconded the motion. All in favor; none opposed. Motion passes unanimously.

The Physical Therapy and Occupational Therapy Board meeting was adjourned at 4:26 pm on Thursday, February 15, 2024. Meeting resumed on Friday, February 16, 2024 at 9:00 am.

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Alaska Board of Physical Therapy and Occupational Therapy Meeting

Day 2 - February 16, 2024 Minutes

Alaska Division of Corporations, Business and Professional Licensing
Friday, February 16, 2024 at 9:00 AM AKST
@ Robert B. Atwood Bldg., 550 W. 7th Ave., Ste. 1550, Anchorage, AK 99501 + Zoom

These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

1. Call to Order/Roll Call

- i. By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a scheduled meeting of the State Physical Therapy and Occupational Therapy Board was called to order at 8:56 am AKDT on Friday, February 16, 2024. Roll Call was done by Chair, Tina McLean.
- ii. Board members present: Valerie Phelps, Lisa Radley, Lindsey Hill, Enlow Walker, Secretary; Rebecca Dean, and Tina McLean, Chair.
- iii. Absent: Bryan Murphy, excused.
- iv. Quorum exists, 6 of 7 appointed board members present. Bryan Murphy has resigned from the Physical Therapy and Occupational Therapy Board effective 02/14/2024. His vacant board member seat can be filled by an Occupational Therapist or Occupational Therapy Assistant
- v. Staff present: Reid Bowman, Program Coordinator 2; Shane Bannarbie, Program Coordinator 1; Sheri Ryan, Occupational Licensing Examiner; Jennifer Summers, Senior Investigator; Jasmin Bautista, Investigator 3; Melissa Dumas, Administrative Operations Manager
- vi. Guest present: (connected remotely) Kristen Neville, Manager State Affairs, American Occupational Therapy Association (AOTA).

2. Agenda

The agenda for Day 2 was updated for agenda items held over from Day 1 - Committee Reports. Strategic Plan Review was also added as an agenda item.

Rebecca Dean moved to approve the amended agenda for Day 2 of the meeting. Motion seconded by Enlow Walker. All in favor; none opposed. Motion passes unanimously.

3. Strategic Plan Review

Additional work done by the board on the PHY Strategic Planning Worksheet taking into consideration mission statement, current work in progress, and future goals. Board discussed broadening needs for education and communication to the public and licensees through updates to the PHY website to promote engagement.

4. Committee Reports

Scope of Practices Committee report provided by Enlow Walker. Members: Tina McLean, Enlow Walker, and Lindsey Hill. Committee met 01/08/2024 + 02/12/2024. Next meeting scheduled for 03/11/2024. Committee recommended responses for two pieces of board correspondence received. Board discussed responses as listed below:

- DPT Students Dry Needling 10-17-2023 Response Recommendation

Valerie Phelps moved to proceed with sending the DPT Students Dry Needling 10-17-2023 response letter as recommended by the Scope of Practices Committee. Motion seconded by Rebecca Dean. All in favor; none opposed. Motion passes unanimously.

- APTA-AK Diagnostic Imaging by Physical Therapists - 11-13-2023 Response Recommendation

Discussion by the board regarding the recommended response. Change "References" at bottom of the letter to "Resources".

Lisa Radley moved to adopt the letter for APTA-AK Diagnostic Imaging by Physical Therapists – 11-13-2023 as recommended by the Scope of Practices Committee with the change as discussed. Motion seconded by Rebecca Dean. All in favor; none opposed. Motion passes unanimously.

Committee recommended a regulations project be adopted to develop language defining supervision of students during their internship while in placement in the community. The board discussed the potential need.

Enlow Walker moved to establish a regulation project for physical therapy and occupational therapy for supervision of students (PT/PTA and OT/OTA) during clinical internship - pre-graduation- aka fieldwork. Motion seconded by Lisa Radley. All in favor; none opposed. Motion passes unanimously. Item to be referred to Regulations Committee to develop draft regulatory language.

Action Items:

1. Staff to send response letter as discussed for DPT Students Dry Needling 10-17-2023.
2. Staff to send response letter as discussed for APTA-AK Diagnostic Imaging by Physical Therapists - 11-13-2023
3. Regulations Project adopted to develop regulation language for supervision of students (PT/PTA and OT/OTA) during clinical internship - pre-graduation- also known as "fieldwork" to be referred to Regulations Committee.

Legislative Committee report given by Tina McLean. Members: Tina McLean and Enlow Walker. Committee met 01/11/2024. Next scheduled meeting 02/22/2024. Committee recommended submitting a letter of support for HB 314/SB 225 which would transfer investigative costs from each individual board to the division as a whole. Board is in agreement with the investigative cost line item being removed from individual boards and distributed more equitably across all boards large and small.

Enlow Walker moved to approve Letter of Support of HB 314/SB 225 as written. Motion seconded by Lisa Radley. All in favor; none opposed. Motion passes unanimously.

The committee reported the need to modify designated board members to testify for SB74/HB137 and HB85/SB83 as member Bryan Murphy has resigned from the board. Current board members designated to testify on behalf of the Physical Therapy and Occupational Therapy board per previous vote are Bryan Murphy, Tina McLean and Rebecca Dean.

Rebecca Dean moved to replace Bryan Murphy with Enlow Walker as a designated member of the board able to testify on behalf of SB74/HB137 and HB85/SB83. Motion seconded by Valerie Phelps. All in favor; none opposed. Motion passes unanimously.

Action Item:

- Staff to file Letter of Support as discussed for HB 314/SB 225.

Regulations Committee report given by Valerie Phelps. Committee Members: Valerie Phelps and Lindsey Hill; Alternate = Rebecca Dean. Committee has not met yet in 2024. Next scheduled meeting 03/18/2024. Referred items include:

- OT/PT Dry Needling

- Supervision of Students
- FE internship elimination

Continuing Competency/Education Committee report. Committee Members: Rebecca Dean and Valerie Phelps; Alternate = Tina McLean and Lindsey Hill. Committee has not met yet in 2024. Next scheduled meeting 05/02/2024.

Break - recording paused 10:28 am. Call to order 10:36 am. Recording resumed. Roll call: Board members present: Valerie Phelps, Lindsey Hill, Lisa Radley, Enlow Walker, Secretary; Rebecca Dean, Tina McLean, Chair.

Staff present: Reid Bowman, Program Coordinator II; Shane Bannarbie, Program Coordinate I; Sheri Ryan, Licensing Examiner; Jennifer Summers, Investigative Supervisor; Jasmin Bautista, Investigator 3

5. Investigative Report

Jasmin Bautista, Investigator 3 provided a summary for the period of November 03, 2023 thru February 02, 2024 of three open and two closed cases. No cases to present to the board.

In accordance with the provision of Alaska Statute 44.62.310 (c), I, Enlow Walker, move to go into executive session for the purpose of discussing matters which by law, municipal charter, or ordinance are required to be confidential. Board staff is requested to remain during the session. Motion seconded by Lisa Radley. All in favor; none opposed. Motion to move into executive session passes unanimously.

The board is off the record at 10:41 am.

Call to Order at 10:52 am. Recording resumed. Roll call: Rebecca Dean, Lindsey Hill, Tina McLean, Valerie Phelps, Lisa Radley, Enlow Walker. Bryan Murphy, absent. Quorum exists - 6 of 7 appointed board members present.

6. Disciplinary Matrix Development Project

The board reviewed FSBPT model guidelines (2018 + 2022) and 2021 Ohio disciplinary matrix template.

Rebecca Dean moved to adopt the Ohio state template for Disciplinary Action Matrix and modify for Alaska use. Motion seconded by Lisa Radley. All in favor; none opposed. Motion passes unanimously.

Action Items:

4. Staff will send copy of Ohio Disciplinary Action Matrix to Jenni Summers.
 5. Jenni Summers will pull a list for past 5 years of cases related to physical therapy and occupational therapy for board review.
 6. Rebecca Dean to reach out to Ohio PT/OT Executive Administrator to see how Disciplinary Action matrix is working in their state.
 7. Alaska Transitional Manual page 20 provides additional resources - basis for disciplinary action - available in OnBoard Resources folder.
 8. Staff will locate previous presentation from Josh Hardy, Investigator to share with board members. (Fall meeting October 1, 2020?).
7. Recognition
- Board member Lisa Radley was recognized for her service on the Physical Therapy and Occupational Therapy Board. Today was Ms. Radley's last meeting as a board member. Chair McLean presented her with a certificate for her four years of service from March 1, 2020 through March 1, 2024.
8. Annual Report - 2024
- Annual Report for 2024 has a new format. Report covers state fiscal year July 1, 2023 through June 30, 2024. Board has to have completed the draft and approved by June 1 so it can be submitted to the Publications team. PHY FY2023 Report - <https://www.commerce.alaska.gov/web/Portals/5/pub/PHYAnnualReport2023.pdf>
3. Accomplishments = Board compiled accomplishments section of the annual report during the meeting.
 4. Activities assigned to Tina McLean to complete and email to staff
 5. Needs assigned to Valerie Phelps to complete and email to staff
- Action Items:**
2. Staff will resend November Plan of Action Items to Chair, Tina McLean.
 3. 2024 Annual report - Tina McLean to complete Activities section and email to staff
 4. 2024 Annual report - Valerie Phelps to complete Needs section and email to staff
 5. Staff will send FSBPT conference dates and NBCOT event dates to Valerie Phelps for Needs section completion.
9. Lunch
- Lunch break taken for lunch at 12:00 pm Recording stopped. Call to Order at 1:00 pm. Recording resumed. Roll call taken:

Board members present: Rebecca Dean, Lindsey Hill, Tina McLean, Valerie Phelps, Lisa Radley, Enlow Walker.

Bryan Murphy, present.

Staff present: Shane Bannarbie, Program Coordinator I; Sheri Ryan, Licensing Examiner; Melissa Dumas, Administrative Operations Manager; Alison Osborne, Regulations Specialist 2

10. Division Update

Melissa Dumas, Administrative Operations Manager provided a review of FY24 Q2.

Division reports are available online --

><https://www.commerce.alaska.gov/web/cbpl/DivisionReports.aspx>. PHY represents 2.38% of the division's professional licensing budget and has seen a 25% growth from 2019 to 2023. License increase +416 licenses issued from 2022 to 2023. Ms. Dumas assisted the board with information on potential request for a designated board Executive Administrator and answered questions on board travel requests and reimbursement. Ms. Dumas also provided background regarding the proposal of HB 314/SB 225 for changing how investigative costs are budgeted for.

11. Alaska Workforce Data Project for the PT/OT Profession

The board discussed possible implementation of the Cross Profession Minimum Data Set (CPMDS) - list of 18 questions designed to capture the minimum necessary information (demographic, education, employment and practice characteristics) to support workforce assessment and inform policy and planning and the supplemental list of 6 questions designed to capture additional information on the workforce which may be helpful to states/jurisdictions suggested by FSBPT. Grant funding is available for this type of project from FSBPT. Statutory authority would be needed to receive reimbursement. The board discussed how this project might fit into recruitment for PT/OT within their strategic planning. No motion to adopt project at this time. Strategic plan updated to add Goal 5.C - Recruitment and retention of qualified work force - survey licensed PT/PTA and OT/OTA to gather workforce data pertinent to recruitment and retention.

12. Regulations Projects

Alison Osborne, Regulations Specialist 2 joined the meeting virtually to assist with open Regulations Projects. OT Dry Needling regulations language has been drafted and Opening Questionnaire has been completed. The board reviewed the evolution of the draft language of dry needling for occupational therapy which mirrors the draft language written for physical therapy previously approved except for the educational authority

requirement. The board discussed the educational authority for occupational therapy. Informed consent requirements - written versus oral - discussed.

Lindsey Hill moved to adopt the occupational therapy dry needling regulation. Lindsey Hill amended her motion to approve the proposed language for public comment subject to approval by the Department of Law on occupational therapy dry needling. Amended motion seconded by Enlow Walker. All in favor; none opposed. Amended motion passes unanimously.

HB99 regulations have been adopted. They have been sent to the Lt. Governor for signature. We should receive an email soon with an effective date.

Elimination of 6-month internship for Foreign-Educated Applicants - required under 08.84.032(2) and defined in 12 AAC 54.040 + 54.110. 08.84.030(2) statute doesn't require internship to be post-graduate. Internship requirement in 12 AAC 54.040 and 12 AAC 54.110 can be defined as fieldwork (pre-graduate training) and performed as part of clinical education element - also known as supervised fieldwork for foreign-educated applicants as it relates to this regulation sections only. Ms. Osborne expressed caution - internship is also used to define post-graduate training in other areas of physical and occupational therapy regulations. Refer to Regulations Committee and invite Alison Osborne, Regulations Specialist to attend.

12 AAC 54.600(3) - Ambiguity exists in language for occupational therapy applicants for licensure. Easy fix - add IF you hold a license in another jurisdiction, you must submit.

Rebecca Dean moved to adopt a regulations project to clean up the language in 12 AAC 54.600(3) that clarifies ambiguity of holding license in another jurisdiction. Motion seconded by Lisa Radley. All in favor; none opposed. Motion passes unanimously.

Regulations Project referred to Regulations Committee to address. Suggestion to split out Apply by Examination and Apply by Credentials similar to regulations for physical therapy.

12 AAC 54.100(5)(C), 54.600(6)(C), 12 AAC 54.950(e) - 150-hour internship requirement - No exemption exists from licensure under 08.84.150 for practicing physical therapy or occupational therapy for someone performing a 150-hour internship under the regulations in 12 AAC 54.100(5)(c), 54.600(6)(C). Under statute 08.84.150(b)(1) does have the element "or in a supervised fieldwork program" that could be utilized to define the 150-hour internship in regulation "for this section only of 12 AAC 54.600(6)(C)" to

Equity does stand in to ameliorate any instances where the board provided an option however that option does not exist due to the way the regulation and the statutes have been written. A regulations project needs to be adopted to correct for the future for occupational therapy with a statute change for physical therapy.

Rebecca Dean moved the board is acting in good faith to clarify the intent for applicants to complete the 150-hour internship requirement in 12 AAC 54.100(5)(C), 12 AAC 54.600(6)(C) and 12 AAC 54.950(e) subject to completion of the regulations project to correct. Motion seconded by Valerie Phelps. All in favor; none opposed. Motion passes unanimously.

Valerie Phelps moved to create a regulations project around clarifying lapsed license for occupational therapists and the 150-hour internships requirement in 12 AAC 54.600((6)(C) and 12 AAC 54.950(e). Motion seconded by Enlow Walker. All in favor; none opposed. Motion passes unanimously. Regulations project moved to Regulations Committee to address.

Action Items:

- Staff will send updated OT Dry Needling Opening Questionnaire with approval motion to Regulations Specialist.
- Regulations project to clarify ambiguity in 12 AAC 54.600(3) to be referred to Regulations Committee.
- Regulations project to address 150-hr internship requirement in 12 AAC 54.100(5)(C), 12 AAC 600(6)(C) and 12 AAC 54.950(e) to be referred to Regulations Committee.

13. FY2024 Annual Report - continued

Break taken. Recording stopped 3:24 pm. Call to order at 3:35 pm. Recording resumed at 3:35 pm. Roll call taken:

Board members present: Rebecca Dean, Enlow Walker, Lindsey Hill, Lindsey Hill, Valerie Phelps, Tina McLean. Bryan Murphy, absent.

Compiled Annual Report 2024 draft with Accomplishments, Activities and Needs data completed over the lunch hour. Some data (licenses issues, etc.) to be entered as of date of approval. Report covers state fiscal year July 1, 2023 through June 30, 2024.

- Accomplishments = Board compiled accomplishments section of the annual report.
- Activities section assigned to Tina McLean to complete and email to staff
- Needs section assigned to Valerie Phelps to complete and email to staff
- Send via email to board for suggestions to staff

- Deadline for final draft review back to staff by 04/18/2024 - track changes to be utilized
- Approval via OnBoard due by June 1

The board completed additional work on the Strategic Planning Worksheet for the remainder of the meeting.

Action Items:

Staff to send updated Strategic Plan to all board members.

14. Meeting Summary - Action Items

Action Items:

1. Staff will send response letter as discussed for DPT Students Dry Needling 10-17-2023.
2. Staff will send response letter as discussed for APTA-AK Diagnostic Imaging by Physical Therapists - 11-13-2023.
3. Regulations Project adopted to develop regulation language for supervision of students (PT/PTA and OT/OTA) during clinical internship - pre-graduation- also known as "fieldwork" will be referred to Regulations Committee.
4. Staff will file Letter of Support as discussed for HB 314/SB 225.
5. Staff will send copy of Ohio Disciplinary Action Matrix to Jenni Summers.
6. Jenni Summers will pull a list for past 5 years of cases related to physical therapy and occupational therapy for board review.
7. Rebecca Dean will reach out to Ohio PT/OT Executive Administrator to see how Disciplinary Action matrix is working in their state.
8. Staff will locate previous presentation from Josh Hardy, Investigator to share with board members. (Fall meeting October 1, 2020).
9. Staff will send updated OT Dry Needling Opening Questionnaire with approval motion to Regulations Specialist.
10. Draft FY2024 Annual report will be sent to board members for input. Board members to returned to staff by 4/18/2024 utilizing track changes.
11. Regulations project to clarify ambiguity in 12 AAC 54.600(3) will be referred to Regulations Committee.
12. Regulations project to address 150-hr internship requirement in 12 AAC 54.100(5)(C), 12 AAC 600(6)(C) and 12 AAC 54.950(e) will be referred to Regulations Committee.
13. Staff will send updated Strategic Plan to entire board.
14. Next scheduled board meeting rescheduled from September 19-20, 2024 to October 24-25, 2024. Staff will correct public noticing.

15. Adjourn

Rebecca Dean requested to be excused from attendance from September, 2024 scheduled board meeting as she has a conflict. Board chair Tina McLean excused Ms. Dean from attendance. The board discussed rescheduling the September meeting. September 19-20, 2024 meeting rescheduled by consensus to October 24-25, 2024.

Enlow Walker moved to adjourn the meeting. Rebecca Dean seconded the motion. All in favor; none opposed. Motion passes unanimously.

The Physical Therapy and Occupational Therapy Board meeting was adjourned at 4:22 pm on Friday, February 16, 2024. Next meeting now scheduled for October 24-25, 2024 in-person at Atwood Building in Anchorage, Alaska.

DRAFT

Strategic Planning Worksheet: PHY Board “Mini” Strategic Plan

Time frame: 5 years

Department of Commerce, Community, and Economic Development Mission:

Promote a healthy economy, strong communities, and protect consumers in Alaska.

Division of Corporations, Business and Professional Licensing Mission:

Inspire public confidence through balanced regulation of competent professional & business services.

Board Mission:

The mission of the Alaska State Physical and Occupational Therapy Board is to promote healthy, independent, productive Alaskans. The board strives to do this by:

1. Adopting regulations necessary for the safe and efficient practice of Physical Therapy and Occupational Therapy in the State of Alaska.
2. Reviewing and approving the qualification of applicants to ensure a competent and effective work force of therapists and assistants.
3. Issuing temporary permits and licenses to qualified persons.
4. Monitoring compliance with continuing education requirements.
5. Reviewing and acting on any report or documentation of any unsafe, unethical or unlawful actions of a licensee.

Board Vision: TBD

INITIATIVE #1. Scope of Practices Update			
Goal 1.A	Strategies	Objectives (Steps)	Implementation Details
The board will develop an updated statutory scope of practice for Occupational Therapy.	Work group(s) involving stake holders for input	Determine work group member(s)	Omit the use of “human beings” in the current definition.
	Legislative adoption of statutory change(s)	Identify a sponsor. Assist with writing required legislative language.	Refer to Scope of Practices committee.
Goal 1.B			
The board will develop an updated statutory scope of practice for Physical Therapy.	Work group(s) involving stakeholders for input	Determine work group member(s) Explore collaboration with veterinarians for animal physical therapy.	Omit the use of “human beings” in the current definition.

	Legislative adoption of statutory change(s)	Identify a sponsor. Assist with writing required legislative language.	Refer to Scope of Practices Committee.
INITIATIVE #2. Education			
Goal 2.A	Strategies	Objectives	Implementation
The board will work to engage licensees to better access information available to assist in clarifying statutory/regulatory guidelines as it applies to public safety.	Improve communication pathways to licensees through use of town halls, PHY listserv, website FAQs, sharing board correspondence, and working with the state associations.	Continue to update FAQs on PT/OT Licensing Board Home page as needed.	Refer to Continuing Education committee.
	Establish workgroup(s) with stakeholders to provide input.		
	Update PHY website	Assign to Continuing/Education committee	
Goal 2.B			
The board will work to provide education to the public to improve expected best practices.	Informed Consent – national standards.	Update website to include information geared towards lay person.	Refer to Continuing Education Committee.
	DPT – what does it mean?	Update website to include information geared towards lay person.	Use APTA and FSBPT as resources.
	Monitor public health and adjust the protocols as needed in safety in practice management.	As needed, direct to State resources.	No referral needed.
Goal 2.C			
Update 08.84.130 to include title protection	Write updated legislation for 08.84.130 – see APTA issue brief – <i>LifeTime’s misuse of DPT</i>	Statutory change – work in collaboration with APTA-AK.	Assign to Regulation Committee to write

for DPT for Doctor of Physical Therapy.	<i>for its Dynamic Personal Training program for more info.</i>	Seek out legislative sponsor in collaboration with APTA-AK.	language for introduction. Assign board member to speak on behalf of legislation.
INITIATIVE #3. Licensing			
Goal 3.A	Strategies	Objectives	Implementation
Enact Compact Licensure	Influence and support state licensure compact legislation.	Contact state legislative members to support. Create needed tools to support. Write regulations to support compact licensure.	Referred to Legislative Committee.
Goal 3.B			
Streamline administrative process	Investigate PT licensing requirements to create streamlining, particularly related to eliminating the transcripts requirements, as successful graduation from a CAPTE school is required to sit for the NPTE.		Refer to Continuing Education Committee
Goal 3.C			
Seek statutory change to add an Administrative Executive for the board	Write statutory language needed for required EA	Find legislative sponsor	Refer to Legislative Committee Dept Director Glenn Saviers has sample language and will provide advice. Schedule for Sept. mtg. ; Reid Bowman to assist/advise
Goal 3.D			
Seek statutory change in 08.84.150 to exempt physical therapists (PT/PTA) from licensure	Write legislative language	Seek a sponsor	Refer to Regulations Committee

when performing 150 hour internship			
INITIATIVE #4. Professional Development			
Goal 4.A	Strategies	Objectives	Implementation
revise continuing education requirements as needed, based on relevance to expand options for demonstrating continuing professional development.	Create a committee to address.		Refer to Continuing Education Committee.
	Adopt by reference national standards (APTA and ACOTE).		
Goal 4.B			
The board will develop additional Continuing education opportunities	CE opportunities to include presentation, research, publication, mentoring, and leadership development courses.	Write regulations to support.	Assign to Continuing Education committee to develop ideas and potential language. Assign to Regulations committee to write regulations to support.
	CE requirement of Human trafficking course.	Write regulations to support.	Assign to Continuing Education committee to develop ideas and potential language. Assign to Regulations committee to write regulations to support.
INITIATIVE #5. Recruitment/Retention			
Goal 5.A	Strategies	Objectives	Implementation
Maintain cohesive synergy of collaborative efforts of the board.	Maintain filled seats on the board through active communication with state associations.	#4. Update the board member and staff transition manual as needed. The manual was created to assist board members with review of applications, audits, terminology (acronyms), sample	No committee assignment needed. Entire board project.

		motions and other board tips and staff processes and links for all agencies related to the board and the OnBoard summary packet.	
	Maintain available historical data of prior boards.	Retention of board member(s).	
Goal 5.B			
The board will stay current on national best practices and standards.	#6. Continue to support attendance at national conferences. The board recognizes that these educate board members and staff as well as keeps them informed of national issues that affect all licensing jurisdictions.		N/A
Goal 5.C			
Recruitment and retention of qualified work force	Survey licensed PT/PTA and OT/OTA to gather workforce data pertinent to recruitment and retention.	Utilize survey monkey and state opt-in emails. Analyze data from completed surveys.	Tina McLean - champion
INITIATIVE #6. Enforcement			
Goal 6.A	Strategies	Objectives	Implementation
Create a fair and standardized disciplinary matrix from which to address infractions of ethics and breaches of licensing statutes and regulations and clarify board involvement.	Review industry best standards for disciplinary matrices. Collaborate with FSBPT to gain access to national data that exists in ELDD.	Work towards creating standardized fine schedule for 1 st , 2 nd , 3 rd etc. offenses.	Entire board project.
	Review FSBPT model board guidelines (Word document) available in 05/17/2023 Board resources folder.		

To do items:

Diversity/Inclusion/Equity/Belonging

Look at changing client vs. patient as used in statute and regulation – national standardization (for states that do allow animal physical therapy you cannot call a dog/equine a “patient”).

State Physical Therapy and Occupational Therapy Board		FY 18	FY 19	Biennium	FY 20	FY 21	Biennium	FY 22	FY 23	Biennium	FY 24 1st - 3rd QTR
Revenue											
Revenue from License Fees		\$ 405,168	\$ 125,615	\$ 530,783	\$ 373,380	\$ 111,935	\$ 485,315	\$ 412,136	\$ 151,228	\$ 563,364	\$ 50,470
General Fund Received						\$ -	\$ -	\$ 8,330	\$ 2,253	10,583	\$ -
Allowable Third Party Reimbursements		1,064	724	1,788	\$ -	\$ -	\$ -	\$ -	\$ -	-	\$ -
TOTAL REVENUE		\$ 406,232	\$ 126,339	\$ 532,571	\$ 373,380	\$ 111,935	\$ 485,315	\$ 420,466	\$ 153,481	\$ 573,947	\$ 50,470
Expenditures											
Non Investigation Expenditures											
1000 - Personal Services		99,174	105,699	204,873	115,962	117,814	233,776	100,319	107,895	208,214	108,796
2000 - Travel		5,869	4,909	10,778	1,679	-	1,679	-	4,804	4,804	7,629
3000 - Services		4,345	3,639	7,984	5,682	4,074	9,756	3,156	2,745	5,901	3,816
4000 - Commodities		252	15	267	-	-	-	-	-	-	-
5000 - Capital Outlay		-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures		109,640	114,262	223,902	123,323	121,888	245,211	103,475	115,444	218,919	120,240
Investigation Expenditures											
1000-Personal Services		9,443	20,087	29,530	9,469	12,375	21,844	6,369	28,283	34,652	8,171
2000 - Travel		-	1,029	1,029	-	-	-	-	-	-	-
3023 - Expert Witness		-	-	-	-	-	-	-	-	-	-
3088 - Inter-Agency Legal		-	829	829	1,049	42	1,091	-	-	-	-
3094 - Inter-Agency Hearing/Mediation		-	-	-	-	-	-	-	-	-	-
3000 - Services other		-	758	758	23	23	46	23	19	42	9
4000 - Commodities		-	-	-	-	-	-	-	-	-	-
Total Investigation Expenditures		9,443	22,703	32,146	10,541	12,440	22,981	6,392	28,302	34,694	8,179
Total Direct Expenditures		119,083	136,965	256,048	133,864	134,328	268,192	109,867	143,746	253,613	128,419
Indirect Expenditures											
Internal Administrative Costs		-	59,848	59,848	59,731	49,339	109,070	59,152	71,199	130,351	53,399
Departmental Costs		-	34,499	34,499	25,671	24,939	50,610	25,641	27,401	53,042	20,551
Statewide Costs		-	13,109	13,109	16,525	17,868	34,393	13,410	14,810	28,220	11,108
Total Indirect Expenditures		-	107,456	107,456	101,927	92,146	194,073	98,203	113,410	211,613	85,058
TOTAL EXPENDITURES		\$ 119,083	\$ 244,421	\$ 363,504	\$ 235,791	\$ 226,474	\$ 462,265	\$ 208,070	\$ 257,156	\$ 465,226	\$ 213,477
Cumulative Surplus (Deficit)											
Beginning Cumulative Surplus (Deficit)		\$ 73,765	\$ 360,914		\$ 242,832	\$ 380,421		\$ 265,882	\$ 478,278		\$ 374,603
Annual Increase/(Decrease)		287,149	(118,082)		137,589	(114,539)		212,396	(103,675)		(163,007)
Ending Cumulative Surplus (Deficit)		\$ 360,914	242,832		\$ 380,421	\$ 265,882		\$ 478,278	\$ 374,603		\$ 211,596
Statistical Information											
Number of Licenses for Indirect calculation		2,041	2,090		1,968	1,889		2,179	2,598		
Additional information:											
<ul style="list-style-type: none"> • General fund dollars were received in FY21-FY23 to offset increases in personal services and help prevent programs from going into deficit or increase fees. • Most recent fee change: Fee reduction FY20 • Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065. 											

Appropriation Name (Ex)	(Multiple Items)
Sub Unit	(All)
PL Task Code	PHY1

Sum of Budgetary Expenditures Object Name (Ex)	Object Type Name (Ex)			Grand Total
	1000 - Personal Services	2000 - Travel	3000 - Services	
1011 - Regular Compensation	61,861.71			61,861.71
1014 - Overtime	100.35			100.35
1023 - Leave Taken	8,517.05			8,517.05
1028 - Alaska Supplemental Benefit	4,327.45			4,327.45
1029 - Public Employee's Retirement System Defined Benefits	6,167.36			6,167.36
1030 - Public Employee's Retirement System Defined Contribution	2,433.06			2,433.06
1034 - Public Employee's Retirement System Defined Cont Health Reim	1,865.22			1,865.22
1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical	463.63			463.63
1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab	6,742.88			6,742.88
1040 - Group Health Insurance	20,140.99			20,140.99
1041 - Basic Life and Travel	11.69			11.69
1042 - Worker's Compensation Insurance	480.05			480.05
1047 - Leave Cash In Employer Charge	1,625.40			1,625.40
1048 - Terminal Leave Employer Charge	1,126.15			1,126.15
1053 - Medicare Tax	977.52			977.52
1077 - ASEA Legal Trust	75.28			75.28
1079 - ASEA Injury Leave Usage	9.69			9.69
1080 - SU Legal Trst	40.74			40.74
2001 - In-State Employee Surface Transportation		179.47		179.47
2002 - In-State Employee Lodging		1,913.44		1,913.44
2003 - In-State Employee Meals and Incidentals		270.00		270.00
2005 - In-State Non-Employee Airfare		930.72		930.72
2006 - In-State Non-Employee Surface Transportation		72.00		72.00
2007 - In-State Non-Employee Lodging		2,290.68		2,290.68
2008 - In-State Non-Employee Meals and Incidentals		886.70		886.70
2010 - In-State Non-Employee Non-Taxable Reimbursement		889.50		889.50
2020 - Out-State Non-Employee Meals and Incidentals		242.50		242.50
2022 - Out-State Non-Employee Non-Taxable Reimbursement		65.91		65.91
2970 - Travel Cost Transfer		(112.27)		(112.27)
3002 - Memberships			1,688.00	1,688.00
3035 - Long Distance			7.49	7.49
3045 - Postage			22.60	22.60
3046 - Advertising			1,312.05	1,312.05
3085 - Inter-Agency Mail			197.56	197.56
3088 - Inter-Agency Legal			596.86	596.86
Grand Total	116,966.22	7,628.65	3,824.56	128,419.43

October 4, 2024

FSBPT informed Consent Task Force

Update Summary

Report respectfully submitted by: Rebecca S. Dean

Alaska State PT and OT Licensing Board Member

FSBPT Informed Consent Task Force Member

“The charge of the Informed Consent Task Force is for task force members to research current regulatory requirements; review the laws and rules of jurisdictions; review literature and other professions for best practices regarding informed consent; and recommend further action to the FSBPT Board of Directors based on the findings.” (FSBPT).

The Informed Consent Task Force has met multiple times virtually throughout 2024 and once in person in April 2024 for a two day work session focused on definition and research.

Research, review and development were ongoing throughout 2024. Research included both Domestic and International.

The Committee exhibited task force findings and resources at the FSBPT Leadership Issues Forum interacting with attendees and exploring additional input.

Members expressed the following needs related to Informed Consent during the LIF Meeting: (Abbreviated List)

- Education, Training, Guidance to educate patients, practitioners, and students
- Educational materials, best practices resources
- Information for documentation and communication best practices
- Examples of consent forms and model practice acts language
- Examples of informed consent scenarios and case outcomes
- Standardization and Model regulatory language
- Implementation and Enforcement Information and Resource
- Resources for remediation and continuing education

The Task Force has completed a working definition of Informed Consent to forward to FSBPT Board for approval and to shared with members. The Informed Consent Definition will be presented to membership at the Annual Education Meeting and then sent to Board for approval.

The Task Force has identified additional potential initiatives for development of resources for members, Boards, Practitioners, Educators, and Students. Potential resource/tool development may include but not limited to, Informed Consent Resource Guide, Student Educational Modules, Modules for the Practitioner, Training and Tools for Documentation as approved by the FSBPT Board.

The Informed Consent Task Force will continue to meet through 2025.

May 16, 2024

FSBPT Regulatory Workshop for Board Members and Administrators Summary Notes

Roles and Responsibilities of the Board

Notes respectfully submitted: Rebecca S. Dean

Alaska Physical Therapy and Occupational Therapy
Licensing Board Member Voting Delegate

Top Regulatory Issues for 2024 identified by Members

- Patient/consumer protection
- Jurisprudence Exam
- Sexual misconduct
- Re entry www.fsbpt.org/Free-Resources/Regulatory-Resources/Reentry-of-Physical-Therapy-Providers
- Changing and evolving board structure
- Establishing rules and regulations
- Continuing Education requirements
 - Lack of compliance
- Supervision documentation
- Finger stick for glucose/electrolyte during treatment and safety
- Direct Access
- Dry Needling
- Prescriptive Authority
- Wound Debridement
- Medical Examiners for CDL License
- Non CAPTE Graduates
- Informed Consent
- Climate of De-regulation
- Board turnover and loss of institutional knowledge
- Writing legislation

FSBPT Members Are Interested in Learning About:

- Board involvement
- Re Entry www.fsbpt.org/free-Resources/Regulatory
- Role of Public Member
- Support/Education for Board and Staff
- Reasonable accommodations for students on NPTE
- Communication with licensees
- Supervision Requirements
- Finding efficiencies in the administrative process
- Roles/Responsibilities of the Board
- Regulatory topics/issues faced by other jurisdictions.
- AI and Digital Technologies
- Process for implementing sanctions.
- Matrix for remedial actions/disciplinary actions

FSBPT Current Initiatives and Focus Topics

PT Compact

NPTE Fee unchanged through 2027 NPTE = National Physical Therapy Exam)

NPTE Enhancements = Videos and Scenarios

Workforce Initiatives and PT CMPMDS (Cross-Profession Minimum Data Set) Task Force

Continuing Competence and Healthy Practice

Support of Member Boards

Grant Funding

Explore challenges, best practices, etc.

Sexual Misconduct and Boundaries Task Force

Dry Needling Task Force

Informed Consent Task Force Definition and Member Resources

LifeTime Fitness (Dynamic Personal Trainers) Inappropriate use of DPT Title

Continuing Competence

What is Continuing Competence Committee

- Evaluate the current best evidence related to continuing competency.
- Make recommendations regarding new approaches to continuing competence based on the evidence and recommend appropriate changes to the model that incorporates these changes.

- Use the evidence to evaluate and recommend tools and methods that will help assure licensees are maintaining competence for safe and effective practice and achieve the purpose of the FSBPT Continuing Competence Initiative.

Concept of Healthy Practice. Promote public protection through well-being and healthy practice
 Go to FSBPT website in for [Guidelines for Continuing Professional Development](#)
[Jurisprudence & Ethics Assessment](#)
[Jurisprudence Tools Reference Guide](#)

Healthy Practice Resources: Tools for both the Individual and the Practice Environment

- FSBPT developed Jurisprudence Assessment Modules (JAMs)
- Board developed jurisprudence exams
- Healthy Practice Self Inventory
- Jurisprudence Assessment Module

FSBPT Resources for Foreign Education Physical Therapist

- www.fsbpt.org/Free-Resources/Foreign-educated-PTs-and-PT-Assistants

The following notes contain key concepts and highlights of workshop training sessions.

Understanding Roles and Responsibilities of the Board

Definitions

Statute	Enacted by Legislature / Force of Law
Rule/Regulation	Promulgated by Board / Force of Law
Policy	Adopted by the Board / NO Force of Law
What is a License?	Government granted credential
What is a certification?	Specialized credential (an individual elects to become Bd Certified)
What is a registration?	The process to become licensed
Practice Act	The law of how to practice, the scope of practice and endorses the PT Board to exist and how to regulate the PT Practice.
Laws affecting Boards	Open records, Open Meetings, Administrative Procedures Act, Disabilities Laws, Employment Laws
Idea for Engaging Licensees	Offer Continuing Education for attending Board Meetings

What differentiates a Government Board from a Private Sector Board

- Gov = Public Protection and is law driven and mandatory regulated
- Private Sector/Public = Market Driven, Recommended Policies and about Profit

Why is the government involved in regulating the profession?

- Public protection is # 1
- Transparency of Board critical
- To mandate/require
- To authorize an Administrative Body
- To delegate to experts
- To fulfill needs of constituents
- Set standards and criteria for licensure
- Instill rights in all involved
- Promote uniformity
- Authorize enforcement
- Outreach to consumers
- ULTIMATE EQUALIZER

Government Purpose

One law, uniformly applied state by state (10th Amendment U.S. Constitution)
 Mandate must have a duly issued license to lawfully practice
 Must meet the criteria to receive a license, set in law
 Failure to comply results in consequences, administrative and/or criminal
 Process to seek/renew licensure must follow procedures
 Afforded the due process prior to an adverse action against that license

Title Protection is the Profession Name Only those duly licensed can use the Title Example: DPT
 Most Jurisdiction Practice Acts cover both Title and Scope of Practice. The Practice Act protects the Public

Due Process provides certain guarantees of fairness, right of notice, right to be heard, decision making fair and impartial tribunal.

Physical Therapy Boards carry out the intent of the legislature. They:

- Regulate
- Educate
- Communicate
- Promulgate regulations
- Process applications
- Process renewals
- Recognize education
- Recognize continuing education
- Address legislature
- Recognize examinations
- Enforce
- Publish
- Social media presence
- Address academia
- Address trade
- Recordkeeping
- Meet
- Employ
- Collect and expend monies
- Have a budget.

All Boards need to understand....how do you differentiate between decisions made by Board and decisions made by Staff? How is authority determined? Found in **Policies**

Recommendation: Add a motion for each Board Meeting that everything the staff did between Board Meetings was ratified by Board.

Delegation of Authority Flow:

- Legislature delegates to the Board via enacted statutes
- Board delegates to private sector via promulgated rules
- Board delegates to staff via adopted policies

FSBPT (Federation of State Boards of Physical Therapy) Organizational Identity

FSBPT = Umbrella of Subsidiaries

FSBPT = Association of Member Jurisdictions focused on Public Protection

HRRI = Healthcare Regulatory Research Institute Protects the public through regulatory research to promote evidence-based healthcare regulation

King West = Real Estate Holding (Office Building)

Compact Administration = Board governing the PT Compact www.ptcompact.org

Recommendations for Board Meetings and Documentation

Recommendations to be read into Board Minutes every board meeting:

Composition of board, terms, vacancies

Mission, vision, strategic plan

Citation to statutes & rules / regulations

Relevant reference to policies

Public records reflecting actions of the Board

Agenda

Previous meeting minutes. (Opportunity to recommend additions)

Mission

Actions of Admin staff since last meeting

Number of annual renewals and new applications, granted and denied, avg time

Number of vacancies and priority to get them filled

Number of received phone calls

Number of Committee Meetings

Number of Projects + Work Progress

Finance and Budget Matters

FSBPT updates

NBCOT updates

Invite people to Board Meeting.....

Invite legislators

send letter and attach agenda

Executive branch of government..... invite governor / appointing authorities

send letter..... we missed you... here is copy of minutes

Invite Policy Analyst from Governor's office

Conflict of Interest Statement for Board Members who need to declare "For reasons of objectivity, I recuse and leave the room"

Abstain Do not vote but participate in the discussion

Recusal Do not participate in the discussion, leave the room and no vote

Ensure new Board Members go through training and understand their primary obligation and they vote in the Public Interest

Ensure the Board is participating in the ELDD for Public Protection FSBPT ELDD vital to Public Protection. Exam,

Licensure, Disciplinary Data Base

Disciplinary Actions

Who should Board communicate with? How?

Licensee

Public

Legal

Legislative

Post adverse action on web site. Public access

SANCTION OPTIONS

Penalties Fines and Costs. Must have statutory authority to implement.

Fines punish. Cost reimburse expense to department.

Important negotiating tool

Consent order = contract / settlement

Final adverse action..... has elements what happened, what happened today and what will happen in future.

Sanctions with specificity, reinstatement right, right to appeal

Boards needs to do a consent order and consider not accepting voluntary surrender

Consent order.... Post on web site and to FSBPT ELDD

Licensee needs to understand violations will result in adverse action, will be public record, and will go on their record

OPTIONS

Refuse to issue

Refuse to renew

Censure

Reprimand

Suspend

Revoke

Fine

Assess Costs

Re- establish competence

Limited practice

Supervised practice

REVOCAION

Taking License Away

Permanent?

Start all over

Petition for reinstatement?

How documented

Most statues silent

If permanent..... use Revocation

If a temp period.... use Suspension instead of revocation

Summary Suspension..... suspension today and hearing later

Check statutory authority.... Eminent harm to public

Emergency suspension power granted to Board

If revoked license, there must always be a Petition for reinstatement..... NOT a new license application.

Burden is on the candidate to prove met requirements for reinstatement.

IMMUNITY

Protects Boards to allow decision making free of intimidation and to focus on public protection.

TWO PART TEST

ACTING WITHIN SCOPE OF AUTHORITY OF BOARD

ACTING IN GOOD Faith

Impact of AI

- Administrative efficiencies
- Potential improvements in patient care
- Healthy Living (apps and wearable technology for capture of health information)

AI Concerns

- Privacy, Accuracy, Security, Bias, Automation complacency

Rebecca submitted suggestion for FSBPT development of resource tool /workshop "How to Deliver Effective Legislative Testimony".

FSBPT Leadership Issues Forum (LIF)

Summary Report

July 13 – 14, 2024

Respectfully submitted: Rebecca S. Dean

Alaska Physical Therapy and Occupational Therapy Licensing Board Member
Voting Delegate

The Leadership Issue Forum (LIF) is a workshop gathering of FSBPT Board Members, Staff, Council of Board Administrators (CBA), Jurisdiction Executives, Chairs and Voting Delegates. The purpose of the LIF meeting is to develop leadership through regulation for the primary mission of protecting the Public. FSBPT stated objectives of the LIF Meeting are:

- Providing input to the FSBPT Board of Directors on initiatives and issues facing Boards and Jurisdictions
- Discussing issues and getting input from FSBPT Leadership
- Sharing information and data on important issues that impact the regulation of physical therapy
- Providing information that participants can take back to their boards

The 2024 LIF meeting was attended by 125 individuals in person and 7 virtual attendees. Each attendee was asked to identify at least one regulatory hurdle/challenge. In addition to FSBPT Board, Delegates, Member Board Representatives, Member Board Administrators, attendees included collaborating representatives of AAPT, APTA, ACAPT, CAPTE, FCCT and the PT Compact Commission.

The LIF meeting includes a virtual pre meeting FSBPT Board Candidate Forum. Voting delegates then have the opportunity to interface with candidates at LIF for election voting decisions for Board Elections.

FSBPT has a resource, Licensure Reference Guide, that compares jurisdictions reference several points of jurisdiction responsibilities.

In brief summary: (additional details follow in discussion)

Issues and Trends Identified and Discussed at LIF Meeting:

- **Critical Purpose and Function of ELDD (Exam Licensure Disciplinary Data Base) Participation for Public Protection**
- **Licensure Standardization among jurisdictions**
- **Nominations for FSBPT Board**
- **NPTE Testing and Standardization**
- **Prescriptive Authority for Physical Therapist**
 - **Discussion information regarding United Kingdom and Australia allowing authorization of physiotherapist to prescribe medications**
 - **APTA has established a Prescriptive Authority Task Force exploring prescriptive authority within the scope of practice for physical therapy**
- **HRR Initiative PT Cross Profession Minimum Data Set Task force AAPT, ACAPT, APTA, FSBPT Board members and staff that collect work force data**

Details of LIF Meeting Topics and Discussions

Regulations Under Scrutiny

Criticism of “unnecessary healthcare provider recertification or accreditation requirements”

The Value of Renewal

Key discussion points of the Value of relicensing PT/PTAs every renewal period

- Assurance applicant is getting CE to maintain competency
- Ensures public protection by requiring CE for PTs who may not otherwise participate in
- Reminder to clinicians that license is a privilege, not a given
- Renewal period is most likely the time you discover who has been breaking the law.... Most folks do not self report.
- Continuing competence improves engagement
- It identifies potential violations of Exam, Licensure, Disciplinary Data Base
- Identifies demographics updates (collecting workforce data)
 - Helps to know who is practicing in the State (licensed)
- Identifies practice shifts perimeters
- Reminds applicant about the Board and it's regulated profession
- Jurisprudence exam (JAM) helps make sure applicants are aware of rules, regulations, and policies

- In some instances, creates revenue stream for the Board/State

Challenging Cases Boards have faced (Group Discussion) (List from FSBPT LIF Report)

- Misrepresentation and Fraud
 - Sexual Misconduct and Boundary Violations
 - Licensing and Reinstatement Issues
 - Legal and Bureaucratic Challenges
 - Public and Media Scrutiny
 - Mental Health and Impairment
 - Balancing Public Protection and Discipline
 - Fairness During Investigations
- Training, Education, Redaction and Investigative Reports, Use of external investigators
Consistency in disciplinary actions
Clarity of Roles

Digital Health, Telehealth, and Artificial Intelligence

- What information does the public need to know about digital health and AI and who should provide it? How do you obtain consent to use the AI in treatment process?
- Risks of AI
- Need standards and guidelines on use of AI in PT
- Regulatory Hurdles

FSBPT Board of Directors

New Core Values

- People-centric
- Innovative
- Service Oriented
- Collaborative
- Committed to Integrity

FSBPT Board of Directors update to membership and stakeholders included:

Healthcare Regulatory Research (HRR) HRR.org

- HRR Mission Statement: HRR Protects public through regulatory research and collaborative exchange with strategic partners to promote evidence-based healthcare regulation.
- has five new research themes
 - New technology care and delivery
 - Behavioral and disciplinary measures
 - Entry Level and Ongoing Competence
 - Work Force Issues
 - Practitioner Wellbeing
- HRR conducting research on Healthcare Practitioner Duty to Report
 - Survey outcome data will be posted on HRR.org website when complete

FSBPT/HRR are partnering with Veritas Health Solutions to research Workforce Data and develop Cross-Profession Minimum Data Set (CPMDS) for standardizing data collection for health workforce planning across healthcare professions. The Roadmap for Enhancing State Health Workforce Data and the CPMDS Implementation Guide is available on HRR.org web site.

Continuing Competence Committee initiative is developing education modules for Healthy Practice self-assessment resource.

Ethics and Legislation Committee is working on understanding the terms of standard of care and the definition of Reasonable & Prudent. Also Imaging and Regulatory Review for PTs, Remediation resources, Board Assessment Resource (BAR) update to measure Board Performance, Education & Outreach, Licensure activities and complaint resolution.

Informed Consent Task Force developing definition of Informed Consent with potential additional tools for Boards, Practitioners, Educators and Students. Committee has discussed the forward facing issue of “do patients have the right to informed consent if “AI” is part of their treatment plan and evaluation.

Sexual Boundaries and Misconduct Committee has developed a resource paper on Balance of Power and is working on creating recommended standards for Boards. In addition, they are developing a self-audit form for Boards to understand how better to communicate with patients and public on this topic.

ELDD (Exam, Licensure, Disciplinary Data Base) component department of FSBPT

- ELDD supports Public Protection by providing a centralized data bank of disciplinary actions and licensing available to jurisdictions
- Has an application programming interface (API) to streamline reporting from jurisdictions.
- PT has one unique Identifier across all jurisdictions
- Current Licensure Information from each jurisdiction is updated regularly. Some jurisdictions using API to update daily.
- Allows for timely reporting of disciplines by each jurisdiction and ELDD notification to other jurisdictions
- Grant Funding available for Jurisdictions to fund the API interface

PT Compact

- As of July, 31 states are actively issuing through the PT Compact and 7 have passed but are not yet using. Alaska has since passed and the Governor has signed. For a complete understanding of the PT Compact Commission and interaction with Jurisdictions, please review the newly released Alaska Regs and the PT Compact law. Each contain extensive information regarding the relationship between the PT Compact Commission and the Jurisdiction, as well as the requirements for PT Compact Licensee applicants.

APTA & FSBPT Collaboration and Joint Board Meeting

- FSBPT AND APTA are partnering for initiatives to Protect the Public and Enhance the PT Practice Experience
 - Educating the PT and recruiting future students with PT Education Collaboration
 - Developing physical and mental resources and tools for clinicians to stay *Fit for Practice*
 - APTA website has resources for “know and grow your practice”
 - Exploring the possibility of APTA and FSBPT sharing certain data in a merged database
 - Cross promotion of mutual resources
 - Challenging the “Life Time Fitness Corporation” use of the DPT Trademark
- FSBPT and APTA suggest State Jurisdictions and APTA State Chapters meet
 - See advocacy@apta.org

FSBPT Collaboration (Additional)

- **ACAPT** American Council on Physical Therapy
- **AAPT** American Academy of PT
- **NABPT** National Association of Black Therapist

Recommendation for handling complicated issues and difficult cases:

- Look at the case as a whole
- Gather information from patients regarding the quality of care
- Work on the Practice Act
- Follow the process to the exact detail

FSBPT Licensure Reference Guide

- Contains 24 charts comparing the 53 Jurisdictions licensing requirements
- Includes initial licensure requirements, renewal licensure requirements, management of licenses and Jurisdiction Board Information.
 - When reviewing the resource charts, hover over the reference and the source information will show
 - Access the Reference Guide at <https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Licensure-Reference-Guide>

Dry Needling Task Force

- FSBPT / HRRRI working with external consultant HumRRO (Human Resources Research Organization)
- Exploring the entry level competency requirements
- Standardizing Competency Requirements for Dry Needling
- Clarifying definition of Dry Needling
- New Task Force.... 60 % of task force are also regulators..... Tina McClean serves on Task Force

NPTE (National Physical Therapy Exam) Updates

- Continued focus on exam security
- Additional Videos and scenarios have been added to the exam 2024
- Video library is now on file with 145 videos in the library
- New services for candidates: Short assessment of test preparation mindset and strategies for how you study and how you prepare
- FSBPT You Tube Channel “Collective Approach to increasing fairness and reducing bias for NPTE” and resource paper in the FSBPT Forum
- Extensive discussion during LIF regarding Test Scores prior to 1996 and how their individual regulatory language creates a barrier for folks tested before 1996

PT Medication Prescriptive Authority

- **New Challenge on Horizon**
 - UK and Australia currently authorizing PT to prescribe
 - UK First contact practitioner a(FCP) can prescribe PT, Radiology when they work in a General Practitioner office and have advanced practitioner education. The Advanced Practitioner can prescribe a designated set of medications
 - Australia the PT in a hospital system has a limited set of medications they can prescribe with advanced training.
 - 2023 APTA established the APTA Prescriptive Authority Task Force (includes DME, Imaging, Labs, Meds). FSBPT has discussed with APTA

Fairness During Investigations

- **Group presentation and workshop exploring Implicit/Unconscious Bias**
 - Recommendation...Implicit bias training course for renewals
 - Several jurisdictions have legislatively mandated implicit bias training
 - CE classes for courses centered around bias
 - Annual Implicit/Unconscious Bias Training for regulatory board members
 - Utilize Disciplinary Matrix for standardized fairness
 - Review FSBPT Disciplinary Guidelines
 - Critical to understand precedence of prior similar cases
 - FSBPT Resource Webinar “**Clearing The Path**” Identify and Eliminate Barriers to Reporting
- **AI**
 - Introduced into Insurance Pre Auth
 - Doximity and Epic are introducing products
 - What does State Regulation need to watch and manage
 - Will AI write Prescriptions
 - Do patients have the right to “informed consent” if “AI” is part of their treatment plan and evaluation?

How can Boards Demonstrate Value

- Workforce Data Collection
 - Enhance public protection
 - Does the Board have the legislative authority to collect the data?

Suggestions for Board Meetings

- Invite the FSBPT Board Liaison to the Jurisdiction Board Meetings
- Add ELDD discussion to Board Agenda



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Precision Points: Dry Needling Competencies

Overview of Report Memo
2024

Task Force Members

- David Bertone, Chair, NJ
- Tracey Adler, VA
- Michelle Finnegan, MD
- Oday Lavergne, LA
- Ruth Maher, GA

- Keri Maywhort, CO
- Tina McLean, AK
- Ron Pavkovich, KY
- JJ Thomas, PA
- Edo Zylstra, MI

Six of the ten members have experience serving on PT regulatory board



HRRI creates a forum for the exchange of information and ideas and to pursue research and education to enhance regulation in support of public protection.

HRRI-Healthcare Regulatory Research Institute

Mission

- HRRI protects the public through regulatory research and collaborative exchange with strategic partners to promote evidence-based healthcare regulation.
-

Vision

- A world in which regulation ensures people can trust the healthcare that is provided.

Uses HumRRO-Human Resources Research Organization for study

Dry Needling Competencies: History

2015

1st Task Force: 2010, Member (Various Jurisdictions) requests for support
FSBPT sponsored 1st Study supported by HRRI



2020

2nd Task Force. New NPTE practice analysis and new content outline
Dry needling competencies needed review



2025

3rd Task Force: New NPTE practice analysis and new content outline
Dry needling competencies reviewed

Practice Analysis Data Collection



5-year cohort cycle: NPTE, DN



Work Activities (WA) Survey



**Knowledge and Skill Requirements
(KSR) Survey**

**PA: Annually by FSBPT Examination
Development Committee Chairs**

PT & PTA Task Forces

Policy Group

Charge of Task Force

Assess	Assess the current state of the competencies needed by physical therapists to perform dry needling safely and effectively
Determine	Determine the need for additional research to ensure the competencies accurately and faithfully represent the dry needling domain of practice
Review	Review and update dry needling definition if needed

Creating a Competency

Analysis of work:

Investigate knowledge, skills, and abilities

Evaluate the quality of performance

Determine knowledge, skills, and ability requirements for competent performance

COMPETENCIES

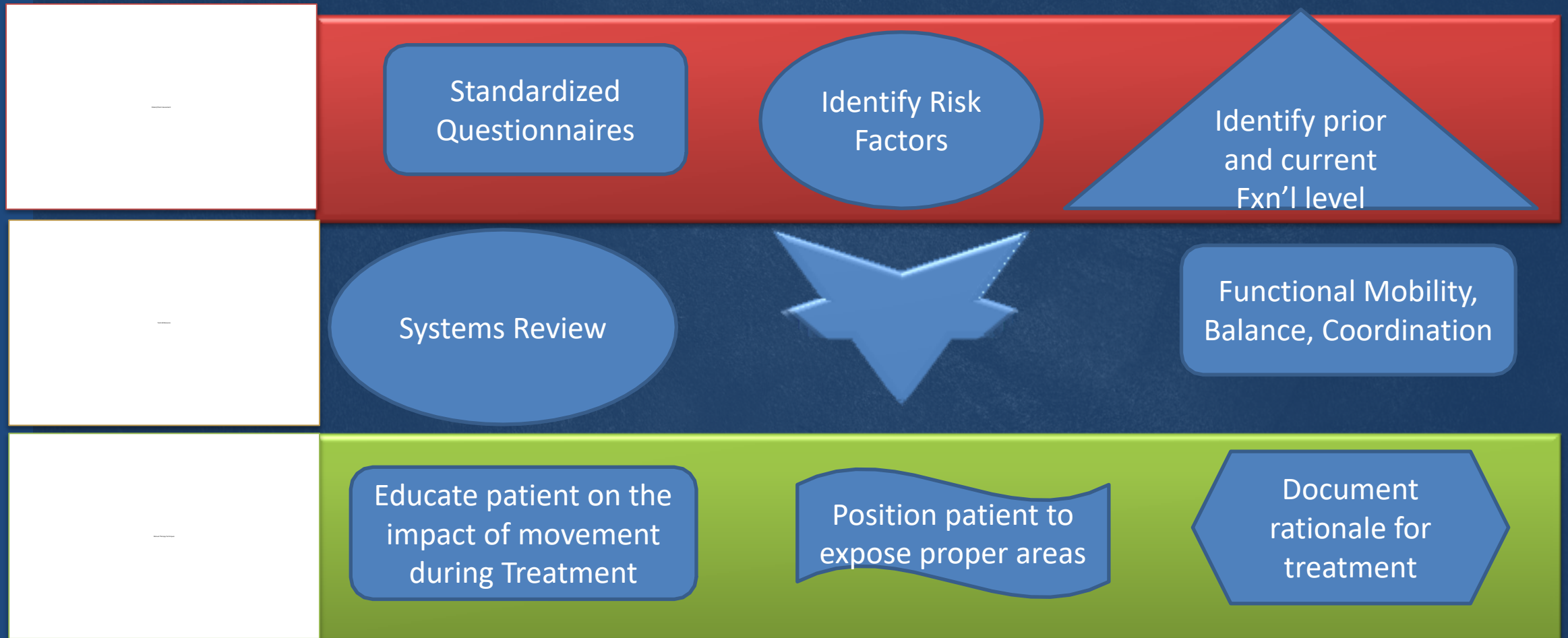
measurable or observable knowledge, skills, and/or abilities an individual must possess to perform a job competently

Work Activities

Knowledge Skills Requirements

- Assessment
- Diagnosis
- Clinical reasoning
- Clinical decision making
- Constant assessment and reassessment
- PTAs education does not include these advanced skills and should not perform this intervention

Work Activities Examples



Knowledge Skills Requirements Examples



**Knowledge
of all
Anatomical
Systems**

Within Each System

1. Physical Therapy Exam
2. Foundations of Eval, Diff Dx Prognosis
3. Interventions



E.G. Understanding
Impact of
regenerative
medicine on the
Nervous System

Dry Needling- Specific

1. Anatomy and Physiology
2. Emerg. Preparedness & Response
3. Safety & Protection
4. Skills

Timeline

Task force meetings 2024

April-Organized members

May-Virtual Mtg & Email surveys

August-In-person Mtg

✓ 3rd quarter 2024 draft report completed and shared with FSBPT

4th quarter 2024 final report to the FSBPT Board for approval

Published and shared with members

Methodology



Independent review of existing materials



Compilation of the review results



In-Person Meeting

Independent review of existing materials

1. Evaluate Existing DN Definition

- Juxtaposed against definitions adopted by various State Boards
- TF Provided revision recommendations

2. Review changes to the Individual WA and KSRs as part of the entry level NPTE content outline updates

- Editorial revisions (does not change meaning of competency)
- Substantive Revisions (changes of examples of WA/KSRs in parentheses/separating or combining WA/KSRs)
- Whole statement changes-(adding/deleting; relevant or not)

Compilation of Results

1

- HumRRO reviews Task Force surveys and feedback

2

- Threshold of 9/10 votes on =adequate agreement among TFM
- Based on Lawshe's Content Validity Ration (CVR) and Ayre and Scally's (2014) critical value table

3

- Identifies areas of definition and competencies requiring further review and discussion

In-Person Meeting

- 6-hour Mtg @ FSBPT Headquarters in Alexandria, VA
- Purpose of the Meeting=Discuss/review areas where TF did not meet threshold for a DN competency
- 10 Task Force members, 1 FSBPT staff member, and 3 HUMRRO staff members, and 1 liaison from the FSBPT Board.

Summary of Competency Update Decisions

	WA		KSR	
	n	%	n	%
Total Reviewed	32	-	32	-
Accepted Change to Dry Needling Competencies	24	75.0	29	90.6
<i>Editorial change</i>	9	28.1	11	34.4
<i>Statement added to competencies</i>	10	31.3	18	56.3
<i>Statement removed from competencies</i>	3	9.4	0	0.0
Rejected Change to Dry Needling Competencies	8	25.0	3	9.4
<i>Introduced topic not relevant to dry needling</i>	7	21.9	2	6.3
<i>New topic not common for use in dry needling</i>	1	3.1	1	3.1

Dry Needling: Updated Definition

OLD

Dry needling is a skilled **technique** performed by a physical therapist using **filiform** needles to penetrate the skin and/or underlying tissues to affect change in **body** structures and **functions** for the evaluation **and** management of neuromusculoskeletal conditions, pain, movement impairments, and disability.

NEW

Dry needling is a skilled **intervention** performed by a physical therapist using **needles** to penetrate the skin and/or underlying tissues to affect **functional** change in **anatomical** structures and systems for the evaluation, management, and **prevention** of neuromusculoskeletal conditions, pain, movement impairments, and disability.

Conclusion 2024

- **Updated set of dry needling competencies includes**
 - 144 work activities (WA)
 - 133 knowledge requirements (KSR)
 - 20 skills/abilities
- **88% the KSRs for dry needling represent knowledge that physical therapists acquire/develop during entry-level physical therapist education (n = 117 of the 133 KSR)**
- **Remaining Dry needling-specific knowledge gained in post-graduate studies is predominantly related to needling technique**

Questions



REFERENCES

- Caramagno, J.P., Harris, J.L., Bryant, E., Adrian, L., Woolf, R. (2024). *Draft Dry Needling Competencies Update: Report Memo 2024*. (No XXX). Alexandria, VA: Human Resources Research Organization.
- Ayre, C. & Scally, A. J. (2014). Critical values for Lawshe's content validity ratio: Revisiting the original methods of calculation. *Measurement and Evaluation in Counseling and Development*, 47 (1), 79-86.
- Caramagno, J. P. (2018). *Analysis of Practice for the Physical Therapy Profession: Report Memo 2018 (No. 051)*. Alexandria, VA: Human Resources Research Organization.
- Caramagno, J.P., Adrian, L., Mueller, L., & Purl, J. (2015). *Analysis of Competencies for Dry Needling by Physical Therapists (No. 033)*. Alexandria, VA: Human Resources Research Organization.
- Caramagno, J. P., Cogswell, S., & Waugh, G. (2016a). *Analysis of practice for the physical therapy profession: Entry-level physical therapists (FR16-83)*. Alexandria, VA: Human Resources Research Organization.
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- Harris, J. L., Caramagno, J. P., & Rogers, A. P. (2022). *Analysis of practice for the physical therapy profession: entry-level physical therapists final report (2022 No. 094)*. Human Resources Research Organization.
- Harris, J. L., Rogers, A. P., & Caramagno, J. P. (2021). *Analysis of practice for the physical therapy profession: report memo 2021 (2021 No. 100)*. Human Resources Research Organization.
- Howald, N., Bui, T., & Harris, J. L. (2023). *Analysis of practice for the physical therapy profession: Report memo 2023 (2023 No. 159)*. Human Resources Research Organization.
- Lawshe, C. H. (1975). A quantitative approach to content validity. *Personnel psychology*, 28 (4), 563–575.
- Rogers, A. R., & Caramagno, J. P. (2019). *Analysis of Practice for the Physical Therapy Profession: Report Memo 2019 (No. 090)*. Alexandria, VA: Human Resources Research Organization.

diagnose, treat, test, or counsel another person, shall clarify the letters or title by adding the appropriate specialist designation, if any, such as "dermatologist," "radiologist," "audiologist," "naturopath," or the like.

(b) A person subject to (a) of this section who fails to comply with the requirements of (a) of this section shall be given notice of noncompliance by that person's appropriate licensing board or, if the person is not regulated by a board, by the department. If, after a reasonable time, with opportunity for a hearing, the person's noncompliance continues, the board or department, as appropriate, may suspend or revoke the person's license or registration, or administer other disciplinary action which in its determination is appropriate.

Sec. 08.02.120. Access to certain mental health information and records by the state. (a) Notwithstanding AS 08.29.200, AS 08.63.200, AS 08.86.200, AS 08.95.900, another provision of this title, or a regulation adopted under this title, a licensee or an entity employing or contracting with a licensee may disclose confidential patient mental health information, communications, and records to the Department of Health when disclosure is authorized under AS 47.30.540, 47.30.590, 47.30.845, or AS 47.31.032. Information, communications, and records received by the Department of Health under this section are confidential medical records of patients and are not open to public inspection and copying under AS 40.25.110 - 40.25.120.

(b) In this section, "licensee" has the meaning given in AS 08.01.110.

Sec. 08.02.130. Telehealth. (a) A health care provider licensed in this state may provide health care services within the health care provider's authorized scope of practice to a patient in this state through telehealth without first conducting an in-person visit.

(b) A physician licensed in another state may provide health care services through telehealth to a patient located in the state as provided in this subsection, subject to the investigative and enforcement powers of the department under AS 08.01.087, and subject to disciplinary action by the State Medical Board under AS 08.64.333. The privilege to practice under this subsection extends only to

(1) ongoing treatment or follow-up care related to health care services previously provided by the physician to the patient and applies only if

(A) the physician and the patient have an established physician-patient relationship; and

(B) the physician has previously conducted an in-person visit with the patient; or

(2) a visit regarding a suspected or diagnosed life-threatening condition for which

(A) the patient has been referred to the physician licensed in another state by a physician licensed in this state and that referral has been documented by the referring physician; and

(B) the visit involves communication with the patient regarding diagnostic or treatment plan options or analysis of test results for the life-threatening condition.

(c) If a health care provider determines in the course of a telehealth encounter with a patient under this section that some or all of the encounter will extend beyond the health care provider's authorized scope of practice, the health care provider shall advise the patient that the health care provider is not authorized to provide some or all of the services to the patient, recommend that the patient contact an appropriate provider for the services the health care provider is not authorized to provide, and limit the encounter to only those services the health care provider is authorized to provide. The health care provider may not charge for any portion of an encounter that extends beyond the health care provider's authorized scope of practice.

(d) A fee for a service provided through telehealth under this section must be reasonable and consistent with the ordinary fee typically charged for that service and may not exceed the fee typically charged for that service.

(e) A physician, podiatrist, osteopath, or physician assistant licensed under AS 08.64 may prescribe, dispense, or administer through telehealth under this section a prescription for a controlled substance listed in AS 11.71.140 - 11.71.190 if the physician, podiatrist, osteopath, or physician assistant complies with state and federal law governing the prescription, dispensing, or administering of a controlled substance.

(f) An advanced practice registered nurse licensed under AS 08.68 may prescribe, dispense, or administer through telehealth under this section a prescription for a controlled substance listed in AS 11.71.140 - 11.71.190 if the advanced practice registered nurse complies with state and federal law governing the prescription, dispensing, or administering of a controlled substance.

(g) Except as authorized under (e) and (f) of this section, a health care provider licensed under this title may not prescribe, dispense, or administer through telehealth under this section a controlled substance listed in AS 11.71.140 - 11.71.190.

(h) A health care provider may not be required to document a barrier to an in-person visit to provide health care services through telehealth. The department or a board may not limit the physical setting from which a health care provider may provide health care services through telehealth.

(i) Nothing in this section requires the use of telehealth when a health care provider determines that providing health care services through telehealth is not appropriate or when a patient chooses not to receive health care services through telehealth.

(j) In this section,

(1) "health care provider" means

(A) an audiologist or speech-language pathologist licensed under AS 08.11; a behavior analyst licensed under AS 08.15; a chiropractor licensed under AS 08.20; a professional counselor licensed under AS 08.29; a dental hygienist licensed under AS 08.32; a dentist licensed under AS 08.36; a dietitian or nutritionist licensed under AS

08.38; a naturopath licensed under AS 08.45; a marital and family therapist licensed under AS 08.63; a physician licensed under AS 08.64; a podiatrist, osteopath, or physician assistant licensed under AS 08.64; a direct-entry midwife certified under AS 08.65; a nurse licensed under AS 08.68; a dispensing optician licensed under AS 08.71; an optometrist licensed under AS 08.72; a pharmacist licensed under AS 08.80; a physical therapist or occupational therapist licensed under AS 08.84; a psychologist or psychological associate licensed under AS 08.86; or a social worker licensed under AS 08.95; or

(B) a physician licensed in another state;

(2) "licensed" means holding a current license in good standing;

(3) "life-threatening condition" means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted;

(4) "telehealth" has the meaning given in AS 47.05.270(e).

ARTICLE 4. GENERAL PROVISIONS

Section

990. Definition

Sec. 08.02.990. Definition. In this chapter, "department" means the Department of Commerce, Community, and Economic Development.

CHAPTER 03. TERMINATION, CONTINUATION AND REESTABLISHMENT OF REGULATORY BOARDS

Section

10. Termination dates for regulatory boards

20. Procedures governing termination, transition, and continuation

Sec. 08.03.010. Termination dates for regulatory boards.

(a) *[Repealed, Sec. 4 ch 14 SLA 1987.]*

(b) *[Repealed, Sec. 4 ch 14 SLA 1987.]*

(c) The following boards have the termination date provided by this subsection:

(1) Board of Public Accountancy (AS 08.04.010) – June 30, 2029;

(2) Board of Governors of the Alaska Bar Association (AS 08.08.040) – June 30, 2029;

(3) State Board of Registration for Architects, Engineers, and Land Surveyors (AS 08.48.011) – June 30, 2025;

(4) Board of Barbers and Hairdressers (AS 08.13.010) – June 30, 2027;

(5) Board of Chiropractic Examiners (AS 08.20.010) – June 30, 2027;

(6) Board of Professional Counselors (AS 08.29.010) – June 30, 2026;

(7) Board of Dental Examiners (AS 08.36.010) – June 30, 2027;

(8) Board of Certified Direct-Entry Midwives (AS 08.65.010) – June 30, 2025;

(9) Big Game Commercial Services Board (AS 08.54.591) – June 30, 2032;

(10) Board of Marine Pilots (AS 08.62.010) – June 30, 2027;

(11) Board of Marital and Family Therapy (AS 08.63.010) – June 30, 2026;

(12) Board of Massage Therapists (AS 08.61.010) – June 30, 2030;

(13) State Medical Board (AS 08.64.010) – June 30, 2031;

(14) Board of Nursing (AS 08.68.010) – June 30, 2025;

(15) Board of Examiners in Optometry (AS 08.72.010) – June 30, 2028;

(16) Board of Pharmacy (AS 08.80.010) – June 30, 2028;

(17) State Physical Therapy and Occupational Therapy Board (AS 08.84.010) – June 30, 2030;

(18) Board of Psychologist and Psychological Associate Examiners (AS 08.86.010) – June 30, 2026;

(19) Real Estate Commission (AS 08.88.011) – June 30, 2026;

(20) Board of Certified Real Estate Appraisers (AS 08.87.010) – June 30, 2026;

(21) Board of Social Work Examiners (AS 08.95.010) – June 30, 2026;

(22) Board of Veterinary Examiners (AS 08.98.010) – June 30, 2025.

(d) *[Repealed, Sec. 3 ch 74 SLA 1979.]*

(e) *[Repealed, Sec. 3 ch 74 SLA 1979.]*

Sec. 08.03.020. Procedures governing termination, transition, and continuation. (a) Upon termination, each board listed in AS 08.03.010 shall continue in existence until June 30 of the next succeeding year for the purpose of concluding its affairs. During this period, termination does not reduce or otherwise limit the powers or authority of

From:
To: [Board of Physical and Occupational Therapy \(CED sponsored\)](#)
Subject: COTA/PTA
Date: Tuesday, August 6, 2024 10:01:20 AM

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello,

I am wondering if COTA/PTAs can do progress notes and have OT/PT sign off on them? I was not able to find anything in policies and regulations that would suggest they can't but wanted to confirm.

Thank you,
Vanessa Russell
Sent from my iPhone



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

BOARD OF PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2580
Fax: 907.465.2974

September 11, 2024

Vanessa Russell
2000 S. Hygrade Circle
Wasilla, AK 99654

RE: COTA_PTA Progress Notes – 08-06-2024

Hello Ms. Russell,

On August 6, 2024 you wrote to the Board of Physical Therapy and Occupational Therapy seeking clarification if occupational therapy assistants or physical therapist assistants could write progress notes and have a corresponding supervising occupational therapist or physical therapist sign off on them.

The Board of Physical Therapy and Occupational Therapy authorized the following response on xx/xx/2024:

In response to occupational therapy assistants, 12 AAC 54.810 identifies the supervision requirements for an occupational therapy assistant by an occupational therapist. This regulation does not provide any direct differentiation between the supervising occupational therapist and occupational therapy assistant's roles in writing and co-signing progress notes. As a result, the scenario that you described would be permitted. An occupational therapy assistant can write the progress note, and their supervising occupational therapist can co-sign the progress note.

It is also important to remember that: 12 AAC 54.810 (b)(3) requires that an occupational therapist "countersign the patient treatment record each time the occupational therapist supervising the occupational therapy assistant is physically present and directly supervises or supervises by video or teleconference the treatment of a patient by the occupational therapy assistant being supervised." These occurrences would be additional instances in which the supervising occupational therapist should countersign the occupational therapist assistant's documentation, and this regulation will still need to be met.

In response to physical therapist assistants, 12 AAC 54.510 identifies the supervision requirements for a physical therapist assistant by a physical therapist. 12 AAC 54.510(d) describes that: "A licensed physical therapist assistant shall have written treatment plans formulated by the licensed physical therapist in possession for each patient under the care of the

physical therapist assistant. Treatment plans must be revised following periodic evaluations by the licensed physical therapist.” This statute does not provide any direct differentiation between the supervising physical therapist and physical therapist assistant’s roles in writing and co-signing progress notes. As a result, the scenario that you described (in which a physical therapist co-signs a progress note that was written by a physical therapist assistant) would be permitted.

It is also important to remember that 12 AAC 54.510 (g)(3) requires the physical therapist to “countersign the patient treatment record each time the supervising physical therapist is physically present and directly supervises or supervises by video or teleconference the treatment of a patient by the physical therapist assistant being supervised.” These occurrences would be additional instances in which the supervising physical therapist should countersign the physical therapist assistant’s documentation, and this regulation will still need to be met.

This board does not provide instructions related to requirements by funding sources, i.e. insurance reimbursement. Please refer to the requirements as established by those entities for more direction.

Sincerely,

Sheri Ryan
Licensing Examiner Advanced 3
Alaska Board of Physical Therapy and Occupational Therapy



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

BOARD OF PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2580
Fax: 907.465.2974

September 11, 2024

Vanessa Russell
2000 S. Hygrade Circle
Wasilla, AK 99654

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Sincerely,

Sheri Ryan
Licensing Examiner Advanced 3
Alaska Board of Physical Therapy and Occupational Therapy

From: [Dr. Valerie Phelps](#)
To: [Ryan, Sheri J \(CED\)](#)
Subject: PTA's writing progress reports
Date: Sunday, September 15, 2024 2:20:09 PM
Attachments: [image001.png](#)
[image002.png](#)

Sheri

Regarding: COTA_PTA Progress Notes - 8-6-2024 - response - revised Draft for Board Approval

Please see Medicare guidelines as outlined by the APTA

<https://www.apta.org/your-practice/documentation/medicare-part-b>

I voted no on the letter stating that PTA's can write progress notes. It is a form of evaluation and defense of medical necessity, requiring evaluation and planning skills that an assistant does not have.

I think the answer should quote from the document I attached.

In Arizona, I mentored a PT who almost lost his license due to allowing a PTA to write a full progress report and send it to the physician.

Could we table until the meeting at least?

Valerie

From: <https://www.apta.org/your-practice/documentation/medicare-part-b>

Progress Reports

The minimum progress report period shall be at least once every 10 treatment days. PTAs or OTAs may write elements of the progress report dated between clinician reports. Reports written by assistants are not complete progress reports. The clinician must write a progress report during each progress report period regardless of whether the assistant writes other reports.

Progress reports written by assistants supplement the reports of clinicians and shall include:

- Date of the beginning and end of the reporting period that this report refers to.
- Date that the report was written (not required to be within the reporting period).
- Signature, and professional identification, or for dictated documentation, the identification of the qualified professional who wrote the report and the date on which it was dictated.
- Objective reports of the patient's subjective statements, if they are relevant.
- Objective measurements (preferred) or description of changes in status relative to each goal currently being addressed in treatment, if they occur. Note that assistants may not make clinical judgments about why progress was or was not made, but may report the progress objectively.

In addition to the requirements above for notes written by assistants, the progress report of a clinician shall also include:

- Assessment of improvement, extent of progress (or lack thereof) toward each goal.
- Plans for continuing treatment, reference to additional evaluation results, and/or treatment plan revisions should be documented in the clinician's progress report.
- Changes to long or short term goals, discharge or an updated plan of care that is sent to the physician/NPP for certification of the next interval of treatment.

Services. The services of PTAs used when providing covered therapy benefits are included as part of the covered service. These services are billed by the supervising physical therapist. PTAs may not provide evaluative or assessment services, make clinical judgments or decisions; develop, manage, or furnish skilled maintenance program services; or take responsibility for the service. They act at the direction and under the supervision of the treating physical therapist and in accordance with state laws.

A physical therapist must supervise PTAs. The level and frequency of supervision differs by setting (and by state or local law). General supervision is required for PTAs in all settings except private practice (which requires direct supervision) unless state practice requirements are more stringent, in which case state or local requirements must be followed. See specific settings for details. For example, in clinics, rehabilitation agencies, and public health agencies, 42CFR485.713 indicates that when a PTA provides services, either on or off the organization's premises, those services are supervised by a qualified physical therapist who makes an onsite supervisory visit at least once every 30 days or more frequently if required by state or local laws or regulation.

The services of a PTA shall not be billed as services incident to a physician/NPP's service, because they do not meet the qualifications of a therapist.

The cost of supplies (e.g., theraband, hand putty, electrodes) used in furnishing covered therapy care is included in the payment for the HCPCS codes billed by the physical therapist, and are, therefore, not separately billable. Separate coverage and billing provisions apply to items that meet the definition of brace in §130.

Services provided by aides, even if under the supervision of a therapist, are not therapy services and are not covered by Medicare. Although an aide may help the therapist by providing unskilled services, those services that are unskilled are not covered by Medicare and shall be denied as not reasonable and necessary if they are billed as therapy services.

D. Application of Medicare Guidelines to PT Services

This subsection will be used in the future to illustrate the application of the above guidelines to some of the physical therapy modalities and procedures utilized in the treatment of patients.

230.2 - Practice of Occupational Therapy

(Rev. 179, Issued: 01-14-14, Effective: 01-07-14, Implementation: 01-07-14)

A. General

Occupational therapy services are those services provided within the scope of practice of occupational therapists and necessary for the diagnosis and treatment of impairments, functional disabilities or changes in physical function and health status. (See Pub. 100-

From: [Dickson, Clarissa \(she/her\)](#)
To: [Ryan, Sheri J \(CED\)](#)
Cc: [Holmberg, Carlie A](#); [Mastrangelo, Therese](#)
Subject: PTA Question
Date: Wednesday, September 18, 2024 9:51:49 AM
Attachments:

Good morning Sheri!

My name is Clarissa, and I'm the director of Providence Home Health here in Anchorage. I've cc'd two managers who work with me and our rehab team.

I was given your name by our new PTA, Rachel. She asked some questions at the APTA meeting last night.

We have not utilized a PTA in recent history, so we are struggling to make sure we are being fully compliant with regulations.

I've reached out to the licensing department at DOH, and they looped in some billing experts to the email string, but frankly we are still a bit unclear.

I've included screenshots of the regulations below. You can see that 12 AAC 54.510 requires a monthly on site/teleconf WITH the PTA, while 7 AAC 12.521 requires biweekly onsite WITH the patient. We've been advised to follow the more strict of the two, but I'm struggling because both are pretty strict for a home health setting. The first one would require a PT to join a PTA at a home visit (one would be non billable), while the second one would require more frequent PT visits, but without the PTA present.

Also, with 12 AAC 54.510, if more than one PT are giving patients to a PTA, does each PT need to do the 30 day supervision? Or just one of them?

In a home health setting, it's quite difficult to arrange these co-visits. Knowing that PTAs are invaluable members of the interdisciplinary team with advanced training, I was surprised to see these supervision requirements are far more strict than the regulations for nursing assistants in home health (who have less training). We want to empower our clinicians to work to the very top of their licenses

Could you provide advice on how you see a home health PTA being supervised, given these regulations?

Could you share any ideas on how to document the 30 day requirement? It's a licensing requirement, so it wouldn't go in our EMR.

12 AAC 54.510. SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS. (a) A physical therapist assistant shall work under the supervision of a licensed physical therapist.

(b) A licensed physical therapist is responsible for and shall participate in a patient's care.

(c) Except as specified in 12 AAC 54.500(e), a physical therapist may supervise a maximum of three physical therapist assistants.

(d) A licensed physical therapist assistant shall have written treatment plans formulated by the licensed physical therapist in possession for each patient under the care of the physical therapist assistant. Treatment plans must be revised following periodic evaluations by the licensed physical therapist.

(e) At least once a month, a supervising physical therapist shall provide periodic supervision to a physical therapist assistant while the physical therapist assistant being supervised implements a treatment plan with a patient. Supervision shall be conducted on site or by video or teleconference when in-person supervision is not reasonably practicable. The supervising physical therapist shall be available for consultation with the physical therapist assistant by telephone, verbally, or in writing.

7 AAC 12.521. Therapy services.

(a) Physical therapy services offered by a home health agency must be provided in accordance with a plan of care by or under the supervision of a physical therapist licensed under AS 08.84. A physical therapist employed by or on contract with a home health agency shall

(1) evaluate a patient;

(2) establish or modify a physical therapy treatment plan upon written or verbal orders from a physician, advanced practice registered nurse, or physician assistant;

(3) prepare clinical progress notes;

(4) prepare summaries of care;

(5) plan, supervise, and delegate services to a physical therapy assistant licensed under AS 08.84; and

(6) makes supervisory visits to the patient's residence every two weeks to evaluate the effectiveness of the services furnished by the physical therapy assistant and to document the patient's condition in the clinical record.

Thank you so much for any insight you can provide!

Happy Wednesday!

Clarissa

**Clarissa Dickson, RN,
BSN, WCC, COS-C**
Director, Home Health
Alaska
Home & Community Care

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THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development
BOARD OF VETERINARY EXAMINERS

Juneau Office

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

March 20, 2024

Dear colleagues:

The Alaska Board of Veterinary Examiners has received a steady flow of questions over the last several months regarding whether a person licensed to practice chiropractic, physical therapy, massage therapy, or audiology on humans may extend these practices to animals under Alaska law.

At this time, the board believes it beneficial to ensure its sister boards are aware of the range of questions we are receiving on this topic and share the statutes pertaining to veterinary practice to assist you in ensuring your licensees are informed. Currently, the practice of veterinary medicine requires licensure as a veterinarian and is defined as follows:

AS 08.98.120. License required; prohibitions; penalty. (a) A person may not practice veterinary medicine, surgery, or dentistry unless the person is licensed as a veterinarian under this chapter or has a temporary permit issued under AS 08.98.186, except that a person may perform functions authorized by

- (1) regulation of the board if the person is licensed as a veterinary technician; or
- (2) a permit issued under AS 08.02.050 if the person is employed by an agency that has a permit issued under AS 08.02.050.

AS 08.98.250. Definitions. In this chapter, (6) "practice of veterinary medicine"

(A) means for compensation to

- (i) diagnose, treat, correct, change, relieve, or prevent animal disease, deformity, defect, injury, or other physical or mental condition, including the prescription or administration of a drug, biologic apparatus, anesthetic, or other therapeutic or diagnostic substance;
 - (ii) use a manual or mechanical procedure for testing for pregnancy or correcting sterility or infertility;
- or
- (iii) render advice or recommendation with regard to any matter listed in (i) or (ii) of this subparagraph;

(B) means to represent, directly or indirectly, publicly or privately, an ability or willingness to do any act in (A) of this paragraph for compensation;

(C) means to use a description title, abbreviation, or letters in a manner or under circumstances tending to induce the belief that the person using it or them is qualified or licensed to do any act in (A) of this paragraph whether or not for compensation;

(D) does not include, whether or not for compensation,

- (i) practices related to artificial insemination and the use of a title, abbreviation, or letters in a manner which induces the belief that the person using them is qualified to perform artificial insemination;
- (ii) the practices of a farrier done in the performance of the farrier's profession;
- (iii) standard practices commonly performed on farm or domestic animals in the course of routine farming or animal husbandry, when performed by an owner or the owner's employee unless ownership of the animal is transferred for the purpose of avoiding application of this chapter or the primary purpose of hiring the employee is to avoid application of this chapter;

We anticipate that you may have questions or concerns regarding the practice of veterinary medicine. The Alaska Board of Veterinary Examiners is scheduled to meet April 11, 2024, at 9:00 a.m., and we would welcome a conversation about this issue with representatives of its sister regulatory boards at this or a future meeting. Please reach out to our board liaison, Rachel Billiet, at rachel.billiet@alaska.gov if you would like to schedule time on the upcoming agenda to discuss further.

Sincerely,

/s/

Denise Albert, DVM

Member on behalf of the Alaska Board of Veterinary Examiners

CC: Board of Chiropractic Examiners
Board of Massage Therapists
State Physical Therapy and Occupational Therapy Board
Sylvan Robb, Division Director
Reid Bowman, Program Coordinator 2

From: [Kristen Neville](#)
To: [Kristen Neville](#)
Subject: Final draft of AOTA official document: Physical Agent, Mechanical, and Instrument-Assisted Modalities within Occupational Therapy Practice
Date: Wednesday, May 8, 2024 6:07:45 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)
[image007.png](#)
[PAMIMs Final Draft 2024.pdf](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear State Occupational Therapy Licensing Board Administrators and Staff:

Please find attached the final draft of the recently updated official document Physical Agent, Mechanical, and Instrument-Assisted Modalities within Occupational Therapy Practice. Updating this document was done as a result of action taken by the AOTA Representative Assembly in 2020 to address, among other issues, whether or not dry needling is within the scope of occupational therapy practice. This document is available for download to AOTA members on the [AOTA website](#) (scroll to the Position Statements section).

Please let me know if you have any questions.

Sincerely,

Kristen Neville



Kristen Neville (she/her)
Manager State Affairs
American Occupational Therapy Association
7501 Wisconsin Avenue, Suite 510E
Bethesda, MD 20814-6519
P: 240-800-5981 | **E:** kneville@aota.org



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AOTA Position Statement

Physical Agent, Mechanical, and Instrument-Assisted Modalities Within Occupational Therapy Practice

Introduction

The American Occupational Therapy Association (AOTA) asserts that physical agent, mechanical, and instrument-assisted modalities (PAMIMs) may be used by occupational therapy practitioners (i.e., occupational therapists and occupational therapy assistants) as part of a comprehensive plan of intervention designed to enhance engagement in occupation (AOTA, 2020c). Occupational therapy practitioners (OTPs) possess the foundational knowledge of basic sciences, understanding of relevant theory and evidence, and clinical reasoning to recommend and safely apply PAMIMs to support achievement of occupation-based client goals.

This Position Statement clarifies the context for the appropriate use of PAMIMs in occupation-based occupational therapy practice. As guided by the *Occupational Therapy Practice Framework: Domain and Process, 4th Edition (OTPF-4)* (AOTA, 2020c), exclusive or stand-alone use of PAMIMs without linking it to a client-centered, occupation-based intervention plan and outcomes is not occupational therapy. Consistent with the 2018-2019 Choosing Wisely initiative, AOTA recommends that practitioners “don’t use [PAMIMs] without providing purposeful and occupation-based intervention activities” (Gillen et al., 2019). To ensure client-centered care, practitioners who choose to incorporate PAMIMs into their practice should evaluate the available evidence on the efficacy and effectiveness of each modality and its place in the treatment of a client’s condition.

Definitions

The term *therapeutic modalities* refers to the systematic application of various forms of energy or force to effect therapeutic change in the physiology of tissues. *Physical agents* such as heat, cold, water, light, sound, and electricity may be applied to the body to affect client factors, including the neurophysiologic, musculoskeletal, integumentary, circulatory, or metabolic functions of the body. Physical agents may be used to reduce or modulate pain, reduce inflammation, increase tissue extensibility and range of motion, promote circulation, decrease edema, facilitate healing, stimulate muscle activity, and facilitate occupational performance (Bracciano, 2022).

Physical agent modalities may be categorized on the basis of their properties:

1. *Thermal modalities* are those physical agents that provide a change in tissue temperature by either heating or cooling the tissue. Thermal modalities can also be categorized into superficial thermal agents and deep thermal agents on the basis of the depth of energy penetration into the underlying tissue or body structure they are targeting. Thermal agents (heat or cold) facilitate the transfer of energy between two systems through conduction, convection, or conversion.
 - a. *Superficial thermal agents*
 - i. *Conduction*: Heat or cold is transferred from an object to the body with direct contact with the modality. Examples include, but are not limited to, hot packs, cold packs, and paraffin (Vargas e Silva et al., 2019).

- ii. *Convection*: Heat or cold is transferred between two objects where one is moving or flowing around the body part. Examples include, but are not limited to, whirlpool or hydrotherapy, which can be done with hot or cold water, and Fluidotherapy™ or dry whirlpool, which uses dry heat to circulate dry cellulose medium around the distal extremity (Kumar et al., 2015).
 - b. *Deep thermal agents*
 - i. *Conversion*: Energy from low-frequency sound waves is converted into heat. A common example is therapeutic ultrasound, where the mechanical waves in sound energy are converted to heat using an ultrasound machine. Therapeutic ultrasound can be used to penetrate deeper tissue structures. Deep thermal agents include, but are not limited to, therapeutic ultrasound and phonophoresis (Morishita et al., 2014).
2. *Electromagnetic modalities* use electromagnetic waves such as radio waves, microwaves, and light waves to transport electrical and magnetic energy through space to effect changes in body structures (Post & Nolan, 2016).
- a. *Diathermy*: Diathermy uses short-wave frequencies to affect healing tissue or higher frequencies that cause tissue heating.
 - b. *Low-level laser (light) therapy (LLLT)*: Low-intensity, nonthermal (cold) lasers use light energy to cause a photochemical reaction in body tissue that can influence tissue repair, inflammation, and pain (Baktir et al., 2018).
3. *Electrotherapy* uses electrotherapeutic currents and waveforms to influence physiological effects on client body structures (Bellew, 2016). Electrotherapy has many potential clinical uses and may be and may act upon tissues in the following ways:
- a. Influence physiologic change in tissues to increase circulation, facilitate tissue healing, modify edema, and modulate pain. An example includes, but is not limited to, high-voltage galvanic stimulation for tissue and wound repair. A specific electrotherapeutic agent, iontophoresis, uses direct electrical current to move ions of medication across skin into target tissues (Bracciano, 2022).
 - b. Facilitate neuromuscular or sensory activity to improve muscle strength, reeducate muscle function, or modulate pain response. Examples include, but are not limited to, neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), and interferential current (IFC) (Bracciano, 2022).
4. *Mechanical modalities* refers to the therapeutic use of mechanical devices to apply force, such as compression, distraction, vibration, or controlled mobilization, to modify biomechanical properties and functions of tissues. Effects of these mechanical modalities include increased circulation and lymphatic flow or increased tissue and joint mobility. Examples include, but are not limited to, mechanical traction, vasopneumatic devices, and continuous passive motion machines.
5. *Instrument-assisted modalities (IM)* refers to the therapeutic use of an instrument or tool that is manually applied by a trained practitioner to target specific tissues, like skin, fascia, and other connective tissues, or muscle. In contrast to a mechanical modality, the instrument or tool is skillfully and manually guided by a trained practitioner to effect change on the soft tissue. While the true physiologic mechanisms of such interventions are less known, IMs are theorized to achieve the following physiologic effects: mechanical deformation (e.g., stretch, movement of collagen fibers), localized inflammatory response (e.g., increased blood flow by vasodilation), and activation of the immune system (Altaş, Birlik, Şahin Onat et al, 2022; Baburao & Gurudut, 2023; Bitra & Sudhan, 2019). Through these mechanisms, the skilled practitioner seeks to achieve the ultimate therapeutic outcomes of pain reduction or analgesia, tissue healing, and improved functioning at the level of client factors (e.g., musculoskeletal functions, lymphatic flow, etc.) and occupational performance. Examples include, but are not limited to, thin filiform needles used in dry needling, stainless steel instruments applied to target tissue using a scraping technique, and suction instruments used in cupping therapy (Al-Bedah et al, 2018; Bush et al, 2020; Chyrs et al., 2023; Sánchez-Infante et al., 2021).

Occupational Therapy Practitioner Qualifications and Ethical Obligations

The Accreditation Council for Occupational Therapy Education (ACOTE®; 2018) requires that entry-level educational programs must prepare occupational therapists to *demonstrate* and occupational therapy assistants to *define* “the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions” for use (p. 31). Foundational knowledge such as human anatomy, physiology, and biomechanics is part of entry-level education for the occupational therapist and occupational therapy assistant.

Occupational therapy practitioners should also refer to the *Occupational Therapy Code of Ethics* (AOTA, 2020a) for relevant principles and the *Standards of Practice for Occupational Therapy* (AOTA, 2021) to guide their practice. Many states where occupational therapy practitioners practice have additional regulatory requirements for demonstrating competence beyond entry-level education and for specific types of therapeutic modalities. Occupational therapy practitioners must be aware of and comply with these state specific requirements, which may include, but are not limited to, continuing professional education, institution-specific procedures for ascertaining service competence, and supervised contact hours by a qualified practitioner in the respective state (AOTA, 2020a).

The efficacy of PAMIMs, including the use of new technology is routinely updated, revised, and developed on the basis of the most currently available evidence. Practitioners are responsible for evaluating the evidence and for maintaining their awareness of new developments, as well as maintaining their competency in the safe and effective application of these technologies.

Insurance coverage and billing policies for therapeutic modalities set forth by federal and state payers (e.g., Medicare, Veterans Administration, state Medicaid programs), and commercial payers may vary widely. Practitioners are responsible for checking their payer policies and state practice acts to learn of any restrictions in coverage and usage. As part of their ethical responsibility, occupational therapy practitioners should also be mindful of the client’s ability to access services that include PAMIMs. In situations in which a practitioner has limited access to PAMIMs equipment or tools, they should apply clinical and professional reasoning skills to use low-tech substitutes to which the client has access and that have known therapeutic effects.

Occupational Therapy Process

The *OTPF-4* provides guidance to occupational therapy practitioners when evaluating the need for PAMIMs and incorporating their use as interventions to support occupations (AOTA, 2020c). Throughout the occupational therapy process, an occupational therapist and an occupational therapy assistant may collaborate and play distinct roles.

Evaluation

During the evaluation process, occupational therapists establish an occupational profile to identify client priorities, gain an appreciation of the client’s health and well-being, and understand the contextual supports and barriers to performance. Therapists further analyze client performance in chosen occupations to identify the specific focus of the intervention, including impairments in client factors, deficits in performance skills, and overall limitations in occupational performance. The presence of impairments in body functions and body structures as barriers to occupational performance may facilitate clinical reasoning in choosing appropriate PAMIMs. Therapists consider the evidence, pragmatics, and benefits of PAMIMs as an integral component of the occupation-based intervention plan. Occupational therapy assistants may contribute to the evaluative process, especially in establishing the occupational profile of the client, as well as once competency is achieved in the administration of standardized and

nonstandardized assessments (ACOTE, 2018; AOTA, 2021).

Intervention

Occupational therapists may collaborate on the implementation of the intervention plan that involves the use of PAMIMs with occupational therapy assistants who demonstrate service competence (AOTA, 2020b). The occupational therapist has overall responsibility for providing supervision of the occupational therapy assistant and their safe use of PAMIMs with clients. The occupational therapy assistant is also responsible for understanding how the use of PAMIMs supports the client's occupational therapy goals (AOTA, 2020b). Both occupational therapists and occupational therapy assistants should monitor and appropriately document the outcome of interventions. Using PAMIMs as part of a comprehensive intervention plan can facilitate active engagement and participation in occupational tasks and improve occupational performance (see Table 1 for case examples).

As part of the intervention plan, the therapeutic use of PAMIMs may be categorized as follows:

1. *Interventions to support occupations*—Occupational therapy practitioners administer PAMIMs to address barriers to body functions and structures prior to engagement in occupation. For example, a practitioner may apply thermal modalities on a client's hands and wrists to increase tissue extensibility and alleviate pain prior to engaging in cooking activities.
2. *Concurrent to therapeutic occupation or purposeful activities*—Occupational therapy practitioners may administer PAMIMs to reduce the impact of impairment on body functions and structures while the client is engaged in occupation to improve performance. For example, a practitioner may apply FES on the client's affected wrist extensors and flexors during a morning grooming routine to facilitate grasp and release.
3. *As a necessary component of a person's occupational routine*—Occupational therapy practitioners may recommend and train a client to self-administer PAMIMs as part of their health management and maintenance. For example, a practitioner may teach a client how to perform manual lymph drainage massage, use an intermittent pneumatic compression device, and properly apply compression garments to abate the effects of lymphedema on occupational performance.

Outcomes

Outcomes are related to intervention implementation and are established during the evaluation process (AOTA, 2020c). An occupational therapy practitioner may choose to utilize PAMIMs as an intervention if it is thought to support occupational engagement. In collaboration with the client, occupational therapy practitioners determine the target outcomes and monitor the client's progress over time and the progress made as the result of PAMIMs and associated interventions. Under the supervision of the occupational therapist, an occupational therapy assistant may administer an outcome measure, which is then analyzed to determine the need for continuation or discontinuation of services or modification of the intervention plan.

Conclusion

The use of physical agent, mechanical, and instrument-assisted modalities may be an integral part of an occupational therapy intervention that supports or enhances a client's occupational performance, health and wellness, participation, and quality of life (AOTA, 2020c). While an entry-level preparation for occupational therapist and occupational therapy assistant indicates knowledge and practice preparation in the use of select therapeutic modalities (ACOTE, 2018), occupational therapy practitioners should strive to maintain their service competency in these modalities within the parameters of practice established by their state regulatory boards, payors, and institutional policies.

Table 1

Case Study 1: Certified Nursing Assistant with Adhesive Capsulitis

A 52-year-old certified nursing assistant (she/her/hers) has adhesive capsulitis, or frozen shoulder, after a fall 3 months ago. She works full-time and cares for her elderly mother at home.

Research Evidence and Related Resources Guiding Practice

- Post, R., & Nolan, T. P. (2016). Electromagnetic waves: Laser, diathermy, and pulsed electromagnetic fields. In J. W. Bellew, S. L. Michlovitz, & T. P. Nolan (Eds.), *Modalities for therapeutic intervention* (6th ed., pp. 167–210). Philadelphia: F. A. Davis.
- Sung, J.-H., Lee, J.-M., & Kim, J.-H. (2022). The effectiveness of ultrasound deep heat therapy for adhesive capsulitis: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*, 19(3), 1859. <https://doi.org/10.3390/ijerph19031859>

Evaluation and Goal Setting	Occupational Therapy Intervention	Outcomes
<p><i>Evaluation summary:</i> At evaluation in an outpatient occupational therapy clinic, the client presented significant shoulder pain and loss of shoulder ROM, which limits her ability to reach above her head (reaching into the linen closet at work or into cabinets at home) and behind her back (to don/doff her bra or toilet hygiene). She is able to lift and carry light objects over a limited range. Prolonged holding positions (e.g., holding a steering wheel, shaving under the involved arm, assisting with client bed mobility at work) are difficult to maintain and cause discomfort. The client’s mother requires physical assistance for bathroom transfers, meal preparation and cleanup, dressing, and hair care. The client states that using the curling iron with her involved arm on her mother causes an increase in pain and discomfort.</p>	<p><i>PAMIMs used as an intervention to support occupation:</i> Although the client’s desire to continue to work full-time and keep her mother in the home are a strength, impairments in client factors (e.g., pain and limited ROM) impact her ability to achieve goals. The client wants to be independent to get dressed and prepare meals without pain. The OT assesses pain and limited ROM as barriers to occupational performance and establishes an intervention plan that incorporates therapeutic occupations and activities with the use of thermal modalities like moist heat, ultrasound, or diathermy to increase ROM while decreasing pain. The OTA can use these PAMIMs as interventions to support occupation prior to occupation-based and relevant functional activities that support the client’s goals.</p>	<p>Through collaboration with the OT practitioners, the client learned adaptive strategies to improve her ability to get dressed and prepare meals. The client also learned self-management strategies and a home exercise program that includes the use of superficial heat to reduce her pain and maintain her ROM.</p> <p>The OT also discussed the client’s progress with the referring physician for concurrent medical management for adhesive capsulitis. Given the protracted nature of the condition, the client initially began with modified duty at work and eventually was able to resume full duty as her symptoms improved.</p>

<p><i>Occupational Goals:</i> The client desires to continue to work and care for herself and her mother in the home.</p>		
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Note. OT = occupational therapist; OTA = occupational therapy assistant; PAMIMs = physical agent, mechanical, and instrument-assisted modalities; ROM = range of motion.

Case Study 2: HVAC Technician With Bilateral Lateral Epicondylitis

A 47-year-old self-employed HVAC technician (she/her/hers) presented with bilateral arm pain that has progressively worsened since its onset 6 months ago. The client was diagnosed with bilateral lateral epicondylitis, was initially prescribed with forearm counterforce braces, and received cortisone injections on both sides.

Research Evidence and Related Resources Guiding Practice

- Chys, M., De Meulemeester, K., De Greef, I., Murillo, C., Kindt, W., Kouzouz, Y., Lescroart, B., & Cagnie, B. (2023). Clinical effectiveness of dry needling in patients with musculoskeletal pain—An umbrella review. *Journal of Clinical Medicine, 12*(3), 1205. <https://doi.org/10.3390/jcm12031205>
- Sánchez-Infante, J., Navarro-Santana, M. J., Bravo-Sánchez, A., Jiménez-Díaz, F., & Abián-Vicén, J. (2021). Is dry needling applied by physical therapists effective for pain in musculoskeletal conditions? A Systematic review and meta-analysis. *Physical Therapy, 101*(3), pzab070. <https://doi.org/10.1093/ptj/pzab070>
- Uygur, E., Aktaş, B., & Yilmazoglu, E. G. (2021). The use of dry needling vs. corticosteroid injection to treat lateral epicondylitis: A prospective, randomized, controlled study. *Journal of Shoulder and Elbow Surgery, 30*(1), 134–139. <https://doi.org/10.1016/j.jse.2020.08.044>

Evaluation and Goal Setting	Occupational Therapy Intervention	Outcomes
<p><i>Evaluation Summary:</i> After experiencing initial relief with the cortisone injections and counterforce bracing, the client noted worsening of pain and sought outpatient occupational therapy services. At initial evaluation, there was notable weakness and pain with grip and persistent lateral elbow pain that was further magnified and</p>	<p><i>PAMIMs used as an intervention to support occupation:</i> Based on the relative acuity of the client’s condition, the occupational therapist (OT) approached the intervention process more conservatively, which included a focus on activity modification (e.g., reduce gripping, modify lifting technique, etc.), gentle stretching and exercises, compressive sleeves and soft hand orthoses, and superficial thermal modalities. The client noted gradual</p>	<p>With the introduction of dry needling to standard of care, the client experienced noticeable pain relief over the course of 3–4 weeks. Orthopedic screening tests indicate that the client still had a positive response, but the pain that is reproduced is substantially less intense. The OT initiated a progressive strengthening program for another 4 weeks that also included simulated work tasks and</p>

<p>reproduced using orthopedic screening tests.</p> <p>The client also has active signs of tissue irritation, as noted by intermittent swelling and myofascial trigger points around the area of inflammation. The client, who is self-employed, has not been able to take on new jobs and expressed concerns about her financial status.</p> <p><i>Occupational Goals:</i> The client would like to have significant pain reduction, improve arm and grip strength, and resume work.</p>	<p>improvement in swelling, point tenderness, and movement, but while reduced, the pain continues to impede her ability to execute her occupational routine.</p> <p>The OT recommended the addition of dry needling with kinesiotaping to the intervention plan. The OT explained the benefits of using kinesiotape and instructed the client on how to self apply the tape. The OT explained the therapeutic mechanisms of dry needling and obtained an additional release secondary to the more invasive nature of the procedure.</p>	<p>an ongoing monitoring of acute exacerbation. The OT also collaborated with the client on a gradual return to work schedule.</p>
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Note. OT = occupational therapist; PAMIMs = physical agent, mechanical, and instrument-assisted modalities.

Case Study 3: Older Adult With Right-side Hemiparesis

A 61-year-old older adult (he/him/his) with right-sided hemiparesis presented to a community based occupational therapy clinic for uninsured clients with decreased arm function on his dominant side.

Research Evidence and Related Resources Guiding Practice

- Eraifej, J., Clark, W., France, B., Desando, S., & Moore, D. (2017). Effectiveness of upper limb functional electrical stimulation after stroke for the improvement of activities of daily living and motor function: A systematic review and meta-analysis. *Systematic Reviews*, 6(1), 40. <https://doi.org/10.1186/s13643-017-0435-5>
- Knutson, J. S., Fu, M. J., Sheffler, L. R., & Chae, J. (2015). Neuromuscular electrical stimulation for motor restoration in hemiplegia. *Physical Medicine and Rehabilitation Clinics of North America*, 26(4), 729–745. <https://doi.org/10.1016/j.pmr.2015.06.002>

Evaluation and Goal Setting	Occupational Therapy Intervention	Outcomes
<p><i>Evaluation summary:</i> The client’s community based occupational therapy evaluation indicates weakness of the wrist and finger extension and grip, which makes grasping and releasing objects difficult. He is motivated to return to work and his daily activities that includes, yardwork and</p>	<p><i>PAMIMs as an intervention to support occupation and purposeful activities:</i> The occupational therapist (OT) assessed that the client has potential to regain motor function with the help of task-oriented training combined with electrical stimulation to augment lack of motor activation of key muscle groups. The OT provided training and a home program to enable the client to be</p>	<p>After 10 weeks of participation in a home task-oriented intervention and weekly OT visits, the client demonstrated improvement in UE function, according to standardized measures. Although the client learned adaptive strategies that incorporated the use of both hands, he had hoped for greater fine motor control for more intricate tasks involved with</p>

<p>vegetable gardening. The client had a stroke approximately 2 months ago. He received acute care and 2 weeks of inpatient rehabilitation from his city's public hospital. He was referred to occupational therapy by his pro-bono community based primary physician. He was working full-time as a janitor when he had his stroke.</p> <p><i>Occupational Goals:</i> The client would like to improve arm and hand function and return to work until he qualifies for Medicare.</p>	<p>able to reach and manipulate work tools and garden tools. Because of an unstable grip, the OT trialed the use of functional electrical stimulation (FES) to support the wrist extensors as the client attempts to sustain his grip with positive results. A home FES unit was given to the client by a family member and the OT set the device to the appropriate parameters. The unit was used to assist with hand opening during pre-grasp practice with various objects while at mid-reach. Subsequently, the OT recommended ongoing training with the use of a home FES unit along with a task-oriented training program.</p>	<p>gardening. In collaboration with the OT, the client was able to ease his way back into work with part-time status due to issues of fatigue. The OT advised that the client continue to engage in a home program with a battery of task-oriented activities to maximize hand use and maintain his functional gains. The OT assisted the client to coordinate a follow-up with the referring pro bono physician in 6 months and a subsequent OT re-evaluation to determine the need for continuing services and/or revision of the client's home program.</p>
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Note. FES = functional electrical stimulation; OT = occupational therapist; PAMIMs = physical agent, mechanical, and instrument-assisted modalities; UE = upper extremity.

Case Study 4: Computer Engineer With Elbow Fracture and Wrist Sprain

A 26-year-old computer engineer (they/them/theirs) presents with severe pain in their dominant upper extremity after a fall 4 months ago that resulted in an elbow fracture and wrist sprain. They have 9/10 pain with all grasping, lifting, and carrying and they have developed complex regional pain syndrome.

Research Evidence and Related Resources Guiding Practice

- Moretti, A., Gimigliano, F., Paoletta, M., Liguori, S., Toro, G., Aulicino, M., Iolascon, G., ... (2021). Efficacy and effectiveness of physical agent modalities in complex regional pain syndrome type I: A scoping review. *Applied Sciences*, 11(4), 1857. <http://dx.doi.org/10.3390/app11041857>
- Bellew, J. W. (2016). Foundations of clinical electrotherapy. In J. W. Bellew, S. L. Michlovitz, & T. P. Nolan (Eds.), *Michlovitz's modalities for therapeutic intervention* (6th ed.), pp. 253–285). Philadelphia: F. A. Davis.

Evaluation and Goal Setting	Occupational Therapy Intervention	Outcomes
<p><i>Evaluation summary:</i> The client has limited grip strength and therefore limited function. They work full-time and have a 1-year-old child at home. They are having difficulty with activities involving lifting and</p>	<p><i>PAMIMs as a component of the client's occupational routine:</i> In collaboration with the client, the OT provided strategies to manage their CRPS through activity modifications and the use of TENS. Prior to recommending a TENS unit, the OT evaluated key areas</p>	<p>The client became independent in the use of TENS in the treatment of pain due to complex regional pain syndrome. The client required a few additional sessions to develop an occupational routine that they could incorporate stress-management</p>

<p>carrying, childcare, and meal preparation and reports that they have increased pain while typing on the computer for work-related tasks.</p> <p><i>Occupational Goals:</i> The client would like to be able to better manage pain as they resume their usual occupations in the home and work setting.</p>	<p>of pain that may benefit from TENS and the client's level of tolerance to stimulation. The OT educated the client on proper application and scheduling of TENS use and then trialed and assessed their ability to use a home TENS unit to manage pain at work and at home during activity to decrease pain and support improved function. The OT used a time log to gain an understanding of the client's experience of pain linked to daily activities, and the use of the TENS unit was incorporated into their daily routine based on the information gleaned from the log. In addition to the modality, the OT educated the client on stress management techniques and self-monitoring of physiologic signs.</p>	<p>techniques, including mindfulness and low-impact aerobics.</p>
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Note. CRPS = complex regional pain syndrome; OT = occupational therapist; PAMIMs = physical agent, mechanical, and instrument-assisted modalities; TENS = transcutaneous electrical nerve stimulation.

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Authors

Salvador Bondoc, OTD, OTR/L, CHT, FAOTA

Ann Marie Feretti, EdD, OTR/L, CHT

For

The Commission on Practice

Meredith Gronski, OTD, OTR/L, CLA, FAOTA, Chairperson

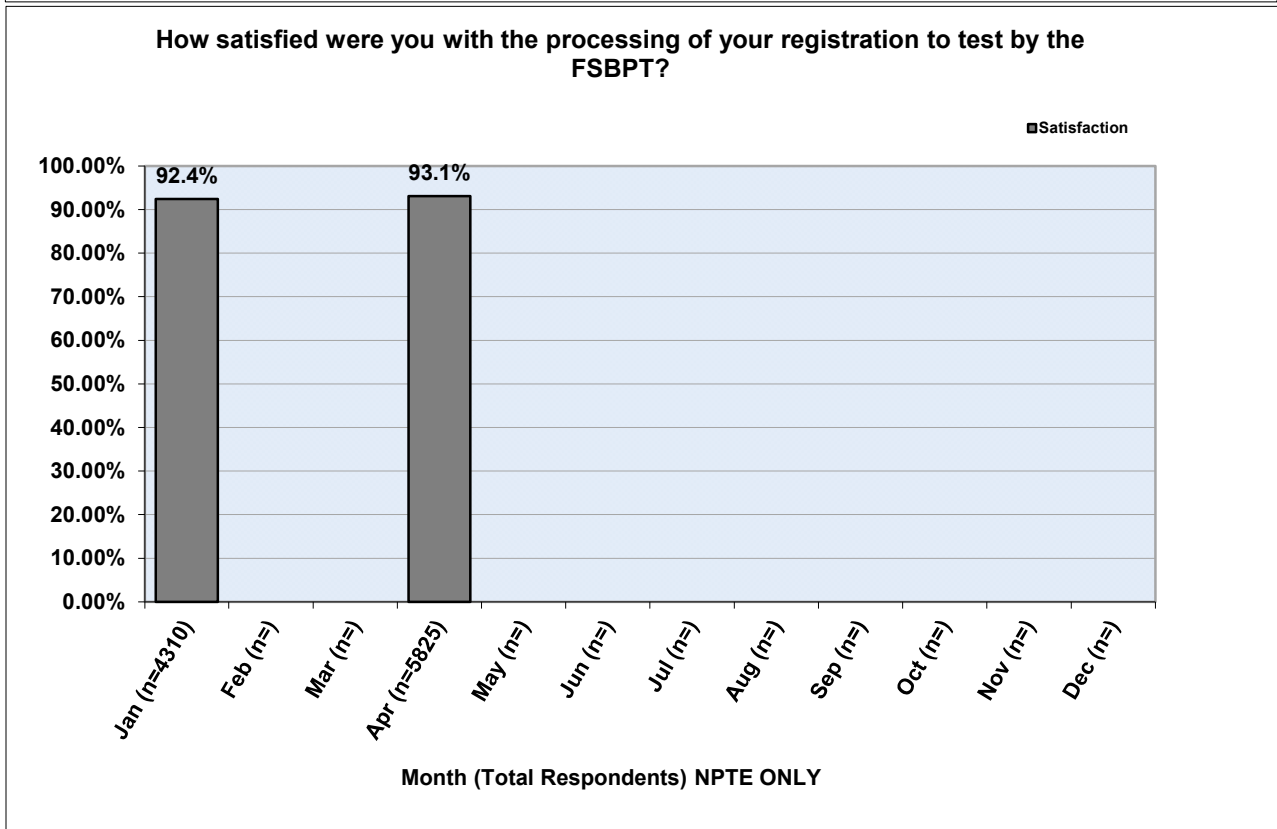
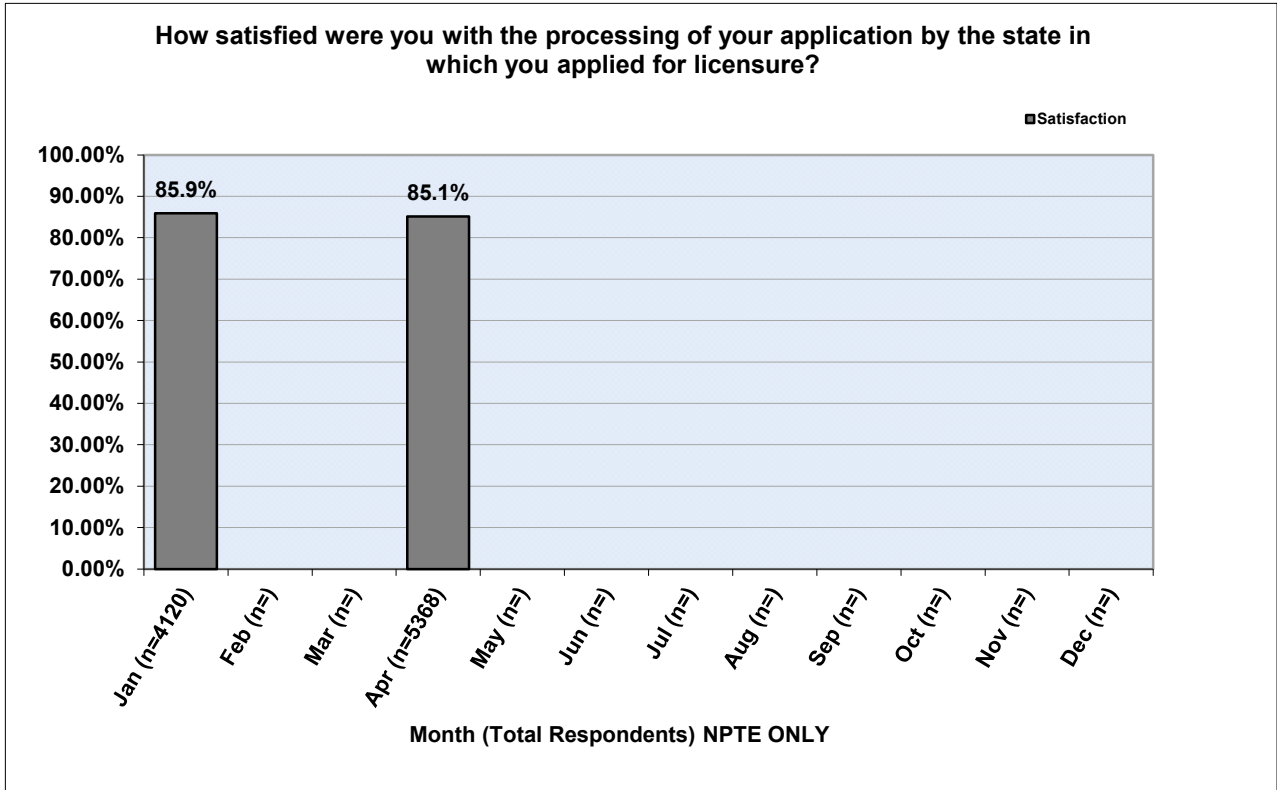
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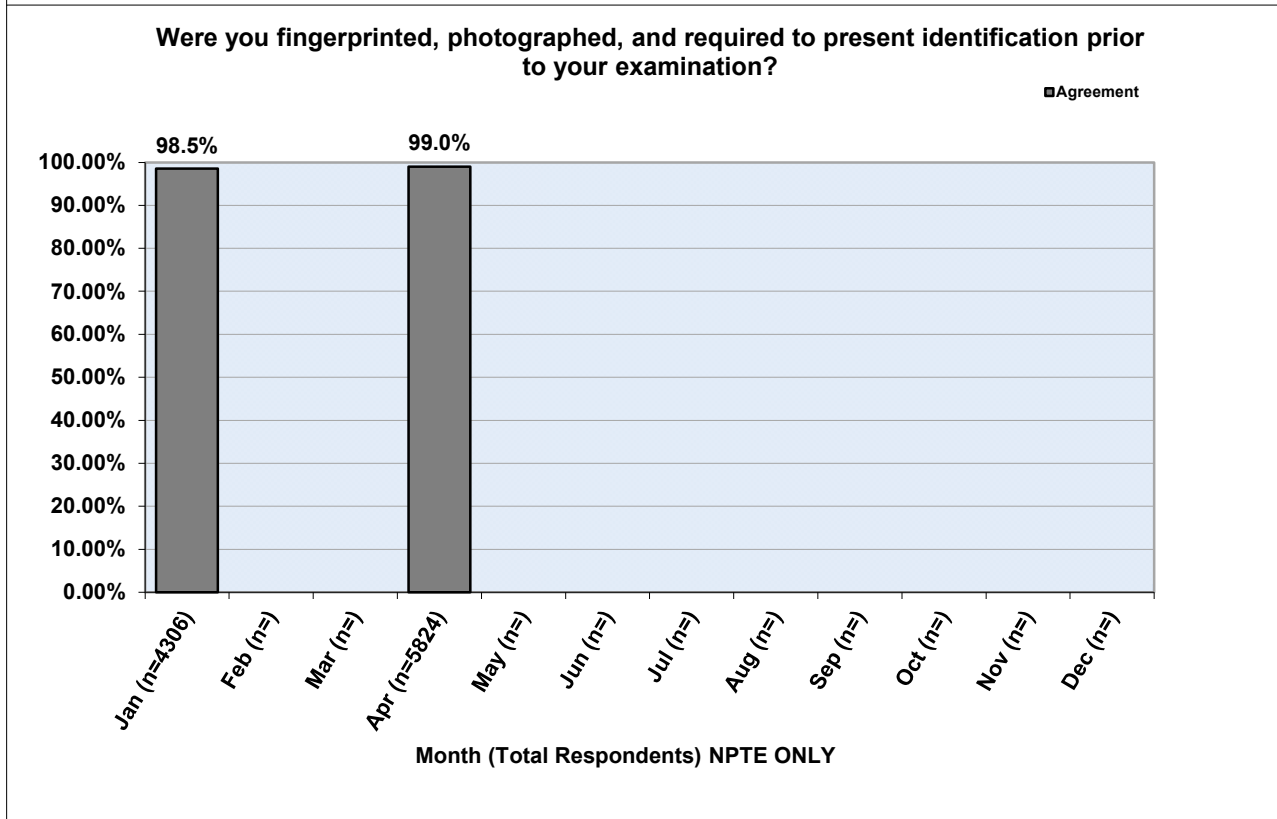
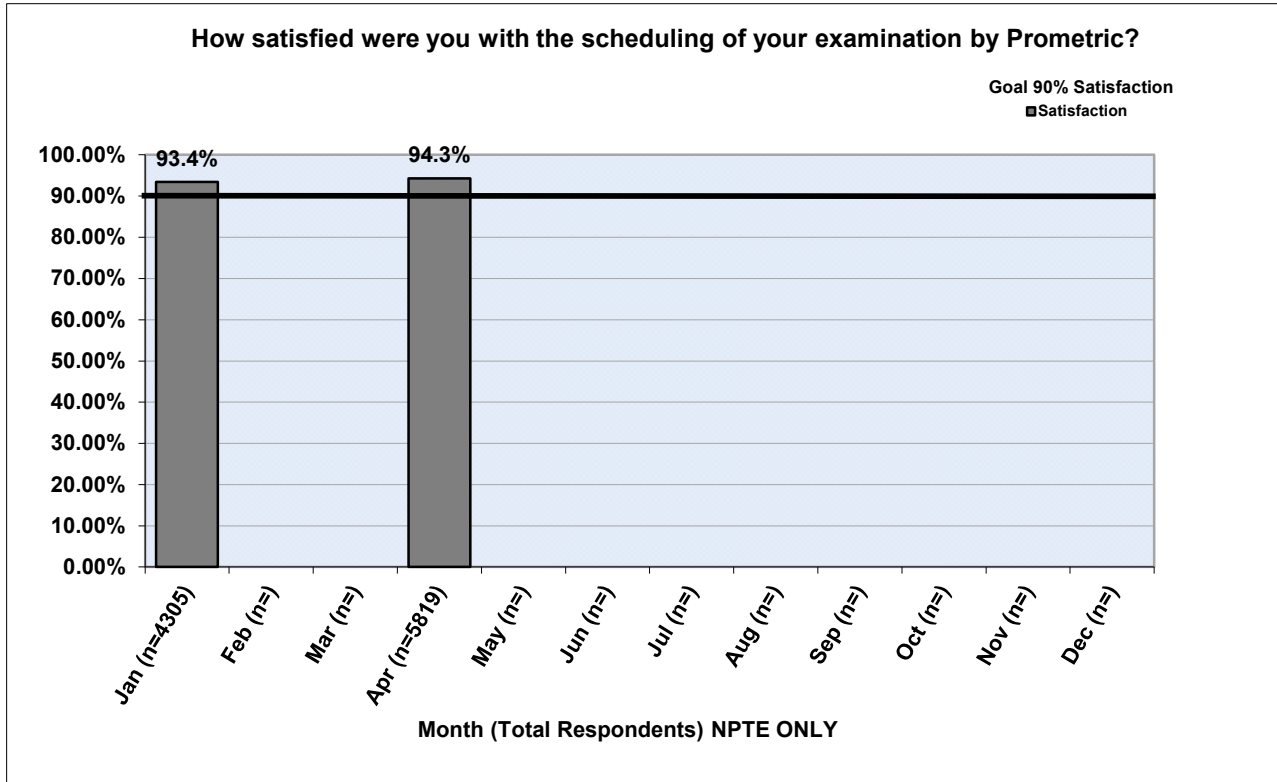
Adopted by the Representative Assembly Coordinating Council (RACC) for the Representative Assembly, April 2024

Note. This revision replaces the 2018 document Physical Agent and Mechanical Modalities, previously published and copyrighted in 2018 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy*, 72, (Suppl. 2), 7212410055p1–7212410055p6. <https://doi.org/10.5014/ajot.2018.72S220>

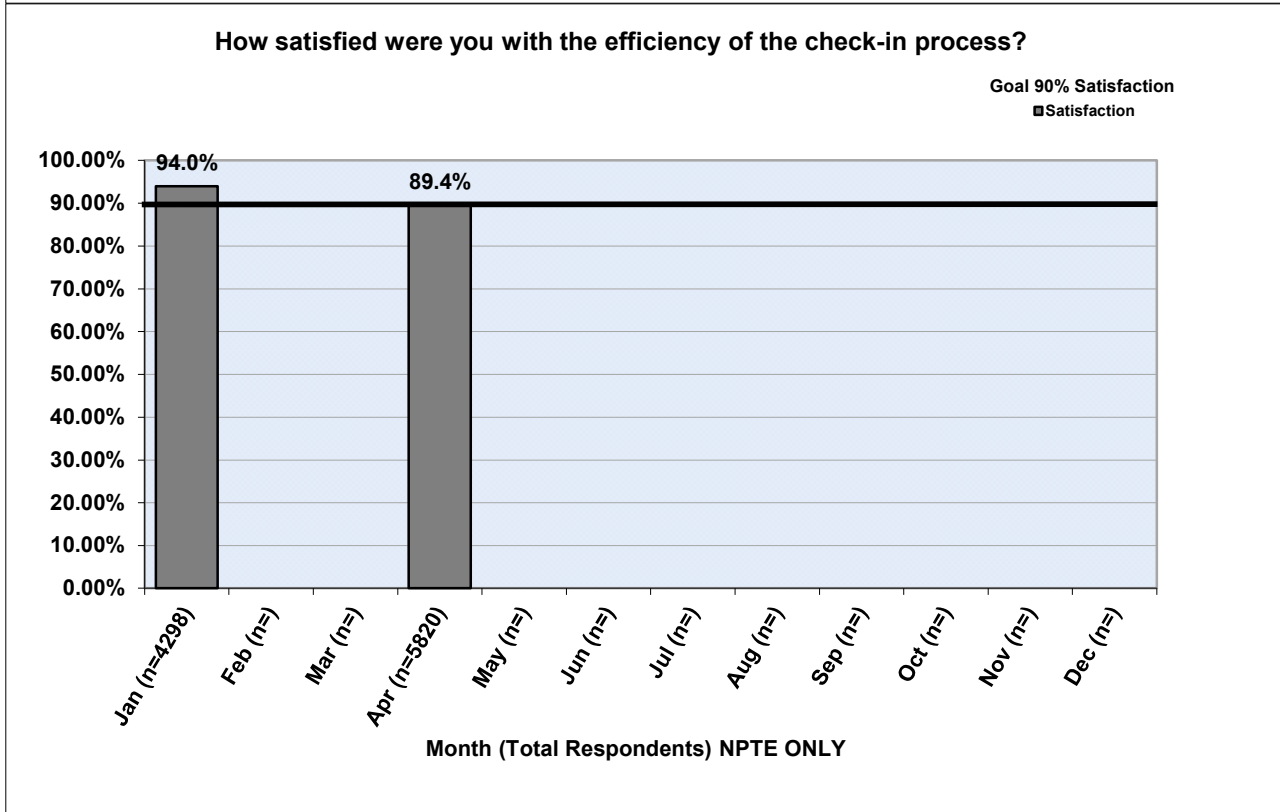
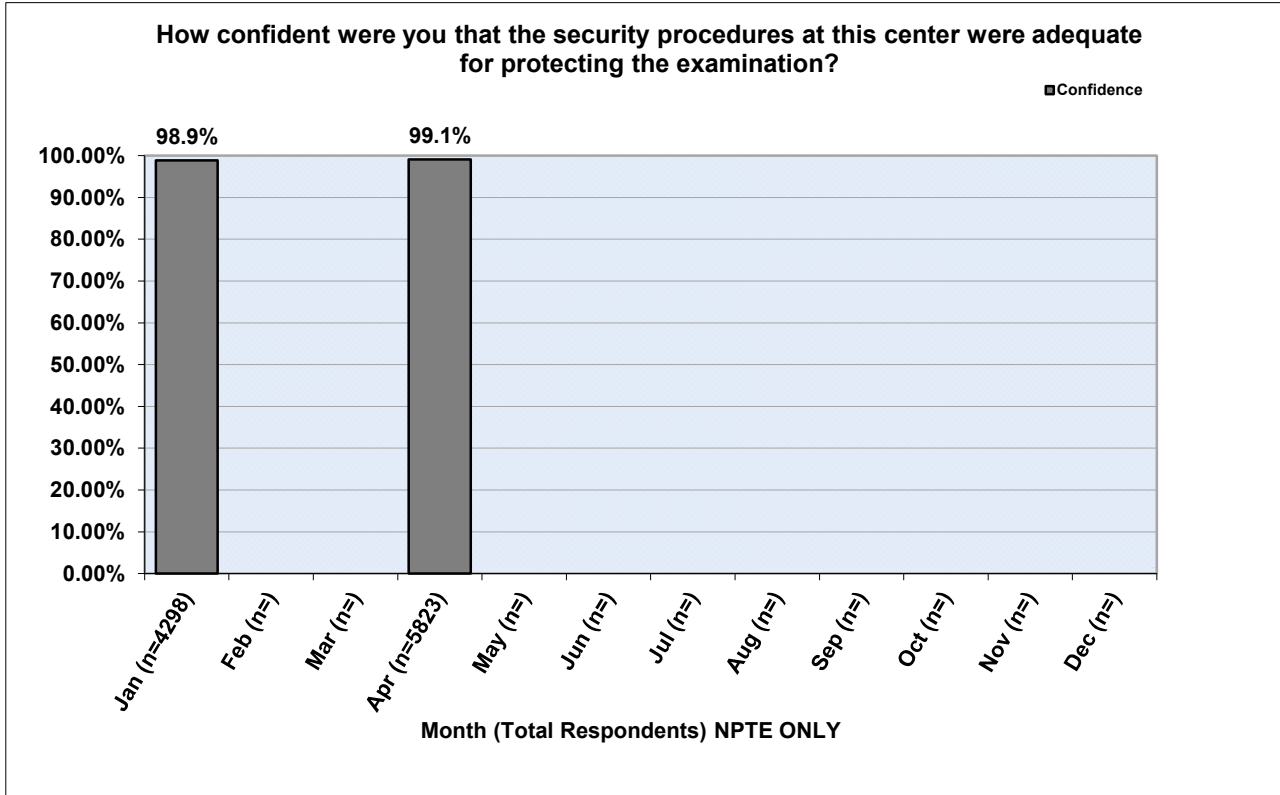
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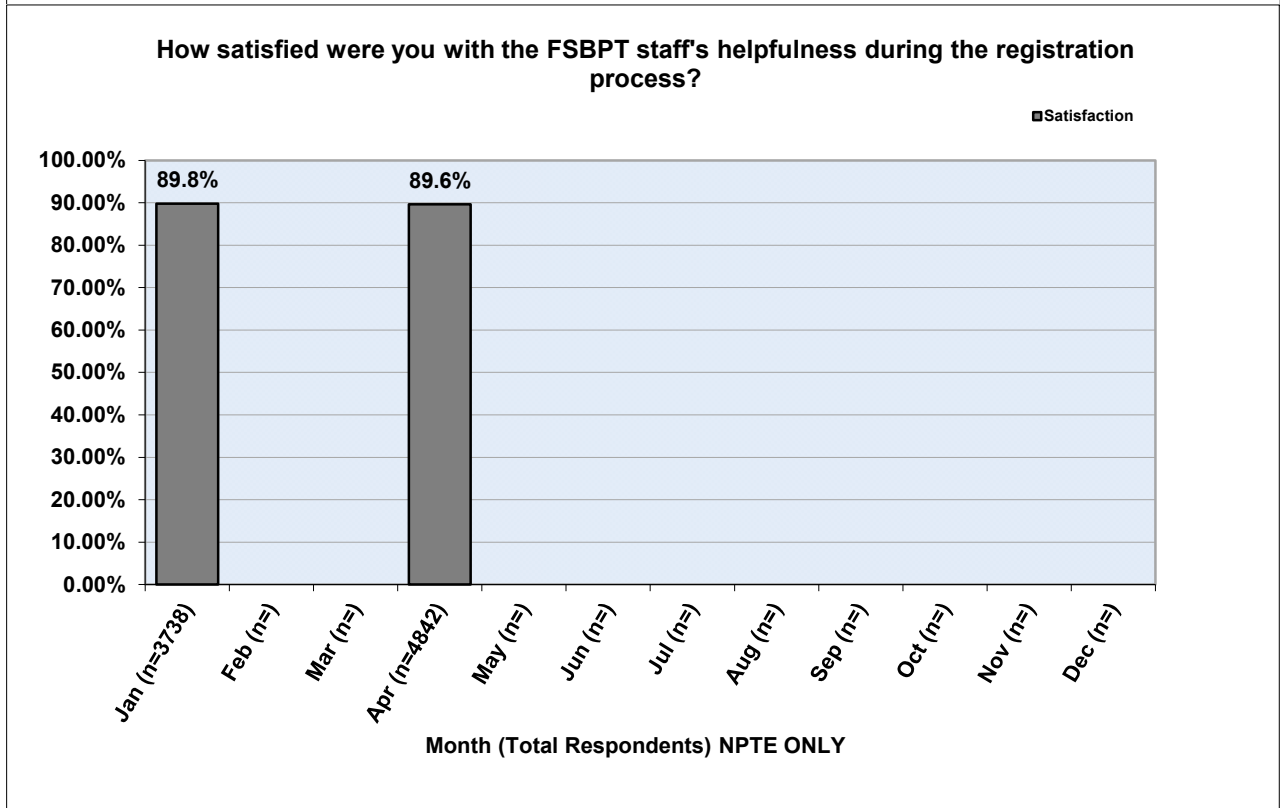
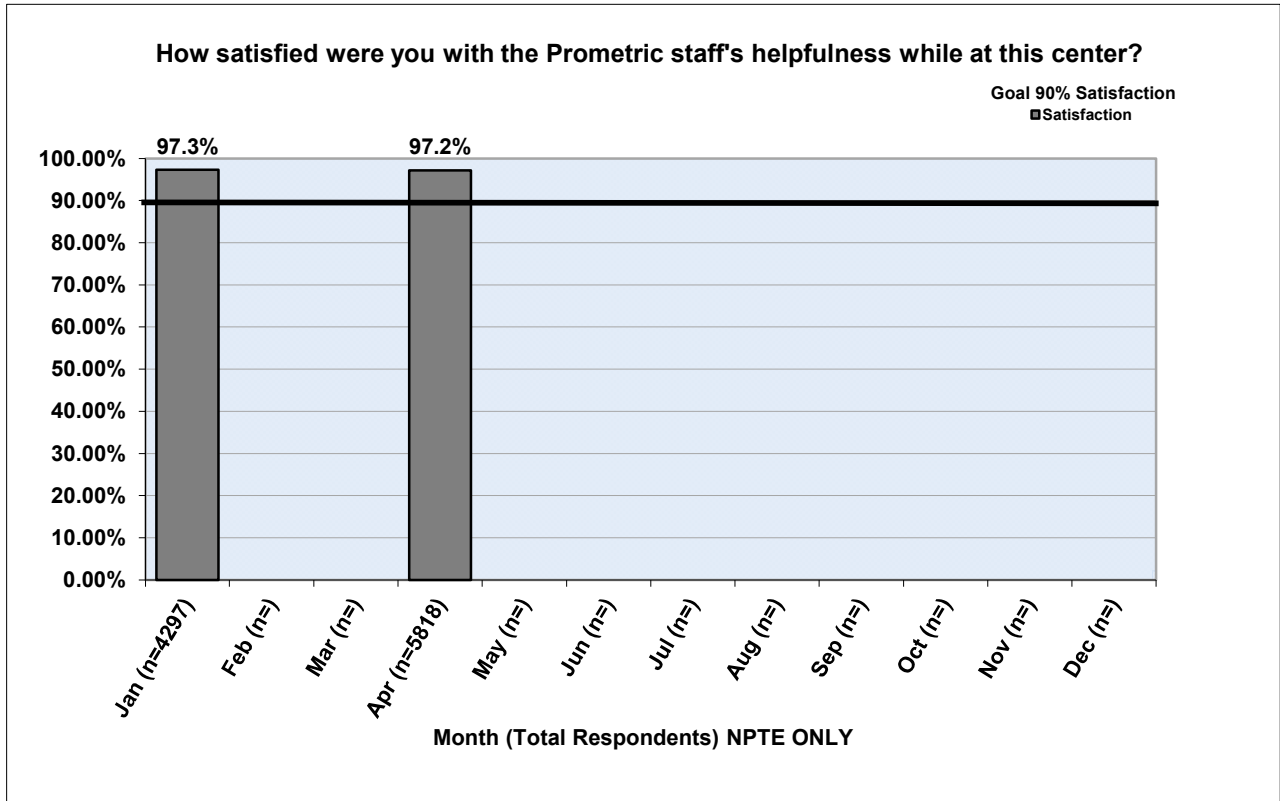
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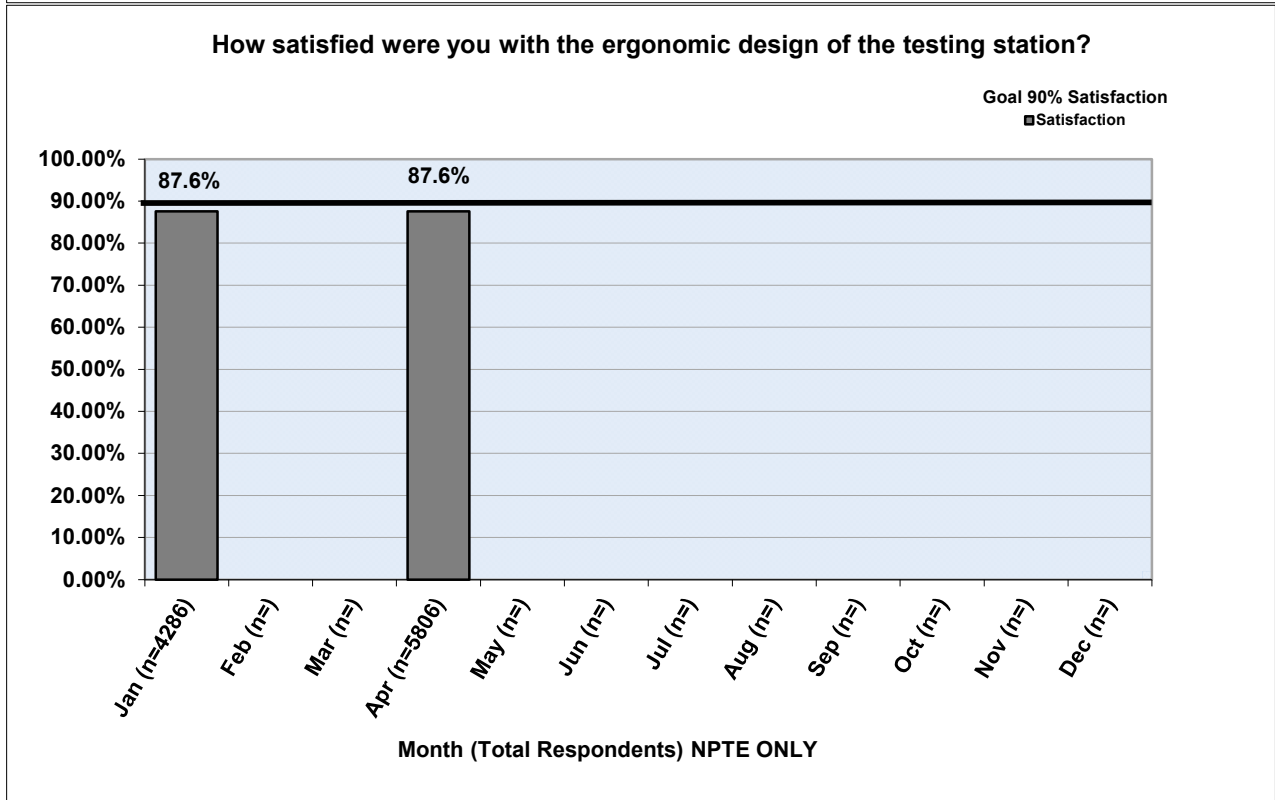
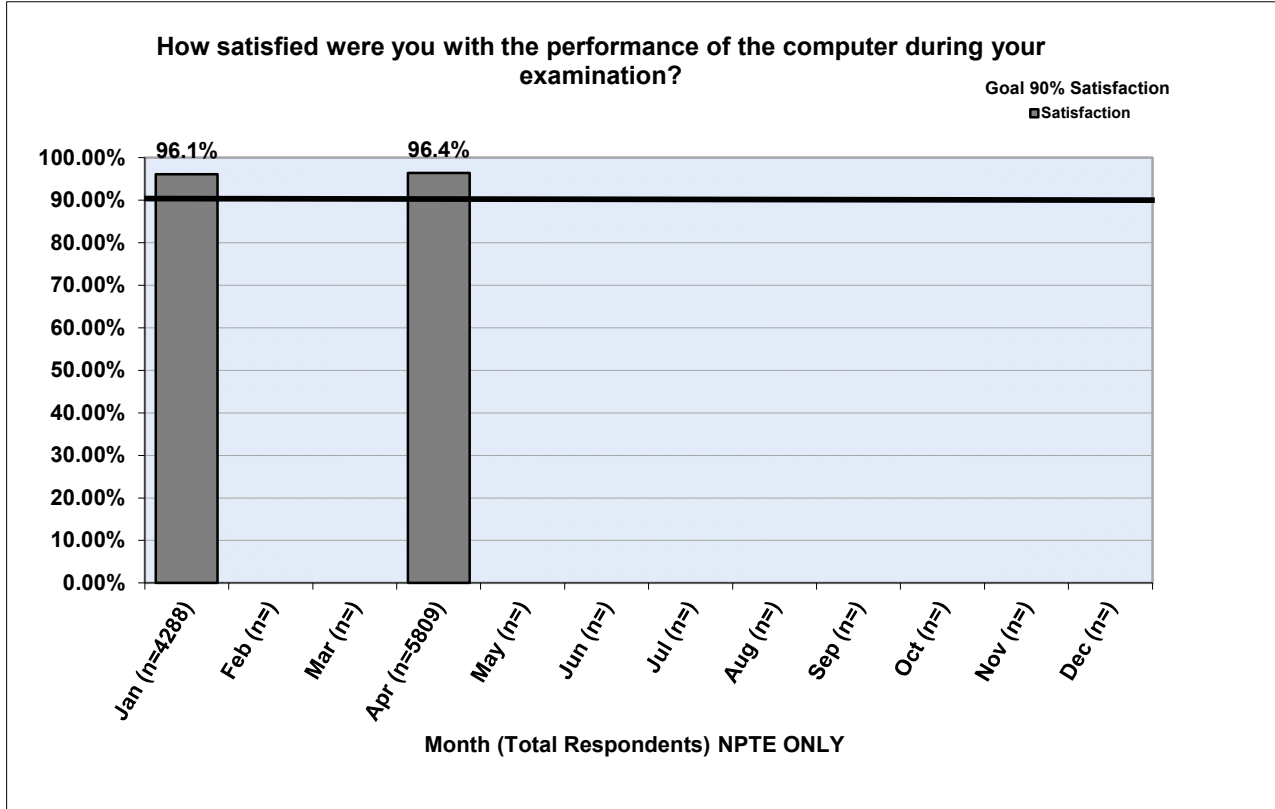
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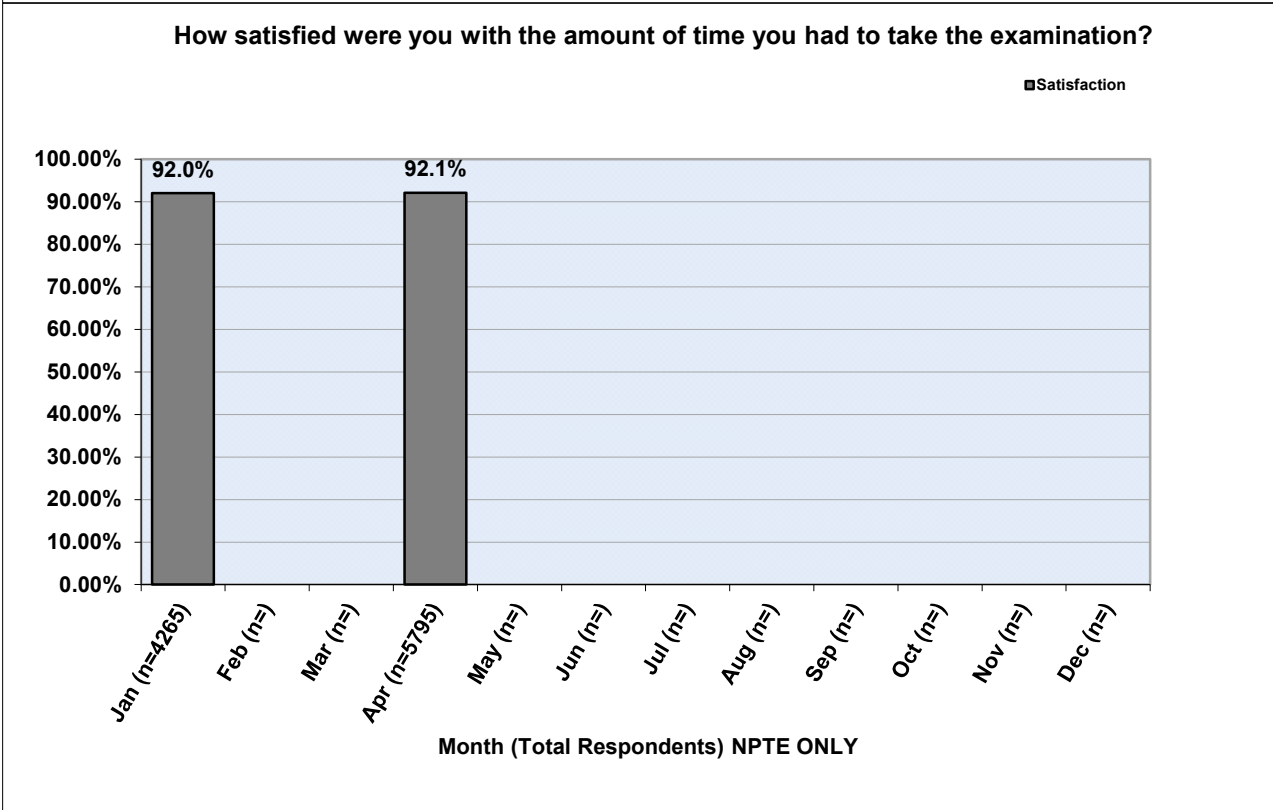
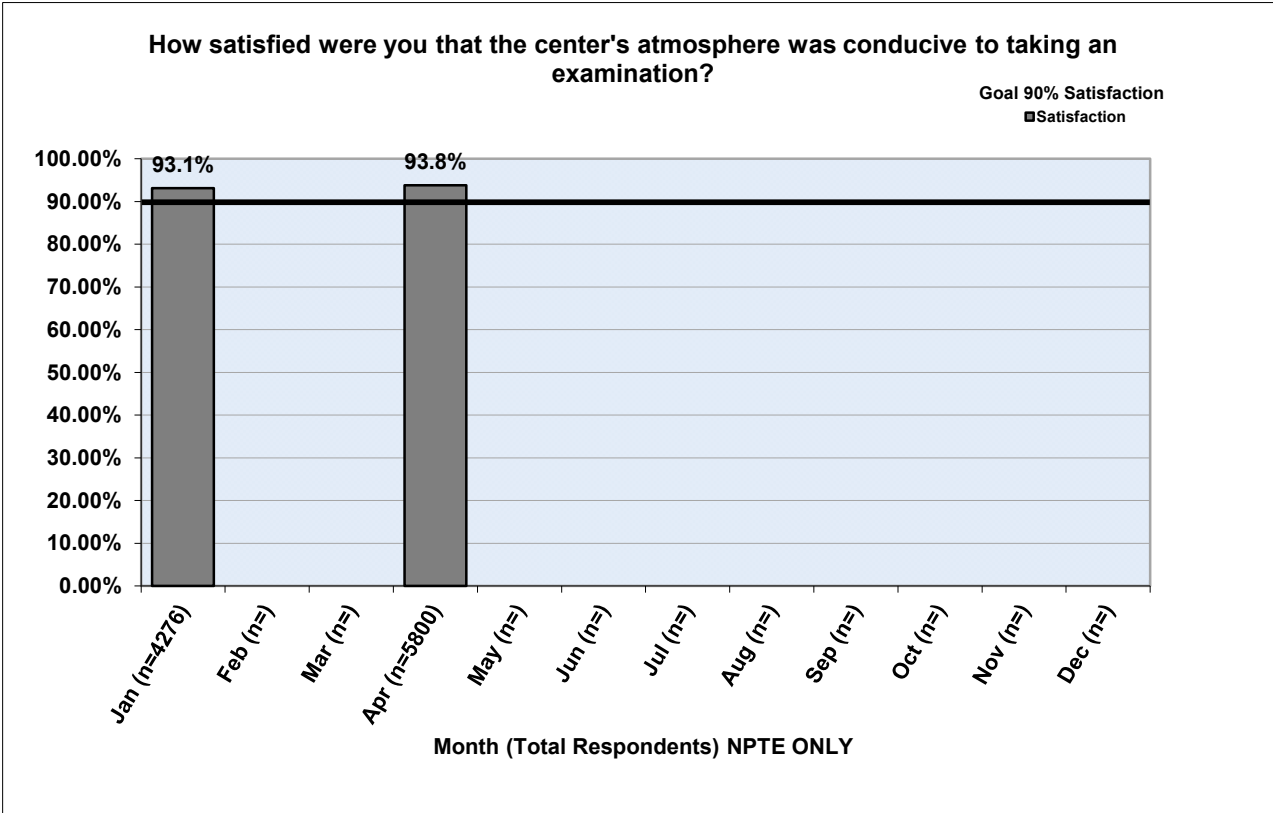
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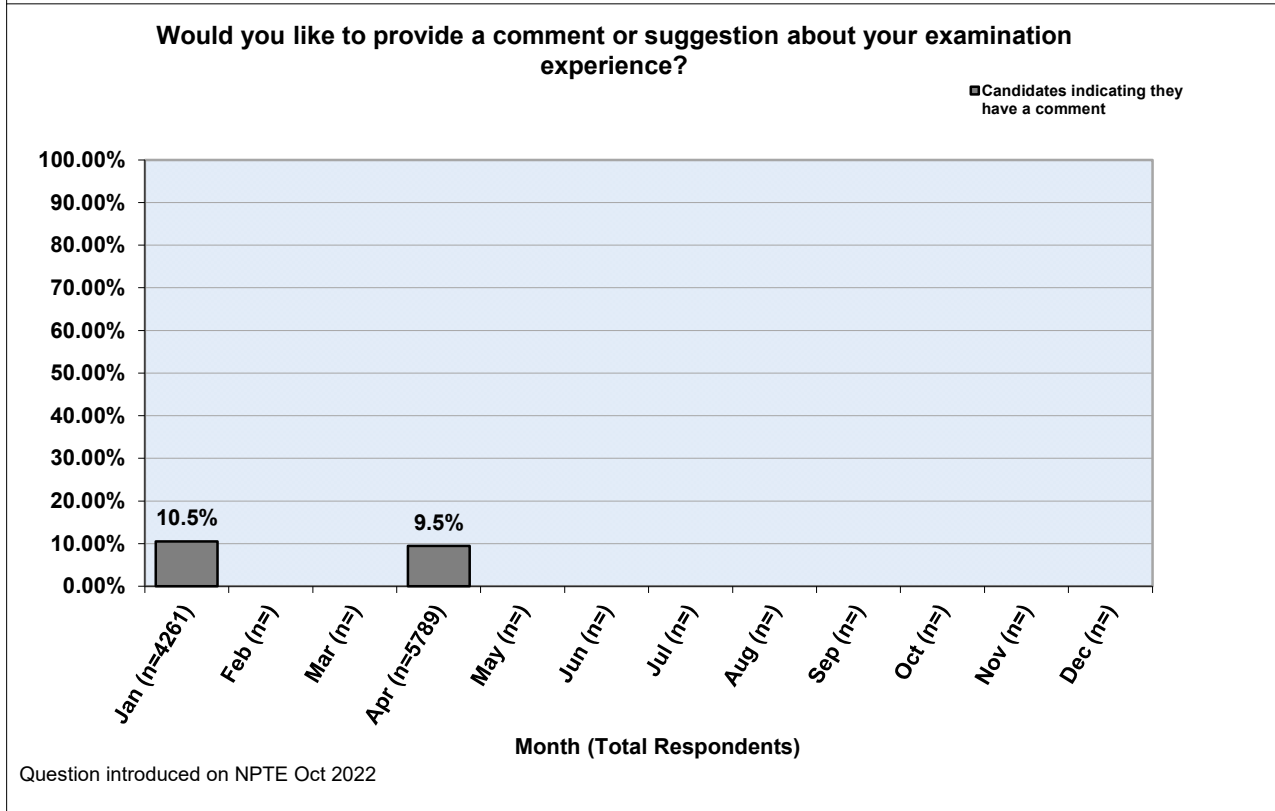
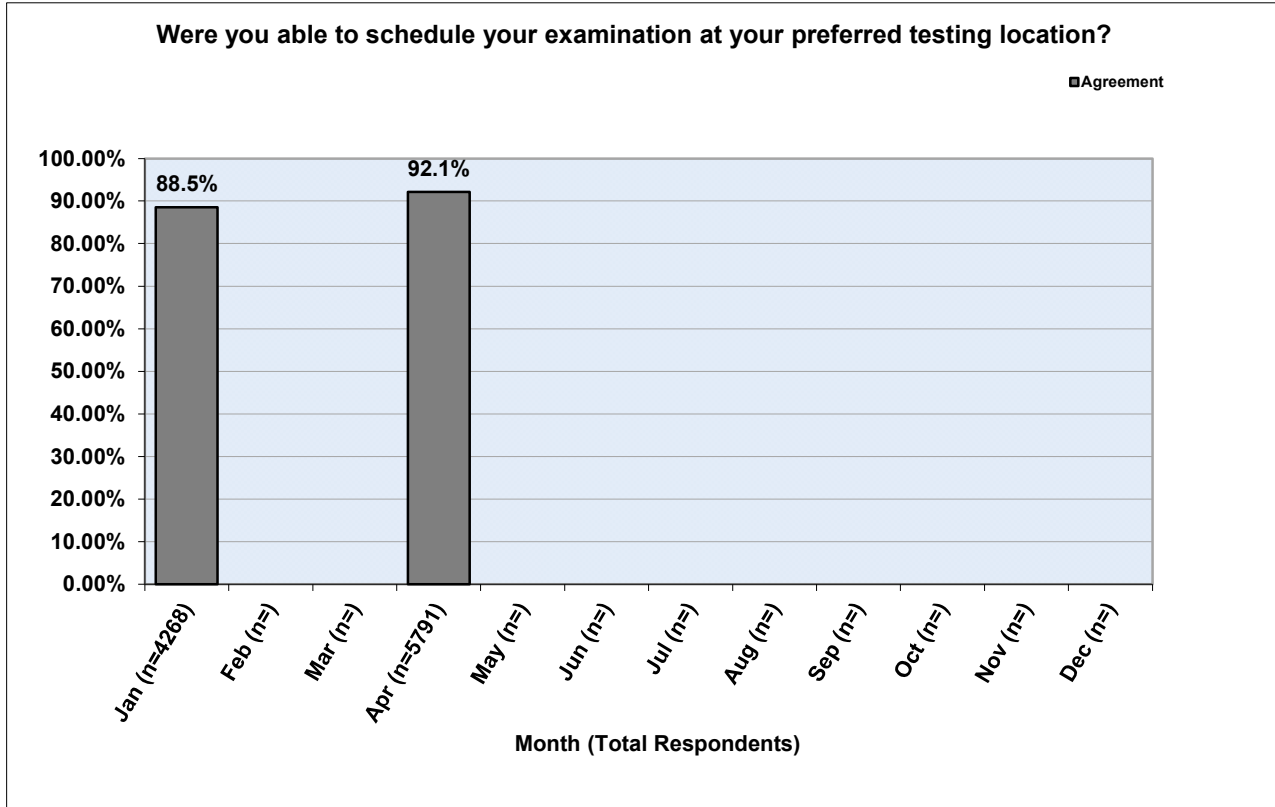
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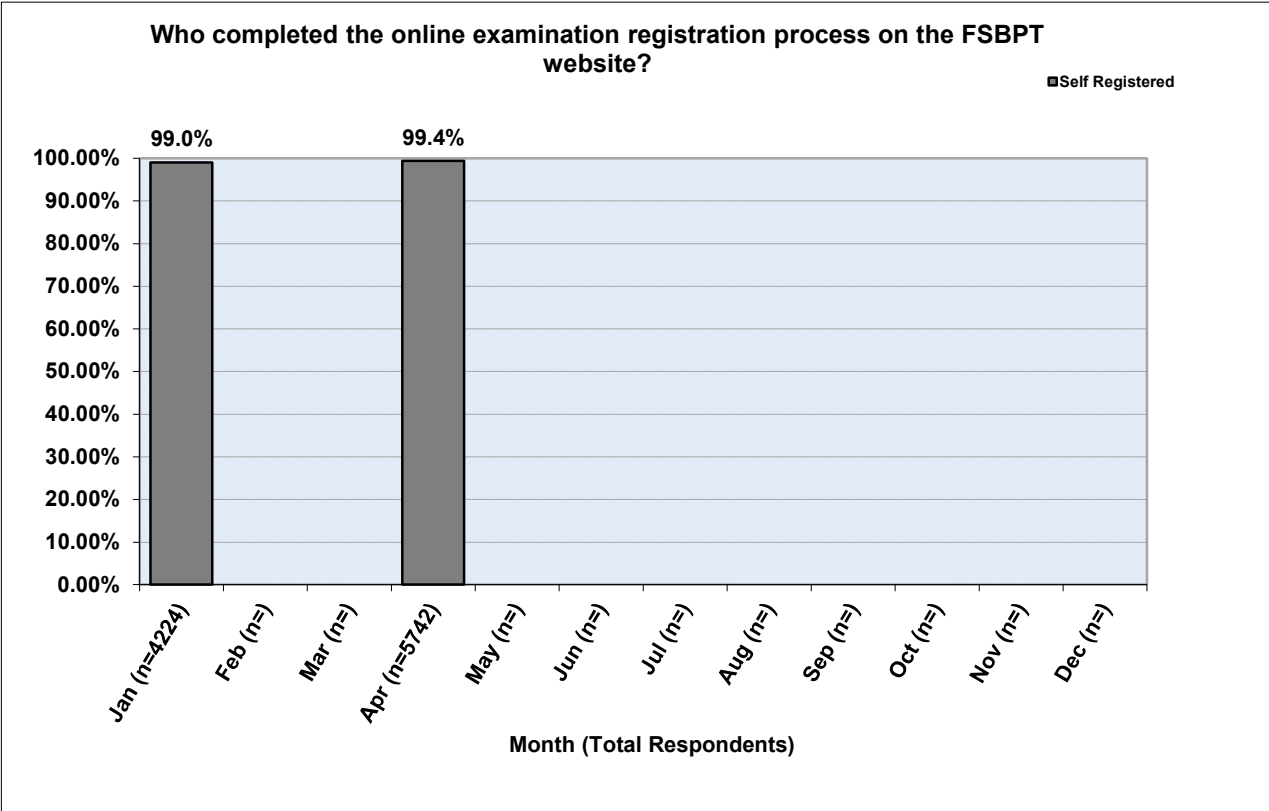
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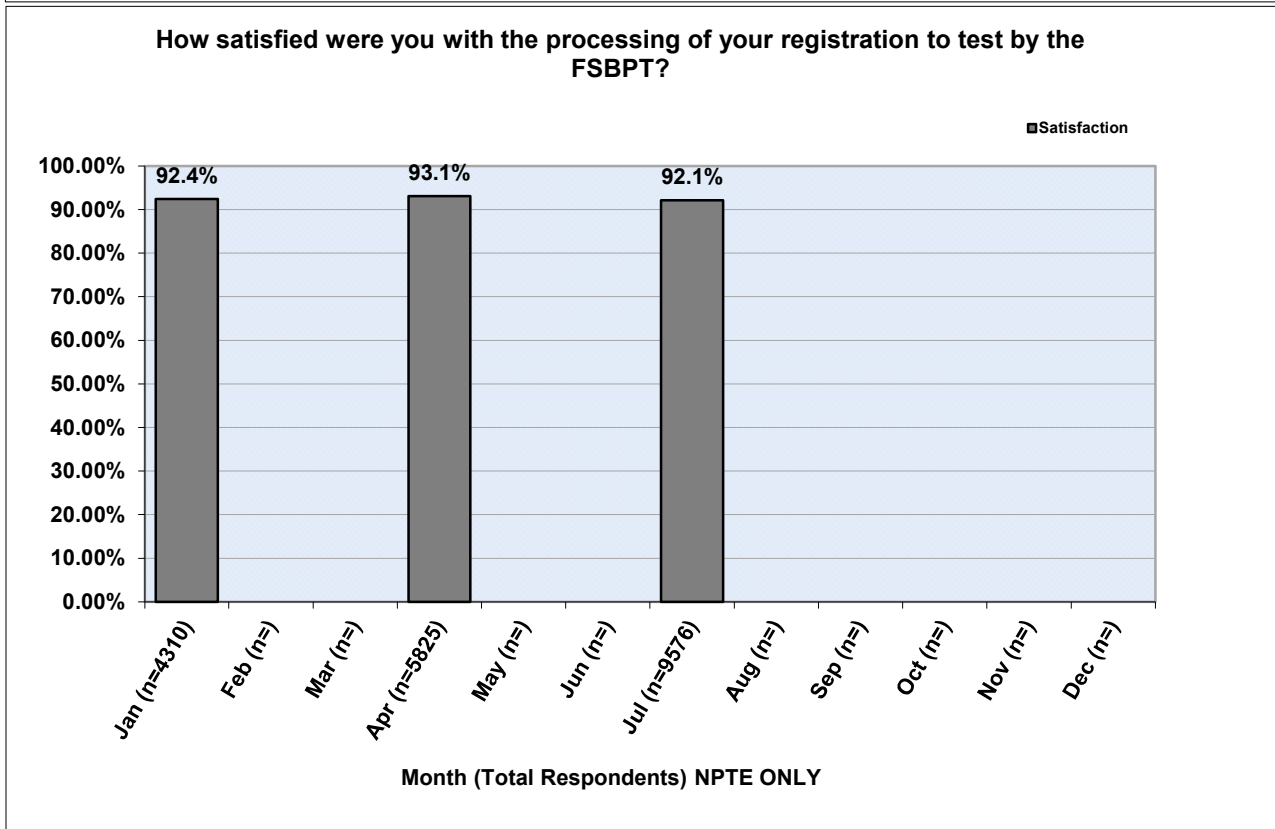
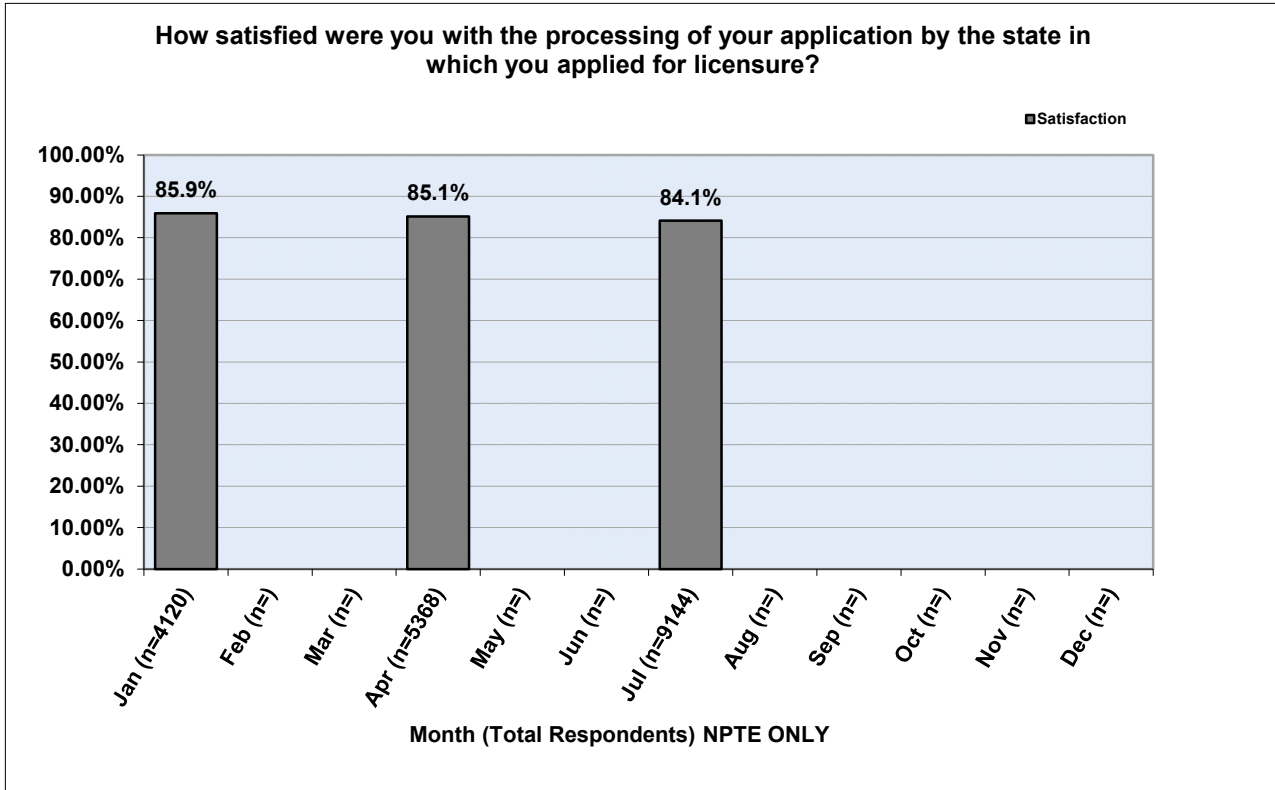
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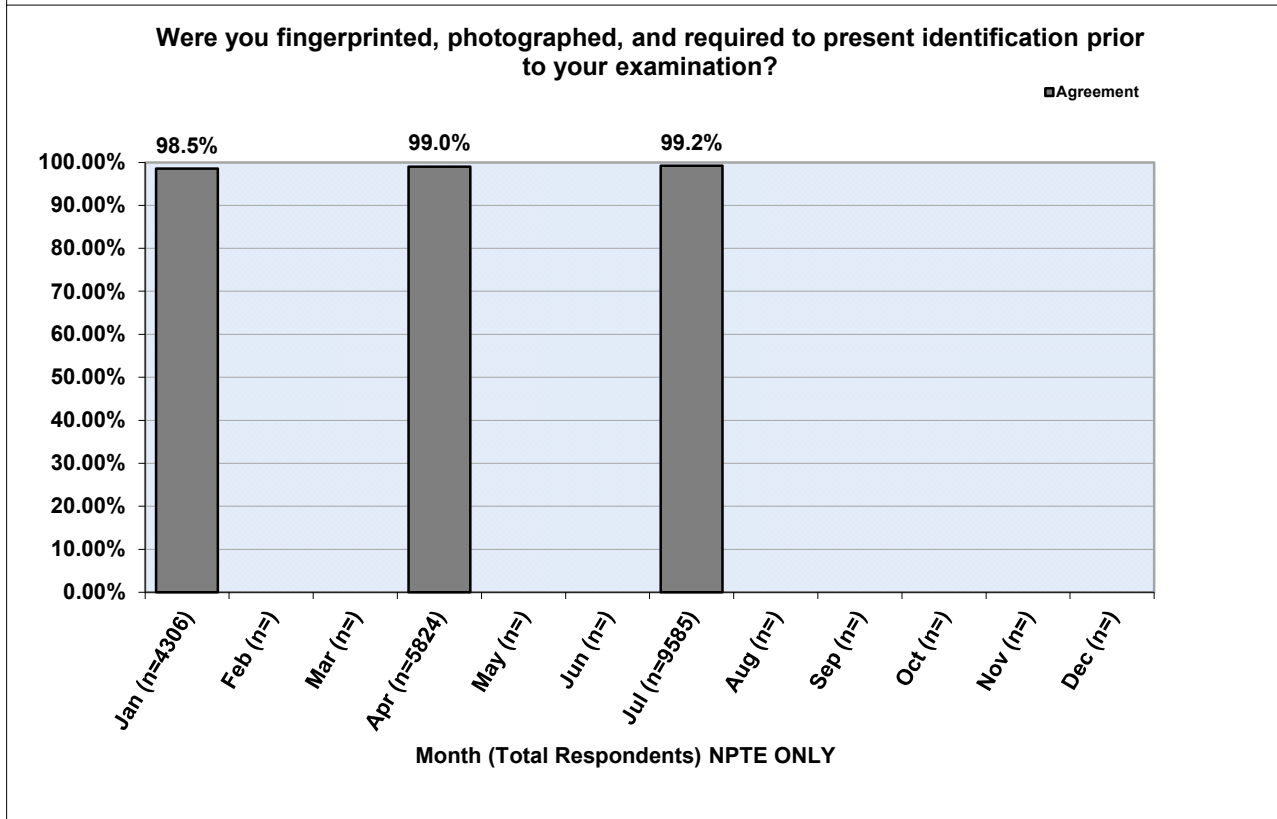
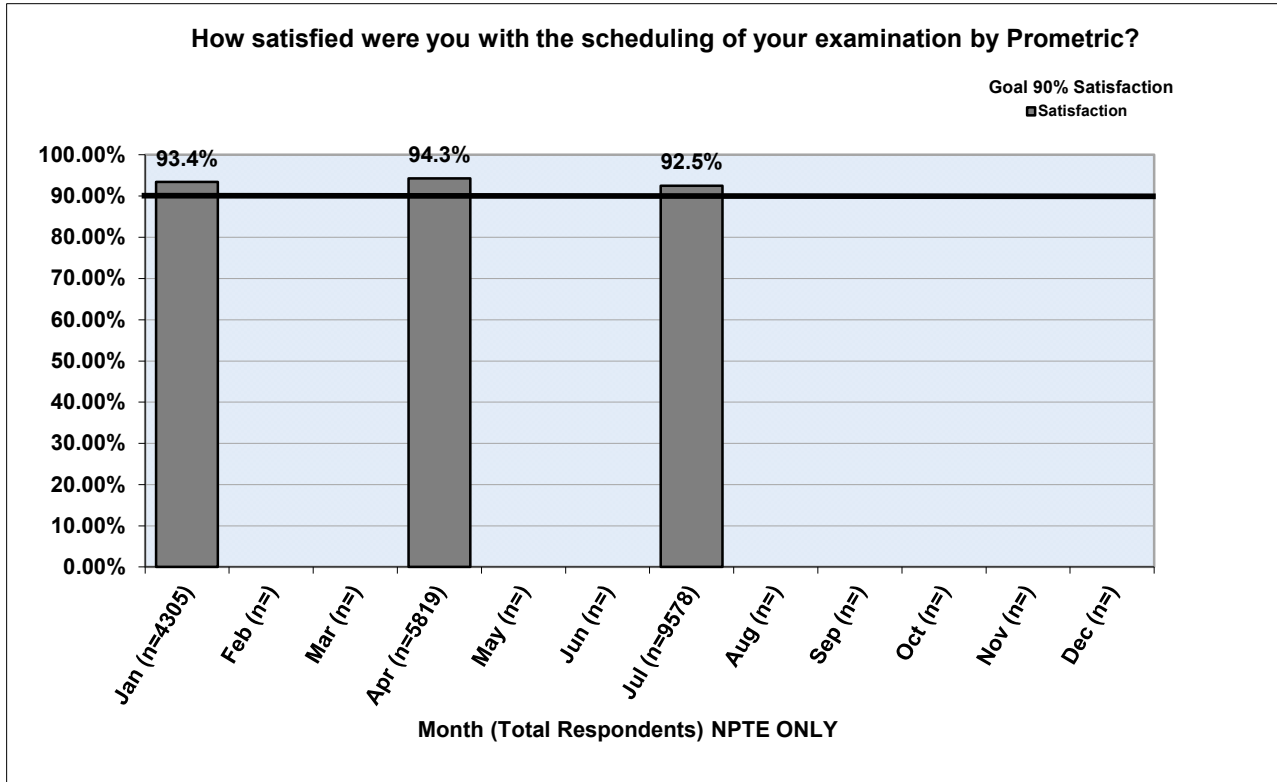
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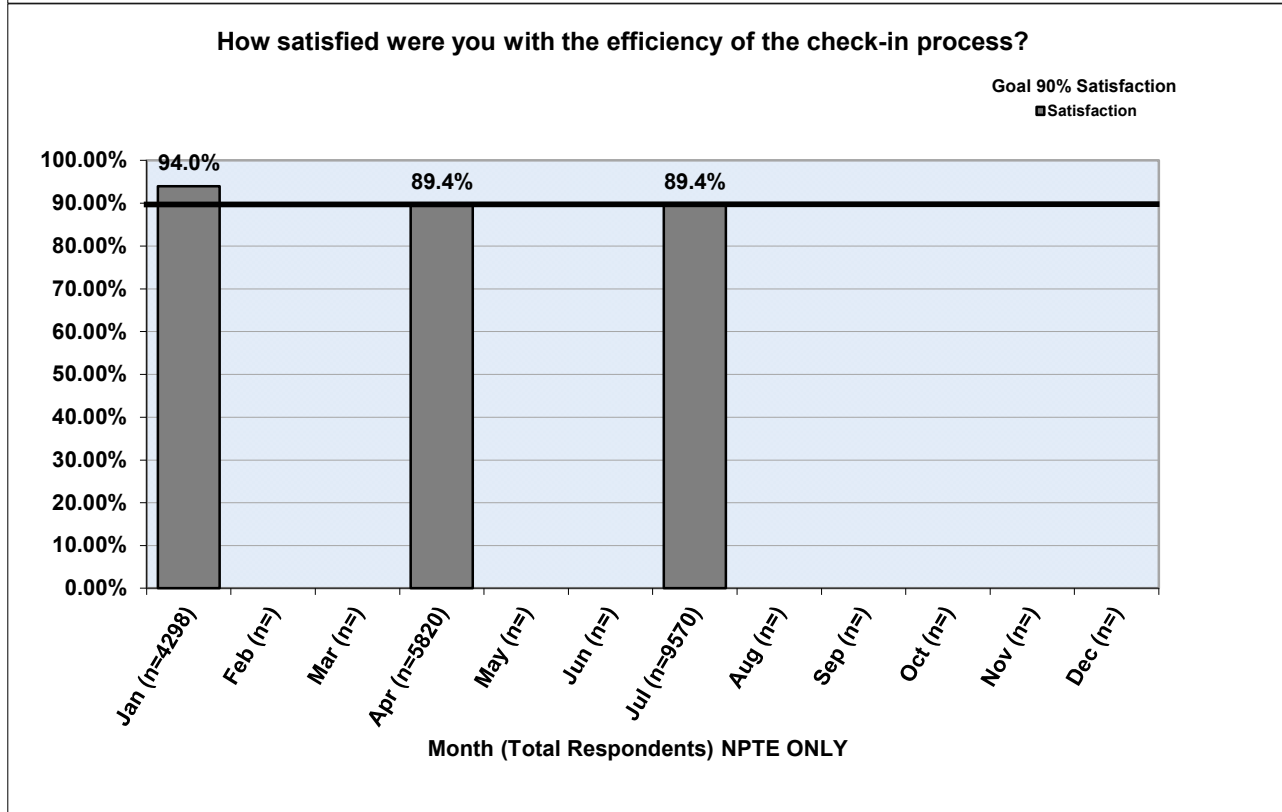
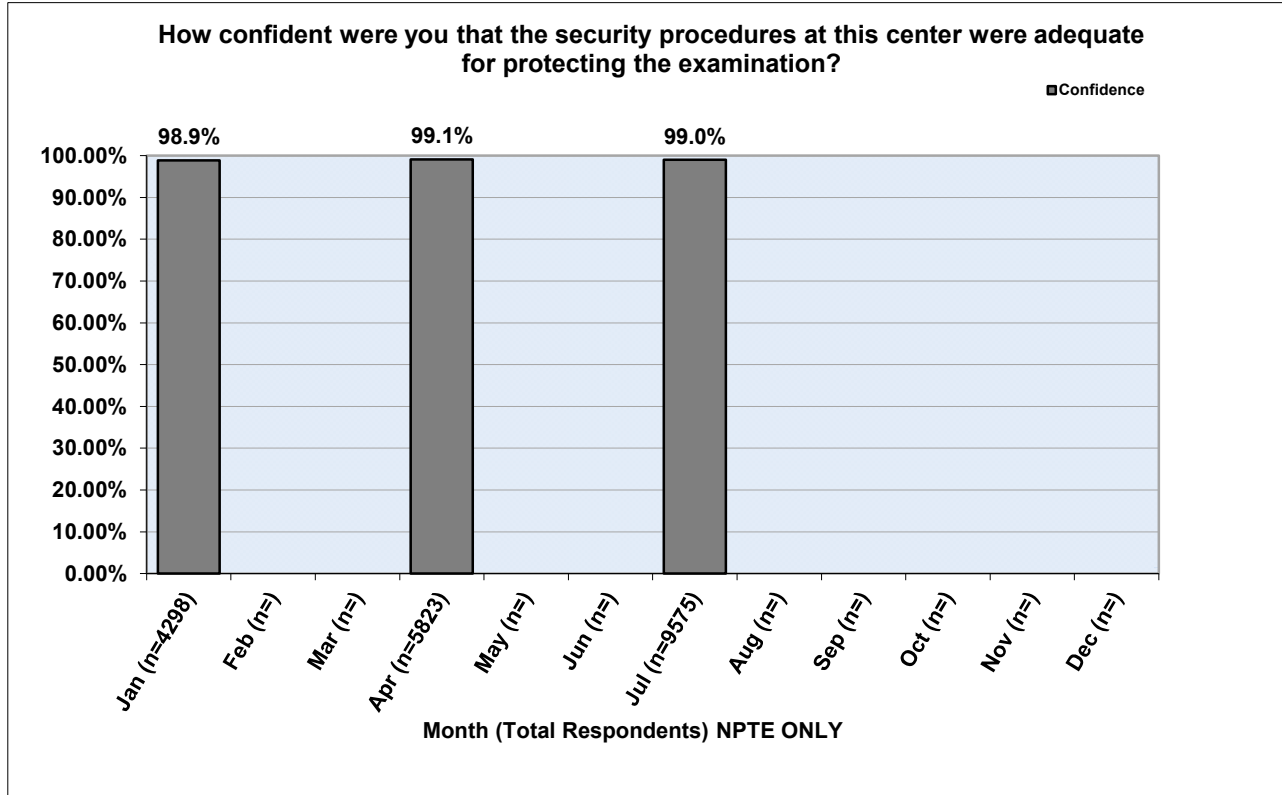
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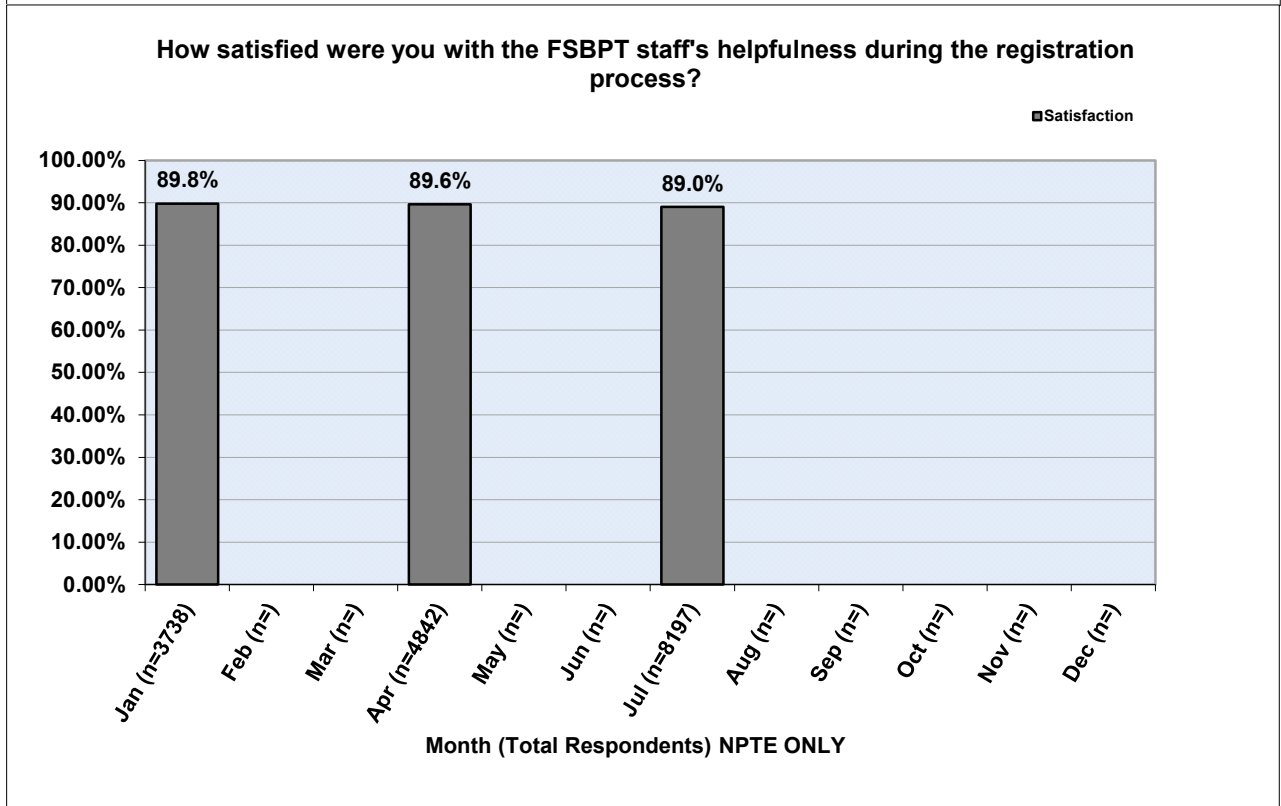
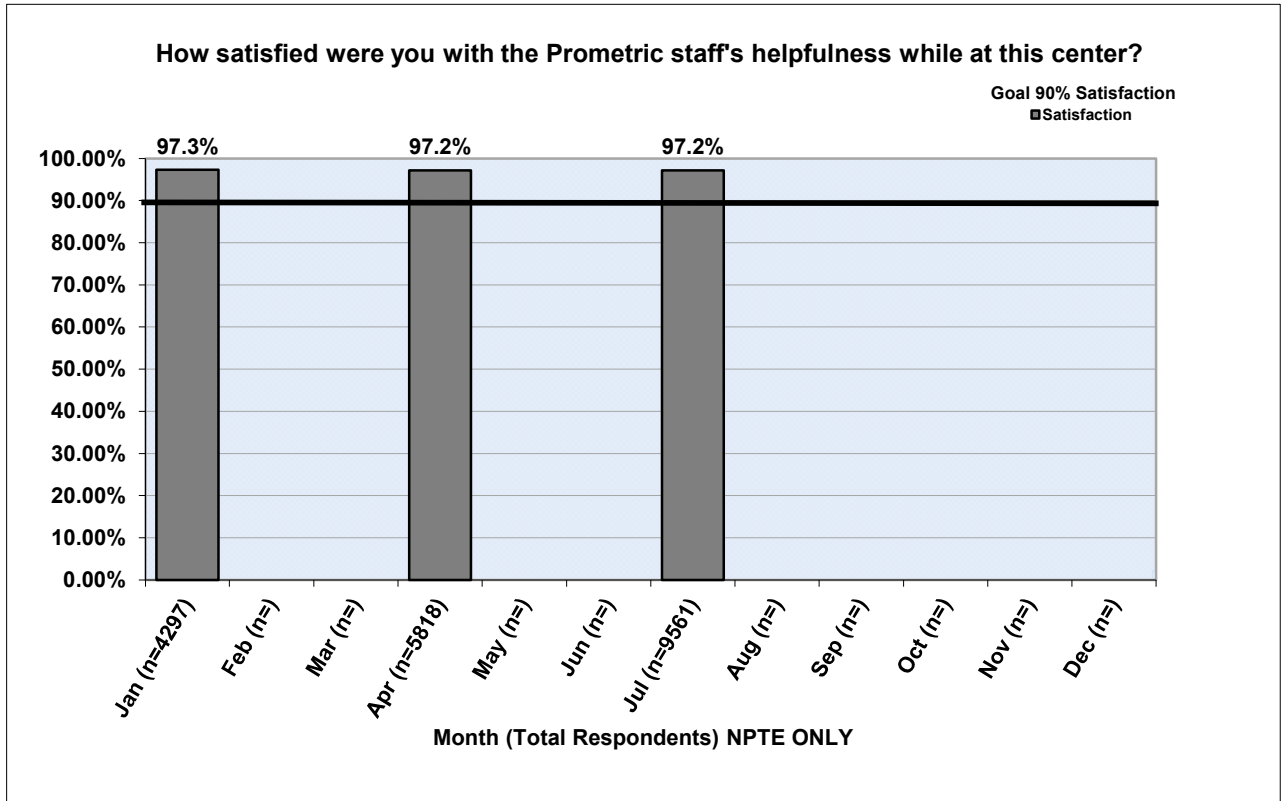
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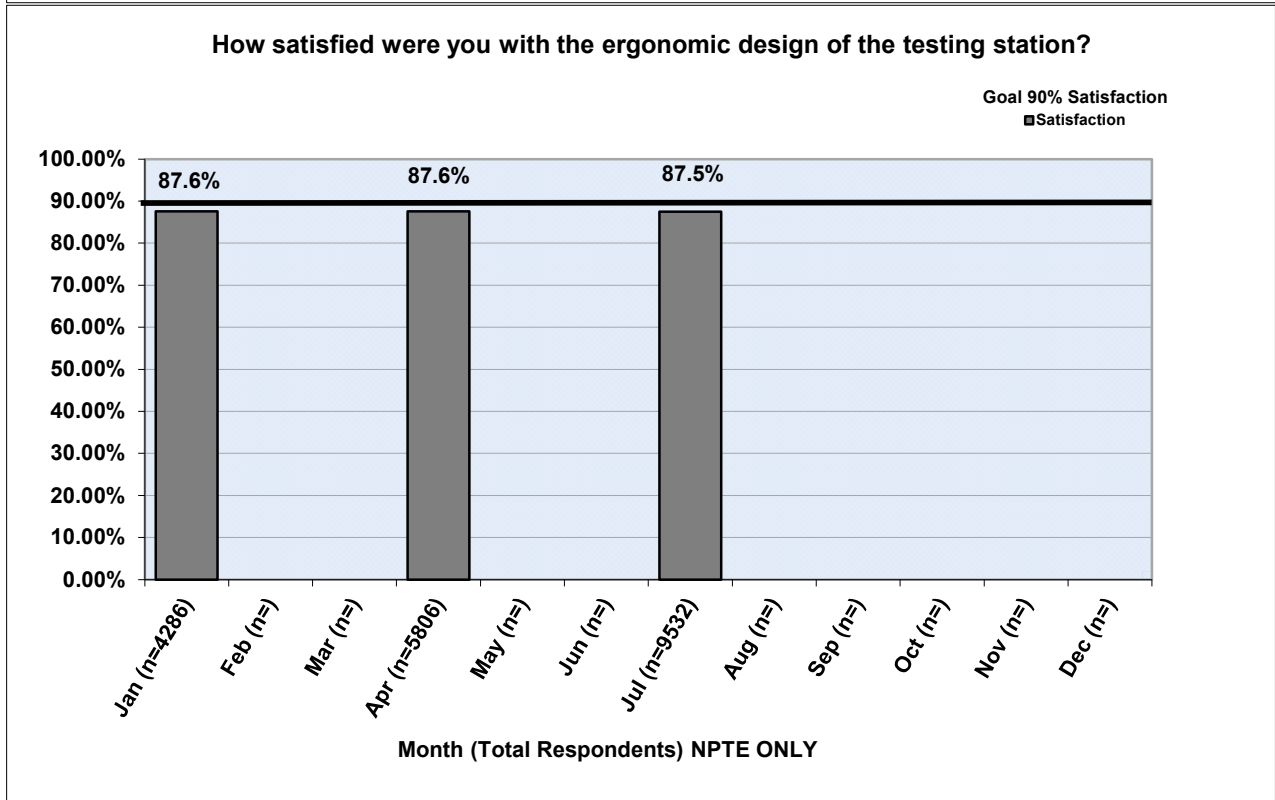
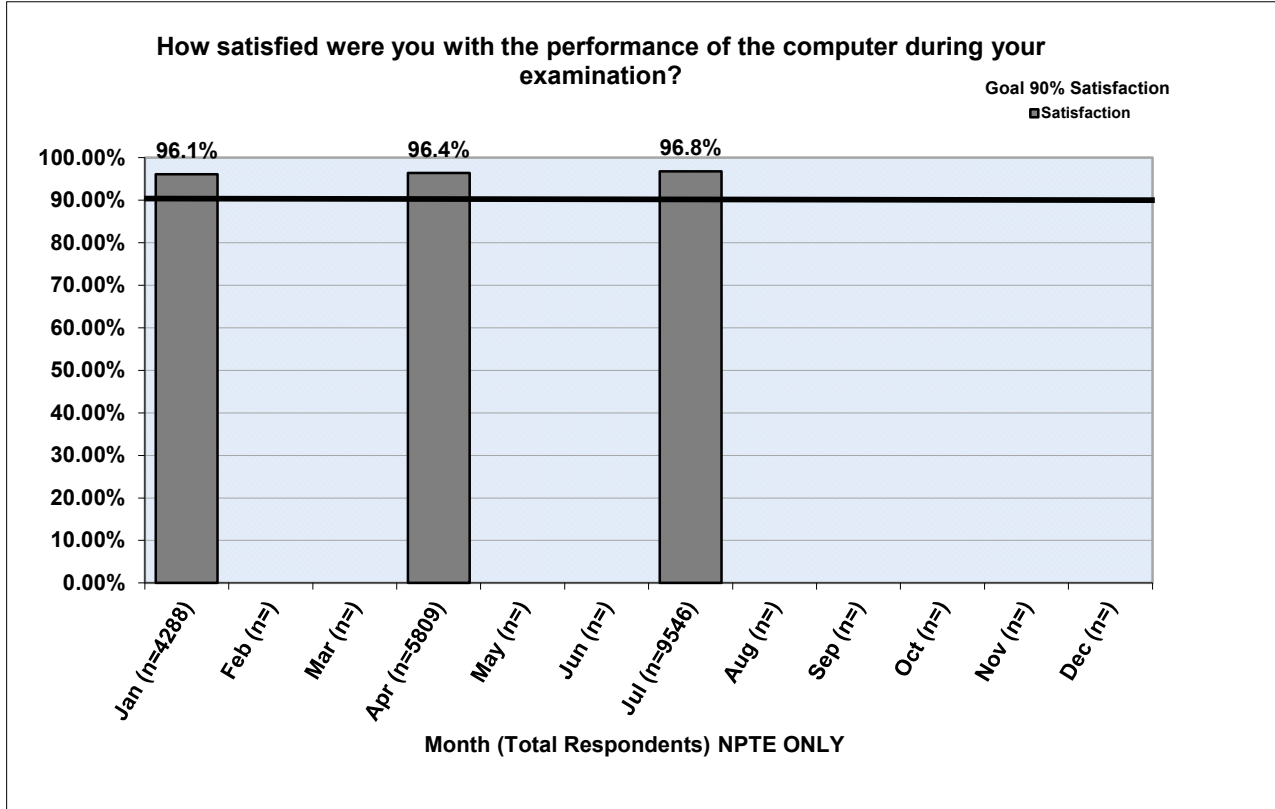
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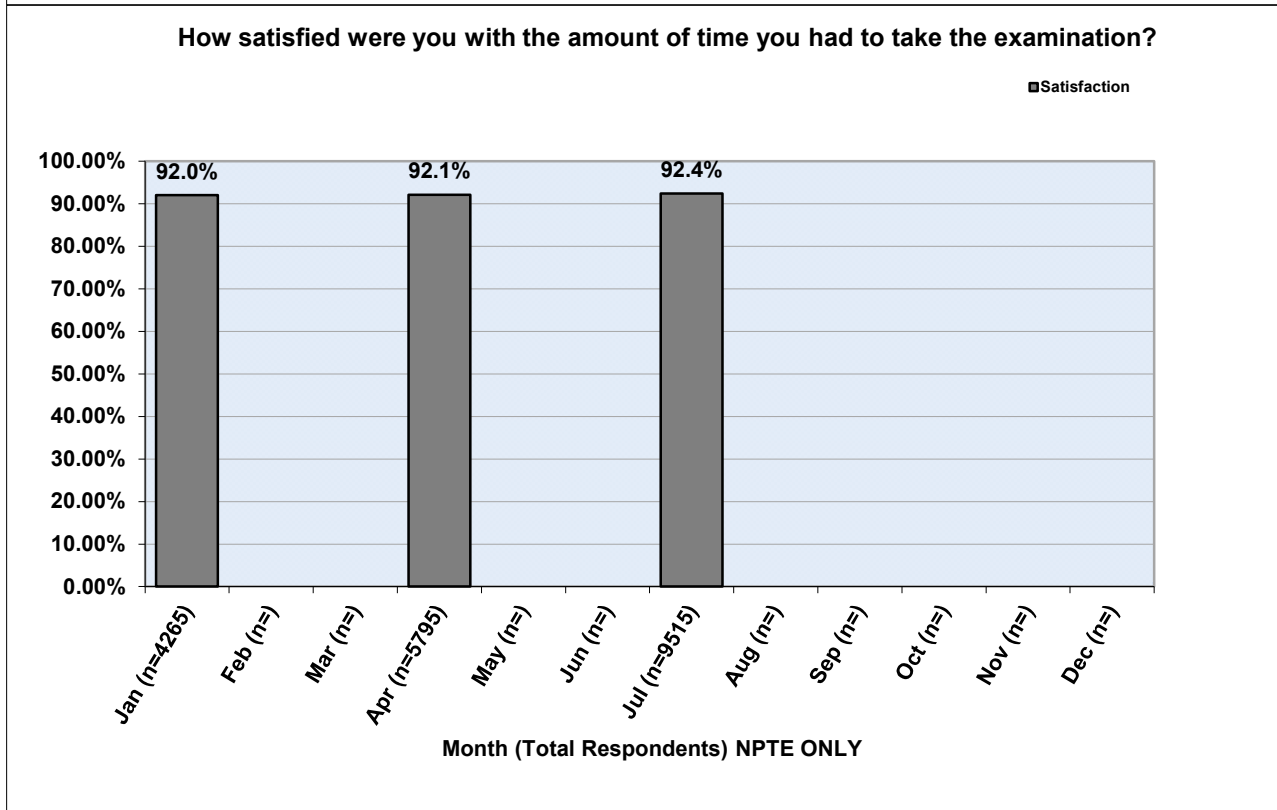
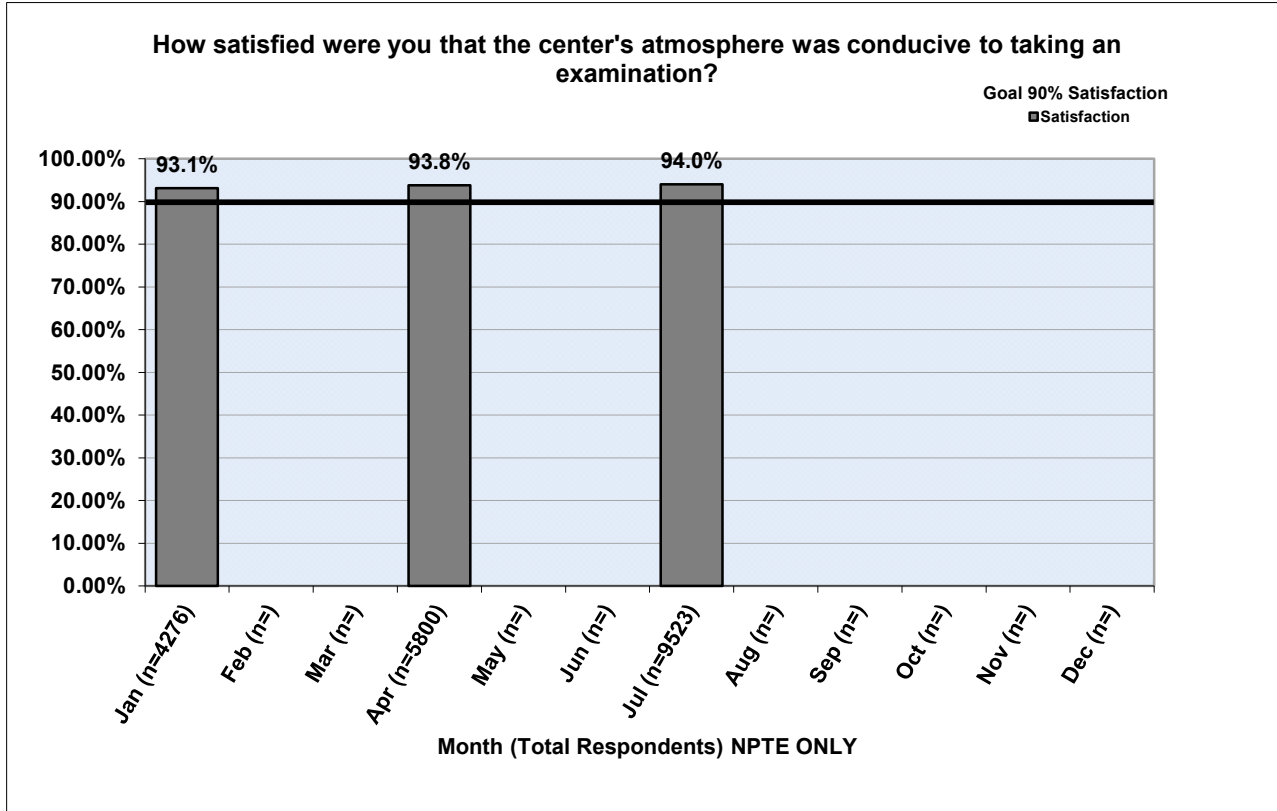
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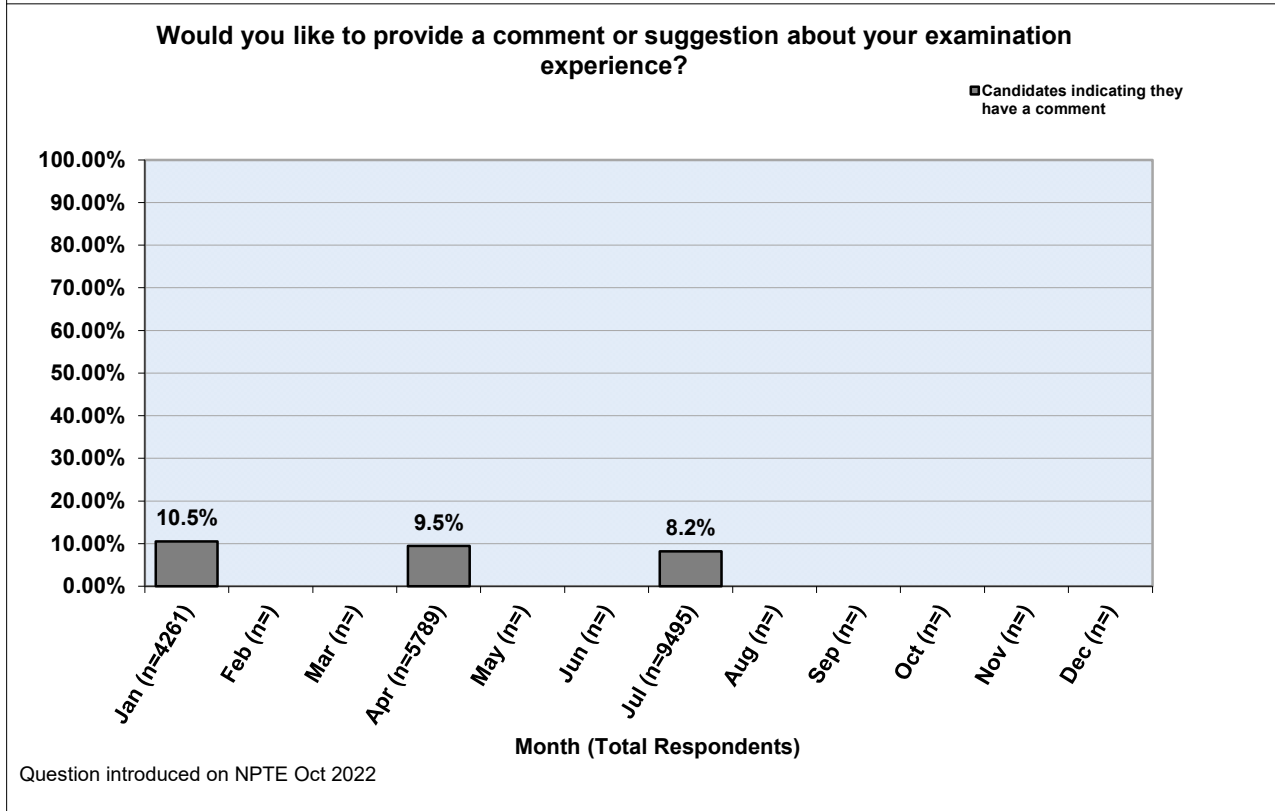
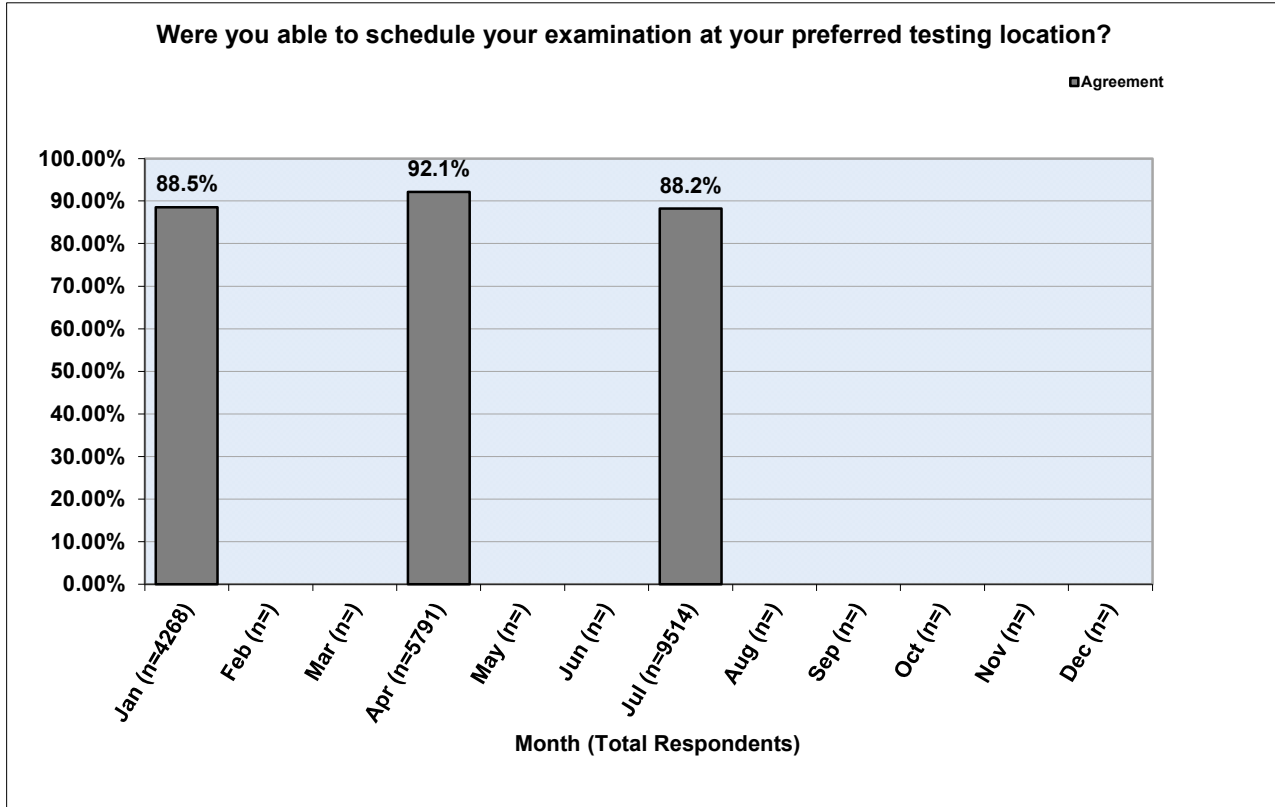
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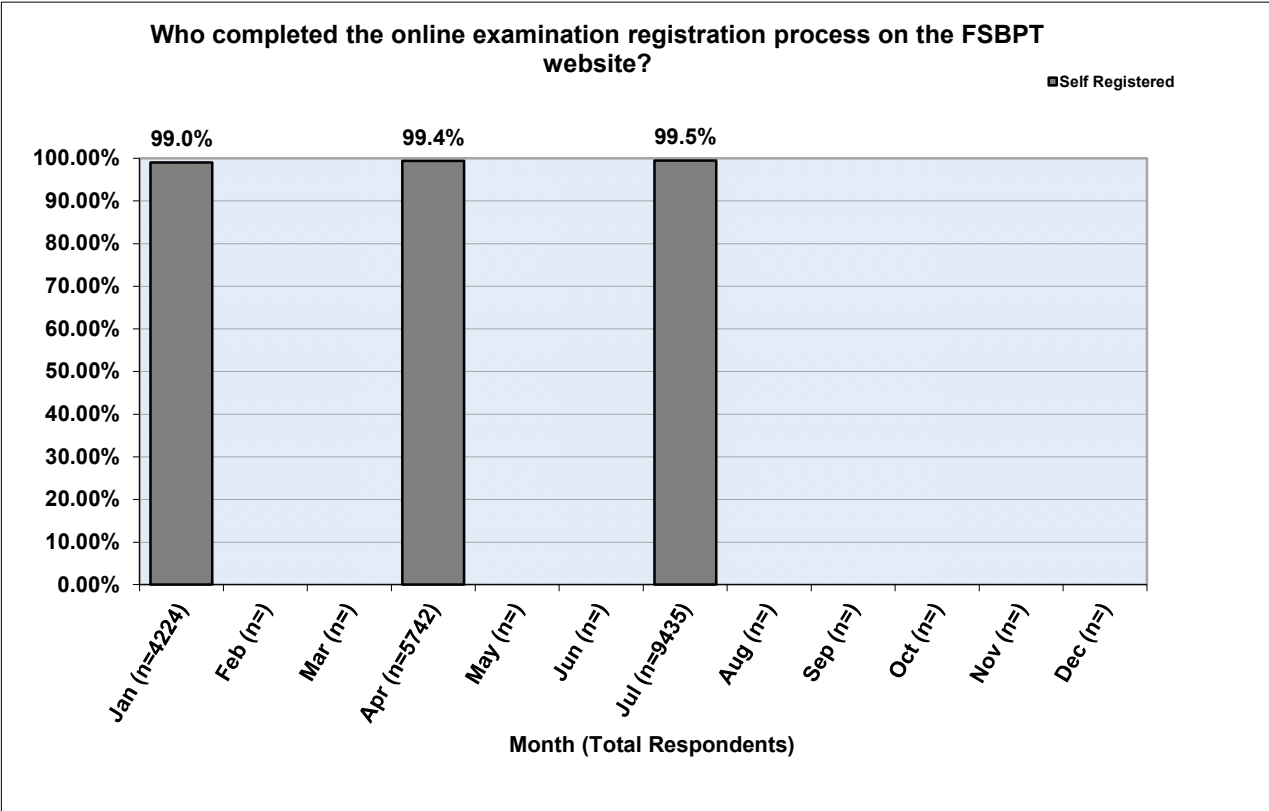
NPTE Survey Satisfaction By Month



NPTE Survey Satisfaction By Month



NPTE Survey Satisfaction By Month





Exam, Licensure & Disciplinary Database (ELDD) Consumer Protection Rating (CPR)

We need you!

The ELDD is only as good as the disciplinary, licensure, and exam score information it contains. Each jurisdiction has an important role to play in creating the most accurate database available.

Want to know your jurisdiction’s impact on the ELDD’s ability to further the public protection mission of all FSBPT member boards? See below!

Alaska	<i>Active Compact Member State - No</i>
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Consumer Protection Rating (CPR)

FSBPT ID	Licensure Data	Disciplinary Data

Ratings Key:

	Actively Participating
	Working towards Participating
	Not Participating

Contact ELDD@fsbpt.org to learn how your jurisdiction can improve its participation in the ELDD or to let us know of specific roadblocks your jurisdiction has to participating.

FSBPT ID	
Status on FSBPT ID	Does not store FSBPT ID in their database
Next Steps	Work with the ELDD team to get FSBPT ID added to your database. Contact ELDD@fsbpt.org to learn more.

Licensure Data	
Frequency of Licensure Data	FSBPT downloads actives only from AK's website monthly
Next Steps	Start sending a weekly file of all PT/PTA licenses. Contact ELDD@fsbpt.org to learn more.

Disciplinary Data	
Status on Disciplinary Data	Jurisdiction enters via the Online Processing System
Next Steps	Continue entering discipline within 14 days of the date the action was taken.

Additional Information	
Licensure File Last received on:	3/1/2024
Enters new licenses online or uses API?	Yes, Online
Provided unique identifier with last data:	No
Provided DOBs with last data:	No
Active Number of PTs in the ELDD:	2,204
Active Number of PTAs in the ELDD:	346
Total Number of PTs in the ELDD:	2,955
Total Number of PTAs in the ELDD:	459
% of Licenses Active/Expired (Licenses with a status of active but an expiration date in the past):	24%
Is FSBPT your NPDB reporting agent?	No
Last disciplinary action received on:	11/28/2023
Total # of Actions in the ELDD:	32
Average number of days from date action taken to date reported to FSBPT within the last 2 years:	11 Days

Note: (Data Current as of 3/31/2024)

ELDD Contact Information:
Email ELDD@fsbpt.org or call
Angela Johnson @ 703-299-3100 Ext 249



Exam, Licensure & Disciplinary Database (ELDD) Consumer Protection Rating (CPR)

We need you!

The ELDD is only as good as the disciplinary, licensure, and exam score information it contains. Each jurisdiction has an important role to play in creating the most accurate database available.

Want to know your jurisdiction’s impact on the ELDD’s ability to further the public protection mission of all FSBPT member boards? See below!

Alaska	<i>Active Compact Member State - No</i>
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Consumer Protection Rating (CPR)

FSBPT ID	Licensure Data	Disciplinary Data

Ratings Key:

	Actively Participating
	Working towards Participating
	Not Participating

Contact ELDD@fsbpt.org to learn how your jurisdiction can improve its participation in the ELDD or to let us know of specific roadblocks your jurisdiction has to participating.

FSBPT ID	
Status on FSBPT ID	Does not store FSBPT ID in their database
Next Steps	Work with the ELDD team to get FSBPT ID added to your database. Contact ELDD@fsbpt.org to learn more.

Licensure Data	
Frequency of Licensure Data	FSBPT downloads actives only from AK's website monthly
Next Steps	Start sending a weekly file of all PT/PTA licenses. Contact ELDD@fsbpt.org to learn more.

Disciplinary Data	
Status on Disciplinary Data	Jurisdiction enters via the Online Processing System
Next Steps	Continue entering discipline within 14 days of the date the action was taken.

Additional Information	
Licensure File or API transfer last received on:	6/3/2024
Enters new licenses online or uses API?	Yes, Online
Provided unique identifier with last data:	No
Provided DOBs with last data:	No
Active Number of PTs in the ELDD:	2,268
Active Number of PTAs in the ELDD:	355
Total Number of PTs in the ELDD:	3,020
Total Number of PTAs in the ELDD:	468
% of Licenses Active/Expired (Licenses with a status of active but an expiration date in the past):	24%
Is FSBPT your NPDB reporting agent?	No
Last disciplinary action received on:	5/7/2024
Total # of Actions in the ELDD:	33
Average number of days from date action taken to date reported to FSBPT within the last 2 years:	9 Days

Note: (Data Current as of 6/30/2024)

ELDD Contact Information:
Email ELDD@fsbpt.org or call
Angela Johnson @ 703-299-3100 Ext 249

From: [Romanello, Mary](#)
Subject: CAPTE Recent Actions - 14-Day Notice
Date: Wednesday, May 15, 2024 1:02:26 PM

You don't often get email from maryromanello@apta.org. [Learn why this is important](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The Commission on Accreditation in Physical Therapy Education (CAPTE) is the recognized accrediting body for education programs preparing students for the field of physical therapy. Accredited and developing programs include professional doctoral programs for the physical therapist and associate degree programs for the physical therapist assistant.

In accordance with US Department of Education regulations, we are notifying other accrediting agencies of CAPTE's most recent actions regarding programs seeking Candidate for Accreditation status, reconsideration decisions, and voluntary closures.

<https://www.capteonline.org/globalassets/capte-docs/recent-actions/capte-accreditation-actions--2024-spring---14-day-notice.pdf>

Sincerely,

Mary L Romanello, PT, MS, PhD
Pronouns: she, her, hers
Director, Accreditation
Commission on Accreditation in Physical Therapy Education
American Physical Therapy Association
3030 Potomac Ave., 2G07
Alexandria, VA 22305-3085
(703) 706-3241
(800) 999-APTA x 3241
APTA.org

From: [Romanello, Mary](#)
Subject: CAPTE Recent Actions
Date: Friday, May 31, 2024 8:34:21 AM

You don't often get email from maryromanello@apta.org. [Learn why this is important](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

The Commission on Accreditation in Physical Therapy Education (CAPTE) is the recognized accrediting body for education programs preparing students for the field of physical therapy. Accredited and developing programs include professional doctoral programs for the physical therapist and associate degree programs for the physical therapist assistant.

In accordance with US Department of Education regulations, we are notifying other agencies of CAPTE's most recent actions at its spring 2024 meeting.

[Recent Actions](#)

[Public Notices](#) for decisions to place or maintain programs on probation and for final decisions to deny candidacy, withdraw candidacy, withhold accreditation, or withdraw accreditation.

Mary L Romanello, PT, MS, PhD
Pronouns: she, her, hers
Director, Accreditation
Commission on Accreditation in Physical Therapy Education
American Physical Therapy Association
3030 Potomac Ave., 2G07
Alexandria, VA 22305-3085
(703) 706-3241
(800) 999-APTA x 3241
[APTA.org](#)

From: [Occupational, License \(CED sponsored\)](#)
To: [Board of Physical and Occupational Therapy \(CED sponsored\)](#)
Subject: FW: CBPL Contact Form Submission
Date: Friday, August 30, 2024 1:20:23 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)

Hello,
Please see the inquiry below.

Thank you,



La Creatia Wilson
Administrative Assistant 3
Division of Corporations, Business and Professional Licensing

www.commerce.alaska.gov



From: Corporations, Business & Professional Licensing <no.mail.dccd@alaska.gov>
Sent: Friday, August 30, 2024 8:40 AM
To: Occupational, License (CED sponsored) <license@alaska.gov>
Subject: CBPL Contact Form Submission

Applicant Name: Debra Haas

Contact Name: Debra Haas

License Number:

License Program: OTA

Contact Reason: I have another question not listed here.

Additional Information: Question 1 : Are there any consent forms that need to be signed by parents for participation of school based OT services virtually?

Question 2: What are the privacy considerations for other students in a classroom that may not currently be on therapy services?

Thank you for providing guidance.

Debra Haas is a licensed Alaska Occupational Therapy Assistant.



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

BOARD OF PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2580
Fax: 907.465.2974

September 20, 2024

Debra Haas

RE: School Based OT Services – Releases Required – 08-30-2024

Hello Ms. Haas,

Thank you for your inquiry requesting additional information regarding on school based OT services.

The Alaska Physical Therapy and Occupational Therapy Board authorized the following response on xx/xx/2024:

The role of the board is to address licensing and regulation of PT and OT providers in Alaska per Sec. 08.84.010 (b). The board makes final licensing decisions and takes disciplinary actions against people who violate licensing laws. When questions exceed the boundaries of this board's scope, then the board must defer those questions to other resources. As a result, the board has offered the below resources related to your questions.

Question 1: Are there any consent forms that need to be signed by parents for participation in school-based therapy services?

Per the Principles of Practice (Principle 2: Right of individuals to self-determination), a therapist should “[r]espect the patient/client right to informed consent, right to refuse services, and keep informed of the process in meeting goals specific to the plan of intervention. If the patients/clients cannot give consent, the therapist must be sure that consent has been obtained from the person who is legally responsible for the patient/client.”

It is important that consent is obtained for OT and PT services, but the board does not directly govern in what manner consent is given or received. The therapist and/or employer is responsible for identifying their own internal protocols for obtaining and documenting consent.

The role of the board is to address licensing and regulation of PT and OT providers in Alaska per Sec. 08.84.010 (b). In direct answer to your question, the board does not provide specific consent forms for therapist use during patient care, as this would exceed the scope of the board.

Question 2: What are the privacy considerations for other students in a classroom that may not currently be on therapy services?

It is important to respect and maintain a student's privacy. Per the Principles of Practice (Principle 2: Right of individuals to self-determination), a therapist should "[m]aintain confidentiality of all verbal, written, electronic, augmentative and nonverbal communication disclosing such only when allowed or required by law."

The role of the board is to address licensing and regulation of PT and OT providers in Alaska per Sec. 08.84.010 (b). In direct answer to your question, the board does not directly dictate procedures for each individual program to follow, as this is beyond the scope of the board.

Each treatment setting and institution has unique challenges related to respecting a patient's privacy. Employers and therapists are responsible for identifying safeguards to adequately respect privacy within their program. The Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) establish statutes related to a student's privacy when receiving OT and PT services. Please, review these statutes when identifying how to respect and maintain a student's privacy while receiving OT and PT services in your program's setting.

Some institutions also work with accrediting agencies, and those accrediting agencies may establish further requirements to assist an institution in adhering to privacy guidelines. If so, the accrediting agency may have standards in place for your workplace to follow and/or review.

Sincerely,

Sheri Ryan
Licensing Examiner Advanced 3
Alaska Board of Physical Therapy and Occupational Therapy

Article 3 – UNLAWFUL ACTS

Amend as follows:

Sec. 08.84.130 False claim of license prohibited. (a) A person not licensed as a physical therapist, or whose license is suspended or revoked or has lapsed, who uses in connection with the person's name the words or letters "P.T.," "Physical Therapist," "L.P.T.," "Licensed Physical Therapist," "D.P.T.", "Doctor of Physical Therapy", or other letters, words, or insignia indicating or implying that the person is a licensed physical therapist, or who, in any way, orally or in writing, directly or by implication, holds out as a licensed physical therapist, is guilty of a class B misdemeanor.

(b) add PTA term protection – do not add LPTA

(c) A person not licensed as an occupational therapist, or whose license is suspended or revoked, or whose license is lapsed, who uses in connection with the person's name the words "Licensed Occupational Therapist," "O.T.R./L.", "O.T.R.", "**Occupational Therapist Registered**", "O.T.D.", "**Doctor of Occupational Therapy**", or other letters, words, or insignia indicating or implying that the person is a licensed occupational therapist, or who orally or in writing, directly or by implication, holds out as a licensed occupational therapist is guilty of a class B misdemeanor.

(d) add COTA and OTA protection

Discussion item for full board on potentially removing.

Intent is term protection not recommendation to therapists on how they should sign their names.

Updated 08/16/2024

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted.)

Alaska Board of Physical Therapy and Occupational Therapy

Legislative Committee
Calendar Year & FY 2023-2024 Report
33rd Legislature

Provided by Board Member: Tina McLean

1. Committee Members:

- Enlow Walker
- Tina McLean
- Rebecca Dean-Alternate

2. Committee Met:

- Six Times between Jan and May.
- Jan 11th, March 14th, March 28th, April 11th, April 25th, May 9th
- Members monitored bills daily, sat in on multiple hearings, testifying in several per below throughout Legislative session
- Members collaborated with industry leaders in the state
- Members researched National trends for ATC bill

3. Bills That were Followed:

- SB74-Physical Therapy Compact Privileges Bill
- HB137-Physical Therapy Compact Privileges Bill
- HB85-Professional Licensing Temp Permits
- SB83-Professional Licensing Temp Permits
- SB336- Athletic Trainer Scope of Practice Bill-A bill pertaining to Athletic Trainers statute wording being changed to generally eliminate the words “athlete” or “athletic Injury” and replace with “individual” and/or “condition”
- SB 91-A bill related to Multidisciplinary Care Team-allowing PT, OT, ST team members of out of state physicians to treat patients via telemedicine without the necessity of licensure
- HB314/SB225-Occupational Licensing fees-essentially allowing the Department to set fees and collect for investigations in addition to already established fees
- SB187-Prior Authorization for Health Providers

4. Letters of Support:

The Committee submitted to the Board for approval letters of support for the following:

- SB74/HB137-testimony to same
- HB85/SB83
- HB314/SB225
- SB187

5. Letters of Opposition:

The Committee submitted to the Board for approval letters of opposition for:

- SB336 –testimony to same w/ open discussion w/ Dr Keller
- SB91-testimony to same
- HB115-Naturopaths: licensing/scope of practice

LEGISLATIVE PROJECT - Scope of Practice – Occupational Therapy

Occupational Therapy Scope of Practice Update Recommendation – Final Draft *PHY SOP WG – OT Scope of Practice Recommendation 05-22-2023*

(3) “occupational therapy” means the therapeutic use of goal-directed life activities (occupations) with individuals, groups, or populations who have, or are at risk for injury, disorder, impairment, disability, activity limitation or participation restriction. Occupational therapists evaluate, analyze, and diagnose occupational challenges and provide interventions to support, improve, and/or restore function and engagement in meaningful tasks and activities. This includes treating pain and/or physical, cognitive, psychological, sensory-perceptive, visual, and other aspects of performance in a variety of contexts to support and enhance engagement and participation in occupations that affect health, well-being, and quality of life. Occupational therapy services include but are not limited to:

- A. Evaluation, treatment and consultation to promote or enhance safety and performance in areas of activities of daily living (ADLs), instrumental activities of daily living (IADLs), health management, rest and sleep, education, work, play, leisure, and social participation.
- B. Establishment, remediation, compensation or prevention of barriers to performance skills including: client factors (body structures, body functions), performance patterns (habits, routines, roles), performance skills (physical, neuromusculoskeletal, cognitive, psychological, sensory-perceptive, communication and interaction, pain), and contexts (environmental, personal factors)
- C. Design, fabrication, application, fitting, and training in seating and positioning; assistive technology; adaptive devices; orthotic devices; and training in the use of prosthetic devices
- D. Assessment, recommendation, and training in techniques to enhance functional and community mobility
- E. Application of adjunctive interventions and therapeutic procedures in preparation for or concurrently with occupation-based activities including but not limited to therapeutic and instrument assisted modalities, wound care, and manual therapy
- F. Provide therapeutic interventions to prevent pain and dysfunction, restore function and/or reverse the progression of pathology in order to enhance an individual’s ability to execute tasks and to participate fully in life activities

Final language approved and adopted 06-16-2023 by unanimous vote of Physical Therapy and Occupational Board



2024 Legislative Guidance for CBPL Board & Commission Members

As a member of a professional licensing board or commission, you have considerable latitude—as well as responsibility—to recommend changes to your licensing program’s enabling statutes. Members of the public, consumers, other professionals, and your industry’s association (if applicable) confidently approach members of the Legislature to affect the change they wish to see in your practice. Whether taking the initiative or reacting to an “active” bill, board members also need to be prepared to champion their cause!

THE OPEN MEETINGS ACT ALWAYS APPLIES

AS 44.62.310(h) provides detailed definitions of "governmental body", "meeting", and "public entity" that, when combined, define what constitutes a public meeting. A meeting of a decision or policy-making body occurs when more than three (3) members or a majority of the members, whichever is less, engage collectively in discussion of a subject on which the body is authorized to act and set policy and is therefore subject to the Open Meetings Act (OMA). Under this definition, it doesn't matter where the meeting occurs, if it was prearranged, or who arranged it and could include unplanned casual or social contact in any location, including the office of a Legislator or an industry gathering.

Members of boards and commissions should be cautious not to conduct business over email or end up in situations that could be seen as a violation of the OMA, lest the public be removed from the process. Members should not email each other about board business; if a special meeting is needed, a member can alert staff and a meeting can be arranged that way and publicly noticed as required. Remember, all member email correspondence is discoverable, and your board business is also the public’s business.

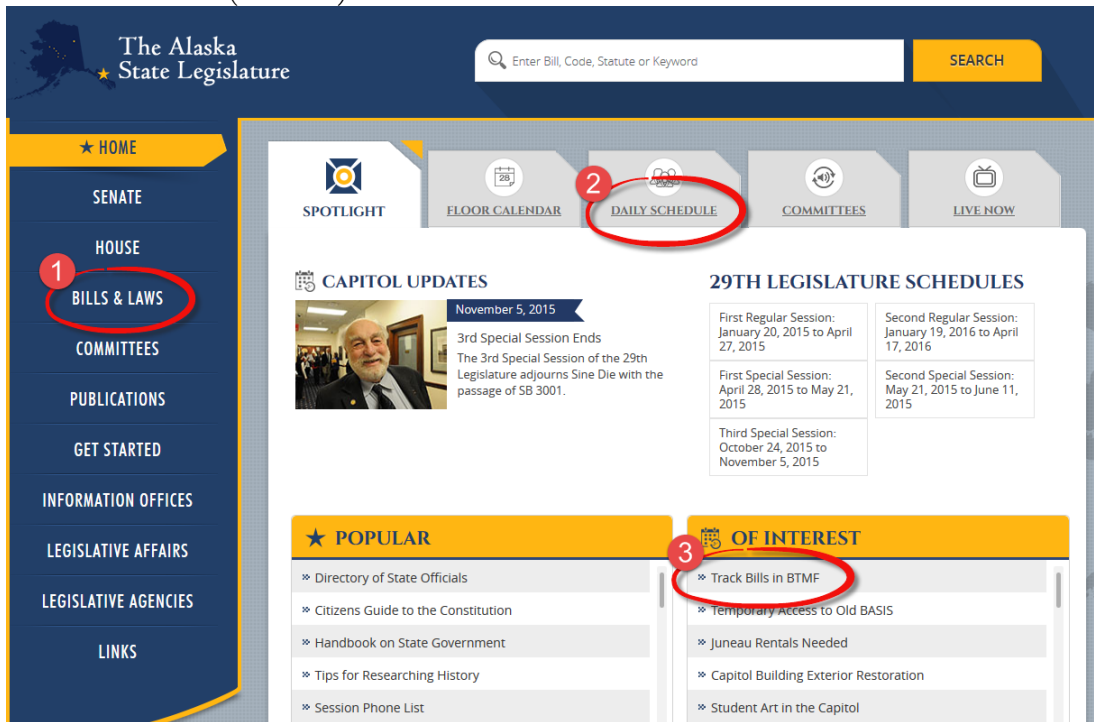
This information is contained in the *CBPL Guide to Excellence in Regulation*, which can be found here along with many other board resources: www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardMemberResources.

BE INFORMED: IF NOT YOU, THEN WHO?

- Ahead of Legislative session (which starts in mid-January every year), select – on the record – a member who will serve as the point person for legislative activity.
 - In the absence of this person, the division will look to the chair of the board for input and interpretation.
 - If the board is championing a piece of legislation, a history of the meeting minutes reflecting the issues and board’s perspective should be compiled by this leader and made available to board members and division management, who will be at every hearing. This research and history will be especially helpful to new board members who are appointed.

- When a bill is filed, division management will alert program staff. The examiner or executive should ensure that their board members are made aware of legislation that is filed that will affect them. With sometimes hundreds of bills to track, analyze, and testify on, division management may not be able to keep the board apprised of every late-breaking detail. Division management will periodically send updates to staff regarding legislation or request discussion with the board.
- However, it is up to board membership to track the progress of a bill the board is interested in, to call in to testify as desired by the board, submit support or opposition letters as determined by the board, etc. The division will do its best to inform members of scheduled hearings as a courtesy, but board members should utilize the tools identified below to track hearings as well.
- Bill progression and “companion”/“sister” bills:
 - When a bill is introduced, it will either be a House Bill (or “HB”, indicating it was introduced by a Representative) or a Senate Bill (or “SB”, indicating it was introduced by a Senator).
 - Occasionally, the same bill will be introduced by both a Senator and Representative. It will have the same “short title” but different bill numbers. These are often called “sister” or “companion” bills.
 - Once the bill is introduced, it will be referred to one or more committee(s) in that body (i.e., the House or the Senate) and must be heard and passed by those committee(s) before it can go to the Floor – meaning before it is voted on by all members of that body.
 - Committees can amend legislation however they see fit, including changing the text originally included, adding new text, or taking things out. If a committee amends a bill, that amended version is called the “Committee Substitute” and that is what’s considered by the next committee.
 - When the bill reaches the body floor, the latest version of the bill is what’s considered and voted on.
 - If the bill passes its committees of referral and passes on the floor, then it must go to the other body (i.e., if it passes out of its House Committees and passes on the House Floor, now it goes to the Senate) at which point the process starts over – the bill is referred to committees within that body.
 - If the bill is amended further and then is passed in the second body, it must then go back to the first body for concurrence since it is no longer the same bill they voted on.
 - If all of that occurs, the bill is passed by the Legislature and then goes to the Governor for consideration and signature.
 - The bill keeps the same HB or SB number throughout the entire process.
 - When sister/companion bills are introduced, the legislation is often expedited because the bill is basically working its way through both bodies at the same time. If one of the two companion bills pass out of its original body, it will be referred to whatever committee its companion is currently in, and that committee can choose which version to advance. This is why you will often see that whenever the Governor introduces a bill, he introduces it in both the House and Senate, to give it the best chance of getting through all committees of referral in each bill simultaneously rather than one and then the other.
 - For more guidance on the bill progress process, consider reviewing the following resources available on the Alaska State Legislature’s website:
 - Steps in Passage of a Bill: <https://akleg.gov/docs/pdf/passbill.pdf>
 - Legislative Process: <https://akleg.gov/docs/pdf/legprocess.pdf>
- Know where to find your bill using the Alaska State Legislature’s website (also known as BASIS): akleg.gov – *See screen shot on next page:*
 - The **BILLS & LAWS** section on the sidebar links to a searchable list of documents. If you know the bill number, you can search using the bar at the top of the screen.
 - The **DAILY SCHEDULE** shows all committee activity for the day you choose. It is subject to change, but it is a good starting place to see what is happening where.
 - The **BTMF**—or Bill Tracking Management Facility – is your best friend when trying to keep up with a bill. Take the time to set up your profile and register the bill you want to track, then you will receive email updates when its status changes or is scheduled for a hearing.

- You can also sign up to receive SMS text alerts on bill hearings and bill movement by texting the bill number (ex: HB1) to 559-245-2529.



GUIDELINES FOR BOARD MEMBER TESTIMONY

- Encourage the board to become engaged:
 - Track the bill online;
 - Participate in hearings;
 - Write a letter supporting the board’s official position; and/or
 - Discuss the legislation in a public meeting.
- It is a best practice for organizations to speak with “one voice.” Any testimony or correspondence by a board member on behalf of a board must represent deliberation and action taken on the record in a public meeting.
- Staff may not express opinions on behalf of the board or discuss legislation with elected officials except in rare circumstances when they have obtained prior approval from division management and clearance from the Governor’s Legislative Office – so the board will need to ensure they have a plan to express their position(s) on legislative bill(s).
- If the board has published a resolution or letter regarding the legislation because of a vote at a public meeting, staff may provide that document to legislators per department procedures.
- If a board has voted to pursue legislation, this must be an effort by the board membership.
 - Staff cannot participate or assist (aside from providing guidance as needed) unless pre-approved by the Commissioner’s Office and Governor’s Legislative Office.
 - This is because division staff – whether it be the Director, Deputy Director, an Executive Administrator, Licensing Examiner, or other – represent the Governor in the eyes of the Legislature.
- Individual board members may offer their personal or professional opinions on the legislation by clarifying that while they are appointed to a board, they do not speak on behalf of the board.

- Boards must provide a member to testify telephonically (or in person, if the individual resides in Juneau) at every hearing when being considered for reauthorization per AS 08.03 (i.e., a “sunset” bill). Without member interest and advocacy for the board or commission’s continuation, it is possible that the sponsor could withdraw the bill and the board could sunset.
 - Boards must also provide a member to testify at each hearing for a bill that was introduced at the request of the board.
 - The chair or elected board spokesperson should be prepared to answer questions posed by staff or legislators, testify on bills that require subject matter expertise or upon request, and otherwise be available on short notice to engage in this process.
- Be sure to differentiate the State licensing board from the industry association. Sometimes, they share the same goals. Sometimes, they do not. Legislators must keep track of a lot of names and organizations, so be sure that you are clear that you represent the State of Alaska.
- Nervous? Don’t worry! You can email or call the Division Director or Deputy Director to discuss tips or even run through some potential questions/roleplay. Their contact information is provided at the end of this document.

LEGISLATIVE TESTIMONY CALL-IN DO’S AND DON’TS

- **Do** use the streaming video available on the “Live Now” tab on akleg.gov or Gavel Alaska (ktoo.org/gavel) to watch for your bill to come up in a scheduling hearing.
 - The chairman will announce the order of bills at the beginning of the meeting.
 - Callers may be disconnected from the meeting if they call in prior to their bill being taken up.
 - If video streaming is not an option for you, please contact the committee aide prior to the hearing to arrange to call in early.
 - Once the bill is before the committee, call 844-586-9085, 844-563-9085, 907-586-9085, or 907-563-9085. Give your name, the bill number, state whether you are on the line to testify and/or answer questions, and ask to be connected to the _____ Committee.
- Do **not** call in before the bill you are testifying on comes before the committee.
- Do **not** call in for a hearing if you simply want to listen – utilize the streaming video as noted above.
- **Do** use the “mute” function of your phone until called on to testify. If this function is not available on your phone, ask the Legislative Information Office (LIO) moderator to mute your call.
- Do **not** use the “hold” function while connected to a legislative committee. (It may result in hold music playing on the loudspeaker in the committee room which is very disruptive.)
- **Do** try to be in a quiet room without distractions or interruptions while testifying or on the line for questions. Please treat the important responsibility of testifying with utmost respect and professionalism.
- **Do** remember that everything transmitted over your phone will be broadcast directly into the meeting room and recorded to become part of the permanent record.
- **Do** remember to be in a location with good reception if using a cell phone. Disruptions coming into the meeting via the phone lines may result in all callers being disconnected from the system. This will require testifiers to call back to be reconnected.

- Do **not** have your computer or TV speakers on if you are listening online and on the line to testify or for questions, as this will create an audio “loop”.
- **Do** try to adhere to time limits imposed by the chairman.
- **Do** feel comfortable asking for a question to be repeated or clarified if you did not hear or understand what is being asked.
- **Do** feel comfortable referring a question to the division if it’s related to a day-to-day administrative matter or the fiscal note provided for a bill.

Remember: There are a limited number of phone lines coming into the Capitol. These lines are also used by LIOs around the state. When all the phone lines are used up, an LIO may not be able to call in with a room full of people.

ADDITIONAL RESOURCES:

Additional resources on [BASIS](#) that will be helpful in understanding how to navigate BASIS, understand what you’re seeing, and become more familiar with the legislative process:

- Tips for Using Basis: <https://akleg.gov/docs/pdf/basis.pdf>
- Frequently Asked Questions: <https://akleg.gov/faq.php>
- Legislative Abbreviations & Acronyms: <https://akleg.gov/docs/pdf/abbracro.pdf>
- Glossary of Legislative Terms: <https://akleg.gov/docs/pdf/glossary.pdf>
- How to Read a Bill History: <https://akleg.gov/docs/pdf/readbill.pdf>
- Layman’s Guide to the Budget Process: <https://akleg.gov/docs/pdf/budgproc.pdf>

DIVISION CONTACT INFORMATION:

You can always route questions through the staff to your boards. However, if you have an urgent matter that requires you contact division management quickly:

- CBPL Director – Sylvan Robb: sylvan.rob主@alaska.gov, (907) 465-2524, (907) 419-7678
- CBPL Deputy Director – Glenn Saviers: glenn.saviers@alaska.gov, (907) 465-2691, (907) 321-1423

Division management is often in meetings or hearings throughout the day during legislative session, so email may sometimes be the quickest way to get a response. If you opt to call, make sure to leave a voicemail and consider following up with an email. Please do understand that while management will get back to you as quickly as possible, they may not always be able to get back to you the same day.

From: [Ryan, Sheri J \(CED\)](#)
To: [Tina McLean](#); [Dr. Enlow Walker](#); [Tori Daugherty](#)
Subject: FW: The status of Bill sb 91 has changed
Date: Monday, August 5, 2024 2:00:00 PM

FYI – SB91: Telehealth: Multidisciplinary Care Team has been enacted w/o the Governor’s signature.
The effective date of the law will be 10/16/2024.

Sheri

From: BTMF@akleg.gov <BTMF@akleg.gov>
Sent: Friday, July 19, 2024 1:57 PM
To: Ryan, Sheri J (CED) <sheri.ryan@alaska.gov>
Subject: The status of Bill sb 91 has changed

The status of Bill sb 91: Telehealth: Multidisciplinary Care Team has changed from CHAPTER
SLA 24 to status CHAPTER 13 SLA 24

To see the bill go to [sb 91](#)
if your browser does not support html links cut and paste the following URL Address
<https://www.akleg.gov/basis/Bill/Detail/33?Root=sb++91>

Regulations Committee Chair Report

Committee members: Valerie Phelps (chair), Rebecca Dean, (Lindsey Hill, OT, *to whom we are very grateful for her tireless work on the service delivery program and for her time on the board.*)

Met 3 times this year:

- Friday, June 28 – 8am – noon
- Friday, August 2 – 9 am – 1 pm
- Friday, August 23 – 9 am – noon: Sheri and Valerie to work on regulations language specific to previous meeting's suggestions on the Supervised Service Delivery
- Friday, October 12 – 2 pm –

Scheduled to meet 2 more times:

- Friday, November 22 – 10 am – 12 pm
- Friday, December 20 – 10 am – 12 pm

Accomplished items 1-5, and needing Board approval:

- 1) Reviewed and updated dry needling regulations as sent back to the committee from the prior board meeting (*see separate document*)

In Document: SB74 Regulations Project – Draft – Sheri Ryan – 10-17-24

- 2) Drafted regulation language to support SB 74 [12 AAC 54.030. REQUIREMENTS FOR PHYSICAL THERAPY LICENSE BY EXAMINATION; and 12 AAC 54.100. APPLICATION FOR LICENSURE BY CREDENTIALS.
 - a) compact agreement
 - b) finger printing for licensure
 - c) jurisprudence with passing score of 80% (this was added in all licensing sections)
 - d) PT licensing: separated by examination and by credentials to allow for decreased administrative effort in application by credentials.
 - i) No longer required to send in transcripts if already licensed in another state
 - ii) Application by examination, NPTE allows examination prior to graduation, so transcripts will still be required to acquire a license for the first time in any state
- 3) Foreign educated, to allow for mitigation of administrative burden and clinic resources [12 AAC 54.040. FOREIGN-EDUCATED PHYSICAL THERAPY APPLICANTS.]
 - a) Removed 6-month Postgraduate 6-month Internship (because foreign education must be equivalent to CAPTE accredited US education, which includes 1 year of clinical internships, therefore this requirement has already been fulfilled)

- 4) Regulation Project for 12 AAC 54.600(C); 12 AAC 54.100(5)(C) and 12 AAC 54.950(e) for therapists reentering the workforce after a period away for more than 3 years and cannot meet the working experience requirement. No exemption from licensure exists under statute AS 08.84.150 for anyone completing a post graduate internship current. New pathway designed = Supervised Service Delivery – see separate document
- a) This also required updating 12 AAC 54.050. PHYSICAL THERAPIST TEMPORARY PERMITS AND SCOPE OF PRACTICE UNDER THOSE PERMITS to allow for the Supervised Service Delivery program.
- 5) Regulations housekeeping
- a) Clarified supervised field work 12 AAC 54.070. SUPERVISED FIELD WORK and give right touch to acknowledging that this has already been achieved through the CAPTE accredited educational program.
- b) Added formula for NPTE testing prior to 1996 [12 AAC 54.080. PASSING SCORES]
- c) NBCOT examination not provided by NBCOT – correction to 12 AAC 54.640(4)(A) – Pearson Vue. Changed language: **the applicant's scheduled examination date sent directly to the department by an entity designated by NBCOT; ...**
- d) Posting of licenses or permits [12 AAC 54.500. PHYSICAL THERAPY STANDARDS.] and [12 AAC 54.805. POSTING OF LICENSE OR PERMIT]
- e) Added 'Space Force' to the military service regulations [12 AAC 54.435. EXEMPTION FROM CONTINUING EDUCATION REQUIREMENTS FOR ACTIVE DUTY MILITARY SERVICE]
- f) Compact review: 12 AAC 54.940 - REVIEW OF INTERSTATE LICENSURE COMPACT. SB74 We have a general statement rather than a specific time frame for compact review designated in the Regulations. AND Board should commit in our strategic plan to the review so that ongoing Boards will be diligent on oversight of Compact.

This space was left intentionally blank.

See next page for suggested next projects for the Regulations Committee

Recommendations for 2024/25

1. **DEFINE PRORATION AS RELATED TO THE CLINICAL SERVICE DELIVERY PROGRAM** – designed for individuals to return to the profession after greater than 3 years without employment [12 AAC 54.535. PHYSICAL THERAPY SUPERVISED SERVICE DELIVERY STANDARDS.]

Proration: as related to 12 AAC 54.535 + 12 AAC 54.830 means an adjustment of delivery service time based on a partial year without employment.

There will be no proration applied; any portion of a calendar year without employment will be considered equivalent to one full year of non-employed service, also referred to as non-service delivery. The year in consideration spans each specific licensing period.

2. **CONSIDER A GENTLER CONSIDERATION TO EMPLOYMENT THAT RELATES TO PROFESSIONAL ACTIVITIES THAT ARE NOT FINANCIALLY COMPENSATED**

Specific to the language in:

12 AAC 54.100. APPLICATION FOR LICENSURE BY CREDENTIALS. (A) been employed in physical therapy at least 60 hours within the [24] 36 months immediately preceding the date the application is received

(12 AAC 54.6XX. APPLICATION FOR OCCUPATIONAL THERAPY LICENSURE BY CREDENTIALS. (A) been employed in occupational therapy at least 60 hours within the [24] 36 months immediately preceding the date the application is received; or

For the purposes of XXXXXX (12 AAC 54.100) employment also gives credit to individuals who are working without pay, which could include activities such as volunteering, mentoring, or caregiving where individuals contribute their time and professional skills without receiving compensation. This definition emphasizes that while these individuals may not be formally employed for compensation, they are still actively participating in work related activities that are recognized for their value and experience. (As outlined in a submitted affidavit and approved by the board.)

Interestingly, for license renewal, we use other language:

12 AAC 54.405. PHYSICAL THERAPY CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS AND ALTERNATIVES TO THOSE REQUIREMENTS.

(b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute physical therapy services under this section, the applicant may request board approval before submitting the application for license renewal.

(c) In this section, "physical therapy services" includes work and volunteer service under a position title other than physical therapist or physical therapist assistant if the applicant documents that the position required the use of physical therapy skills recognized by the board.

And

12 AAC 54.705. REQUIRED CONTINUING OCCUPATIONAL THERAPY PROFESSIONAL PRACTICE AND ALTERNATIVES.

- b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute occupational therapy services under this section, the applicant may request board approval before submitting the application for license renewal.
- c) In this section, "occupational therapy services" includes work and volunteer service under a position title other than occupational therapist or occupational therapy assistant if the applicant documents that the position required the use of occupational therapy skills

3. ONGOING RIGHT TOUCH REGULATIONS FOR PT APPLICATIONS BY CREDENTIALS

In the right touch regulations approach for application by credentials for PT, should also clean up the following:

- 7. A signed letter of professional reference sent directly to the department on a form provide by the department from
 - a. The head of the physical therapy school; or
 - b. And instructor, physician, supervising physical therapist, or supervisor;

To be:

- a. A signed letter of professional reference sent directly to the department on a form provide by the department from a physician, supervising physical therapist, or supervisor;

And: perhaps consider the same for foreign educated applicants by credentials

If they have been licensed in another state

- Are transcripts needed?
- Should we remove the professional reference by a head of the PT school or instructor?

4. IN COLLABORATION WITH THE CONTINUING COMPETENCE COMMITTEE, WORK ON REGULATIONS THAT INCORPORATE A VARIETY OF ACTIVITIES IN THE PROFESSION AS FULFILLING CEU REQUIRMENTS.

- See continuing competency chair report. We have just gathered CEU regulations from numerous states and the FSBPT and that information is being reviewed between continuing competence committee meetings.

Goals for SB74 Implementations Project:

(1) Amend regulations to reinforce fingerprint-based background check requirement and fees for PT, PTA, OT, and OTA initial licenses based on changes to AS 08.84.030 and AS 08.84.032 in Sections 2 and 3 of SB 74

“Have been fingerprinted and have provided the fees required by the Department of Public Safety under AS 12.62.160 for criminal justice information and a national criminal history record check; the fingerprints and fees shall be forwarded to the Department of Public Safety to obtain a report of criminal justice information under AS 12.62 and a national criminal history record check under AS 12.62.400.”

Other licensed professionals currently subject to fingerprinting and national criminal history record check:

- **Nurses & nurse aides (12 AAC 44.319):** This differs from what the division recommends the Board of Physical Therapy & Occupational Therapy (“board”) implement because the regulations are repetitive to statute, conflict with federal law in one place, and require fingerprint-based background checks for reinstatement in addition to initial licensure, which is not the case under AS 08.84.
- **Massage therapists (12 AAC 79.130):** This differs from what the division recommends the board implement because massage therapists can get licensed before the background check has been received, but that won’t be allowable for the PT Compact. Additionally, the massage therapist statutes require fingerprint-based background checks for not only initial licensure, but also every six years thereafter.
- **Collection agency operator:** Only provided in statute (AS 08.24.120); not in regulation), so there are no regulations to compare to.
- **Guardians & conservators:** Only provided in statute (AS 08.24.060); not in regulation), so there are no regulations to compare to.

100 = examination; .110 = credentials; .120 transitional license. .115 = temporary military courtesy license .115.

(2) Add regulation for recording compact privileges granted under 08.84.188 effective July 1, 2024. (PTs and PTAs only).

(3) Amend 12 AAC 54.900 to address fingerprinting fee.

(4) Incorporate any ongoing regulations project - 12 AAC 54.600, etc.

(5) Data system set-up – API integration (Division task; FYI for board)

- a. API pushes both initial and renewal information of any compact privilege issued by commission; Until API set up – FSBPT will send emails daily with information.
- b. Licensees who want to apply for Compact Privilege in a new state will apply through, and be issued by, the Commission. The Division can and will collect fees, in addition to the Commission fees, for anyone applying for Compact privilege in Alaska.
- c. Commission collects all funds for privilege purchased; commission batches and issues funds to state monthly
 - i. The division will create the process for monitoring and reconciliation.
- d. Create two new license types –
 - i. Physical Therapist Compact Privilege
 - ii. Physical Therapist Assistant Compact Privilege
- e. Database field creation – requirement of Compact - FSBPT Identifier – numerical – seven digits – required for all past and future PT/PTAs.
 - i. Database project to reconcile current physical therapy licensees with FSBPT identifier.

- f. Utilize Public note in CBP Portal to record Compact Commission assigned privilege number – consists of “CP – seven numbers – followed by an “A” or a “T” if PTA or PT.

- (6) Designate delegate for PT Compact Commission** –The commission holds annual meetings. The board is responsible for travel to annual meeting. Currently held virtually but every 3rd meeting to be held in-person. Good chance funding will be available from commission but not guaranteed. Recommendation that compact delegate be the board delegate or voting delegate, so travel funded by FSBPT. Mtg. held at same time as national meeting.
- (7) Jurisprudence requirement for compact privilege issuance.**
- (8)** Choice to require jurisprudence exam for those applying for compact privilege, and if so, whether to require it prior to privilege purchase or within 30 days after. Discuss with PT/OT Board
 - g. Initial – 12 AAC 54.030(a)(4)
 - h. Renewal 12 AAC 54.405(a)

DRAFT Regulation Language to Support SB74

- +Regulation Project to Remove 6-month Post Graduate 6-month Internship
- +Regulation Project for 12 AAC 54.600 split into by exam and by credentials
- +Regulation Project for 12 AAC 54.600(C); 12 AAC 54.100(5)(C) and 12 AAC 54.950(e) for therapists reentering the workforce after a period away for more than 3 years and cannot meet the working experience requirement. No exemption from licensure exists under statute AS 08.84.150 for anyone completing a post graduate internship current. New pathway designed = Supervised Service Delivery
- +Examiner Recommendations
- +Audit
- +NPTE testing prior to 1996
- +NBCOT examination not provided by NBCOT – correction to 12 AAC 54.640(4)(A) – Pearson Vue

Amend 12 AAC 54.030 as follows:


12 AAC 54.030. REQUIREMENTS FOR PHYSICAL THERAPY LICENSE BY EXAMINATION. (a) An applicant for a physical therapist or a physical therapist assistant license by examination, other than an applicant who is a graduate of a school of physical therapy that is located outside of the United States, shall submit a completed application on a form prescribed by the board with

- (1) ~~payment~~ of the fees established in 12 AAC 02.320;
- (2) the applicant's certified transcript sent directly to the department from a physical therapy school meeting the requirements of AS 08.84.030(a)(1);
- (3) a signed letter of professional reference sent directly to the department on a form provided by the department from
 - (A) the head of the physical therapy school; or
 - (B) an instructor, physician, supervising physical therapist, or supervisor;
- (4) the jurisprudence questionnaire prepared by the board covering the provisions of AS 08.84 and this chapter ~~with~~ **in a passing score of 80%**; and
- (5) proof of passing examination scores sent directly to the department from the Federation of State Boards of Physical Therapy (FSBPT) ~~with~~ **evidence of having met the requirements of AS 08.84.030(a) during the 24 months immediately before the date the application is received by the department; For the purposes for temporary permits issued under 12 AAC 54.050 for applicants utilizing Supervised Service Delivery as defined in 12 AAC 54.535, applicants are also required to have the successful completion of the Supervised Service Delivery in addition to the National Physical Therapy Examination (NPTE).**
- (6) **verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice physical therapy, if applicable; each verification must include an explanation of any disciplinary actions taken against the licensee; and**
- (7) **Fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.032(a)(4).**

(b) Repealed 8/7/2021.

(c) An applicant who has applied for, but not yet received, licensure in another state and who has passed the national physical therapy examination in that state may have the examination scores transferred to the board and may apply for licensure by examination under (a) of this section.

Amend 12 AAC 54.040 as follows:

 **AAC 54.040. FOREIGN-EDUCATED PHYSICAL THERAPY APPLICANTS.** (a) A physical therapist or physical therapist assistant applicant for license by examination who received an education and qualifying degree outside of the United States must meet all requirements for licensure under AS 08.84. An applicant under this section must be a graduate from a school of physical therapy with a resident course of study and professional instruction that is

(1) substantially equivalent to a professional physical therapy education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE); and

(2) evaluated by one of the following board-approved credential evaluation services:

(A) International Consultants of Delaware (ICD);

(B) Foreign Credentialing Commission on Physical Therapy (FCCPT);

(C) International Education Research Foundation (IERF); or

(D) an equivalent nationally recognized company as approved by the board.

(b) To apply for a physical therapist or physical therapist assistant license by examination under this section, an applicant must submit

(1) a completed application on the form prescribed by the board;

(2) payment of the fees established in 12 AAC 02.320;

(3) a professional reference letter on a form provided by the department; the form must be signed and sent directly to the department from

(A) the head of the applicant's physical therapy school; or

(B) a professional who has knowledge of the applicant's competency, including a current or former instructor, supervising physician or physical therapist, or other supervisory professional;

(4) the jurisprudence questionnaire covering the provisions of AS 08.84 and this chapter as prepared by the board **with a passing score of 80%**;

(5) verification that the applicant

(A) completed the internship requirements under ~~[(c)]~~ **(c)** of this section; and

(B) passed the National Physical Therapy Examination; the applicant's passing scores must be sent directly to the department from the Federation of State Boards of Physical Therapy (FSBPT)[.];

(6) Fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.032(a)(8).

~~[(C) A FOREIGN EDUCATED PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT APPLICANT SHALL COMPLETE AN INTERNSHIP UNDER THE ON SITE SUPERVISION OF A CURRENTLY LICENSED PHYSICAL THERAPIST IN AN INSTITUTION THAT MEETS THE REQUIREMENTS OF]~~

~~[(D) OF THIS SECTION AND AS 08.84.032(A)(2). THE BOARD WILL NOT CONSIDER INTERNSHIP HOURS CLAIMED BEFORE THE DATE THE BOARD PRE-APPROVES THE INTERNSHIP. A FOREIGN EDUCATED PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT APPLICANT SHALL COMPLETE AN INTERNSHIP BASED ON (1) A MINIMUM OF SIX MONTHS OF FULL TIME WORK, AVERAGING NOT LESS THAN 35 HOURS PER WEEK; OR (2) PART TIME WORK AVERAGING LESS THAN 35 HOURS PER WEEK, BUT EQUIVALENT TO THE TOTAL MINIMUM NUMBER OF HOURS REQUIRED UNDER (1) OF THIS SUBSECTION. (D) AN INSTITUTION USED FOR AN INTERNSHIP MUST HAVE AT LEAST TWO FULL-TIME PHYSICAL THERAPISTS ON THE STAFF LICENSED UNDER THIS CHAPTER AND BE IN A CLINIC SETTING PROVIDING A VARIED CASE LOAD TO BE APPROVED BY THE BOARD. A GOVERNMENT SERVICE HOSPITAL MAY BE USED IF THE HOSPITAL MEETS THE REQUIREMENTS OF THIS SUBSECTION.]~~

~~[(E) A LICENSED PHYSICAL THERAPIST WHO SERVES AS A PRECEPTOR TO A FOREIGN EDUCATED INTERN APPLICANT SHALL ASSUME RESPONSIBILITY FOR THE INTERN'S EXPERIENCE AND THE SAFETY AND WELFARE OF THE PATIENT.]~~

~~[(F) A LICENSED PHYSICAL THERAPIST WHO SERVES AS A PRECEPTOR UNDER THIS SECTION SHALL DIRECTLY SUBMIT A NATIONAL PERFORMANCE EVALUATION TOOL THAT IS RECOGNIZED BY THE BOARD TO THE DEPARTMENT. ON THE TOOL, THE PRECEPTOR SHALL ATTEST TO THE APPLICANT'S (1) SATISFACTORY OR UNSATISFACTORY COMPLETION OF THE INTERNSHIP; AND (2) LEVEL OF SKILL IN COMPLETION OF EVALUATION, PROGRAM PLANNING, THERAPEUTIC PRACTICE, POTENTIAL ABILITY TO PRACTICE SAFELY WHILE UNSUPERVISED WITH SOUND PROFESSIONAL JUDGMENT, AND ETHICS RELATED TO THE PRACTICE OF PHYSICAL THERAPY.]~~

~~[(G) IF A LICENSED PHYSICAL THERAPIST WHO SERVES AS A PRECEPTOR WILL NOT RECOMMEND TO THE BOARD THAT THE APPLICANT IS QUALIFIED TO WORK UNSUPERVISED AT THE END OF AN INTERNSHIP UNDER (C) OF THIS SECTION, THE BOARD MAY REQUIRE THE APPLICANT TO ARRANGE FOR ANOTHER INTERNSHIP EQUIVALENT TO SIX MONTHS OR LESS. THE BOARD MUST APPROVE ANY CHANGE IN A PRECEPTOR BEFORE THE CHANGE TAKES EFFECT. IF THE APPLICANT IS NOT RECOMMENDED BY A PRECEPTOR AS QUALIFIED TO WORK INDEPENDENTLY AT THE END OF A SECOND INTERNSHIP, THE BOARD MAY DENY LICENSURE.]~~

~~[(H) IF A LICENSED PHYSICAL THERAPIST WHO SERVES AS A PRECEPTOR DETERMINES THAT AN APPLICANT IS UNQUALIFIED TO CONTINUE THE INTERNSHIP, NOTHING IN THIS SECTION OBLIGATES THE PRECEPTOR OR THE PRECEPTOR'S FACILITY TO EITHER COMPLETE A SIX-MONTH INTERNSHIP OR PROVIDE A SECOND INTERNSHIP FOR THAT APPLICANT. A PRECEPTOR WHO TERMINATES THE INTERNSHIP OF AN APPLICANT BEFORE THE SCHEDULED COMPLETION DATE MUST NOTIFY THE BOARD IN WRITING AND STATE THE~~

~~REASON FOR THE TERMINATION. EITHER AN INTERN OR A PRECEPTOR MAY REQUEST AN ADVISORY REVIEW OF THE INTERNSHIP BY THE BOARD. }~~

~~{(I) AFTER AN APPLICANT HAS SATISFACTORILY COMPLETED AN INTERNSHIP AND HAS BEEN SCHEDULED FOR THE NATIONAL PHYSICAL THERAPY EXAMINATION, THE APPLICANT MAY APPLY FOR A TEMPORARY PERMIT UNDER AS 08.84.065 AND 12 AAC 54.050. }~~

~~{(J) TO RECEIVE CREDIT FOR AN INTERNSHIP, AN APPLICANT MUST TAKE AND PASS THE NATIONAL PHYSICAL THERAPY EXAMINATION EITHER BEFORE COMPLETING THE INTERNSHIP OR NOT LATER THAN ONE YEAR AFTER COMPLETING THE INTERNSHIP. }~~

(k) Verification of achieving a passing score, as set out in 12 AAC 54.080, on the national examination, meets the English language proficiency requirements of AS 08.84.032(a)(3).

~~{(L) IN THIS SECTION, “PRECEPTOR” MEANS A CURRENTLY LICENSED PHYSICAL THERAPIST UNDER THIS CHAPTER WHO PROVIDES ON-SITE SUPERVISION FOR AN INDIVIDUAL WHO IS COMPLETING AN INTERNSHIP UNDER THIS SECTION. }~~

(c) Internship is defined in this section as the supervised fieldwork that is part of a resident course of study and professional instruction that meets (a)(1) above.

Amend 12 AAC 54.050 as follows:

AAC 54.050. PHYSICAL THERAPIST TEMPORARY PERMITS AND SCOPE OF PRACTICE UNDER THOSE PERMITS. (a) The board or department will issue a temporary permit to an applicant for a physical therapist or physical therapist assistant license by examination, other than an applicant who is a graduate of a school of physical therapy that is located outside the United States, if the following are on file with the department:

- (1) a complete application on a form provided by the department;
- (2) the temporary permit fee established in 12 AAC 02.320;
- (3) all items required under 12 AAC 54.030(a);
- (4) a signed and notarized statement of responsibility from the supervising physical therapist; the statement must indicate that the supervising physical therapist will assume the full responsibility of supervising the applicant[.];

(b) The board or department will issue a temporary permit to an applicant for a physical therapist or physical therapist assistant license by credentials, other than an applicant who is a graduate of a school of physical therapy that is located outside the United States, if the following are on file with the department:

- (1) a complete application on a form provided by the department;
- (2) the temporary permit fee established in 12 AAC 02.320;
- (3) all items required under 12 AAC 54.100. **or**
- (4) 12 AAC 54.100(1)-(4) and while undergoing the supervised clinical practice component of Supervised Service Delivery of 12 AAC 54.535.**


(c) The board or department will issue a temporary permit to an applicant for a physical therapist or physical therapist assistant license by examination who is a graduate of a school of physical therapy that is located outside the United States and demonstrates compliance with AS 08.84.032(a)(1) and 08.84.065(a) to the satisfaction of the board. A temporary permit issued under this subsection expires on the date the scores are posted to the board. The following items documenting compliance with 12 AAC 54.040 must be on file with the department before the temporary permit is issued:

- (1) a complete application on a form provided by the department;
- (2) an official copy of a
 - (A) credentials evaluation sent directly to the department from an agency approved by the board; or
 - (B) transcript indicating compliance with AS 08.84.032(a)(1) if the degree was obtained from a foreign program accredited by a board-approved accrediting agency;
- (3) a signed letter of professional reference on a form provided by the department and sent directly to the department from
 - (A) the head of a physical therapy school; or
 - (B) an instructor, physician, supervising physical therapist, or supervisor;
- (4) a signed and notarized statement of responsibility sent directly to the department on a form provided by the department from the supervising physical therapist; the statement must indicate that the supervising physical therapist will assume the full responsibility of supervising the applicant;
- (5) a copy of the confirmation from the testing center indicating the date that the applicant is scheduled to take the national physical therapy examination;
- [(6) A SIGNED LETTER OF VERIFICATION SENT DIRECTLY TO THE DEPARTMENT ON A FORM PROVIDED BY THE DEPARTMENT FROM THE PRECEPTOR ATTESTING TO THE APPLICANT'S SATISFACTORY COMPLETION OF THE INTERNSHIP;]
- (7) the application, license, and temporary permit fees established in 12 AAC 02.320;
- (8) repealed 3/27/2024[.]; and

(9) Verification that the applicant completed the internship requirements under (h) of this section.

(d) The board or department will issue a temporary permit to an applicant for a physical therapist or physical therapist assistant license by credentials who is a graduate of a school of physical therapy that is located outside the United States if the following are on file with the department:

- (1) a complete application on a form provided by the department;
- (2) the temporary permit fee established in 12 AAC 02.320;
- (3) all items required under 12 AAC 54.110.

 THE BOARD WILL REVIEW AN APPLICANT FOR A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT TEMPORARY PERMIT IN ACCORDANCE WITH 12 AAC 54.915.]

[(F)e] An applicant for a physical therapist or physical therapist assistant license who is waiting to take the next scheduled examination and who has been issued a temporary permit under AS 08.84.065 may

practice only under the supervision of a licensed physical therapist and may not act as a supervisor until a permanent license is issued.

([G]f) The holder of a temporary permit as a physical therapist, issued according to the provisions of AS 08.84.065(b), who is awaiting licensure by acceptance of credentials, may practice without supervision.

([H]g) The holder of a temporary physical therapist assistant permit issued according to the provisions of AS 08.84.065(b) who is awaiting licensure by acceptance of credentials shall practice in accordance with 12 AAC 54.510[.];

(h) Internship is defined in this section as the supervised fieldwork that is part of a resident course of study and professional instruction per AS 08.84.032(a)(1).

Amend 12 AAC 54.070 as follows:

12 AAC 54.070. SUPERVISED FIELD WORK. As used in AS 08.84.030(a)(1), "supervised field work" means the clinical education experience portion of a CAPTE-accredited educational program to be completed under the supervision of a licensed physical therapist[.] **or a physical therapist with a compact privilege in this state.**

 Amend 12 AAC 54.080 as follows:

12 AAC 54.080. PASSING SCORES. (a) To pass the national examination an applicant must achieve at least the criterion-referenced passing score recommended by the Federation of State Boards of Physical Therapy for that examination. The passing score will equal a scaled score of 600 based on a scale ranging from 200 to 800.


(b) Repealed 10/20/99.

(c) Repealed 8/7/2021

(d) **In cases where an applicant's Score Report does not states "pass" or "fail," the board will deem an applicant to have passed the examination if the applicant's raw scaled score is not less than one point five (1.5) standard deviations below the national average for that examination offering.**

Amend 12 AAC 54.100 as follows:

12 AAC 54.100. APPLICATION FOR LICENSURE BY CREDENTIALS. An application for licensure by credentials as a physical therapist or a physical therapist assistant must be submitted to the department on a form prescribed by the board with

~~(1) all items required under 12 AAC 54.030~~ 

- (2) a report sent directly to the department from the testing organization of the applicant’s national physical therapy examination scores;
- (3) verification of the applicant’s licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice physical therapy, one of which must indicate a current license in good standing; each verification must include an explanation of any disciplinary actions taken against the licensee; **verification of compact privileges is not required.**
- (4) other evidence considered necessary by the board to determine if the requirements of the other jurisdiction were, at the date of issuance, substantially equal to the requirements of this state;
- (5) verification sent directly to the department from the source that the applicant has
 - (A) been employed in physical therapy at least 60 hours within the [24] [] months immediately preceding the date the application is received; **or**
 - (B) passed the national physical therapy examination within the 24-month period immediately preceding the date the application is received; or
 - (C) [SATISFACTORILY COMPLETED AN INTERNSHIP OF 150 HOURS APPROVED BY THE BOARD.] **satisfactory completion of Supervised Service Delivery per requirements of 12 AAC 54.535;**

(6) Fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.030(a)(4).

- 7. **Payment of the fees established in 12 AAC 02.320;**
- 8. **A signed letter of professional reference sent directly to the department on a form provide by the department from**
 - a. **The head of the physical therapy school; or**
 - b. **And instructor, physician, supervising physical therapist, or supervisor;**
- 9. **The jurisprudence questionnaire prepared by the board covering the provisions of AS 08.84 and this []pter**

Amend 12 AAC 54.110 as follows:

[] **AAC 54.110. FOREIGN-EDUCATED APPLICANTS.** An applicant for a physical therapist or physical therapist assistant license by credentials who received an education and degree outside the United States shall meet all requirements for licensure under AS 08.84, [] AAC 54.030(a)(1) and (4), and this section, and shall submit an application to the department on a form provided by the department. The application must include

- (1) transcripts evaluated in accordance with 12 AAC 54.040(a)(2);
- (2) a report sent directly to the department from the testing organization of the applicant’s national physical therapy examination scores;
- (3) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice physical therapy, one

of which must indicate a current license in good standing; each verification from each jurisdiction where the applicant holds or has ever held a license must include an explanation of any disciplinary actions taken against the licensee;

- (4) ~~SATISFACTORY EVIDENCE SENT DIRECTLY TO THE DEPARTMENT ON A FORM PROVIDED BY THE DEPARTMENT FROM A SUPERVISING THERAPIST OF~~
~~(A) A MINIMUM SIX MONTHS OF SUPERVISED WORK EXPERIENCE WHILE LICENSED AS A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT IN ANOTHER STATE, ANOTHER TERRITORY, OR THE DISTRICT OF COLUMBIA; OR }~~
~~(B) satisfactory completion of an internship that meets the requirements of 12 AAC 54.040 [(c), (e), and (f)]~~ **(c)**
- (5) other evidence determined necessary by the board to determine if the applicant’s out-of-state license is substantially equal to the license requirements of this state;
- (6) verification of achieving a passing score, as set out in 12 AAC 54.080, on the national examination, shall meet the English language proficiency requirements of AS 08.84.032(a)(3);
- (7) a signed letter of professional reference sent directly to the department on a form provided by the department from
 (A) the head of the physical therapy school from which the applicant graduated; or
 (B) an instructor, physician, or physical therapist other than the physical therapist preceptor described in 12 AAC 54.040(e) and (f); and
- (8) verification sent directly to the department from the source that the applicant has
 (A) been employed in physical therapy at least 60 hours during the [24] months immediately preceding the date the application is received; or
 (B) passed the national physical therapy examination during the 24-month period immediately preceding the date the application is received[.];

(9) Fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.032(a)(8).

Amend 12 AAC 54.130 as follows:

12 AAC 54.130. TEMPORARY MILITARY COURTESY LICENSE. (a) The board will issue a temporary military courtesy license to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as a physical therapist or physical therapy assistant to an applicant who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.

- (b) An applicant for a temporary military courtesy license under this section
 (1) must submit an application on a form provided by the department;
 (2) must pay the temporary license application fee, [AND] fee for a temporary license, **and fingerprint processing fee** set out under 12 AAC 02.105;
 (3) must submit a copy of

(A) the applicant's current active duty military orders showing assignment to a duty station in this state; or

(B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;

(4) must submit documentation showing the applicant is currently licensed and in good standing in another licensing jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;

(5) must demonstrate that the licensing jurisdiction of the applicant's current licensure required a passing score on the examination required under 12 AAC 54.030(a)(5) as a condition of licensure; and

(6) may not have been convicted of a crime that affects the applicant's ability to practice as a physical therapist or physical therapy assistant competently and safely, as determined by the board.

(7) must submit fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.030(a)(4).

(c) A temporary military courtesy license issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180- day period, at the discretion of the board.

(d) While practicing under a temporary military courtesy license issued under this section, the holder of the temporary military courtesy license must comply with the standards of practice set out in AS 08.84 and this chapter.

(e) The board may refuse to issue a temporary military courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.84.120.

Repeal and Readopt 12 AAC 54.535:

~~**12 AAC 54.535. PHYSICAL THERAPY INTERNSHIP STANDARDS.** (a) This section establishes the standards for a physical therapy internship required under 12 AAC 54.100(5)(C), 12 AAC 54.405(a)(2)(D), or 12 AAC 54.950(e).~~

~~(b) An internship must be served~~

~~(1) under the continual on-site supervision of a physical therapist licensed under this chapter; and~~

~~(2) in an institution that ordinarily provides physical therapy, has a varied caseload, and has on staff at least one physical therapist licensed under this chapter.~~

~~(c) A licensed physical therapist serving as a preceptor to an intern is responsible for the intern's experience and for the safety and welfare of the patient.~~

~~(d) Upon an intern's completion of the internship, the preceptor shall submit, on a form provided by the board, a statement attesting to the intern's~~

~~(1) satisfactory or unsatisfactory completion of the internship; and~~

~~(2) level of skill in~~

~~(A) completion of evaluation;~~

~~(B) program planning;~~


~~(C) therapeutic practice;~~

- ~~(D) potential ability to practice safely while unsupervised with sound professional judgment; and~~
- ~~(E) ethics related to the practice of physical therapy.~~

~~(e) The board will not accept internship hours claimed before the date that the internship was approved by the board. To be approved by the board, internship hours must be completed no more than six months after the date the internship begins.~~

~~(f) In this section, "preceptor" means a physical therapist licensed under this chapter who provides on-site supervision for an intern serving an internship.~~

12 AAC 54.535. PHYSICAL THERAPY SUPERVISED SERVICE DELIVERY STANDARDS. (a) This section establishes the standards for a physical therapy supervised service delivery required under 12 AAC 54.100(5)(C), 12 AAC 54.405(a)(2)(D), or 12 AAC 54.950(e). A supervised service delivery consists of two components that must be approved by the board prior to onset. Individuals have eight months to complete all components once board approval has been received. Any part of a calendar year without service delivery equals one full year for determination of (1) and (2) below.

1. Continuing Education equals twelve contact hours per year not to exceed ninety-six contact hours.
 - i. Coursework to be pre-selected per 12 AAC 54.420 educational requirements.
2. Supervised clinical practice equals eight hours per year of supervised clinical practice with a maximum eighty hours required. A temporary permit or active license is required for this component. Supervised service delivery must take place:
 - i. under the continual on-site supervision of a physical therapist licensed under this chapter; and
 - ii. in an institution that ordinarily provides physical therapy and has on staff at least one physical therapist licensed under this chapter.
- b) A licensed physical therapist serving as a supervisor is responsible for the clinical experience and for the safety and welfare of the patient.
- c) Upon an individual's completion of the supervised service delivery, the supervisor shall submit, on a form provided by the board, a statement attesting to the physical therapist's or physical therapist assistant's satisfactory or unsatisfactory completion of the supervised service very.

Amend 12 AAC 54.405 as follows:

12 AAC 54.405. PHYSICAL THERAPY CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS AND ALTERNATIVES TO THOSE REQUIREMENTS.

(a) An applicant for renewal of a physical therapist or physical therapist assistant license shall document completion of the jurisprudence questionnaire prepared by the board, covering the provisions of AS 08.84 and this chapter, and shall also document

- (1) having provided physical therapy services for at least 60 hours during the concluding licensing period; or
- (2) successful completion during the concluding licensing period of at least one of the following:
 - (A) the national physical therapy examination sponsored by the Federation of State Boards of Physical Therapy;
 - (B) in addition to the contact hours of continuing education required under 12 AAC

54.410 and 12 AAC 54.420, 40 contact hours of continuing education consistent with the requirements of 12 AAC 54.410 and 12 AAC 54.420;

(C) ~~[(A) A PHYSICAL THERAPY INTERNSHIP OF 150 HOURS APPROVED BY THE BOARD.]~~ **satisfactory completion of Supervised Service Delivery per requirements of 12 AAC 54.535.**

(A) A PHYSICAL THERAPY INTERNSHIP OF 150 HOURS APPROVED BY THE BOARD.] satisfactory completion of Supervised Service Delivery per requirements of 12 AAC 54.535.

(b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute physical therapy services under this section, the applicant may request board approval before submitting the application for license renewal.

(c) In this section, "physical therapy services" includes work and volunteer service under a position title other than physical therapist or physical therapist assistant if the applicant documents that the position required the use of physical therapy skills recognized by the board.

Amend 12 AAC 54.590 as follows:

12 AAC 54.590. DEFINITIONS RELATED TO PHYSICAL THERAPY. (a) In 12 AAC 54.030 – 12 AAC 54.590,

(1) "continual on-site supervision" means the supervising physical therapist or physical therapist assistant

(A) is present in the department or facility where services are being provided;

(B) is immediately available to the non-licensed personnel being supervised; and

(C) maintains continual oversight of patient-related duties performed by the non-licensed personnel;

(2) ["INTERNSHIP" MEANS POSTGRADUATE ON-THE-JOB TRAINING OF A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT, APPROVED BY THE BOARD;]

RENUMBER BELOW

(3) "non-licensed personnel"

(A) means personnel who are

(i) used by a licensed physical therapist or physical therapist assistant to deliver patient-related duties and non-patient related duties related to the practice of physical therapy; and

1. (ii) trained under the direction of a licensed physical therapist or physical therapist assistant to perform designated non-patient related duties and patient-related duties related to the practice of physical therapy;

(B) includes personnel who are referred to as "aides", "technicians", or "techs";

(4) "non-patient related duties" includes clerical and maintenance activities and preparation of the work area or equipment;

(5) "patient-related duties" means routine tasks that do not require the education, skill, and training of a physical therapist or physical therapist assistant, and for which the

(A) outcome anticipated for the task is predictable;

(B) situation of the patient and the environment is stable and will not require that judgment, interpretations, or adaptations be made by non-licensed personnel; and (C) task routine and process have been clearly established;

(6) "supervision" means

(A) the licensed physical therapist will be present whenever a patient is evaluated, a treatment program is established, or a treatment program is changed; and

(B) the licensed physical therapist is present to personally review the diagnosis of the condition to be treated, to authorize the procedure, and before dismissal of the patient, to evaluate the performance of the treatment given.


(7) "Supervised Service Delivery" is a post-graduate experience for physical therapists and physical therapist assistants made up of two components: supervised clinical practice and continuing education as defined in 12 AAC 54.530.


(b) In AS 08.84.190, "physical therapy" does not include exercise or activities performed by non-licensed personnel in a home or school setting for the benefit of a patient or student.


(c) In AS 08.84.188, "licensed" includes a physical therapist or physical therapist assistant authorized to practice physical therapy in Alaska pursuant to an Alaska compact privilege issued by the Interstate Physical Therapy Compact Commission.

12 AAC 54. is amended by adding **three new sections** to Article 2:

12 AAC 54.140 LIMITED PERMIT APPLICANTS. (a) An application for a temporary permit as a physical therapist or physical therapist assistant must be submitted to the department on a form provided by the board and

- (1) payment of the application fee and license fee specified in 12 AAC 02.320;
- (2) et the jurisprudence requirement prepared by the Alaska Board covering the provision of AS 08.84 **with a passing score of 80%**; and
- (3) verification of the applicant's licensure status sent directly to the department from a jurisdiction where the applicant holds a license to practice physical therapy in good standing; verification from jurisdiction must include an explanation of any disciplinary actions taken against the licensee;

 **AAC 54.150 COMPACT PRIVILEGE APPLICANTS AND SCOPE OF PRACTICE.** A physical therapist or physical therapist assistant seeking to obtain a compact privilege in Alaska must: (a) Comply with requirements of the Interstate Physical Therapy Licensure Compact as enacted under AS 08.84.188. to be granted a compact privilege in Alaska.

- (b) Meet the jurisprudence requirement prepared by the Alaska Board covering the provision of AS 08.84 with a passing score of 80% prior to purchase of compact privilege through the Physical Therapy Compact Commission;
- (c) Alaska Compact privileges are valid until the expiration of the home state license.
- (d)  licensee with an active Alaska Compact Privilege is subject to the statutes as defined in 08.84 and 08.01-08.03 and regulations as defined in 12 AAC 54 and 12 AAC 02.
- (e) Any licensee with an active Alaska Compact Privilege is subject regulatory authority of the Alaska Physical Therapy and Occupational Therapy Board.

Amend 12 AAC 54.400 as follows:

12 AAC 54.400. PHYSICAL THERAPY LICENSE RENEWAL REQUIREMENTS. An applicant for renewal of a physical therapist or physical therapist assistant license shall

- (1) complete the renewal application on a form prescribed by the board;
- (2) pay the license renewal fee established in 12 AAC 02.320; and
- (3) document continuing competency by submitting proof of having completed
 - (A) the continuing professional practice requirements or an alternative under 12 AAC 54.405; and
 - (B) the continuing education contact hours required under 12 AAC 54.410.

(4) Meet the jurisprudence requirement prepared by the Alaska Board covering the provision of AS 08.84 with a passing score of 80%;


Amend 12 AAC 54.405 as follows:

12 AAC 54.405. PHYSICAL THERAPY CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS AND ALTERNATIVES TO THOSE REQUIREMENTS. (a) An applicant for renewal of a physical therapist or physical therapist assistant license shall document: [COMPLETION OF THE JURISPRUDENCE QUESTIONNAIRE PREPARED BY THE BOARD, COVERING THE PROVISIONS OF AS 08.84 AND THIS CHAPTER, AND SHALL ALSO DOCUMENT]

- (1) having provided physical therapy services for at least 60 hours during the concluding licensing period; or
- (2) successful completion during the concluding licensing period of at least one of the following:

Repeal 12 AAC 54.600 Occupational Therapy License Requirements in its entirety and replace with two new sections to be numbered as appropriate.

12 AAC 54. is amended by adding **two new sections** to Article 5:

 **AAC 54.6XX. REQUIREMENTS FOR OCCUPATIONAL THERAPY LICENSURE BY EXAMINATION.** An applicant for an occupational therapist license or occupational therapy assistant license, other than an

applicant who is a graduate of a school of occupational therapy that is located outside the United States, must submit a completed application on a form prescribed by the board and

- (1) payment of the fees established in 12 AAC 02.320;
- (2) a signed letter of professional reference sent directly to the department on a form provided by the department from
 - (A) an official of the applicant’s occupational therapy school; or
 - (B) an instructor, physician, or supervisor;
- (3) meet the jurisprudence requirement prepared by the Alaska Board covering the provision of AS 08.84 **with a passing score of 80%**;
- (4) proof of initial certification sent directly to the department from the National Board for Certification in Occupational Therapy (NBCOT) as evidence of having met the requirements of AS 08.84.030(b) during the 24 months immediately before the date the application is received by the department;
- (5) verification of the applicant’s licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice occupational therapy, as applicable; each verification must include an explanation of any disciplinary actions taken against the licensee; and
- (6) fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.030(b)(4).

12 AAC 54.6XX. APPLICATION FOR OCCUPATIONAL THERAPY LICENSURE BY CREDENTIALS. An applicant for an occupational therapist license or occupational therapy assistant license, other than an applicant who is a graduate of a school of occupational therapy that is located outside the United States, must submit a completed application on a form prescribed by the board and

- (1) payment fees established in 12 AAC 02.320;
- (2) a signed letter of professional reference sent directly to the department on a form provided by the department from
 - (A) an official of the applicant’s occupational therapy school; or
 - (B) an instructor, physician, or supervisor;
- (3) meet the jurisprudence requirement prepared by the Alaska Board covering the provision of AS 08.84 **with a passing score of 80%**;
- (4) proof of initial certification sent directly to the department from the National Board for Certification in Occupational Therapy (NBCOT) as evidence of having met the requirements of AS 08.84.030(b);
- (5) verification of the applicant’s licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice occupational therapy; one of which must indicate a current license in good standing; each verification must include an explanation of any disciplinary actions taken against the license; and
- (6) verification sent directly to the department from the source that the applicant has

(A) been employed in occupational therapy at least 60 hours within the [24] [] months immediately preceding the date the application is received; or

(B) passed the NBCOT examination within the 24-month period immediately preceding the date the application is received; or

([] SATISFACTORILY COMPLETED AN INTERNSHIP OF 150 HOURS APPROVED BY THE BOARD;] **satisfactory completion of Supervised Service Delivery per requirements of 12 AAC 54.830;**

(7) fingerprint card containing fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information under AS 08.84.030(b)(4).

Amend 12 AAC 54.610 as follows:

12 AAC 54.610. FOREIGN-EDUCATED OCCUPATIONAL THERAPY APPLICANTS. (a) A foreign educated occupational therapist or occupational therapy assistant applicant must have graduated from a resident course of study and professional instruction substantially equivalent to a professional occupational therapy education program that is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). A foreign-educated occupational therapist or occupational therapy assistant applicant shall submit

- (1) a completed application on the form prescribed by the board;
- (2) the **fees** established in 12 AAC 02.320;
- (3) verification of licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license, one of which must indicate a current license in good standing; each verification must include an explanation of any disciplinary actions taken against the licensee;
- (4) a signed letter of professional reference sent directly to the department on a form provided by the department from a physician, instructor, supervisor, or official of the applicant’s occupational therapy school;
- (5) evidence of meeting each of the requirements of AS 08.84.032(b);
- (6) verification **of one of the following:** that[, WITHIN THE 24 MONTHS IMMEDIATELY BEFORE THE DATE THE APPLICATION IS RECEIVED BY THE DEPARTMENT,] the applicant
 - (A) performed at least [] hours of occupational therapy service **within the 36 months immediately before the date the application is received by the department;** the verification of at least 60 hours of occupational therapy service must be sent directly to the department on a form provided by the department from the agency or source; or
 - (B) passed the NBCOT [] mination **within the 24 months immediately before the date the application is received by the department;** and
- (7) the jurisprudence questionnaire **that meets the requirements** prepared by the board covering the provisions of AS 08.84 and this chapter **with a passing score of 80%.**
- (8) the applicant’s fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.032(b)(8).**

(b) An applicant who has been certified by the National Board for Certification in Occupational Therapy (NBCOT) meets the requirements of AS 08.84.032(b)(1) - (5).

(c) An applicant who has passed the NBCOT examination meets the requirements of AS 08.84.032(b)(3) and (5).

Amend 12 AAC 54.660 as follows:

12 AAC 54.660. TEMPORARY MILITARY COURTESY LICENSE. (a) The board will issue a temporary military courtesy license to an active duty military member or spouse of an active duty military member of the armed forces of the United States to practice as an occupational therapist or occupational therapy assistant to an applicant who meets the requirements of AS 08.01.063 and this section not later than 30 days after the board receives a completed application.

(b) An applicant for a temporary military courtesy license under this section

(1) must submit an application on a form provided by the department;

(2) must pay the temporary license application fee, [AND] temporary license fee, **and fingerprint processing fee** set out under 12 AAC 02.105;

(3) must submit a copy of

(A) the applicant's current active duty military orders showing assignment to a duty station in this state; or

(B) if the applicant is the spouse of an active duty military member, the applicant's spouse's current active duty military orders showing assignment to a duty station in this state;

(4) must submit documentation showing the applicant is currently licensed and in good standing in another licensing jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;

(5) must demonstrate that the licensing jurisdiction of the applicant's current licensure required a passing score on the NBCOT examination as a condition of licensure; and

(6) may not have been convicted of a crime that affects the applicant's ability to practice as an occupational therapist or occupational therapy assistant competently and safely, as determined by the board.

(7) must submit fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.030(b)(4).

(c) A temporary military courtesy license issued to an active duty military member or spouse of an active duty military member under this section will be issued for a period of 180 days and may be renewed for one additional 180- day period, at the discretion of the board.

(d) While practicing under a temporary military courtesy license issued under this section, the holder of the temporary military courtesy license must comply with the standards of practice set out in AS 08.84 and this chapter.

(e) The board may refuse to issue a temporary military courtesy license for the same reasons that it may deny, suspend, or revoke a license under AS 08.84.120.

Repeal and Readopt 12 AAC 54.830:

~~**12 AAC 54.830. OCCUPATIONAL THERAPY INTERNSHIP STANDARDS.** (a) This section establishes the standards for an occupational therapy internship required under 12 AAC 54.600(6)(C), 12 AAC 54.705(a)(2)(D), or 12 AAC 54.950(e).~~

~~(b) An internship must be served~~

~~(1) under the continual on-site supervision of an occupational therapist licensed under this chapter; and~~

~~(2) in an institution that ordinarily provides occupational therapy, has a varied caseload, and has on staff at least one occupational therapist licensed under this chapter.~~

~~(c) A licensed occupational therapist serving as a preceptor to an intern is responsible for the intern's experience and for the safety and welfare of the patient.~~

~~(d) Upon an intern's completion of the internship, the preceptor shall submit, on a form provided by the board, a statement attesting to the intern's~~

~~(1) satisfactory or unsatisfactory completion of the internship; and~~

~~(2) level of skill in~~

~~(A) completion of evaluation;~~

~~(B) program planning;~~

~~(C) therapeutic practice;~~

~~(D) potential ability to practice safely while unsupervised with sound professional judgment; and~~

~~(E) ethics related to the practice of occupational therapy.~~

~~(e) The board will not accept internship hours claimed before the date that the internship was approved by the board. To be approved by the board, internship hours must be completed no more than six months after the date the internship begins.~~

~~(f) In this section, "preceptor" means an occupational therapist licensed under this chapter who provides on-site supervision for an intern serving an internship.~~

12 AAC 54.830. OCCUPATIONAL THERAPY SUPERVISED SERVICE DELIVERY STANDARDS. (a) This section establishes the standards for an occupational therapy supervised service delivery required under 12 AAC 54.600(6)(C), 12 AAC 54.705(a)(2)(D), or 12 AAC 54.950(e). A supervised service delivery consists of two components that must be approved by the board prior to onset. Individuals have eight months to complete all components once board approval has been received. Any part of a calendar year without service delivery equals one full year for determination of (1) and (2) below.

3. Continuing Education equals twelve contact hours per year not to exceed ninety-six contact hours.
 - i. Coursework to be pre-selected per 12 AAC 54.715 educational requirements.
4. Supervised clinical practice equals eight hours per year of supervised clinical practice with a maximum eighty hours required. A temporary permit or active license is required for this component.
5. Supervised service delivery must take place:
 - a. under the continual on-site supervision of an occupational therapist licensed under this chapter; and
 - b. in an institution that ordinarily provides occupational therapy and has on staff at least one occupational therapist licensed under this chapter.
6. A licensed occupational therapist serving as a supervisor is responsible for the clinical experience and for the safety and welfare of the patient.

7. Upon an individual’s completion of the supervised service delivery, the supervisor shall submit, on a form provided by the board, a statement attesting to the occupational therapist’s or occupational therapy assistant’s satisfactory or unsatisfactory completion of the supervised service [REDACTED] very.

Amend 12 AAC 54.640 as follows:

12 AAC 54.640. OCCUPATIONAL THERAPY TEMPORARY PERMITS AND SCOPE OF PRACTICE

UNDER THOSE PERMITS. (a) An applicant for an occupational therapist or occupational therapy assistant license by examination who is scheduled for the next NBCOT examination or who has taken the NBCOT examination and is waiting for the results of the examination may apply for a temporary permit. A temporary permit will be issued if the following are on file:

- (1) a complete application on a form provided by the department;
- (2) a signed professional reference letter sent directly to the department on a form provided by the department from a physician, instructor, supervisor, or official of the applicant's occupational therapy school;

- (3) a signed and notarized statement of responsibility sent directly to the department on a form provided by the department from the supervising occupational therapist; the statement must indicate that the supervising occupational therapist will assume the full responsibility for supervising the applicant;

- (4) a letter verifying

- (A) the applicant's scheduled examination date sent directly to the [REDACTED] department by an entity designated by NBCOT; or

- (B) that the applicant has taken the examination and is waiting for the results to be sent directly to the department from NBCOT; **or**

- (C) **while undergoing the supervised clinical practice component of Supervised Service**

Delivery of 12 AAC 54.830.

- (5) the application fee established in 12 AAC 02.320;
- (6) the license fee established in 12 AAC 02.320;
- (7) the temporary permit fee established in 12 AAC 02.320.

(b) An applicant for an occupational therapist or occupational therapy assistant license who is or was initially certified with the NBCOT may qualify for a temporary permit by

- (1) meeting the requirements of (a)(1), (2), (5), (6), and (7) of this section;
- (2) submitting verification that the applicant is certified or was initially certified with the NBCOT;
- (3) providing verifications of licensure from each jurisdiction where the applicant holds or has ever held a license to practice occupational therapy; at least one verification must be of a current license in good standing in another state; and **one of the following:**

- a. providing verification that, during the 24 months immediately before the date the application is received by the department, the applicant **has passed the NBCOT examination or**

- b. **providing verification that during the 36 months immediately before the date the application is received by the department, the applicant has performed at least 60 hours of occupational therapy service or**

- c. **while undergoing the supervised clinical practice component of Supervised Service Delivery of 12 AAC 54.830.**

- (A) [REMOVED]PERFORMED AT LEAST 60 HOURS OF OCCUPATIONAL THERAPY SERVICE; THE VERIFICATION OF AT LEAST 60 HOURS OF OCCUPATIONAL THERAPY

SERVICE MUST BE ON A FORM PROVIDED BY THE DEPARTMENT; OR
(B) PASSED THE NBCOT EXAMINATION.]

(c) The verifications required in (b)(2) and (3) of this section must be sent directly to the board from NBCOT or the licensing agency for the other jurisdiction.

(d) An applicant for an occupational therapist or occupational therapy assistant license, who is waiting to take an examination or for the results of the examination, and who has been issued a temporary permit under AS 08.84.065 shall work under the supervision of a licensed occupational therapist and may not act as a supervisor until a permanent license is issued.

(e) The holder of a temporary permit under AS 08.84.065(b) as an occupational therapist, who is waiting for licensure by acceptance of credentials, may practice without supervision.

(f) The holder of a temporary permit under AS 08.84.065(b) as an occupational therapy assistant, who is waiting for licensure by acceptance of credentials, shall practice in accordance with 12 AAC 54.810.

Amend 12 AAC 54.705 as follows:

12 AAC 54.705. REQUIRED CONTINUING OCCUPATIONAL THERAPY PROFESSIONAL PRACTICE AND ALTERNATIVES. (a) An applicant for renewal of an occupational therapist or occupational therapy assistant license shall document

(1) having provided occupational therapy services for at least 60 hours during the concluding licensing period;

or

(2) successful completion during the concluding licensing period of one of the following:

(A) the applicable of the following certification examinations sponsored by the National Board for Certification in Occupational Therapy:

(i) for an occupational therapist, the Certification Examination for Occupational Therapist, Registered;

or

(ii) for an occupational therapy assistant, the Certification Examination for Certified Occupational Therapy Assistant;

(B) in addition to the contact hours of continuing education required under 12 AAC 54.710, 40 contact hours of continuing education that is consistent with the requirements of 12 AAC 54.710 - 12 AAC 54.720;

(C) [REVIEW COURSE SPONSORED BY A SCHOOL OF OCCUPATIONAL THERAPY APPROVED BY THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION; OR

(B) AN OCCUPATIONAL THERAPY INTERNSHIP OF 150 HOURS APPROVED BY THE BOARD.]
satisfactory completion of Supervised Service Delivery per requirements of 12 AAC 54.830.

(b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute occupational therapy services under this section, the applicant may request board approval before submitting the application for license renewal.

(c) In this section, "occupational therapy services" includes work and volunteer service under a position title other than occupational therapist or occupational therapy assistant if the applicant documents that the position required the use of occupational therapy skills

recognized by the board.

12 AAC 54. is amended by adding **one new section** to Article 2:

12 AAC 54.670 LIMITED PERMIT APPLICANTS. (a) An application for a temporary permit as a physical therapist or physical therapist assistant must be submitted to the department on a form provided by the board and

- (1) payment of the application fee and license fee specified in 12 AAC 02.320;
- (2) meet the jurisprudence requirement prepared by the Alaska Board covering the provision of AS 08.84 **with a passing score of 80%; and**
- (3) verification of the applicant’s licensure status sent directly to the department from a jurisdiction where the applicant holds a license to practice physical therapy in good standing; verification from jurisdiction must include an explanation of any disciplinary actions taken against the licensee.

Amend 12 AAC 54.700 as follows:

12 AAC 54.700. OCCUPATIONAL THERAPY LICENSE RENEWAL REQUIREMENTS. An applicant for renewal of an occupational therapist license or an occupational therapy assistant license shall submit

- (1) a complete renewal application on a form prescribed by the board;
- (2) the license renewal fee established in 12 AAC 02.320;
- (3) proof of continuing competency by submitting documentation verifying that the applicant has completed

(A) the continuing occupational therapy professional practice requirements or an alternative under 12 AAC 54.705; and

(B) the continuing education contact hours required under 12 AAC 54.710; and

- (4) a completed jurisprudence questionnaire **that meets the requirements** prepared by the board covering the provisions of AS 08.84 and this chapter **with a passing score of 80%**.

Amend 12 AAC 54.890 as follows:

12 AAC 54.890. DEFINITIONS RELATED TO OCCUPATIONAL THERAPY. (a) In 12 AAC 54.600 – 12 AAC 54.890,

(1) "continual on-site supervision" means the supervising occupational therapist or occupational therapy assistant

(A) is present in the department or facility where services are being provided;

(B) is immediately available to the non-licensed personnel being supervised; and

(C) maintains continual oversight of patient-related duties performed by the non-licensed personnel;

(2) ["INTERNSHIP" MEANS POSTGRADUATE ON-THE-JOB TRAINING OF OCCUPATIONAL THERAPISTS OR OCCUPATIONAL THERAPY ASSISTANTS, APPROVED BY THE BOARD;]

RENUMBER BELOW

(3) "non-licensed personnel"

(A) means personnel who are

(i) used by a licensed occupational therapist or occupational therapy assistant to deliver patient-related duties and non-patient related duties related to the practice of occupational therapy; and

(ii) trained under the direction of a licensed occupational therapist or occupational therapy assistant to perform designated non-patient related duties and patient-related duties related to the practice of occupational therapy;

(B) includes personnel who are referred to as "aides", "technicians", or "techs";

(4) "non-patient related duties" includes clerical and maintenance activities and preparation of the work area or equipment;

(5) "patient-related duties" means routine tasks that do not require the education, skill, and training of an occupational therapist or occupational therapy assistant, and for which the

(A) outcome anticipated for the task is predictable;

(B) situation of the patient and the environment is stable and will not require that judgment, interpretations, or adaptations be made by non-licensed personnel; and

(C) task routine and process have been clearly established;

(6) "supervision" means

(A) the licensed occupational therapist will be present whenever a patient is evaluated, a treatment program is established, or a treatment program is changed; and

(B) the licensed occupational therapist is present to personally review the diagnosis of the condition to be treated, to authorize the procedure, and before dismissal of the patient, to evaluate the performance of the treatment given.

(b) In AS 08.84.190, "occupational therapy" does not include exercise or activities performed by non-licensed personnel in a home or school setting for the benefit of a patient or student.

(7) "Supervised Service Delivery" is a post-graduate experience for occupational therapists and occupational therapy assistants made up of two components: supervised clinical practice and continuing education as defined in 12 AAC 54.830.

Amend 12 AAC 54.950 as follows:

12 AAC 54.950. REINSTATEMENT OF A LAPSED LICENSE. (a) A licensee whose license is lapsed for any reason is prohibited from practicing physical therapy or occupational therapy until the license is reinstated by the board.

(b) A license which has been lapsed for less than two years will be reinstated by the board upon submission of

(1) the fees required by 12 AAC 02.105 and 12 AAC 02.320; and

(2) documentation that all continuing competency and continuing education requirements of 12 AAC 54 have been met.

(c) A license that has been lapsed for two but less than five years will, in the board's discretion, be reinstated, if the applicant submits

(1) an application for reinstatement on a form provided by the department;

- (2) the fees required by 12 AAC 02.105 and 12 AAC 02.320 for the entire period the license has been lapsed;
 - (3) evidence of completion of all continuing competency and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed;
 - (4) verification of all physical therapy and occupational therapy licenses held in other jurisdictions for the entire period the Alaska license has been lapsed and a signed statement from a licensing official in each of those jurisdictions verifying that no restrictions have been placed on the license or disciplinary sanctions have been taken against the licensee.
- (d) In accordance with AS 08.01.100(d), a license that has been lapsed for five years or more is considered permanently lapsed and the former licensee will be required to apply for a new license under AS 08.84.030 or 08.84.060 and regulations adopted under them.
- (e) An applicant for a new license whose original license in this state was lapsed for five years or more and who has not been actively practicing in another state during that time shall satisfactorily complete [AN INTERNSHIP] **the supervised service delivery as defined in 12 AAC 54.535 or 12 AAC 54.830.** [APPROVED BY THE BOARD CONSISTING OF 150 HOURS OF TRAINING].

Amend Article 8. General Provisions to add a new section:

12 AAC 54.940

12 AAC 54.940 - [REMOVED] VIEW OF INTERSTATE LICENSURE COMPACT. The board shall review all Interstate Licensure Compacts, including bylaws, rules, and policies and procedures, as often as necessary to ensure effectiveness in Alaska. If the board determines any Interstate Licensure Compact is no longer beneficial in Alaska, the board shall notify the Legislature.

Amend 12 AAC 54.500(b) as follows:

12 AAC 54.500. PHYSICAL THERAPY STANDARDS.

(b) A license or permit issued by the board[, OR A COPY OF THE LICENSE OR PERMIT,] must be posted in a conspicuous location in [THE LICENSEE'S PLACE OF] **your** business[,] for public inspection. PENDING RECEIPT OF THE CURRENT LICENSE CERTIFICATE FROM THE DEPARTMENT, THE LICENSEE SHALL DISPLAY THE DEPARTMENT'S INTERNET WEBSITE POSTING CONFIRMING LICENSURE.] **If away from your business, be prepared to provide proof of licensure, if asked.**

Amend 12 AAC 54.805 as follows:

12 AAC 54.805. POSTING OF LICENSE OR PERMIT. A license or permit issued under this chapter[, OR A COPY OF A LICENSE OR PERMIT,] must be posted in a conspicuous location in **your** [THE LICENSEE'S PRIMARY PLACE OF] business for public inspection. [PENDING RECEIPT OF THE CURRENT LICENSE CERTIFICATE FROM THE DEPARTMENT, THE LICENSEE SHALL DISPLAY THE DEPARTMENT'S INTERNET WEBSITE POSTING CONFIRMING LICENSURE.] **If away from your business, be prepared to provide proof of licensure, if asked.**

Amend 12 AAC 54.435(e) as follows:

12 AAC 54.435. EXEMPTION FROM CONTINUING EDUCATION REQUIREMENTS FOR ACTIVE DUTY MILITARY SERVICE

(e) In this section, "engaged in active duty military service" means military personnel serving in an active capacity, including

(1) active duty personnel in the United States Army, Navy, Air Force, Marine Corps, **Space Force**, or Coast Guard; and

(2) reservists and National Guard personnel in a combat zone for a named United States military conflict; in this paragraph, "combat zone" means an area that the President of the United States designates by executive order as an area in which the armed forces of the United States are engaging or have engaged in combat.

Amend 12 AAC 54.725 (e) as follows:

12 AAC 54.725. EXEMPTION FROM CONTINUING EDUCATION REQUIREMENTS FOR ACTIVE DUTY MILITARY SERVICE.

(e) In this section, "engaged in active duty military service" means military personnel serving in an active capacity, including

(1) active duty personnel in the United States Army, Navy, Air Force, Marine Corps, **Space Force**, or Coast Guard; and

(2) reservists and National Guard personnel in a combat zone for a named United States military conflict; in this paragraph, "combat zone" means an area that the President of the United States designates by executive order as an area in which the armed forces of the United States are engaging or have engaged in combat.

Amend 12 AAC 54.660 (4) as follows:

12 AAC 54.660. TEMPORARY MILITARY COURTESY LICENSE

(4) must submit documentation **sent directly to the department from the jurisdiction** showing the applicant is currently licensed and in good standing in another licensing jurisdiction and the applicant's license in the other jurisdiction is not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements;

Amend 12 AAC 54.710(h) as follows:

12 AAC 54.710. OCCUPATIONAL THERAPY CONTINUING EDUCATION REQUIREMENTS

(h) To document current certification with the NBCOT, the applicant shall submit [A PHOTOCOPY OF THE FRONT AND BACK OF] **verification of** the applicant's current NBCOT **OTR or COTA status.** [CERTIFICATE].

Amend 12 AAC 54.920 as follows:

12 AAC 54.920. CHANGE OF NAME OR ADDRESS. (a) It is the responsibility of a licensee to notify the department of a change in the licensee's name or mailing address.

(b) A licensee shall notify the department when the licensee's name has changed [BY SUBMITTING A NOTARIZED COPY OF A LEGAL DOCUMENT VERIFYING THE CHANGE OF NAME.] **in accordance with 12 AAC 02.900.**

(c) A licensee shall notify the department when the licensee's mailing address has

changed in accordance with 12 AAC 02.900.

(d) Upon written request and payment of the fees established in 12 AAC 02.105, a new license or certificate will be printed showing the licensee’s new name or address.

Amend 12 AAC 54.410 as follows:

 **AAC 54.410. PHYSICAL THERAPY CONTINUING EDUCATION REQUIREMENTS**

(d) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education contact hours claimed and shall make the records available to the board upon request under 12 AAC 54.430. Records must be retained for [THREE] **four** years from the date the contact hours were obtained.

Amend 12 AAC 54.710 as follows:

 **AAC 54.710 OCCUPATIONAL THERAPY CONTINUING EDUCATION REQUIREMENTS**

(e) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education contact hours claimed and shall make the records available to the board upon request under 12 AAC 54.720. Records must be retained for [THREE] **four** years from the date the contact hours were obtained.

DRAFT

Continuing Competence Committee Chair Report

Committee members: Valerie Phelps (chair), Rebecca Dean

Meetings:

May 2, 2024 from 10 am to 12 pm

October 3, 2024 from 10 am to 12 pm

Summary

The committee has no requests for board approval related to statute or regulation changes.

We have realized that what we thought might be a back burner committee, meeting only 2 times per year, might need more attention as questions come in related to CEU requirements, and to bring the regulations to standards of versatility that are offered by other states.

1. At the first meeting we set goals:
 - a. Update FAQ's on the PT OT website
 - i. Began a search of how other state's sites appear
 - b. Discussed informed consent
 - i. Decided to wait until the FSBPT report from their task force was complete
 - c. Streamline PT licensing transcript requirement for Licensing by Credentials
 - i. Letters were written to FSBPT about NPTE requirements
 - ii. Search was done about other state requirement of transcripts for Licensing by Examination. If other states require transcripts for licensing by examination, which it was determined that all do, then we can release the administrative burden of requiring transcripts for licensing by credentials where the PT has been licensed by another state.
 1. Because the same people are on the regulations committee, we have a recommendation to the board about this from the regulations committee.
 - d. Revise CE Requirements as needed: this was placed number 4 at the first meeting and brought to number 1 as an action item at the second meeting. Strategies were established to begin looking closer at this.
 - e. Jurisprudence Questionnaire update. Remains a lesser priority currently.

Continued on page 2.....

2. At the 2nd meeting, we had a brief discussion about other state's websites and noted that Alaska's has come a long way and is as good or better than many that were viewed. We then spent a significant amount of time on one piece of correspondence. The meeting was attended by Kristen Neville from NBCOT who provided valuable insight.
 - a. An individual wanted CEU's for supervising a student from Utah. Utah provides CEU's for clinical instructor hours.
 - b. Our regulations state:

12 AAC 54.420. APPROVED PHYSICAL THERAPY COURSES AND ACTIVITIES. (a) The following continuing education activities are approved for continuing education credit if they meet the requirements of (c) of this section:

(1) **courses** recognized by

(A) the Alaska Physical Therapy Association;

(B) the American Physical Therapy Association (APTA);

(C) the Federation of State Boards of Physical Therapy (FSBPT);

(D) other state physical therapy associations; or

(E) other state physical therapy licensing boards;

- c. Discussion: Looking only at the PT courses and activities, an argument was made that if another state accepts such an activity and provides CEU's for an activity that is not a course, do we have to accept them as well? If so, we would have to honor every other state's CEU allowances. This would be an insurmountable task to monitor. Because the word 'courses' is in regulations, we discussed that historically, the board has accepted only 'courses' and not other 'activities' as meeting the CEU requirements.
- d. Additional consideration received after our 10/3/24 meeting: from Sheri, "*Dr. Patricia Runde from UAA sent an email on 10/09/2024 wanting the board to consider CEU for Clinical Instructors. She did the research of how all other states treat it. I let her know it was a project underway in the CCE Committee and that I would invite her to attend the next meeting and give public testimony.*"

RECOMMENDATIONS GOING FORWARD

1. The Continuing Competency Committee would like to meet more frequently
2. We would like to prioritize:
 - a. Continuing Competency requirements/regulations updates for greater versatility and to add specific activities along with the current 'courses'.
 - b. Informed consent – reviewing FSBPT task force results and identifying needs related to Alaska

From: [Tran Nhi - Anchorage](#)
To: [Board of Physical and Occupational Therapy \(CED sponsored\)](#)
Subject: CEU clarification
Date: Wednesday, September 25, 2024 8:43:02 AM

Good morning,

I am writing to inquire about CEU qualifications in Alaska for being a clinical instructor. I provided 480 supervision hours for a student at Rocky Mountain University (Utah) recently and they sent me an email stating the hours could equate to CEUs. Per the Utah APTA website (link: https://aptaut.org/ceu_requirements.php) I am in category II meaning 1 contact hour (or 10 supervision hour) is equal to 1.5 CEU with a cap at 10 CEU. Would this be applicable to me as a PT licensed in Alaska?

Nhi Tran, PT, DPT
Physical Therapist



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

BOARD OF PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.269-6425
Fax: 907.465.2974

October 7, 2024

Nhi Tran, PT, DPT
Alaska Regional Hospital
2925 Debarr Road, Suite 3325
Anchorage, AK 99508

RE: CEU clarification 09-25-2025

Hello Dr. Tran,

On September 25, 2024 you wrote to the Board of Physical Therapy and Occupational Therapy seeking clarification if the 480 supervision hours you provided for a student recently qualified for continuing education contact hours under 12 AAC 54.420 in Alaska.

The Board of Physical Therapy and Occupational Therapy authorized the following response on xx/xx/2024:

The board has clarified in the past that hours of supervision provided for students/interns does not meet continuing education requirements per 12 AAC 54.420 but does fulfill your Professional Practice Requirement under 12 AAC 54.405 (c).

The Continuing Competence/Education Committee is currently looking at ways to modernize the professional practice and continuing education requirements needed for renewal to make recommendations to the board. I encourage you to attend those meetings and make public comment. You can find the board meeting schedule on our website under Board Business.

Sincerely,

Sheri Ryan
Licensing Examiner Advanced 3
Alaska Board of Physical Therapy and Occupational Therapy

From: [Patricia Runde](#)
To: [Ryan, Sheri J \(CED\)](#)
Cc: aleckay@aptaalaska.org
Subject: CEU for Clinical Instructors Proposal to the Licensing board.
Date: Wednesday, October 9, 2024 11:33:08 AM
Attachments: [CEU for CI \(Autosaved\).docx](#)

You don't often get email from parunde@alaska.edu. [Learn why this is important](#)

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Sheri,

I have been asked to reach out to you regarding Clinical Educational Units for Clinical Instructors. The AKAPTA chapter board feels this needs to be approved by the licensing board and perhaps put into the statutes.

I have attached the research I have done on other Chapters within the United States.

My proposal would be to allow for 1.5 CEU (15 hours) for 480 hours (12 weeks) of mentoring a student. This being the Maximum allowed for each licensing period.

The math- in looking at all the other states- everything was varied. One state provides 1 CEU for 40 hours of mentoring; Another provided 1 contact hour per 16 hours of mentoring- in a 12 week affiliation at 40 hours a week there is a total of 480 hours - totaling 30 hours of allowed contact hours = 3 CEUs; A different state allows 1 CEU for each 40 hours with the same student and maximum of 3 CEUS per licencing period.

Lots of variables. The attachment is a rough draft of the notes I took in researching this proposal.

Alaska is one of the last to address CEUs for Clinical Instructors. Current CI's are beginning to note this and request CEU's. It is in our best interest to support the Clinical Instructors to in turn support the staffing issues clinics are having as well as reward Therapists who engage in preparing Physical Therapy students (PT and PTA) for the workforce.

Please advise me in moving forward with the Licensing Board as indicated.

Dr. Patty Runde, PT, DPT, CLT-LANA
Term Assistant Professor Physical Therapist Assistant
Academic Coordinator of Clinical Education
School of Allied Health
3211 Providence Dr.
PSB, Room 117D
Anchorage, AK 99508
907-786-4769

Alabama:

Teaching or lecturing in a physical therapy related continuing education activity – awarded two (2) hours per hour taught. Teaching or lecturing in the academic setting is also included, if teaching is not the licensee's primary occupation

Acting as the primary clinical instructor for CAPTE accredited PT or PTA program students – awarded one (1) hour for each 200 hours completed

Arizona:

Presentation of an original education program dealing with current research, clinical skills, procedures, treatment, or practice management related to the practice of PT principally for health care professionals. Must be accompanied by written materials prepared, augmented or updated by presenter. 60 minutes of instruction=2.5 contact hours.

Clinical Instruction–MAX 5 hr PT 2 hr PTA

Clinical Instruction involves assisting a student PT or student PTA, PT resident or fellow acquire clinical skills. Individual receiving CI must be enrolled in a CAPTE accredited PT/PTA program or APTA approved residency/fellowship program. Each 120 hours of CI = 1 contact hour.

Arkansas:

<https://www.healthy.arkansas.gov/programs-services/topics/arkansas-state-board-of-physical-therapy>

One contact hour will be allowed for each 40 hours of verified direct continuous supervision of a PT/PTA student from a CAPTE accredited program or verified mentoring/supervision within an accredited physical therapy residency or fellowship program. The maximum credit for a PT is 5 hours and the maximum credit for a PTA is 2.5 hours in the current two year accumulation period.

California:

Serving on a Board appointed task force cap at 16 hours 6 hours per experience.

Developing or presenting an approved college or continuing education course for the first time.

Performing in a role as a clinical instructor where the student's clinical experience is full time and lasts at least 4 weeks. Effective January 1, 2013, the clinical instructor must be credentialed by APTA or hold a substantially similar credential.

Colorado:

<https://dpo.colorado.gov/PhysicalTherapy/CPC>

Mentoring is an ongoing professional, educational and voluntary relationship between a mentor and protégé that provides guidance, feedback, evaluation, and ongoing review to improve or enhance the licensee's/certificate holder's professional knowledge. No pecuniary relationship may exist between the mentor and protégé and it should not be part of regular job duties. The parties will meet regularly during the mentorship to set goals, identify strengths and weaknesses, discuss progress, etc. Hours may be accrued for participation in a mentorship as a mentor or as the protégé. Documentation Required: A verifiable letter signed by the mentor and protégé confirming the participation of each party. Must include goals and objectives, dates/times of each meeting, and the number of hours completed.

<https://drive.google.com/file/d/1tWWHnGrqmgYwaXJPEg6q6gD3P2iWNAQo/view>

Connecticut:

Delaware:

1 CEU per 40 hrs of CE

Florida

- Clinical Instructors can receive 1 contact hour for every 160 hours of clinical internship limited to a maximum of 6 contact hours per instructor per biennium. Clinical instructors must be credentialed by the American Physical Therapy Association (APTA) to receive clinical continuing education credits.

Georgia:

<https://rules.sos.ga.gov/gac/490-4>

Teaching a physical therapist or physical therapist assistant credit course when that teaching is an adjunct responsibility and not the primary employment; Continuing competence credit is based on contact hours not to exceed 20 hours;

Acting as a clinical education instructor for an accredited physical therapist or physical therapist assistant educational program; Continuing competence credit is one (1) hour per eight (8) contact hours with a maximum credit of 10 hours; or

Acting as a clinical instructor or an intern for a formal, nonacademic, advanced clinical internship or as a mentor or a learner for a formal, nonacademic mentorship with a maximum credit of 10 hours.

Hawaii:

Serving as a clinical instructor or a mentor to a physical therapist student, a physical therapist assistant student or a physical therapist participating in an accredited fellowship or residency program 1 CCU for every 40 hours with each student (however, credit given only for first delivery during the renewal period) For each student, an original letter from an authorized representative of the program verifying service which includes the number of hours and dates of instruction

Primary course instructor teaching a course in an accredited physical therapy or physical therapist assistant program 5 CCUs per course per semester (however, credit given only for first delivery during the renewal period) Original letter from an authorized representative of the institution which includes the instructor's name, name of the accredited physical therapy or physical therapist assistant program, course title, number of hours, and dates of instruction Guest instructor assisting in an accredited physical therapy or physical therapist assistant program 2 CCUs per course per semester (however, credit given only for first delivery during the renewal period) Original letter from an authorized representative of the institution which includes the instructor's name, name of the accredited physical therapy or physical therapist assistant program, course title, number of hours, and dates of instruction

Idaho:

Supervision of a physical therapist student or physical therapist assistant student in an accredited college program. The licensee will receive four (4) hours of credit per year;

Illinois:

Clinical Instructor. Up to 5 hours of CE credit may be obtained by being a clinical instructor for PTA students and up to 10 hours of CE credit may be obtained by being a clinical instructor for PT students. Credit will be earned based on hours of cumulative student clinical instruction, with 1 hour of CE credit per 120 student hours. CE credit hours for clinical instruction will be awarded by the student's academic institution

Indiana:

(4) Supervision of physical therapist students or physical therapist's therapist assistant students from accredited programs in full-time clinical internships or residency programs. One (1) contact hour for every eve1y [sic] forty (40) hours of supervision with a maximum of ten (10) contact hours per biennium.

Iowa:

Directly supervising students for clinical education if the students being supervised are from an accredited physical therapist or physical therapist assistant program and are participating in a full-time clinical experience (defined as approximately 40 hours per week, ranging from 1 to 18 weeks). One hour will be awarded for every 160 contact hours of supervision. A maximum of 8 hours for a physical therapist and 4 hours for a physical therapist assistant may be awarded per biennium. The physical therapist or physical therapist assistant must have documentation from the accredited educational program indicating the number of hours spent supervising a student

Kansas:

Supervision of a student. "Supervision of a student" shall mean clinical instruction and evaluation of a physical therapist student or physical therapist assistant student in a clinical setting. One contact hour shall be awarded for each documented 40 hours of providing supervision of a student. A maximum of three contact hours shall be awarded in each two-year continuing education period

Kentucky:

Clinical instructor for a CAPTE-approved education program or an APTA credentialed residency or fellowship program. One (1) contact hour per 16 hours of student supervision shall be awarded. (Provide a letter from the educational institution on letterhead with a signature from the Program Director or Director of Clinical Education.

Louisiana:

Licensees may obtain a maximum of five credit hours for serving as the primary clinical instructor for PT and PTA students or provisional licensees. Licensees may also obtain a maximum of five credit hours for mentoring physical therapists in residency and fellowship education programs. One administrative credit hour may be earned per 120 hours of clinical instruction/mentoring during the renewal period.

Maine:

No CEU requirements

Maryland:

Did not list

Massachusetts: No current continuing education requirements for license renewal.

Michigan:

PDR: Professional Development Requirements

Serving as a guest instructor of students, staff, or other licensees at any of the following: A clinical training program related to the practice of physical therapy provided through or recognized by an accredited or developing physical therapist educational program that satisfies the standards under R 338.7131. A clinical training program related to the practice of physical therapy provided through or recognized by an accredited or developing physical therapist assistant educational program that satisfies the standards under R 338.7141A clinical training program related to the practice of physical therapy offered through a healthcare organization accredited by an organization recognized by the Centers for Medicare and Medicaid Services. A clinical training program related to the practice of physical therapy accredited or credentialed by APTA or an organization approved by the board. If audited, a licensee shall provide a letter from the program director verifying the licensee's role, the number of instructional sessions on specific subjects provided by the licensee, and the length of the instructional sessions. Also, the letter must verify that the clinical training program provided, offered, or accredited by an educational program or organization satisfies the requirements of this rule. Two PDR credits are granted for every 50 minutes of continuous instruction. A maximum of 12 PDR credits may be earned for this activity in each renewal period.

Serving as a clinical instructor or clinical supervisor for students completing an internship, residency, or fellowship program that recognized or approved by any of the following: An accredited or developing educational program for physical therapists that satisfies the standards under R 338.7131. An accredited or developing educational program for physical therapist assistants that satisfies the standards under R 338.7141. APTA or an organization approved by the board. If audited, a licensee shall provide a letter from the educational program or clinical agency director verifying the licensee's role, the number of hours of instruction or supervision provided by the licensee, and that the internship, residency, or fellowship program is recognized or approved by an educational program or organization that satisfies the requirements of this rule.

Three PDR credits are granted for 40 hours of clinical instruction or supervision. A maximum of 12 PDR credits may be earned for this activity in each renewal period.

Minnesota:

Education and Teaching – Up to 9 total hours may be earned for any combination of the following activities:

- developing and teaching an academic course in physical therapy at an institution accredited by a regional accrediting association. Continuing education hours may be earned only for the first time the licensee teaches the course;
- serving as a guest lecturer for an academic course in physical therapy at an institution accredited by a regional accrediting association. Continuing education hours may be earned only for the first time the licensee teaches the course. The licensee may claim up to two hours of credit for preparation per one hour of presentation claimed;

- developing and presenting a course for a workshop or seminar approved under part [5601.2400](#). Continuing education hours may be earned only for the first time the licensee teaches the course. Licensee may claim up to two hours of credit for preparation per one hour of presentation claimed; and
- for physical therapists, serving as a mentor for a physical therapy residency or fellowship credentialed by the American Physical Therapy Association (APTA).

Mississippi:

Clinical Instructorship. Credit for 1 CCU is applied for each 40 hours of clinical supervision with the same student. A maximum of 3 CCUs per clinical rotation for a total of 6 CCUs per licensure period is allowed. Students must be enrolled in CAPTE accredited or eligible DPT or PTA program. Verification of the clinical supervision agreement with the student's educational program and a log reporting supervision hours is required as evidence of compliance. A certificate of completion from the educational program may also be used as evidence of compliance

Missouri:

All licensed physical therapists who act as a clinical instructor for a student enrolled in a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited physical therapist or physical therapist assistant program or who supervise an American Physical Therapy Association approved physical therapist resident or fellow will be granted one (1) contact hour for every one hundred twenty (120) total hours of supervision. The maximum total of contact hours per reporting period shall be five (5). A certificate of completion of these hours from the academic institution or residency or fellowship program shall be the necessary documentation to submit proof; and (N) All licensed physical therapist assistants who act as a clinical instructor for a student enrolled in a CAPTE-accredited physical therapist assistant program will be granted one (1) contact hour for every one hundred twenty (120) total hours of supervision. The maximum total of contact hours per reporting period shall be five (5). A certificate of completion of these hours from the academic institution shall be the necessary documentation to submit proof.

Montana:

Category A activities: A minimum of 15 of the 30 CE hours/credits must be obtained in this category in each two-year cycle: CE courses, physical therapy clinical specialty certification coursework, physical therapy clinical residency coursework, and postgraduate physical therapy education, including, but not limited to, post doctor of physical therapy course work. The postgraduate physical therapy course work must be passed with a grade of "C" or higher or "pass" if a "pass/fail" course. Category A activities are distinguished from category B activities in that they are approved or offered CE hours/credits by one of the following, whether classroom-based, online, or home study:

(iv) Performing as an APTA-certified clinical instructor in each two-year cycle. Max hour/credit five;

Nebraska:

12. SUPERVISION. Direct supervision of students for clinical education: (a) The physical therapist or physical therapist assistant who is supervising the student must be an American Physical Therapy Association Credentialed Clinical Instructor of record at the Basic Level; (b) The student being supervised must be from an accredited physical therapist or physical therapist assistant program and participating in a full-time clinical experience of varying length. Full-time is defined as clinical experiences with durations of approximately 40 hours per week ranging from 1-18 weeks; (c) 1 hour will be awarded for every 160 contact hours of supervision of full-time physical therapist student or physical therapist assistant student; (d) A maximum of 8 hours for physical therapist and 4 hours for physical therapist assistant per 24-month renewal period may be awarded to each individual for supervision of a physical therapist student or physical therapist assistant student; and (e) The physical therapist or physical therapist assistant must have documentation from the accredited educational program indicating the number of hours spent supervising a student

Nevada:

Primary Clinical Instructor Certificate or Signed proof of service on NPTB CCU Verification Form*

♣ Primary Clinical Instructor 40 hrs of CI time for 1 CCU (max 4 CCUs/student)

Pro-Bono PT service 2+ hrs/day of service for 1 CCU (max 4 CCUs/year)

New Hampshire:

Phy 406.06 Direct Supervision of Physical Therapist or Physical Therapist Assistant Students During Their Clinical Education.

(a) The board shall recognize as maintenance of continuing competence a licensee's direct supervision of physical therapist or physical therapist assistant students during their clinical education when the licensee acts as the primary clinical instructor.

(b) The board shall credit the licensee with 2 hours per student for clinical education supervision. The clinical education supervision must exceed 48 hours in duration. A maximum of 8 hours per renewal cycle will be credited.

Source. #9456, eff 4-17-09; ss by #10203, eff 10-19-12

New Jersey:

A licensed physical therapist or licensed physical therapist assistant who provides clinical instruction to a student in a clinical facility that is affiliated with a physical therapy program that is approved for the education and training of physical therapists or licensed physical therapist assistants by an accrediting agency recognized by the United States Department of Education, Office of Postsecondary Education shall receive one credit for each 40 hours of clinical instruction up to a maximum of four credits per biennial period.

New Mexico:

(13) Credit for supervising a student in clinical education, provide the board with a copy of the cover and signature page (with student's name blacked out to maintain confidentiality) of the student evaluation completed by the licensee-supervisor. One continuing education contact hour may be approved for each 40 contact hours of supervision in clinical education. The maximum number of continuing education contact hours approved for supervision in clinical education is 15 contact hours biennially.

<https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/physical-therapy/instructors-training-requirements-and-continuing-education/>

New York:

<https://www.op.nysed.gov/professions/physical-therapist-assistants/continuing-education/continuing-education-faqs>

Supervision of a student (clinical instructor)	.5 hours of continuing education for each two-week period of registration period
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North Carolina:

Serving as Clinical Instructor for PT or PTA student, resident or fellow under licensee direct on-site supervision -Retain verification of clinical affiliation agreement with accredited institution for the student supervised and log of number of hours spent supervising the student

North Dakota:

Does being a clinical instructor for physical therapy students' count towards CC units?

Physical therapists or physical therapist assistants are eligible for one (1) unit for every one hundred sixty-five (165) hours of clinical instruction with a maximum of five (5) units per reporting period. A written certification from the PT/PTA school is required for proof of credit.

Ohio:

CEUs for serving as a Clinical Instructor (from the Laws and Rules Regulating the Practice of Physical Therapy, section 4755-23-08, Section G, paragraph 5). 5. Serving as a Clinical Instructor will qualify for one contact hour for each eighty hours of clinical instruction. a. To be eligible for continuing education credit in accordance with this paragraph, a physical therapist must be an APTA Certified Level I or Level II Clinical Instructor and a physical therapist assistant must be an APTA Certified Level I Clinical Instructor. b. A physical therapist may earn up to twelve contact hours per renewal cycle by serving as a clinical instructor. c. A physical therapist assistant may earn up to six contact hours per renewal cycle by serving

as a clinical instructor. d. Proof of clinical instruction is a certificate from the student's school documenting the number of hours of clinical supervision completed.

One contact hour will be awarded for a full eighty hours of clinical instruction. For each additional twenty hours of clinical instruction, a licensee can earn 0.25 contact hours. For example, if a licensee provided 90 hours of clinical instruction, the individual would earn one contact hour of CE. If the licensee provides 105 hours of clinical instruction, the individual would earn 1.25 contact hours of continuing education. To be eligible for continuing education credit for clinical instruction, the licensee must be an APTA certified level I or level II clinical instructor (for physical therapists) or an APTA certified level I clinical instructor (for physical therapist assistants). The maximum number of contact hours earned per renewal cycle for clinical instruction is twelve (12) for a physical therapist and six (6) for a physical therapist assistant. If a licensee is selected for the continuing education audit, the licensee must submit proof of the APTA clinical instructor certification.

Oklahoma:

PDU = Professional Development Unit

Continuous direct supervision of students and/or candidates for licensure can earn up to 10 PDUs in this category in a compliance period. Forty (40) hours of direct supervision will earn one (1) PDU regardless of the number of students and/or candidates for licensure being supervised.

The licensee shall submit materials listing the licensee as a clinical instructor with the name of the school/program and the length of time of clinical placement.

Two (2) PDU for the first presentation of original material, up to four (4) PDU for two (2) presentations of original material in a compliance period. No additional PDU for subsequent presentation may be earned within a compliance period. The licensee shall submit materials including: syllabus, curriculum vitae demonstrating expertise, statement of objectives, and strength of evidence demonstrating references used within last 5 years.

Oregon:

(A) A licensee who has completed a Board-approved clinical instructor certification program prior to supervising a student may receive continuing competence credit equivalent to 1 credit hour for each 40 hours of direct clinical instruction to a physical therapist student or physical therapist assistant student enrolled in a physical therapy or physical therapy assistant program.

(B) The maximum cumulative credit granted for serving as a clinical instructor shall be no more than one-third of the total continuing competence requirement during any certification period, up to 8 hours.

(C) The licensee must obtain a letter or certificate from the student's academic institution verifying that the student has completed the course of clinical instruction;

Pennsylvania:

None listed – sent email

Rhode Island:

Teaching

and/or clinical supervision of student affiliates by licensed physical

therapists in APTA approved programs shall be approved for a maximum

of three (3) hours per licensure cycle. Such programs or offerings shall be

approved or sponsored by a Board-approved organization as set forth in §

13.4.5(D)(3) of this Part.

South Carolina:

(b) clinical instruction. Clinical instructors shall receive one (1) contact hour for every one hundred and sixty (160) hours of clinical internship, limited to a maximum of six (6) contact hours per instructor per biennium. Students must be enrolled in CAPTE accredited or eligible DPT or PTA programs. Clinical instructors must be credentialed by APTA to receive clinical continuing education credits. Verification of the clinical supervision agreement with the student's educational program and a log reporting supervision hours is required as evidence of compliance. A certificate of completion from the educational program may also be used as evidence of compliance.

South Dakota:

What is approved was not found

Tennessee:

Acting as a clinical instructor for physical therapist participating in a residency program or as a mentor for a learner for a formal, nonacademic mentorship. Continuing competence credit is one (1) hour per sixteen (16) contact hours.

**Texas:
Clinical Instructor**

# CCUs Granted	5-11 week supervision of full-time PT/PTA student=5 CCUs 12+ week supervision of full-time PT/PTA student = 10 CCUs
Requires CCAP Approval?	NO
CCAP Approval #	90004TX
Max Towards Renewal?	PTs - 10 CCUs PTAs - 8 CCUs
TBPTE Audit Info Required	CCAP course-type approval # from TPTA website; check with TBPTE for additional required information

Utah:

Category II I contact hour = 1.5 CEU capped at 5 CEU for PTA and 10 CEU for PT

https://www.aptaut.org/ceu_requirements.php

Vermont:

Serve as Clinical Instructor for full-time entry level PT or PTA student, PT resident or PT fellow 1 CCU for every 40 hours (full-time) of supervising for a period of at least 2 weeks Verification from the clinical site Center Coordinator of Clinical Education (CCCE) or the educational program for the student supervised indicating the number of hours spent supervising the student .. Up to 8 CCUs Up to 8 CCUs

Virginia:

2. No more than 10 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants may be Type 2 activities or courses, which may or may not be offered by an approved organization but which shall be related to the clinical practice of physical therapy. For the purpose of this subdivision, Type 2 activities may include:

- a. Consultation with colleagues, independent study, and research or writing on subjects related to practice.
- b. Delivery of physical therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services for up to two of the Type 2 hours.
- c. Attendance at a meeting of the board or disciplinary proceeding conducted by the Board for up to two of the Type 2 hours.
- d. Classroom instruction of workshops or courses.

e. Clinical supervision of students and research and preparation for the clinical supervision experience.

Forty hours of clinical supervision or instruction shall be considered the equivalent of one contact hour of Type 2 activity.

Washington:

Clinical instruction of physical therapy students enrolled in a physical therapy educational program accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education (CAPTE) or clinical instruction in a postgraduate residency or fellowship through the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).

Ten hours

The PT shall obtain and submit to the department a letter or certificate from the student's academic institution verifying that the student has completed the course of clinical instruction. Each thirty-two hours of student mentorship equals one hour for purposes of CE credit.

Washington DC:

Not Addressed.

West Virginia:

Please be advised this form does not need to be turned into our office unless you have been chosen for our random audit. You will, however, be responsible to keep this CE record for your own files. • Providing clinical instruction to physical therapist or physical therapist assistant student(s) enrolled in a CAPTE approved physical therapist or physical therapist assistant program can qualify for up to a maximum 8 units per year. • Four (4) weeks of clinical instruction is equal to one (1) unit of continuing education.

Wisconsin:

Serving as a clinical instructor for internships with an accredited physical therapist or physical therapist assistant educational program. Up to 15 contact hours for physical therapists. Up to 10 contact hours for physical therapist assistants.

Serving as a supervisor for students fulfilling clinical observation requirements. One contact hour per contact hour with students, up to 5 contact hours.

Wyoming:

<https://www.wypta.org/rules--regulations.html>

Clinical instruction Category 2