



Call to Order – Mira H. Mariano, PT, Ph.D., Board President

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Instructions

Approval of Minutes (p. 4-14)

- Board Meeting – August 10, 2023
- Telephonic Conference – November 9, 2023

Ordering and Approval of Agenda

Public Comment

The Board will receive public comment on agenda items at this time. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report – Arne Owens, Director

Staff Reports

- Executive Director’s Report and Physical Therapy Compact Update – **Corie E. Tillman Wolf, JD, Executive Director**
- Discipline Report – **Melanie Pagano, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Licensing and Operations Supervisor**

Board Counsel Report – Brent Saunders, Senior Assistant Attorney General

Committee and Board Member Reports

- FSBPT Annual Meeting Report – **Mira H. Mariano, PT, Ph.D.**
- Board of Health Professions Report – **Rebecca Duff, PTA, DHSc**

Legislative and Regulatory Report – Erin Barrett, Director of Legislative and Regulatory Affairs

- Legislative Report
- Report on Status of Regulations (p. 16)

Board Discussion and Actions – Erin Barrett and Corie E. Tillman Wolf (p. 18-76)

- Consideration and Adoption of Proposed Regulations for Regulatory Reduction (18VAC112-20-10 et seq.)
- Initiation of Fast-Track Regulatory Action Related to Agency Subordinate Proceedings (18VAC112-20-26)

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- Initiation of Periodic Review - Public Participation Guidelines (18VAC112-11-10 et seq.)
 - Review of Designation of Documents as Guidance Documents
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New Business

- Initial Discussion Regarding CE Broker as Tool for Continuing Education Tracking and Reporting - **Sarah Georgen** (p. 78-90)
 - Initial Discussion - Developing Guidance on NPTE Appeal Process - **Corie E. Tillman Wolf**
-
-

Consideration of Consent Order*

**May include Closed Session, if necessary*

Next Meeting – May 14, 2024

Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to the Code of Virginia.

Approval of Minutes

August 10, 2023

The Virginia Board of Physical Therapy convened for a full Board meeting on Thursday, August 10, 2023, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #2, Henrico, Virginia.

BOARD MEMBERS PRESENT

Mira H. Mariano, PT, PhD, President
Rebecca Duff, PTA, DHSc
Melissa Fox, PT, DPT
Susan Szasz Palmer, MLS

BOARD MEMBERS NOT PRESENT:

Tracey Adler, PT, DPT
Arkena L. Dailey, PT, DPT, Vice-President
Elizabeth Locke, PT, PhD

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

Erin Barrett, Director of Legislative and Regulatory Affairs
Sarah Georgen, Licensing and Operations Supervisor
Laura Mueller, Senior Licensing Program Coordinator
Matt Novak, Policy and Economic Analyst
Melanie Pagano, Deputy Executive Director
M. Brent Saunders, Senior Assistant Attorney General, Board Counsel
Corie Tillman Wolf, Executive Director

**Participant indicates attendance to count toward continuing education requirements*

OTHER GUESTS PRESENT:

Jamie Arkin
Glaur Barber
Edie Curry, Richard Knapp & Associates, PC
Robert Dodson, Jr.
Frances Duty
Joseph Gianfortoni
Tyrone Harper
Ken Hutcheson
Dianna Rife
Paige Roberts
Scott Roberts
Melissa Wyatt

CALL TO ORDER

Dr. Mariano called the meeting to order at 10:01 a.m. and asked the Board members and staff to introduce themselves.

With four Board members present at the meeting, a quorum was established.

Dr. Mariano read the mission of the Board, which is also the mission of the Department of Health Professions.

Dr. Mariano reminded the Board members and audience about microphones, computer agenda materials, breaks, sign-in sheets, and attendance for continuing education requirements.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINUTES

Dr. Mariano opened the floor to any edits or corrections regarding the draft minutes for meetings held between May 11, 2023, and June 26, 2023, including a Board meeting and Formal Hearing held on May 11, 2023, and a Special Meeting on June 26, 2023.

Ms. Szasz Palmer requested an edit to the Special Meeting minutes held on June 26, 2023. A correction was necessary on page two of the minutes under “Closed Session” to reflect her name as “Ms. Szasz Palmer” rather than “Dr. Szasz Palmer.”

Upon a **MOTION** by Dr. Fox and properly seconded by Dr. Duff, the Board voted to accept the minutes as amended. The motion carried unanimously (4-0).

ORDERING OF THE AGENDA

Dr. Mariano opened the floor to any additional items to add to the agenda.

Ms. Tillman Wolf noted that Ms. Barrett would provide the Agency Report.

Upon a **MOTION** by Ms. Szasz Palmer and properly seconded by Dr. Fox, the Board voted to accept the agenda as amended. The motion carried unanimously (4-0).

PUBLIC COMMENT

The Board did not receive any public comment.

AGENCY REPORT

Erin Barrett, Director of Legislative and Regulatory Affairs, provided the agency report on behalf of agency Director Arne Owens. She spoke to the 2023 General Assembly Session and stated that DHP was preparing for the next session, focusing on the budget for the Fiscal Year 2024 to 2026 biennial years.

With no questions, Ms. Barrett concluded her report.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, J.D., Executive Director

Board Updates

Ms. Tillman Wolf provided an update regarding actions taken as a result of the direct access legislation passed during the 2023 General Assembly Session and which became effective July 1, 2023. She reported that a notification of the statute change was emailed to licensees on June 23, 2023, an updated Direct Access Medical Authorization form was posted online, and the Board's Frequently Asked Questions were updated to reflect questions received from licensees about the legislative changes.

FSBPT Updates

Ms. Tillman Wolf reported that she and Dr. Mariano attended the Leadership Issues Forum (LIF) meeting held on July 14-16, 2023, in Arlington, Virginia.

Ms. Tillman Wolf also reported on the upcoming FSBPT 2023 Annual Meeting scheduled for October 19-21, 2023, in Jacksonville, Florida. She provided a reminder that the Board's President and Vice President typically attend as the voting delegate and alternate delegate.

Leadership Issues Forum (LIF) Update

Ms. Tillman Wolf reported on the Leadership Issues Forum (LIF) meeting. She provided an update on information from the Commission on Accreditation in Physical Therapy Education (CAPTE), including CAPTE's plan to discuss licensure requirements for faculty members in the context of accreditation, as well as updates to the site review process for accreditation and reaccreditation of programs. She noted that more information regarding CAPTE's discussion of the licensure status of faculty members would be provided at a future meeting and that depending on the changes made, the Board may wish to revisit Guidance Document 112-4, "Board guidance on requirement for licensure for instructors in a physical therapy program" as needed.

Ms. Tillman Wolf also reported that more information about topics of interest will be provided by FSBPT at the Annual Meeting, including digital practice, artificial intelligence and apps, telehealth, and the creation of a Healthy Practice Self-Assessment Tool.

NPTE Updates

Ms. Tillman Wolf reported on the trends identified by FSBPT and noted at the LIF meeting related to the overall national passage rates for the National Physical Therapy Examination (NPTE). FSBPT had reported

that yearly passage rates declined by 5-10% since 2018 related to first-time test takers, and that the overall decline could be attributable to the impact of COVID-19, virtual education, and mental health concerns. She stated that FSBPT expects these rates to level out over time.

Ms. Tillman Wolf also reported that FSBPT will be conducting upcoming research on exam-related items including determinants of passage and pathways to success. She reported that there will be more video and scenario-based questions added to the NPTE over time, with the aim of providing exam candidates with a more holistic view of patient cases in clinical practice and more complex medical scenarios to test knowledge, but with less lengthy text descriptions of movements.

PT Compact Updates

Ms. Tillman Wolf reported on the national status of the Physical Therapy Compact, including new states that have enacted legislation or have begun issuing privileges. She reported that thirty-seven jurisdictions have passed legislation to join the Compact and that thirty jurisdictions are currently issuing privileges.

Ms. Tillman Wolf provided a copy of the PT Compact Rules and Bylaws amendments from the June 27, 2023, Special Meeting of the Compact Commission.

Ms. Tillman Wolf reported on the revenue generated by PT Compact privilege purchases to the Board since its enactment on January 1, 2020. She reported that as of August 7, 2023, 1,339 privileges (new and renewal) had been obtained for Virginia by 999 practitioners. She reported that 14,582 practitioners had joined the Compact nationwide since its implementation in 2018.

Ms. Tillman Wolf also noted that there were 644 active privileges in Virginia from other jurisdictions (518 PT and 126 PTA). She reported that practitioners from Maryland, North Carolina, Texas, Tennessee, and West Virginia held the highest number of privileges. She noted that several privileges have recently been issued to practitioners from New Jersey.

2023 Board Meetings

Ms. Tillman Wolf noted the remaining 2023 Board meeting dates.

- November 9, 2023

Ms. Tillman Wolf announced the 2024 Board meeting dates.

- February 22, 2024
- May 16, 2024
- August 13, 2024
- November 13, 2024

Notes and Reminders

Ms. Tillman Wolf provided reminders to Board Members to keep board staff informed of participation in committees or workgroups and any travel needs for FBSPT participation, as travel authorization is required.

Ms. Tillman Wolf thanked the Board Members for their hard work and dedication.

With no questions, Ms. Tillman Wolf concluded her report.

Discipline Report

As of July 28, 2023, Ms. Pagano reported the following disciplinary statistics:

- 35 Open cases
 - 5 at Enforcement
 - 26 at Probable Cause
 - 4 at APD

Ms. Pagano reported the following Total Cases Received and Closed:

- Q2 2021 – 12/19
- Q3 2021 – 12/8
- Q4 2021 – 20/7
- Q1 2022 – 11/12
- Q2 2022 – 9/8
- Q3 2022 – 15/18
- Q4 2022 – 3/10
- Q1 2023 – 15/21
- Q2 2023 – 13/18
- Q3 2023 – 10/8
- Q4 2023 – 4/5

With no questions, Ms. Pagano concluded her report.

Licensure Report – Sarah Georgen, Licensing and Operations Supervisor

Ms. Georgen presented licensure statistics that included the following information:

Licensure Statistics – All Licenses

Ms. Georgen presented licensure statistics that included the following information and trends in license count:

License	Q3 2023	Q4 2023	Change +/-
Physical Therapist	8,878	9,146	+268
Physical Therapist Assistant	3,615	3,676	+61
Total PT's and PTA.'s	12,493	12,822	+329
Direct Access Certification	1,437	1,448	+11

Examination Statistics

Ms. Georgen presented the Physical Therapist and Physical Therapist Assistant examination statistics from July 2023 administrations and provided information on the examination trends.

Updates for Expense Reimbursement Vouchers

Ms. Georgen provided information on the existing policy regarding compliance with the 30-day requirement to submit Expense Reimbursement Vouchers. She stated that all agencies were required to adhere to these regulations, and there would be no exceptions to this policy in the future.

Board Applications and Forms

Ms. Georgen stated that changes were recently made to the paper and online applications to include formatting, conciseness, and clarity and to make them more user-friendly for the applicants. Ms. Georgen provided draft forms for review and requested any feedback from Board members.

With no questions, Ms. Georgen concluded her report.

BOARD COUNSEL REPORT

Mr. Saunders provided an update on a pending court case involving the Board.

COMMITTEE AND BOARD MEMBER REPORTS

Board of Health Professions Report – Rebecca Duff, PTA, DHSc

Dr. Duff stated that the Board of Health Professions has yet to meet since the last meeting, but a meeting was being prepared for the near future.

With no questions, Dr. Duff concluded her report.

FSBPT Leadership Issues Forum (LIF) Report – Mira Mariano, PT, PhD

Dr. Mariano reported on the LIF discussion of digital health apps and telehealth. She stated that further resources would be provided by the American Physical Therapy Association (APTA). She also stated that the Organization for the Review of Care and Health Apps (ORCHA) will also provide resources for digital health apps.

Dr. Mariano reported on the discussion of physical therapy title protection and concerns related to the use of “DPT” by “Dynamic Personal Training.”

Dr. Mariano reported that the Sexual Misconduct and Boundary Violations Committee reported on resources developed for state jurisdictions for practitioners and the public.

With no questions, Dr. Mariano concluded her report.

LEGISLATIVE AND REGULATORY REPORT

Ms. Barrett provided an update on the regulatory actions currently in process.

With no questions, Ms. Barrett concluded her report.

BOARD DISCUSSION AND ACTIONS

Repeal of Guidance Document, 112-7, Board Guidance on Physical Therapists and Individualized Educational Plans in Public Schools

Ms. Barrett provided an overview of the suggested repeal to Guidance Document 112-7. She stated that changes made during the 2023 General Assembly regarding Virginia Code § 54.1-3482 addressed the information outlined in the guidance document, making it obsolete.

Upon a **MOTION** by Ms. Szasz Palmer, properly seconded by Dr. Duff, the Board voted to repeal Guidance Document 112-7, Board Guidance on Physical Therapists and Individualized Educational Plans in Public Schools, as presented. The motion carried unanimously (4-0).

Adoption of Revisions to the Electronic Meeting Policy (Virginia Code § 2.2-3708.3)

Ms. Barrett provided an overview of the revisions to the Electronic Meeting Policy to reflect changes to the underlying Code section that became effective in September 2022. Ms. Barrett reminded Board members that, although this policy exists to outline electronic participation by Board members in certain circumstances, technology limitations may limit the Board members' actual ability to participate electronically.

Upon a **MOTION** by Dr. Fox, properly seconded by Ms. Szasz Palmer, the Board voted to accept the adoption of revisions to the Electronic Meeting Policy under § 2.2-3708.3 as presented. The motion passed unanimously (4-0).

Consideration of Petition for Rulemaking (Giafortoni)

Ms. Barrett explained that a petition for rulemaking allows any member of the public to request that the Board consider promulgation of a new regulation or consider the amendment or repeal of an existing regulation. Ms. Barrett reviewed the process for a petition for rulemaking and stated that Virginia Regulatory Town Hall provides the public with notice of the petition and an opportunity for comment. She explained that the Board must issue a written decision granting or denying the request. The decision must include the reasons for the Board's decision, and it must appear in Town Hall and be published in the Register.

Ms. Barrett noted that 91 comments were received on Town Hall during the open comment period from May 8, 2023, to June 7, 2023. She stated that 43 comments were redacted as they contained improper comments on disciplinary matters before the Board, improper references to specific practitioners, or contained ad hominem attacks on the Board members and staff. The remaining 47 comments were in support of the petition.

Upon a **MOTION** by Dr. Fox, properly seconded by Ms. Szasz Palmer, the Board voted to take no action on the petition at this time but to refer this matter to the Board’s regulatory committee to consider potential future action. The motion carried unanimously (4-0).

Review and Affirm Approval of Credentialing Agencies for Graduates of Non-Accredited Schools (18VAC112-20-50)

Ms. Tillman Wolf provided information to the Board regarding the approval process for agencies that provide credentialing evaluation services for graduates of non-accredited programs. Upon review of the FSBPT Credentialing Organizations, it was noted that the University of Texas at Austin was no longer approved to use the FSBPT Coursework tools.

Upon a **MOTION** by Dr. Duff, properly seconded by Dr. Fox, the Board voted to reaffirm approval of the three credentialing agencies, Foreign Credentialing Commission on Physical Therapy (FCCPT), International Consultants of Delaware (ICD), and International Education Research Foundation, Inc. (IERF) and to remove the University of Texas at Austin as an approved agency. The motion carried unanimously (4-0).

BREAK

The Board took a break at 10:46 a.m. and reconvened at 10:51 a.m.

NEW BUSINESS

Physical Therapy Apps – Licensee Question

Ms. Tillman Wolf provided an overview of questions raised by a licensee regarding the licensee’s participation in the development of a physical therapy app for use by members of the public. Ms. Tillman Wolf requested feedback from the Board on potential next steps for consideration and noted that this was an area where there are emerging questions about the potential implications for practice. Upon discussion by the Board, it was determined that this item should be referred to the legislative and regulatory committee for further consideration with a report back to the Board in the calendar year 2024.

ELECTIONS

President

Dr. Mariano stated that in accordance with the Bylaws, at the first regularly scheduled meeting of the organizational year, the Board shall elect its officers.

Ms. Tillman Wolf stated that Dr. Mariano had submitted an Interest Nomination Form for consideration as President of the Board, which had been electronically distributed.

Dr. Mariano opened the floor for any further nominations for President of the Board of Physical Therapy.

Dr. Mariano called for a motion and voice vote for the election of the one nominee, Dr. Mariano, for the position of President of the Board of Physical Therapy.

Upon a **MOTION** by Dr. Fox and properly seconded by Dr. Duff, the Board voted to elect Dr. Mariano as President of the Board of Physical Therapy. The motion passed unanimously (4-0).

Vice-President

Dr. Mariano stated that Ms. Szasz Palmer had submitted an Interest Nomination Form for consideration as Vice-President of the Board, which had been electronically distributed.

Dr. Mariano opened the floor for any further nominations for Vice-President of the Board of Physical Therapy.

Dr. Mariano called for a motion and voice vote for the election of the one nominee, Ms. Szasz Palmer, for the position of Vice-President of the Board of Physical Therapy.

Upon a **MOTION** by Dr. Duff and properly seconded by Dr. Fox, the Board voted to elect Ms. Szasz Palmer as Vice-President of the Board of Physical Therapy. The motion passed unanimously (4-0).

NEXT MEETING

The next meeting date is November 9, 2023.

ADJOURNMENT

Dr. Mariano asked the Board Members to participate in probable cause case review following the adjournment of the business meeting.

Dr. Mariano called for any objections to adjourn the meeting. Hearing no objections and with all business concluded, the meeting adjourned at 11:08 a.m.

Corie Tillman Wolf, J.D., Executive Director

Date

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
SPECIAL SESSION - MINUTES

November 09, 2023

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

The Board of Physical Therapy convened by telephone conference call on November 9, 2023 at 12:13 p.m. to consider whether a practitioner's ability to practice as a Physical Therapist constituted a substantial danger to the public health and safety pursuant to Va. Code §54.1-2408.1. A quorum of the Board was present, with Ms. Suzy Szasz Palmer, Vice Chair, presiding.

MEMBERS PRESENT:

Melissa Fox, PT, DPT
Rebecca Duff, PTA, DHSc
Elizabeth Locke, PT, PhD

DHP STAFF PRESENT:

Corie Tillman Wolf, Executive Director
Melanie Pagano, Deputy Executive Director
Florence Venable, Senior Discipline Manager

**PARTIES ON BEHALF OF
THE COMMONWEALTH:**

Mandy Padula-Wilson, Assistant Attorney General
Christine Corey, Adjudication Specialist

BOARD COUNSEL:

Brent Saunders, Assistant Attorney General

MATTER:

Joshua Kyle Forrest
License #2305-214616
Case Number: 226697

DISCUSSION:

The Board received information from Assistant Attorney General Mandy Padula-Wilson in order to determine whether Joshua Kyle Forrest's ability to practice as a physical therapist constituted a substantial danger to public health and safety. Ms. Padula-Wilson provided details of the case to the Board for its consideration.

CLOSED SESSION:

Upon a motion by Dr. Fox, and duly seconded by Dr. Locke, the Committee voted to convene a closed meeting pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Joshua Kyle Forrest, P.T. Additionally, she moved that Mr. Saunders, Ms. Tillman Wolf, Ms. Pagano and Ms. Venable attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its discussions.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Committee re-convened in open session.

DECISION:

Upon a motion by Dr. Fox and duly seconded by Dr. Duff, the Board determined that the continued practice of Joshua Kyle Forrest, PT, constitutes a substantial danger to the public health and safety. The board voted to summarily suspend his license to practice as a physical therapist, simultaneous with the institution of proceedings for a formal administrative hearing pursuant to §54.1- 2408.1 of the Code of Virginia.

VOTE:

The vote was unanimous.

ADJOURNMENT:

The Committee adjourned at 12:33 p.m.

Corie Tillman Wolf
Executive Director

Date



Legislative and Regulatory Report

Board of Physical Therapy
Current Regulatory Actions
As of February 5, 2024

In the Governor’s Office

None.

In the Secretary’s Office

VAC	Stage	Subject Matter	Date submitted*	Office; time in office	Notes
18VAC110-20	Fast-Track	Changes to comply with Compact rules	5/6/2022	Secretary 640 days	Changes to licensure for Canadian applicants to comply with Compact requirements

At DPB/OAG

None.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Date submitted*	Date effective	Notes
18VAC112-20	Exempt/ Final	Exempt action to implement SB1005 and HB2359	7/2/2023	11/08/2023	Direct access expansion legislation
18VAC112-20	NOIRA	Regulatory Reduction	11/2/2022	10/25/2023	Proposed regs to be voted on today

* Date submitted for executive branch review

Board Discussion and Actions

Agenda Item: Consideration of Adoption of Proposed Regulations for Regulatory Reduction

Included in your agenda package:

- Proposed changes to 18VAC112-20 in track-changes format
- Clean version of 18VAC112-20

Action needed:

- Motion to adopt proposed regulations for 18VAC112-20

Commonwealth of Virginia



**VIRGINIA DEPARTMENT OF HEALTH
PROFESSIONS
REGULATIONS
GOVERNING THE PRACTICE OF PHYSICAL
THERAPY**

Title of Regulations: 18 VAC 112-20-10 et seq.

Statutory Authority: Chapter 34.1 of Title 54.1 of the *Code of Virginia*

Revised: May 12, 2021

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CHAPTER 20

REGULATIONS GOVERNING THE PRACTICE OF PHYSICAL THERAPY

Part I. General Provisions.

18VAC112-20-10. Definitions.

In addition to the words and terms defined in §§ 54.1-3473 and 54.1-3486 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by CAPTE.

"CAPTE" means the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"Compact" means the Physical Therapy Licensure Compact (§ 54.1-3485 of the Code of Virginia).

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals, or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Encounter" means an interaction between a patient and a physical therapist or physical therapist assistant for the purpose of providing health care services or assessing the health and therapeutic status of a patient.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"Physical Therapy Compact Commission" or "commission" means the national administrative body whose membership consists of all states that have enacted the compact.

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during that an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-20. (Repealed.)

18VAC112-20-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any licensee shall be validly given when sent to the latest address of record provided or when served to the licensee. Any change of name or change in the address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC112-20-26. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve:

1. Intentional or negligent conduct that causes or is likely to cause injury to a patient;
2. Mandatory suspension resulting from action by another jurisdiction or a felony conviction;
3. Impairment with an inability to practice with skill and safety;
4. Sexual misconduct;
5. Unauthorized practice.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.
2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.
3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination.

~~1.~~ The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

~~2. The fees for taking all required examinations shall be paid directly to the examination services.~~

C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year. ~~For renewal in 2020, the active license renewal fee for a physical therapist shall be \$70 and for a physical therapist assistant shall be \$35.~~
2. The fee for an inactive license renewal for a physical therapist shall be \$70 and for a physical therapist assistant shall be \$35 and shall be due by December 31 in each even-numbered year. ~~For renewal in 2020, the inactive license renewal fee for a physical therapist shall be \$35 and for a physical therapist assistant shall be \$18.~~
3. A fee of \$50 for a physical therapist and \$25 for a physical therapist assistant for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.
4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.
2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
3. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
4. The fee for a letter of good standing or verification to another jurisdiction shall be \$10.
5. The application fee for direct access certification shall be \$75 for a physical therapist to obtain certification to provide services without a referral.
6. The state fee for obtaining or renewing a compact privilege to practice in Virginia shall be \$50.

Part II. Licensure: General Requirements.

18VAC112-20-30. General requirements.

Licensure as a physical therapist or physical therapist assistant shall be by examination or by endorsement.

18VAC112-20-40. Education requirements: graduates of approved programs.

A. An applicant for licensure who is a graduate of an approved program shall submit documented evidence of his graduation from such a program with the required application and fee.

B. If an applicant is a graduate of an approved program located outside of the United States or Canada, he shall provide proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

18VAC112-20-50. Education requirements: graduates of schools not approved by an accrediting agency approved by the board.

A. An applicant for initial licensure as a physical therapist who is a graduate of a school not approved by an accrediting agency approved by the board shall submit the required application and fee and provide documentation of the physical therapist's certification by a report from the FCCPT or of the physical therapist eligibility for licensure as verified by a report from any other credentialing agency approved by the board that substantiates that the physical therapist has been evaluated in accordance with requirements of subsection B of this section.

B. The board shall only approve a credentialing agency that:

1. Utilizes the FSBPT Coursework Evaluation Tool for Foreign Educated Physical Therapists, as required to sit for FSBPT examination, and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;
2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and
3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.
2. A copy of the original certificate or diploma that has been certified as a true copy of the original by a notary public, verifying the applicant's graduation from a physical therapy curriculum. If the certificate or diploma is not in the English language, submit either:
 - a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or
 - b. An official certification in English from the school attesting to the applicant's attendance and graduation date.
3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board and based upon the FSBPT coursework tool for physical therapist assistants.

D. An applicant for initial licensure as a physical therapist or a physical therapist assistant who is not a graduate of an approved program shall also submit verification of having successfully completed a 1,000-hour traineeship within a two-year period under the direct supervision of a licensed physical therapist. The board may grant an extension beyond two years for circumstances beyond the control of the applicant, such as temporary disability, officially declared disasters, or mandatory military service.

1. The traineeship shall be in accordance with requirements in 18VAC112-20-140.
2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories, the District of Columbia, or Canada, equivalent to the requirements of this chapter.

18VAC112-20-60. Requirements for licensure by examination.

Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;

2. The required application, fees, and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia; and
3. Documentation of passage of the national examination as prescribed by the board.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another United States jurisdiction or Canadian province;
2. The required application, fees, and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia;
3. A current report from the National Practitioner Data Bank (NPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another United States jurisdiction, or 60 hours obtained within the past four years;
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state or Canadian province at the time of initial licensure in that state or province; and
6. Documentation of active practice in physical therapy in another United States jurisdiction or Canada for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-70. Traineeship for unlicensed graduate scheduled to sit for the national examination.

A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.

B. The traineeship, which shall be in accordance with requirements in 18VAC112-20-140, shall terminate five working days following receipt by the candidate of the licensure examination results.

C. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination, provided he has registered to retake the examination. A new traineeship shall not be approved if more than one year has passed following the receipt of the first examination results. An unlicensed graduate who has passed the examination may be granted a new traineeship for the period between passage of the examination and granting of a license. An unlicensed graduate shall not be granted more than three traineeships within the one year following the receipt of the first examination results.

18VAC112-20-80. (Repealed.)

18VAC112-20-81. Requirements for direct access certification.

A. An applicant for certification to provide services to patients without a referral as specified in § 54.1-3482.1 of the Code of Virginia shall hold an active, unrestricted license as a physical therapist in Virginia and shall submit evidence satisfactory to the board that he has one of the following qualifications:

1. Completion of a transitional program in physical therapy as recognized by the board; or
2. At least three years of postlicensure, active practice with evidence of 15 contact hours of continuing education in medical screening or differential diagnosis, including passage of a postcourse examination. The required continuing education shall be offered by a provider or sponsor listed as approved by the board in 18VAC112-20-131 and may be face-to-face or online education courses.

B. In addition to the evidence of qualification for certification required in subsection A of this section, an applicant seeking direct access certification shall submit to the board:

1. A completed application as provided by the board;
2. Any additional documentation as may be required by the board to determine eligibility of the applicant; and
3. The application fee as specified in 18VAC112-20-27.

18VAC112-20-82. Requirements for a compact privilege.

To obtain a compact privilege to practice physical therapy in Virginia, a physical therapist or physical therapist assistant licensed in a remote state shall comply with the rules adopted by the Physical Therapy Compact Commission in effect at the time of application to the commission.

Part III. Practice Requirements.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record;
2. Periodic reevaluation, including documentation of the patient's response to therapeutic intervention; and
3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to reevaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or the patient's legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery; nurse practitioner; or physician assistant to the extent required by § 54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement, and data collection but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's encounters with a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

F. A physical therapist or physical therapist assistant practicing in Virginia on a compact privilege shall comply with all applicable laws and regulations pertaining to physical therapy practice in Virginia.

18VAC112-20-100. Supervisory responsibilities.

A. A physical therapist shall be fully responsible for any action of persons performing physical therapy functions under the physical therapist's supervision or direction.

B. Support personnel shall only perform routine assigned physical therapy tasks under the direct supervision of a licensed physical therapist or a licensed physical therapist assistant, who shall only assign those tasks or activities that are nondiscretionary and do not require the exercise of professional judgment.

C. A physical therapist shall provide direct supervision to no more than three individual trainees or students at any one time.

D. A physical therapist shall provide direct supervision to a student in an approved program who is satisfying clinical educational requirements in physical therapy. A physical therapist or a physical therapist assistant shall provide direct supervision to a student in an approved program for physical therapist assistants.

E. A physical therapist shall provide direct supervision to a student who is satisfying clinical educational requirements in physical therapy in a nonapproved physical therapist program that has been granted the Candidate for Accreditation status from CAPTE. Either a physical therapist or physical therapist assistant shall provide direct supervision to a student who is satisfying clinical education requirements in a nonapproved physical therapist assistant program that has been granted the Candidate for Accreditation status from CAPTE.

18VAC112-20-110. (Repealed.)

18VAC112-20-120. Responsibilities to patients.

A. The initial patient encounter shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.

B. The physical therapist assistant's first encounter with the patient shall only be made after verbal or written communication with the physical therapist regarding patient status and plan of care. Documentation of such communication shall be made in the patient's record.

C. Documentation of physical therapy interventions shall be recorded on a patient's record by the physical therapist or physical therapist assistant providing the care.

D. The physical therapist shall reevaluate the patient as needed, but not less than according to the following schedules:

1. For inpatients in hospitals as defined in § 32.1-123 of the Code of Virginia, it shall be not less than once every seven consecutive days.
2. For patients in other settings, it shall be not less than one of 12 encounters made to the patient during a 30-day period, or once every 30 days from the last reevaluation, whichever occurs first.

3. For patients who have been receiving physical therapy care for the same condition or injury for six months or longer, it shall be at least every 90 days from the last reevaluation.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting for a period not to exceed five consecutive days will not constitute a violation of these provisions.

E. The physical therapist shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient's plan of treatment.

18VAC112-20-121. Practice of dry needling.

A. Dry needling is an invasive procedure that requires referral and direction in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.

B. Dry needling is not an entry level skill but an advanced procedure that requires additional post-graduate training.

1. The training shall be specific to dry needling and shall include emergency preparedness and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.

2. The training shall consist of didactic and hands-on laboratory education and shall include passage of a theoretical and practical examination. The hands-on laboratory education shall be face-to-face.

3. The training shall be in a course approved or provided by a sponsor listed in subsection B of 18VAC112-20-131.

4. The practitioner shall not perform dry needling beyond the scope of the highest level of the practitioner's training.

C. Prior to the performance of dry needling, the physical therapist shall obtain informed consent from the patient or the patient's representative. The informed consent shall include the risks and benefits of the technique. The informed consent form shall be maintained in the patient record.

D. Dry needling shall only be performed by a physical therapist trained pursuant to subsection B of this section and shall not be delegated to a physical therapist assistant or other support personnel.

Part IV. Renewal or Relicensure Requirements.

18VAC112-20-130. Biennial renewal of license.

A. A physical therapist or physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 320 hours of active practice in the preceding four years; and
2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

D. The board may grant an extension of the deadline for completing active practice requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

E. The board may grant an exemption to the active practice requirement for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disaster, upon a written request from the licensee prior to the renewal date.

F. In order to renew a compact privilege to practice in Virginia, the holder shall comply with the rules adopted by the Physical Therapy Compact Commission in effect at the time of the renewal.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience, or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by an organization approved by the Board. ~~one of the following organizations or any of its components:~~

~~a. The Virginia Physical Therapy Association;~~

~~b. The American Physical Therapy Association;~~

- ~~e. Local, state, or federal government agencies;~~
- ~~d. Regionally accredited colleges and universities;~~
- ~~e. Health care organizations accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation;~~
- ~~f. The American Medical Association—Category I Continuing Medical Education course;~~
- ~~g. The National Athletic Trainers' Association;~~
- ~~h. The Federation of State Boards of Physical Therapy;~~
- ~~i. The National Strength and Conditioning Association; or~~
- ~~j. Providers approved by other state licensing boards for physical therapy.~~

One credit hour of a college course shall be considered the equivalent of 15 contact hours of Type 1 continuing education.

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 purposes 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.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters, upon a written request from the licensee prior to the renewal date.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to meet active practice requirements.
2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;
2. Providing proof of 320 active practice hours in any jurisdiction in which the physical therapist or physical therapist assistant was licensed for active practice within the four years immediately preceding application for reactivation.

If the inactive licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 ; and

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-27 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-27;
2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and
3. Have actively practiced physical therapy in any jurisdiction in which the physical therapist or physical therapist assistant was licensed for active practice for at least 320 hours within the four years immediately preceding applying for reinstatement.

If a licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 .

18VAC112-20-140. Traineeship requirements.

A. The traineeship shall be approved by the board and served under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.
2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.
3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.
2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.
3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

D. A traineeship shall not be approved for an applicant who has not completed a criminal background check for initial licensure pursuant to § 54.1-3484 of the Code of Virginia.

18VAC112-20-150. (Repealed.)

18VAC112-20-151. (Repealed.)

Part V. Standards of Practice.

18VAC112-20-160. Requirements for patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible and complete patient records.

D. Practitioners who are employed by a health care institution, school system or other entity, in which the individual practitioner does not own or maintain his own records, shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:
 - a. Records of a minor child shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. From (six months from the effective date of the regulation), post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

F. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC112-20-170. Confidentiality and practitioner-patient communication.

A. A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

B. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner in the treatment of any disease or condition.

3. Before any invasive procedure is performed, informed consent shall be obtained from the patient and documented in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended invasive procedure that a reasonably prudent practitioner in similar practice in Virginia would tell a patient. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

C. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.
2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC112-20-180. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;
2. Knowingly allow persons under his supervision to jeopardize patient safety or provide patient care outside of such person's scope of practice or area of responsibility. Practitioners shall delegate patient care only to persons who are properly trained and supervised;
3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or
4. Exploit the practitioner/patient relationship for personal gain.

B. A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility or institution as defined in § 37.2-100 of the Code of Virginia, or hospital as defined in § 32.1-123 of the Code of Virginia.

Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320a-7b(b)] or any regulations promulgated thereto.

C. A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

D. A practitioner shall report any disciplinary action taken by a physical therapy regulatory board in another jurisdiction within 30 days of final action.

18VAC112-20-190. Sexual contact.

A. For purposes of § 54.1-3483 (10) of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-3483 (10) of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC112-20-200. Advertising ethics.

A. Any statement specifying a fee, whether standard, discounted, or free, for professional services that does not include the cost of all related procedures, services, and products that, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such

professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the patient and the practitioner.

C. A licensee or holder of a compact privilege of the board shall not advertise information that is false, misleading, or deceptive. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.

D. A licensee or holder of a compact privilege shall not use the term "board certified" or any similar words or phrase calculated to convey the same meaning in any advertising for his practice unless he holds certification in a clinical specialty issued by the American Board of Physical Therapy Specialties.

~~E. A licensee or holder of a compact privilege of the board shall not advertise information that is false, misleading, or deceptive. For an advertisement for a single practitioner, it shall be presumed that the practitioner is responsible and accountable for the validity and truthfulness of its content. For an advertisement for a practice in which there is more than one practitioner, the name of the practitioner responsible and accountable for the content of the advertisement shall be documented and maintained by the practice for at least two years.~~

~~F. Documentation, scientific and otherwise, supporting claims made in an advertisement shall be maintained and available for the board's review for at least two years.~~

Commonwealth of Virginia



**VIRGINIA DEPARTMENT OF HEALTH
PROFESSIONS
REGULATIONS
GOVERNING THE PRACTICE OF PHYSICAL
THERAPY**

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CHAPTER 20

REGULATIONS GOVERNING THE PRACTICE OF PHYSICAL THERAPY

Part I. General Provisions.

18VAC112-20-10. Definitions.

In addition to the words and terms defined in §§ 54.1-3473 and 54.1-3486 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Active practice" means a minimum of 160 hours of professional practice as a physical therapist or physical therapist assistant within the 24-month period immediately preceding renewal. Active practice may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.

"Approved program" means an educational program accredited by CAPTE.

"CAPTE" means the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.

"Compact" means the Physical Therapy Licensure Compact (§ 54.1-3485 of the Code of Virginia).

"Contact hour" means 60 minutes of time spent in continuing learning activity exclusive of breaks, meals, or vendor exhibits.

"Direct supervision" means a physical therapist or a physical therapist assistant is physically present and immediately available and is fully responsible for the physical therapy tasks or activities being performed.

"Discharge" means the discontinuation of interventions in an episode of care that have been provided in an unbroken sequence in a single practice setting and related to the physical therapy interventions for a given condition or problem.

"Encounter" means an interaction between a patient and a physical therapist or physical therapist assistant for the purpose of providing health care services or assessing the health and therapeutic status of a patient.

"Evaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to plan and implement a treatment intervention, provide preventive care, reduce risks of injury and impairment, or provide for consultation.

"FCCPT" means the Foreign Credentialing Commission on Physical Therapy.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"General supervision" means a physical therapist shall be available for consultation.

"National examination" means the examinations developed and administered by the Federation of State Boards of Physical Therapy and approved by the board for licensure as a physical therapist or physical therapist assistant.

"Physical Therapy Compact Commission" or "commission" means the national administrative body whose membership consists of all states that have enacted the compact.

"Reevaluation" means a process in which the physical therapist makes clinical judgments based on data gathered during an examination or screening in order to determine a patient's response to the treatment plan and care provided.

"Support personnel" means a person who is performing designated routine tasks related to physical therapy under the direction and supervision of a physical therapist or physical therapist assistant within the scope of this chapter.

"TOEFL" means the Test of English as a Foreign Language.

"Trainee" means a person seeking licensure as a physical therapist or physical therapist assistant who is undergoing a traineeship.

"Traineeship" means a period of active clinical practice during that an applicant for licensure as a physical therapist or physical therapist assistant works under the direct supervision of a physical therapist approved by the board.

"TSE" means the Test of Spoken English.

"Type 1" means continuing learning activities offered by an approved organization as specified in 18VAC112-20-131.

"Type 2" means continuing learning activities which may or may not be offered by an approved organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning.

18VAC112-20-20. (Repealed.)

18VAC112-20-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any licensee shall be validly given when sent to the latest address of record provided or when served to the licensee. Any change of name or change in the address of record or the public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC112-20-26. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve:

1. Intentional or negligent conduct that causes or is likely to cause injury to a patient;
2. Mandatory suspension resulting from action by another jurisdiction or a felony conviction;
3. Impairment with an inability to practice with skill and safety;
4. Sexual misconduct;
5. Unauthorized practice.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.
2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.
3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

18VAC112-20-27. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Licensure by examination. The application fee shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

C. Licensure by endorsement. The fee for licensure by endorsement shall be \$140 for a physical therapist and \$100 for a physical therapist assistant.

D. Licensure renewal and reinstatement.

1. The fee for active license renewal for a physical therapist shall be \$135 and for a physical therapist assistant shall be \$70 and shall be due by December 31 in each even-numbered year.

2. The fee for an inactive license renewal for a physical therapist shall be \$70 and for a physical therapist assistant shall be \$35 and shall be due by December 31 in each even-numbered year

3. A fee of \$50 for a physical therapist and \$25 for a physical therapist assistant for processing a late renewal within one renewal cycle shall be paid in addition to the renewal fee.

4. The fee for reinstatement of a license that has expired for two or more years shall be \$180 for a physical therapist and \$120 for a physical therapist assistant and shall be submitted with an application for licensure reinstatement.

E. Other fees.

1. The fee for an application for reinstatement of a license that has been revoked shall be \$1,000; the fee for an application for reinstatement of a license that has been suspended shall be \$500.

2. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.

3. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.

4. The fee for a letter of good standing or verification to another jurisdiction shall be \$10.

5. The application fee for direct access certification shall be \$75 for a physical therapist to obtain certification to provide services without a referral.

6. The state fee for obtaining or renewing a compact privilege to practice in Virginia shall be \$50.

Part II. Licensure: General Requirements.

18VAC112-20-30. General requirements.

Licensure as a physical therapist or physical therapist assistant shall be by examination or by endorsement.

18VAC112-20-40. Education requirements: graduates of approved programs.

A. An applicant for licensure who is a graduate of an approved program shall submit documented evidence of his graduation from such a program with the required application and fee.

B. If an applicant is a graduate of an approved program located outside of the United States or Canada, he shall provide proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

18VAC112-20-50. Education requirements: graduates of schools not approved by an accrediting agency approved by the board.

A. An applicant for initial licensure as a physical therapist who is a graduate of a school not approved by an accrediting agency approved by the board shall submit the required application and fee and provide documentation of the physical therapist's certification by a report from the FCCPT or of the physical therapist eligibility for licensure as verified by a report from any other credentialing agency approved by the board that substantiates that the physical therapist has been evaluated in accordance with requirements of subsection B of this section.

B. The board shall only approve a credentialing agency that:

1. Utilizes the FSBPT Coursework Evaluation Tool for Foreign Educated Physical Therapists, as required to sit for FSBPT examination, and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;
2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and
3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.

2. A copy of the original certificate or diploma that has been certified as a true copy of the original by a notary public, verifying the applicant's graduation from a physical therapy curriculum. If the certificate or diploma is not in the English language, submit either:

- a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or
- b. An official certification in English from the school attesting to the applicant's attendance and graduation date.

3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board and based upon the FSBPT coursework tool for physical therapist assistants.

D. An applicant for initial licensure as a physical therapist or a physical therapist assistant who is not a graduate of an approved program shall also submit verification of having successfully completed a 1,000-hour traineeship within a two-year period under the direct supervision of a licensed physical therapist. The board may grant an extension beyond two years for circumstances beyond the control of the applicant, such as temporary disability, officially declared disasters, or mandatory military service.

1. The traineeship shall be in accordance with requirements in 18VAC112-20-140.
2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories, the District of Columbia, or Canada, equivalent to the requirements of this chapter.

18VAC112-20-60. Requirements for licensure by examination.

Every applicant for initial licensure by examination shall submit:

1. Documentation of having met the educational requirements specified in 18VAC112-20-40 or 18VAC112-20-50;
2. The required application, fees, and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia; and
3. Documentation of passage of the national examination as prescribed by the board.

18VAC112-20-65. Requirements for licensure by endorsement.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in the United States, its territories, the District of Columbia, or Canada may be licensed in Virginia by endorsement.

B. An applicant for licensure by endorsement shall submit:

1. Documentation of having met the educational requirements prescribed in 18VAC112-20-40 or 18VAC112-20-50. In lieu of meeting such requirements, an applicant may provide evidence of clinical practice consisting of at least 2,500 hours of patient care during the five years immediately preceding application for licensure in Virginia with a current, unrestricted license issued by another United States jurisdiction or Canadian province;
2. The required application, fees, and credentials to the board, including a criminal history background check as required by § 54.1-3484 of the Code of Virginia;
3. A current report from the National Practitioner Data Bank (NPDB);
4. Evidence of completion of 15 hours of continuing education for each year in which the applicant held a license in another United States jurisdiction, or 60 hours obtained within the past four years;
5. Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state or Canadian province at the time of initial licensure in that state or province; and
6. Documentation of active practice in physical therapy in another United States jurisdiction or Canada for at least 320 hours within the four years immediately preceding his application for licensure. A physical therapist who does not meet the active practice requirement shall successfully complete 320 hours in a traineeship in accordance with requirements in 18VAC112-20-140.

C. A physical therapist assistant seeking licensure by endorsement who has not actively practiced physical therapy for at least 320 hours within the four years immediately preceding his application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in 18VAC112-20-140.

18VAC112-20-70. Traineeship for unlicensed graduate scheduled to sit for the national examination.

A. Upon approval of the president of the board or his designee, an unlicensed graduate who is registered with the Federation of State Boards of Physical Therapy to sit for the national examination may be employed as a trainee under the direct supervision of a licensed physical therapist until the results of the national examination are received.

B. The traineeship, which shall be in accordance with requirements in 18VAC112-20-140, shall terminate five working days following receipt by the candidate of the licensure examination results.

C. The unlicensed graduate may reapply for a new traineeship while awaiting to take the next examination, provided he has registered to retake the examination. A new traineeship shall not be approved if more than one year has passed following the receipt of the first examination results. An

unlicensed graduate who has passed the examination may be granted a new traineeship for the period between passage of the examination and granting of a license. An unlicensed graduate shall not be granted more than three traineeships within the one year following the receipt of the first examination results.

18VAC112-20-80. (Repealed.)

18VAC112-20-81. Requirements for direct access certification.

A. An applicant for certification to provide services to patients without a referral as specified in § 54.1-3482.1 of the Code of Virginia shall hold an active, unrestricted license as a physical therapist in Virginia and shall submit evidence satisfactory to the board that he has one of the following qualifications:

1. Completion of a transitional program in physical therapy as recognized by the board; or
2. At least three years of postlicensure, active practice with evidence of 15 contact hours of continuing education in medical screening or differential diagnosis, including passage of a postcourse examination. The required continuing education shall be offered by a provider or sponsor listed as approved by the board in 18VAC112-20-131 and may be face-to-face or online education courses.

B. In addition to the evidence of qualification for certification required in subsection A of this section, an applicant seeking direct access certification shall submit to the board:

1. A completed application as provided by the board;
2. Any additional documentation as may be required by the board to determine eligibility of the applicant; and
3. The application fee as specified in 18VAC112-20-27.

18VAC112-20-82. Requirements for a compact privilege.

To obtain a compact privilege to practice physical therapy in Virginia, a physical therapist or physical therapist assistant licensed in a remote state shall comply with the rules adopted by the Physical Therapy Compact Commission in effect at the time of application to the commission.

Part III. Practice Requirements.

18VAC112-20-90. General responsibilities.

A. The physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient and shall provide:

1. The initial evaluation for each patient and its documentation in the patient record;

2. Periodic reevaluation, including documentation of the patient's response to therapeutic intervention; and
3. The documented status of the patient at the time of discharge, including the response to therapeutic intervention. If a patient is discharged from a health care facility without the opportunity for the physical therapist to reevaluate the patient, the final note in the patient record may document patient status.

B. The physical therapist shall communicate the overall plan of care to the patient or the patient's legally authorized representative and shall also communicate with a referring doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery; nurse practitioner; or physician assistant to the extent required by § 54.1-3482 of the Code of Virginia.

C. A physical therapist assistant may assist the physical therapist in performing selected components of physical therapy intervention to include treatment, measurement, and data collection but not to include the performance of an evaluation as defined in 18VAC112-20-10.

D. A physical therapist assistant's encounters with a patient may be made under general supervision.

E. A physical therapist providing services with a direct access certification as specified in § 54.1-3482 of the Code of Virginia shall utilize the Direct Access Patient Attestation and Medical Release Form prescribed by the board or otherwise include in the patient record the information, attestation and written consent required by subsection B of § 54.1-3482 of the Code of Virginia.

F. A physical therapist or physical therapist assistant practicing in Virginia on a compact privilege shall comply with all applicable laws and regulations pertaining to physical therapy practice in Virginia.

18VAC112-20-100. Supervisory responsibilities.

A. A physical therapist shall be fully responsible for any action of persons performing physical therapy functions under the physical therapist's supervision or direction.

B. Support personnel shall only perform routine assigned physical therapy tasks under the direct supervision of a licensed physical therapist or a licensed physical therapist assistant, who shall only assign those tasks or activities that are nondiscretionary and do not require the exercise of professional judgment.

C. A physical therapist shall provide direct supervision to no more than three individual trainees or students at any one time.

D. A physical therapist shall provide direct supervision to a student in an approved program who is satisfying clinical educational requirements in physical therapy. A physical therapist or a physical therapist assistant shall provide direct supervision to a student in an approved program for physical therapist assistants.

E. A physical therapist shall provide direct supervision to a student who is satisfying clinical educational requirements in physical therapy in a nonapproved physical therapist program that has been granted the Candidate for Accreditation status from CAPTE. Either a physical therapist or physical therapist assistant shall provide direct supervision to a student who is satisfying clinical education requirements in a nonapproved physical therapist assistant program that has been granted the Candidate for Accreditation status from CAPTE.

18VAC112-20-110. (Repealed.)

18VAC112-20-120. Responsibilities to patients.

A. The initial patient encounter shall be made by the physical therapist for evaluation of the patient and establishment of a plan of care.

B. The physical therapist assistant's first encounter with the patient shall only be made after verbal or written communication with the physical therapist regarding patient status and plan of care. Documentation of such communication shall be made in the patient's record.

C. Documentation of physical therapy interventions shall be recorded on a patient's record by the physical therapist or physical therapist assistant providing the care.

D. The physical therapist shall reevaluate the patient as needed, but not less than according to the following schedules:

1. For inpatients in hospitals as defined in § 32.1-123 of the Code of Virginia, it shall be not less than once every seven consecutive days.
2. For patients in other settings, it shall be not less than one of 12 encounters made to the patient during a 30-day period, or once every 30 days from the last reevaluation, whichever occurs first.
3. For patients who have been receiving physical therapy care for the same condition or injury for six months or longer, it shall be at least every 90 days from the last reevaluation.

Failure to abide by this subsection due to the absence of the physical therapist in case of illness, vacation, or professional meeting for a period not to exceed five consecutive days will not constitute a violation of these provisions.

E. The physical therapist shall be responsible for ongoing involvement in the care of the patient to include regular communication with a physical therapist assistant regarding the patient's plan of treatment.

18VAC112-20-121. Practice of dry needling.

A. Dry needling is an invasive procedure that requires referral and direction in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing; if the initial referral is received orally, it shall be followed up with a written referral.

B. Dry needling is not an entry level skill but an advanced procedure that requires additional post-graduate training.

1. The training shall be specific to dry needling and shall include emergency preparedness and response, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses.

2. The training shall consist of didactic and hands-on laboratory education and shall include passage of a theoretical and practical examination. The hands-on laboratory education shall be face-to-face.

3. The training shall be in a course approved or provided by a sponsor listed in subsection B of 18VAC112-20-131.

4. The practitioner shall not perform dry needling beyond the scope of the highest level of the practitioner's training.

C. Prior to the performance of dry needling, the physical therapist shall obtain informed consent from the patient or the patient's representative. The informed consent shall include the risks and benefits of the technique. The informed consent form shall be maintained in the patient record.

D. Dry needling shall only be performed by a physical therapist trained pursuant to subsection B of this section and shall not be delegated to a physical therapist assistant or other support personnel.

Part IV. Renewal or Relicensure Requirements.

18VAC112-20-130. Biennial renewal of license.

A. A physical therapist or physical therapist assistant who intends to continue practice shall renew his license biennially by December 31 in each even-numbered year and pay to the board the renewal fee prescribed in 18VAC112-20-27.

B. A licensee whose licensure has not been renewed by the first day of the month following the month in which renewal is required shall pay a late fee as prescribed in 18VAC112-20-27.

C. In order to renew an active license, a licensee shall be required to:

1. Complete a minimum of 320 hours of active practice in the preceding four years; and

2. Comply with continuing competency requirements set forth in 18VAC112-20-131.

D. The board may grant an extension of the deadline for completing active practice requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

E. The board may grant an exemption to the active practice requirement for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disaster, upon a written request from the licensee prior to the renewal date.

F. In order to renew a compact privilege to practice in Virginia, the holder shall comply with the rules adopted by the Physical Therapy Compact Commission in effect at the time of the renewal.

18VAC112-20-131. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a physical therapist or a physical therapist assistant shall complete at least 30 contact hours of continuing learning activities within the two years immediately preceding renewal. In choosing continuing learning activities or courses, the licensee shall consider the following: (i) the need to promote ethical practice, (ii) an appropriate standard of care, (iii) patient safety, (iv) application of new medical technology, (v) appropriate communication with patients, and (vi) knowledge of the changing health care system.

B. To document the required hours, the licensee shall maintain the Continued Competency Activity and Assessment Form that is provided by the board and that shall indicate completion of the following:

1. A minimum of 20 of the contact hours required for physical therapists and 15 of the contact hours required for physical therapist assistants shall be in Type 1 courses. For the purpose of this section, "course" means an organized program of study, classroom experience, or similar educational experience that is directly related to the clinical practice of physical therapy and approved or provided by an organization approved by the Board.

One credit hour of a college course shall be considered the equivalent of 15 contact hours of Type 1 continuing education.

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 purposes 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.

3. Documentation of specialty certification by the American Physical Therapy Association may be provided as evidence of completion of continuing competency requirements for the biennium in which initial certification or recertification occurs.

4. Documentation of graduation from a transitional doctor of physical therapy program may be provided as evidence of completion of continuing competency requirements for the biennium in which the physical therapist was awarded the degree.

C. A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure by examination in Virginia.

D. The licensee shall retain his records on the completed form with all supporting documentation for a period of four years following the renewal of an active license.

E. The licensees selected in a random audit conducted by the board shall provide the completed Continued Competency Activity and Assessment Form and all supporting documentation within 30 days of receiving notification of the audit.

F. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

G. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

H. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters, upon a written request from the licensee prior to the renewal date.

18VAC112-20-135. Inactive license.

A. A physical therapist or physical therapist assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required renewal fee, be issued an inactive license.

1. The holder of an inactive license shall not be required to meet active practice requirements.

2. An inactive licensee shall not be entitled to perform any act requiring a license to practice physical therapy in Virginia.

B. A physical therapist or physical therapist assistant who holds an inactive license may reactivate his license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated;
2. Providing proof of 320 active practice hours in any jurisdiction in which the physical therapist or physical therapist assistant was licensed for active practice within the four years immediately preceding application for reactivation.

If the inactive licensee does not meet the requirement for active practice, the license may be reactivated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 ; and

3. Completing the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC112-20-136. Reinstatement requirements.

A. A physical therapist or physical therapist assistant whose Virginia license is lapsed for two years or less may reinstate his license by payment of the renewal and late fees as set forth in 18VAC112-20-27 and completion of continued competency requirements as set forth in 18VAC112-20-131.

B. A physical therapist or physical therapist assistant whose Virginia license is lapsed for more than two years and who is seeking reinstatement shall:

1. Apply for reinstatement and pay the fee specified in 18VAC112-20-27;
2. Complete the number of continuing competency hours required for the period in which the license has been lapsed, not to exceed four years; and
3. Have actively practiced physical therapy in any jurisdiction in which the physical therapist or physical therapist assistant was licensed for active practice for at least 320 hours within the four years immediately preceding applying for reinstatement.

If a licensee does not meet the requirement for active practice, the license may be reinstated by completing 320 hours in a traineeship that meets the requirements prescribed in 18VAC112-20-140 .

18VAC112-20-140. Traineeship requirements.

A. The traineeship shall be approved by the board and served under the direction and supervision of a licensed physical therapist.

B. Supervision and identification of trainees:

1. There shall be a limit of two physical therapists assigned to provide supervision for each trainee.
2. The supervising physical therapist shall countersign patient documentation (i.e., notes, records, charts) for services provided by a trainee.
3. The trainee shall wear identification designating them as a "physical therapist trainee" or a "physical therapist assistant trainee."

C. Completion of traineeship.

1. The physical therapist supervising the trainee shall submit a report to the board at the end of the required number of hours on forms supplied by the board.
2. If the traineeship is not successfully completed at the end of the required hours, as determined by the supervising physical therapist, the president of the board or his designee shall determine if a new traineeship shall commence. If the president of the board determines that a new traineeship shall not commence, then the application for licensure shall be denied.
3. The second traineeship may be served under a different supervising physical therapist and may be served in a different organization than the initial traineeship. If the second traineeship is not successfully completed, as determined by the supervising physical therapist, then the application for licensure shall be denied.

D. A traineeship shall not be approved for an applicant who has not completed a criminal background check for initial licensure pursuant to § 54.1-3484 of the Code of Virginia.

18VAC112-20-150. (Repealed.)

18VAC112-20-151. (Repealed.)

Part V. Standards of Practice.

18VAC112-20-160. Requirements for patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible and complete patient records.

D. Practitioners who are employed by a health care institution, school system or other entity, in which the individual practitioner does not own or maintain his own records, shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. From (six months from the effective date of the regulation), post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

F. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC112-20-170. Confidentiality and practitioner-patient communication.

A. A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

B. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner in the treatment of any disease or condition.

3. Before any invasive procedure is performed, informed consent shall be obtained from the patient and documented in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended invasive procedure that a reasonably prudent practitioner in similar practice in Virginia would tell a patient. In the instance of a minor or a patient who is incapable of making an informed decision

on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.

4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

C. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC112-20-180. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow persons under his supervision to jeopardize patient safety or provide patient care outside of such person's scope of practice or area of responsibility. Practitioners shall delegate patient care only to persons who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility or institution as defined in § 37.2-100 of the Code of Virginia, or hospital as defined in § 32.1-123 of the Code of Virginia.

Remuneration shall be defined as compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320a-7b(b)] or any regulations promulgated thereto.

C. A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

D. A practitioner shall report any disciplinary action taken by a physical therapy regulatory board in another jurisdiction within 30 days of final action.

18VAC112-20-190. Sexual contact.

A. For purposes of § 54.1-3483 (10) of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-3483 (10) of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.
2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC112-20-200. Advertising ethics.

A. Any statement specifying a fee, whether standard, discounted, or free, for professional services that does not include the cost of all related procedures, services, and products that, to a substantial likelihood, will be necessary for the completion of the advertised service as it would be understood by an ordinarily prudent person shall be deemed to be deceptive or misleading, or both. Where reasonable disclosure of all relevant variables and considerations is made, a statement of a range of prices for specifically described services shall not be deemed to be deceptive or misleading.

B. Advertising a discounted or free service, examination, or treatment and charging for any additional service, examination, or treatment that is performed as a result of and within 72 hours of the initial office visit in response to such advertisement is unprofessional conduct unless such professional services rendered are as a result of a bona fide emergency. This provision may not be waived by agreement of the patient and the practitioner.

C. A licensee or holder of a compact privilege of the board shall not advertise information that is false, misleading, or deceptive. Advertisements of discounts shall disclose the full fee that has been discounted. The practitioner shall maintain documented evidence to substantiate the discounted fees and shall make such information available to a consumer upon request.

D. A licensee or holder of a compact privilege shall not use the term "board certified" or any similar words or phrase calculated to convey the same meaning in any advertising for his practice unless he holds certification in a clinical specialty issued by the American Board of Physical Therapy Specialties.

Agenda Item: Initiation of Fast-Track Regulatory Action Related to Agency Subordinate Proceedings

Included in your agenda package:

- Changes to 18VAC112-20-26 to allow agency subordinates to hear credentials cases;
- HB1622 from the 2023 General Assembly session

Action needed:

- Motion to amend 18VAC112-20-26 by fast-track action

18VAC112-20-26. Criteria for delegation of informal fact-finding proceedings to an agency subordinate.

A. Decision to delegate. In accordance with § 54.1-2400 (10) of the Code of Virginia, the board may delegate an informal fact-finding proceeding to an agency subordinate ~~upon determination that probable cause exists that a practitioner may be subject to a disciplinary action.~~

B. Criteria for delegation. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve:

1. Intentional or negligent conduct that causes or is likely to cause injury to a patient;
2. Mandatory suspension resulting from action by another jurisdiction or a felony conviction;
3. Impairment with an inability to practice with skill and safety;
4. Sexual misconduct;
5. Unauthorized practice.

C. Criteria for an agency subordinate.

1. An agency subordinate authorized by the board to conduct an informal fact-finding proceeding may include board members and professional staff or other persons deemed knowledgeable by virtue of their training and experience in administrative proceedings involving the regulation and discipline of health professionals.
2. The executive director shall maintain a list of appropriately qualified persons to whom an informal fact-finding proceeding may be delegated.
3. The board may delegate to the executive director the selection of the agency subordinate who is deemed appropriately qualified to conduct a proceeding based on the qualifications of the subordinate and the type of case being heard.

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HOUSE BILL NO. 1622

Offered January 11, 2023

Prefiled January 7, 2023

A BILL to amend and reenact § 54.1-2400 of the Code of Virginia, relating to health regulatory boards; delegation of authority to conduct informal fact-finding proceedings.

Patron—Wright

Committee Referral Pending

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2400 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2400. General powers and duties of health regulatory boards.

The general powers and duties of health regulatory boards shall be:

1. To establish the qualifications for registration, certification, licensure, permit, or the issuance of a multistate licensure privilege in accordance with the applicable law which are necessary to ensure competence and integrity to engage in the regulated professions.

2. To examine or cause to be examined applicants for certification, licensure, or registration. Unless otherwise required by law, examinations shall be administered in writing or shall be a demonstration of manual skills.

3. To register, certify, license, or issue a multistate licensure privilege to qualified applicants as practitioners of the particular profession or professions regulated by such board.

4. To establish schedules for renewals of registration, certification, licensure, permit, and the issuance of a multistate licensure privilege.

5. To levy and collect fees for application processing, examination, registration, certification, permitting, or licensure or the issuance of a multistate licensure privilege and renewal that are sufficient to cover all expenses for the administration and operation of the Department of Health Professions, the Board of Health Professions, and the health regulatory boards.

6. To promulgate regulations in accordance with the Administrative Process Act (§ 2.2-4000 et seq.) that are reasonable and necessary to administer effectively the regulatory system, which shall include provisions for the satisfaction of board-required continuing education for individuals registered, certified, licensed, or issued a multistate licensure privilege by a health regulatory board through delivery of health care services, without compensation, to low-income individuals receiving health services through a local health department or a free clinic organized in whole or primarily for the delivery of those health services. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.).

7. To revoke, suspend, restrict, or refuse to issue or renew a registration, certificate, license, permit, or multistate licensure privilege which such board has authority to issue for causes enumerated in applicable law and regulations.

8. To appoint designees from their membership or immediate staff to coordinate with the Director and the Health Practitioners' Monitoring Program Committee and to implement, as is necessary, the provisions of Chapter 25.1 (§ 54.1-2515 et seq.). Each health regulatory board shall appoint one such designee.

9. To take appropriate disciplinary action for violations of applicable law and regulations, and to accept, in their discretion, the surrender of a license, certificate, registration, permit, or multistate licensure privilege in lieu of disciplinary action.

10. To appoint a special conference committee, composed of not less than two members of a health regulatory board or, when required for special conference committees of the Board of Medicine, not less than two members of the Board and one member of the relevant advisory board, or, when required for special conference committees of the Board of Nursing, not less than one member of the Board and one member of the relevant advisory board, to act in accordance with § 2.2-4019 upon receipt of information that a practitioner or permit holder of the appropriate board may be subject to disciplinary action or to consider an application for a license, certification, registration, permit or multistate licensure privilege in nursing. The special conference committee may (i) exonerate; (ii) reinstate; (iii) place the practitioner or permit holder on probation with such terms as it may deem appropriate; (iv) reprimand; (v) modify a previous order; (vi) impose a monetary penalty pursuant to § 54.1-2401, (vii) deny or grant an application for licensure, certification, registration, permit, or multistate licensure privilege; and (viii) issue a restricted license, certification, registration, permit or multistate licensure privilege subject to terms and conditions. The order of the special conference committee shall become final 30 days after

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HB1622

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59 service of the order unless a written request to the board for a hearing is received within such time. If
60 service of the decision to a party is accomplished by mail, three days shall be added to the 30-day
61 period. Upon receiving a timely written request for a hearing, the board or a panel of the board shall
62 then proceed with a hearing as provided in § 2.2-4020, and the action of the committee shall be vacated.
63 This subdivision shall not be construed to limit the authority of a board to delegate to an appropriately
64 qualified agency subordinate, as defined in § 2.2-4001, the authority to conduct informal fact-finding
65 proceedings in accordance with § 2.2-4019, ~~upon receipt of information that a practitioner may be~~
66 ~~subject to a disciplinary action.~~ The recommendation of such subordinate may be considered by a panel
67 consisting of at least five board members, or, if a quorum of the board is less than five members,
68 consisting of a quorum of the members, convened for the purpose of issuing a case decision. Criteria for
69 the appointment of an agency subordinate shall be set forth in regulations adopted by the board.

70 11. To convene, at their discretion, a panel consisting of at least five board members or, if a quorum
71 of the board is less than five members, consisting of a quorum of the members to conduct formal
72 proceedings pursuant to § 2.2-4020, decide the case, and issue a final agency case decision. Any
73 decision rendered by majority vote of such panel shall have the same effect as if made by the full board
74 and shall be subject to court review in accordance with the Administrative Process Act. No member who
75 participates in an informal proceeding conducted in accordance with § 2.2-4019 shall serve on a panel
76 conducting formal proceedings pursuant to § 2.2-4020 to consider the same matter.

77 12. To issue inactive licenses or certificates and promulgate regulations to carry out such purpose.
78 Such regulations shall include, but not be limited to, the qualifications, renewal fees, and conditions for
79 reactivation of licenses or certificates.

80 13. To meet by telephone conference call to consider settlement proposals in matters pending before
81 special conference committees convened pursuant to this section, or matters referred for formal
82 proceedings pursuant to § 2.2-4020 to a health regulatory board or a panel of the board or to consider
83 modifications of previously issued board orders when such considerations have been requested by either
84 of the parties.

85 14. To request and accept from a certified, registered, or licensed practitioner; a facility holding a
86 license, certification, registration, or permit; or a person holding a multistate licensure privilege to
87 practice nursing, in lieu of disciplinary action, a confidential consent agreement. A confidential consent
88 agreement shall be subject to the confidentiality provisions of § 54.1-2400.2 and shall not be disclosed
89 by a practitioner or facility. A confidential consent agreement shall include findings of fact and may
90 include an admission or a finding of a violation. A confidential consent agreement shall not be
91 considered either a notice or order of any health regulatory board, but it may be considered by a board
92 in future disciplinary proceedings. A confidential consent agreement shall be entered into only in cases
93 involving minor misconduct where there is little or no injury to a patient or the public and little
94 likelihood of repetition by the practitioner or facility. A board shall not enter into a confidential consent
95 agreement if there is probable cause to believe the practitioner or facility has (i) demonstrated gross
96 negligence or intentional misconduct in the care of patients or (ii) conducted his practice in such a
97 manner as to be a danger to the health and welfare of his patients or the public. A certified, registered,
98 or licensed practitioner, a facility holding a license, certification, registration, or permit, or a person
99 holding a multistate licensure privilege to practice nursing who has entered into two confidential consent
100 agreements involving a standard of care violation, within the 10-year period immediately preceding a
101 board's receipt of the most recent report or complaint being considered, shall receive public discipline
102 for any subsequent violation within the 10-year period unless the board finds there are sufficient facts
103 and circumstances to rebut the presumption that the disciplinary action be made public.

104 15. When a board has probable cause to believe a practitioner is unable to practice with reasonable
105 skill and safety to patients because of excessive use of alcohol or drugs or physical or mental illness, the
106 board, after preliminary investigation by an informal fact-finding proceeding, may direct that the
107 practitioner submit to a mental or physical examination. Failure to submit to the examination shall
108 constitute grounds for disciplinary action. Any practitioner affected by this subsection shall be afforded
109 reasonable opportunity to demonstrate that he is competent to practice with reasonable skill and safety to
110 patients. For the purposes of this subdivision, "practitioner" shall include any person holding a multistate
111 licensure privilege to practice nursing.

Agenda Item: Initiation of periodic review of public participation guidelines contained in 18VAC112-11

Included in your agenda packet:

- 18VAC112-11

Staff Note: Agencies are required to conduct periodic reviews of regulatory chapters every 4 years. Although this particular chapter is only changed when the Department of Planning and Budget provides new model language, the Board is still required to conduct a periodic review.

Action Needed:

- Motion to initiate periodic review of 18VAC112-11.

Commonwealth of Virginia



PUBLIC PARTICIPATION GUIDELINES

VIRGINIA BOARD OF PHYSICAL THERAPY

Title of Regulations: 18 VAC 112-11-10 et seq.

**Statutory Authority: §§ 54.1-2400 and 2.2-4007
of the *Code of Virginia***

Revised Date: March 23, 2017

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Part I

Purpose and Definitions

18VAC112-11-10. Purpose.

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Physical Therapy. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

18VAC112-11-20. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"Administrative Process Act" means Chapter 40 (§2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Physical Therapy, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by §2.2-3707 C of the Freedom of Information Act.

"Negotiated rulemaking panel" or "NRP" means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at www.townhall.virginia.gov, which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§2.2-4031 et seq.) of the Administrative Process Act.

Part II

Notification of Interested Persons

18VAC112-11-30. Notification list.

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

18VAC112-11-40. Information to be sent to persons on the notification list.

A. To persons electing to receive electronic notification or notification through a postal carrier as described in 18VAC112-11-30, the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).
2. A notice of the comment period on a proposed, a repropoed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.
3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to §2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

Part III Public Participation Procedures

18VAC112-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.
2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).
2. For a minimum of 60 calendar days following the publication of a proposed regulation.
3. For a minimum of 30 calendar days following the publication of a repropoed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.
5. For a minimum of 30 calendar days following the publication of a fast-track regulation.
6. For a minimum of 21 calendar days following the publication of a notice of periodic review.
7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § [2.2-4013](#) C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § [2.2-4012](#) E of the Code of Virginia.

18VAC112-11-60. Petition for rulemaking.

A. As provided in §2.2-4007 of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;
2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and
3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to §2.2-4007 and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

18VAC112-11-70. Appointment of regulatory advisory panel.

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

18VAC112-11-80. Appointment of negotiated rulemaking panel.

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. A NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;
2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or
3. The agency determines that resolution of a controversy is unlikely.

18VAC112-11-90. Meetings.

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with §2.2-3707 D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

18VAC112-11-100. Public hearings on regulations.

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:

1. The agency's basic law requires the agency to hold a public hearing;
2. The Governor directs the agency to hold a public hearing; or
3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

18VAC112-11-110. Periodic review of regulations.

- A. The agency shall conduct a periodic review of its regulations consistent with:
 1. An executive order issued by the Governor pursuant to §2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and
 2. The requirements in §2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.
- B. A periodic review may be conducted separately or in conjunction with other regulatory actions.
- C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.

New Business



CE Broker partners with more than 250 licensing agencies in more than half of the U.S. states connecting with over 5 million licensed professionals and over 15,000 educational providers to modernize continuing education management, increase digital government services and ultimately power professional progress through one universal platform.

Why is continuing education modernization important?

- Legacy systems and/or manual processes are usually outdated and are often the reason behind delays and long wait times for professionals to receive a renewal license.
- Moreover, unwieldy and inefficient legacy systems cause licensing agencies and staff to incur losses in time and productivity.
- Workforce shortages along with manual processes negatively impact agency performance.
- Licensees often have multiple licenses and are confused regarding continuing education requirements and compliance.

Solution - CE Broker

- **Built for boards** - CE Broker, a modern, cost-free configurable software embraces your unique licensure requirements to seamlessly automate and connect with your licensing system and respective workflows. It transforms and automates the continuing education auditing processes for licensing agencies.
- **Designed for licensees** - A single application for licensees to simply and easily manage all continuing education - to find, complete, track, report, store, document, and maintain licensure.
- **Integrated with educational providers** - CE Broker provides a comprehensive course marketplace and a suite of free tools for providers to manage accredited offerings, directly report completions and attendance for CE activity.
- **Connected to the community** - CE Broker proactively partners with state and national associations along with licensure compacts to ensure the best experience for Professionals.

Proven Success in Medical

CE Broker has been utilized by a growing number of Medical boards including the states of South Carolina, Michigan, Florida, New Hampshire, Wisconsin, Ohio, Oklahoma, Kansas, New Mexico, Georgia, Mississippi, Louisiana, Tennessee, Wisconsin and the IMLCC



The Nation's Leading Continuing Education Platform

Compliance with confidence

The image features a woman with curly hair, wearing a blue and white striped shirt, looking at a tablet. Surrounding her are several screenshots of the CE Broker platform interface:

- Course Card:** A card for "Prevention of Medical Errors" showing a duration of 2 Hours, a 5-star rating, and a "Start now" button. It also lists features: "Onlin...", "Certifi...", and "Auto rep...".
- Subject Areas:** A list of subject areas: "Medical Errors" (2 hours) and "General" (2 hours).
- Mobile App - Instant Report:** A smartphone screen showing a green checkmark and the message "Your CE has been instantly reported" for License 4455666 with +2.00 Hours applied.
- Mobile App - Transcript:** A smartphone screen displaying a transcript for License 4455666. It shows a progress bar at 75% Complete and a summary: 44 HRS REQUIRED, 10 HRS APPLIED, and 34 HRS NEEDED. Below this, requirements are listed: "Laws and Rules of the Board" (Complete), "Medical Errors" (Hours needed 2), and "General" (Hours needed 14).

Our story

In 2003, the state of Florida released an RFP for a system that could track CE Requirements for 28 healthcare boards, 74 different professions, and over half a million licensees. CE Broker was created as a response to this RFP and was awarded the contract.

CE Broker forged an innovative approach to the industry of Continuing Education Tracking, by first establishing relationships with large, nationally accredited providers of education. By aggregating massive amounts of completion data directly from the source, instead of relying solely on self-reported CE by license holders, this allowed CE Broker to obtain more reliable compliance information and effectively streamline audits for the department.

In 2013, the Florida Department of Health launched an initiative to enforce CE Compliance at the time of renewal, by leveraging our technology and infrastructure to integrate with their licensing database. This initiative removed the burden of conducting audits, by requiring that all licensees and education providers report continuing education into CE Broker before renewing a license. This has resulted in over \$500,000 in audit-related savings each year for the Department.*

Now, 20 years later, CE Broker has become the leader in continuing education compliance, serving millions of people every day.

Trusted by 250+ boards

CE Broker increases on-time education compliance, streamline audits, and monitor progress - all at *no cost to the state*. All implementation, customization, hosting, training, maintenance, and world-class ongoing customer support are handled by CE Broker staff.

“*The Board unanimously chose CE Broker because it brought all stakeholders together in one platform, increased operational efficiencies and immediately reduced the workload for staff.*”

Mario Guterrez | O.D.F.A.A.O.
Texas Optometry Board Chairman



* Source: FL Dept. of Health MQA 2014 Report:

http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/_documents/quarterly-reports-2nd-1415.pdf

Who we serve

We bring together state regulatory boards, licensed professionals, education providers, and professional associations onto one intelligent platform designed to increase compliance rates, encourage professional development, and alleviate the burden of CE audits.



Built for regulatory boards

CE Broker's modern, configurable software embraces your unique licensure requirements to seamlessly automate and connect with your licensing system and respective workflows.



Integrated with education providers

The most comprehensive, authorized accredited provider course marketplace available.



Designed for licensees

A single application for licensees to find, complete, track and report continuing education, store documentation, and maintain their licensure.

CE Broker is the most trusted, official partner for full-lifecycle continuing education compliance

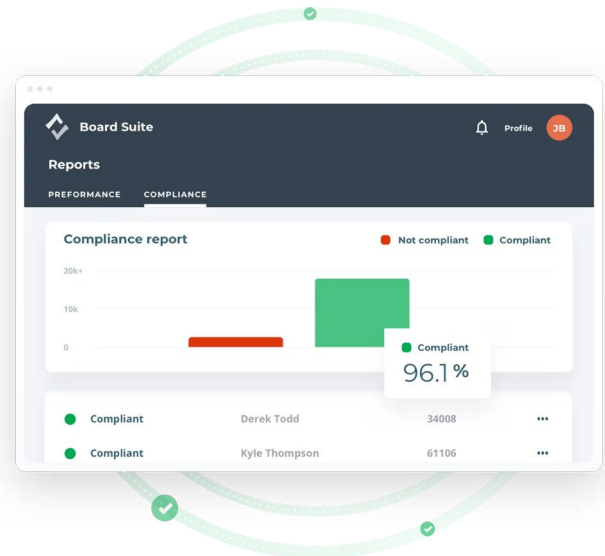


The Board Suite

Licensing agencies have access to a secure suite of tools which allow for automated enforcement of competency requirements, and streamlined management of provider and course applications.

Tools available to board users:

- Paperless communication channels between agency staff, CE providers, and license holders
- Intuitive compliance reports on the overall licensee population
- Real time access to continuing education records and submissions
- Approval and review queues with automated reminders for course or provider applications
- Random audit functions with ability to leverage additional or disciplinary CE requirements on a case by case basis

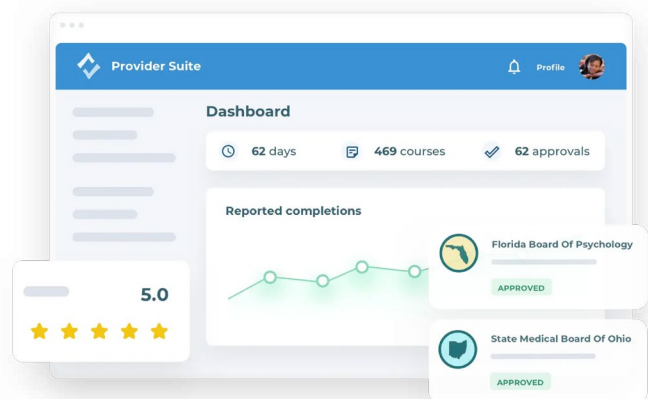


The Provider Suite

Educational providers have access to their own secure suite of resources designed to increase efficiency, streamline approvals, and aggregate compliance data for the state.

Tools available to educational providers:

- Paperless communication between providers and agency staff or education committees
- Electronic submissions for any necessary applications
- Multiple reporting options to verify credits obtained on behalf of license holders
- Seamless tracking of approvals, national accreditations, course offerings, pending applications, and ratings from license holders
- Built-in Learning Management System (LMS) which allows for hosting and delivery of education content within CE Broker



Auditing and reports

All data is electronically collected from educational providers and licensees, so audits are transformed from paperwork-ridden investigations into quick, accurate verifications.

Disciplinary actions can be one of the most cumbersome functions of any audit. CE Broker's tracking system allows agency staff members to easily monitor and enforce disciplinary actions that may follow an audit. Whether the state audits licensees at the time of renewal, or as a random post-renewal audit, CE Broker enables licensing boards to efficiently audit up to 100% of the licensed population.

Audit Option 1

Compliance at Renewal

By integrating your licensing database with CE Broker's tracking system, your licensing and enforcement solution can query our system in real-time to verify CE compliance before renewal is permitted. Through this simple API, licensing boards have the ability to monitor up to 100% of their licensee population.

Audit Option 2

Standard Post-Renewal Audit

Staff members responsible for completing audits have the ability to view all uploaded compliance documents and certifications before, after, and during the audit. Licensee records are immediately available upon query by name or license number. Staff members may also request additional records, send electronic notices and reminders, and complete the entire post-audit without tedious paper record requests or waiting on mailed documentation.

Reports

CE Broker will provide the board with weekly, quarterly, and annual reports including information such as:

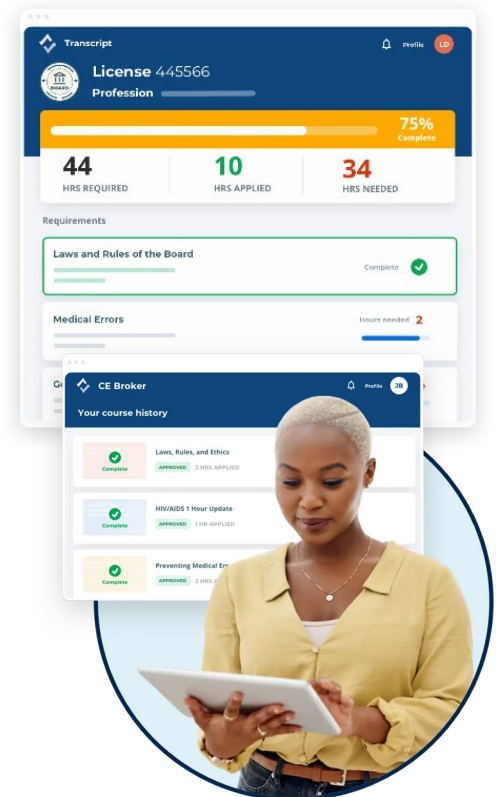
- Relevant statistics on licensee engagement
- Number of active educational providers
- Percentage of providers reporting
- Average reporting time
- Specific course completion metrics by category
- Detailed compliance statistics on the entire licensee population

Designed for Licensees

CE Broker is committed to powering professional progress. CE Broker's Licensee Suite allows licensees to maintain continuing education records within an intuitive, user friendly account. All records submitted to this account automatically calculate compliance towards CE requirements outlined by the licensee's regulating entity.

Licensees will be able to:

- **Understand requirements** | Detailed breakdown of CE requirements with direct links to fulfill each.
- **Complete course history** | Review and confirm CE course completions to determine what remains for compliance.
- **Manage certifications** | Maintain important certifications and heart cards from one account.
- **Store documents** | Keep secure backups of all certificates and other required documents to access any time.
- **Track multiple licenses** | Manage renewal requirements across multiple licenses in one place.
- **Timely reminders** | Get license renewal & CE deadline reminders to stay on track.



CE management, on the go

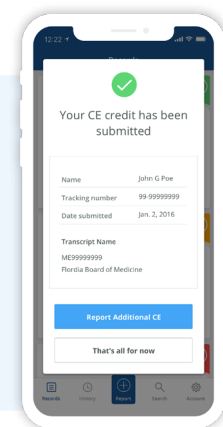
CE Broker offers free iPhone & Android apps that allow licensees to search for courses and report completed courses no matter where they are.

Professional Account holders can access their full suite of tools through the app and track progress in the CE Compliance Transcript. The app automatically syncs information, so nothing is missed.



19K Ratings

4.8
star rating

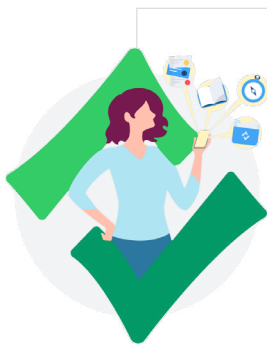


Subscription options

We've developed the best CE tracking tools around because creating beautiful user experiences for licensees is our top priority. We have three levels of subscription levels to match licensees' preferred levels of support.

Most users take advantage of our free Basic account, which includes all of the essential functionality, with no frills. The remaining percentage elect to utilize our Professional or Concierge Accounts that automate managing and reporting their Continuing Education. These voluntary accounts are available for an annual subscription but are *never* required to use CE Broker.

Basic	Professional	Concierge
Essential CE toolbox	Automated compliance calculator	Full reporting service
Free	\$39.99 / year	\$124.99 / year
Get Basic	Start free trial	Get Concierge
<ul style="list-style-type: none">✓ Connect with your licensing board✓ See your complete course history✓ Take courses within your account✓ Report hours manually✓ Check your compliance status anytime	<ul style="list-style-type: none">✓ Everything in Basic✓ Personalized compliance transcript✓ Detailed view of missing requirements✓ Track for multiple licenses✓ Store all certificates & heart cards✓ View and export past transcripts✓ Know when each requirement has been met	<ul style="list-style-type: none">✓ Everything in Professional✓ Dedicated account manager✓ One-on-one help to stay on track✓ We do all the reporting for you✓ We find approved courses for you✓ We make sure you're compliant



Approximately
87% of licensed professionals currently take advantage of the free Basic account
with the remaining 13% choosing voluntary subscriptions for added convenience.

Full service Support Center

CE Broker houses a fully-trained Support Center which serves our clients in multiple ways:

- Licensees and Educational Providers can call, email, or live chat with our support representatives
- Board staff members can immediately contact a designated Partner Success Manager to handle requests promptly. Board requests are routed separately from our traditional support channels, to ensure an expedited response and resolution.
- CE Broker does not outsource client support to any third parties. All client support is managed in-house, and our staff are trained on the various rules & requirements for each board prior to going live. This ensures that we can provide quality support, and alleviate burden wherever possible.

Support channels



Email | CE Broker Support Center staff reply to emails quickly and efficiently throughout the day.



Live Chat | Live Chat allows users to receive real-time help without having to pick up the phone.



Phone | Licensees, board staff, and educational providers all have access to live support over the phone, Monday through Friday, during regular business hours.

Additional Resources on our website:

- User Specific FAQ's & Tutorials
- Product demonstrations and walkthroughs for all system functionality
- Contact information for various requests & relevant details on the platform



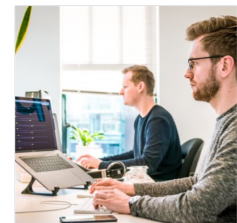
Chat satisfaction
93%



Average CSAT score
4.7/5



Love this app! With as busy as our nursing lives get, this app is perfect. It's easy to use, easy to read & easily accessible.

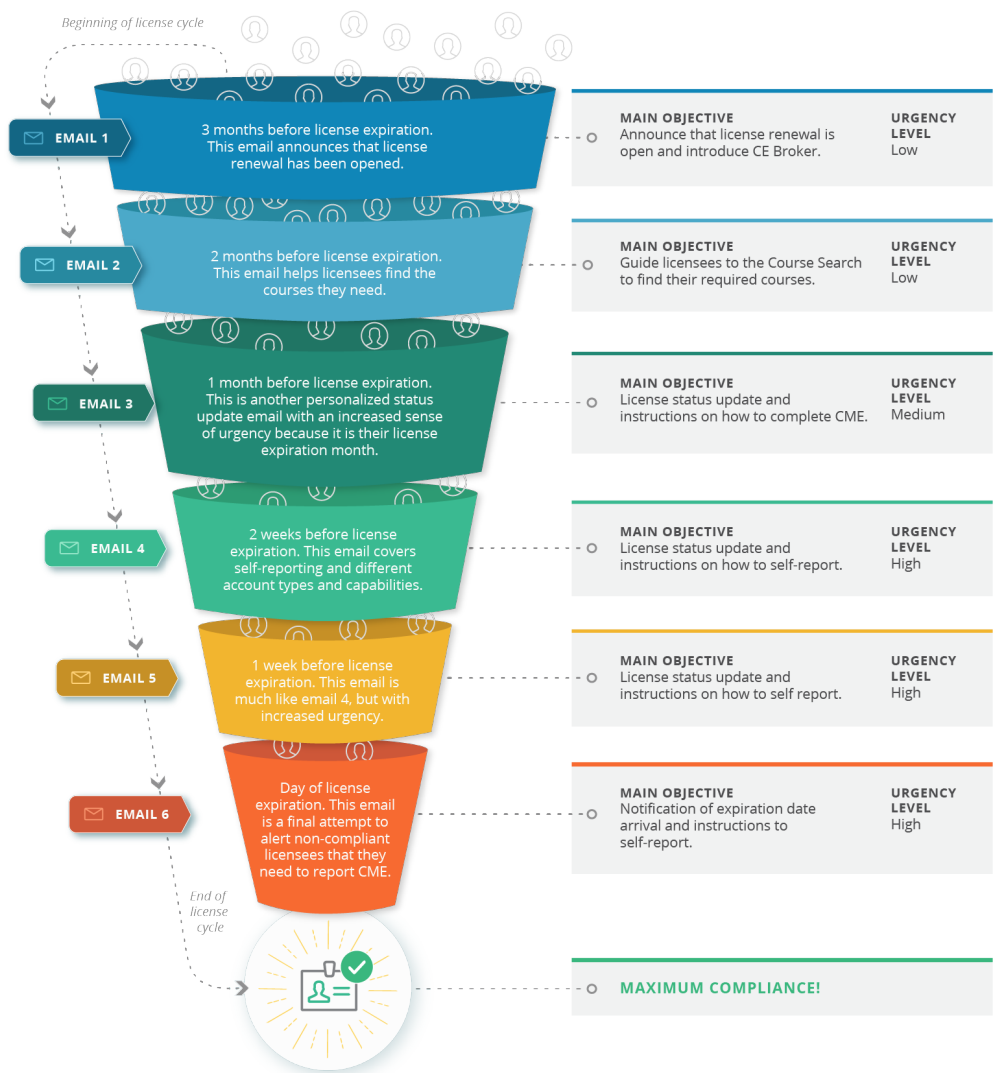


Renewal email system

In addition to CE Broker's efforts to provide quality client support, we also provide a communications & marketing team to assist our clients with licensee announcements, increasing engagement, and awareness campaigns for new requirements or changes in rules and regulations.

During their renewal window, licensees receive helpful email alerts including the following:

- Personalized updates on current compliance status or requirements
- CE Reporting instructions and guidelines
- Ongoing reminders on relevant deadlines
- Links to Support Center channels and relevant knowledge articles
- Answers to frequently asked questions



Our automated renewal reminders have increased compliance rates by more than 30%, and serve to simplify the renewal process for both licensees and boards.

Enterprise grade security

All data collected or processed through our platform is housed securely within geo-redundant data servers located in Jacksonville, Florida and Louisville, Colorado.

CE Broker services uptime

No scheduled maintenance is allowed during regular business hours (M-F 8a-8p EST). Software updates are usually released on Sunday nights; no downtime is required. The system is monitored 24x7x365.

99.5% Uptime

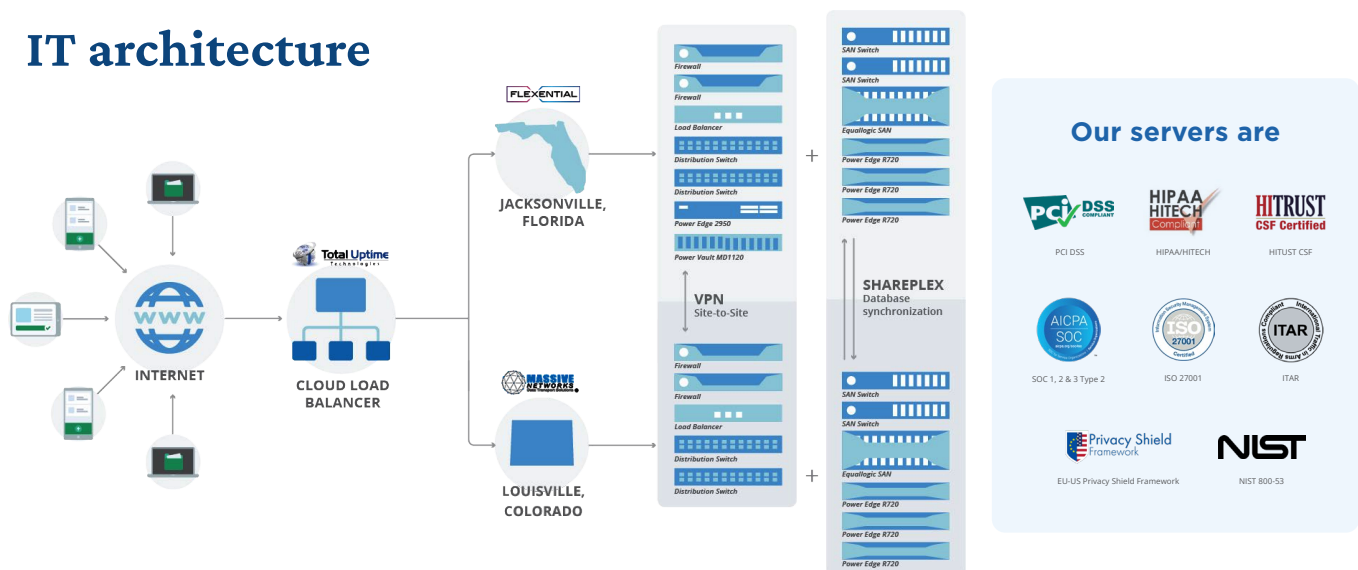
CE Broker System

- Public Website
- Private Website
- Authentication Services
- Web services

System encryption & security

- A majority of the information collected is considered public domain, and available on license verification webpages for consumers. This would include data such as: licensee name, license number, issue date, expiration date, etc. CE Broker does not collect or require sensitive information that does not pertain to CE Requirements.
- With hosted data, CE Broker agrees to prevent disclosure of any proprietary or confidential information to any third parties. Beyond this, all of our data is encrypted at rest and in transit in accordance with Federal Information Processing Standards (FIPS)
- **Flexential** | Our Jacksonville servers boast a 100 Gbps Network backbone, scalable to 400 Gbps, with 80 on-net carriers and proactive DDoS protection. Flexential also holds a variety of certifications ranging from HIPAA and PCI Compliance to NIST Compliance, thus surpassing most network security requirements for our SLA contracts.
- **Massive Networks** | Our Louisville servers offer similarly robust network security, allowing CE Broker to reach or surpass 99% uptime, while being certified for SSAE 18, HIPAA, HITRUST, and PCI Compliance. Their Louisville location boasts multiple redundancies including Dual UPS (A&B Feeds), Cummins Diesel Generators, and a redundant 20-ton Liebert HVAC to help eliminate downtime for any single point of failure.

IT architecture



Our partnership ecosystem

We partner with top licensing management organizations, enforcement agencies, educational providers, associations, and employers to form the most, integrated, trusted, and comprehensive network.



Ready to learn more?

Reach out to our team to see how CE Broker can help increase on-time education compliance, streamline audits, and monitor progress - all at no cost to your board.

www.cebroke.com/contact/sales



Compliance with confidence

www.cebroker.com