

**APPROVED
BOARD OF PHYSICAL THERAPY
MEETING MINUTES**

The Virginia Board of Physical Therapy convened for a board meeting on Tuesday, May 10, 2016 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT:

Sarah Schmidt, PTA, President
Allen R. Jones, Jr., PT, DPT
Dixie Bowman, PT, DPT, EdD
Tracey Adler, PT, DPT
Arkena Dailey, PT, DPT
Steve Lam, Citizen Member

BOARD MEMBERS ABSENT:

Melissa Wolff-Burke, PT, EdD

DHP STAFF PRESENT FOR THE MEETING:

Lisa R. Hahn, Executive Director
Lynne Helmick, Deputy Executive Director
Missy Currier, Deputy Executive Director
David Brown, D.C., Agency Director
Elaine Yeatts, Senior Policy Analyst

BOARD COUNSEL PRESENT:

Erin Barrett, Assistant Attorney General

QUORUM:

With 6 members present, a quorum was established.

GUEST PRESENT

Richard Grossman, VPTA
Tom Bohanon, VPTA
George Maihafer, VPTA PAC
Janet L. Borges, L.A.C
Lindsay Walton, Macaulay & Jameson. P.C.

CALLED TO ORDER

Sarah Schmidt, President, called the meeting to order at 9:33 a.m.

ORDERING OF THE AGENDA

The agenda was accepted as presented.

ACCEPTANCE OF MINUTES

Upon a motion by Dr. Allen R. Jones, Jr. and properly seconded by Dr. Dixie Bowman, the Board voted to accept the minutes of the November 20, 2015 Board Meeting. The motion carried unanimously.

Upon a motion by Dr. Allen R. Jones, Jr. and properly seconded by Dr. Tracey Adler, the Board voted to accept the following minutes:

- Formal Hearing – January 27, 2016
- Legislative/Regulatory Meeting – January 29, 2016
- Telephone Conference – March 3, 2016

The motion carried unanimously.

PUBLIC COMMENT

There was no public comment.

EXECUTIVE DIRECTOR'S REPORT - Lisa R. Hahn

Ms. Hahn stated this was a non-renewal revenue year and that the 2014 renewals will maintain a positive cash flow until the 2016 renewals occur.

Expenditure and Revenue Summary

Cash Balance as of June 30, 2015	\$1,003,308
YTD FY16 Revenue	103,525
Direct and allocated expenditures	< <u>351,843</u> >
Cash Balance as of 02/29/16	\$ 754,990

FSBPT UPDATES

aPTitude– Tracking Continuing Competence

- 706 Licensees signed up
- 545 elected to share tracking
- 161 elected not to share

Exam Eligibility Changes

- Became effective January 1, 2016:

- Life time of 6 attempts
- 2 scores of 400 or below

The information has been on our website. FSBPT notified all applicants who had taken and had a failed attempt of the new eligibility requirement. The Board has received 6 appeal requests and 4 have been approved.

Annual Board Member Training - June 24-26th in Alexandria, VA

- Open to any board member who has never attended.
- It really provides a good overview of your role and responsibilities as a board member, regulatory information and how other states regulate; you will gain a better understanding of what FSBPT does for the profession as well as you will get to know the staff.
- It is also a great way to network with board members and administrators from other jurisdictions.
- FSBPT covers the cost of your hotel room, meals and mileage.
- Please let Missy know if you plan to attend.

2016 FSBPT Annual Meeting – November 3 – 5 in Columbus, Ohio

- FSBPT will fund the following to attend the annual meeting in Columbus:
 - Voting Delegate
 - Primary Alternate Delegate
 - Board Administrator

If you are selected as the voting delegate or board administrator, you will automatically receive travel authorizations to the Leadership Issues Forum in Alexandria, Virginia which is scheduled for the weekend of July 30-31.

FSBPT Alternate Approval Process

- Alternate approval means that FSBPT would approve candidates to sit for the NPTE instead of jurisdictions approving candidates.
- Licensure decisions would still be made by the jurisdiction after receiving NPTE scores from FSBPT.
- This process will be optional; jurisdictions will have to opt in to participate.
- It will be called “FSBPT Approval.”

The Board will be shown a short webinar on the process at the end of the meeting.

Licensure Compact

Ms. Hahn reminded the board that they had the opportunity to hear Mark Lane from FSBPT present on the Licensure Compact during our fall meeting. She stated that to date, we are aware of two states that have passed the PTLC bill (Oregon and Tennessee).

Ms. Hahn continued that Virginia will have to make a decision on whether to pursue Legislation for the 2017 General Assembly Session. Ms. Hahn suggested that the Board President appoint an Adhoc Committee who will be tasked to work on Legislation.

Upon a motion by Arkena Dailey and properly seconded by Tracey Adler, the board voted to adopt an Adhoc Committee in support of pursuing 2017 Legislation for the Licensure Compact. The motion carried unanimously.

oPTion

- oPTion is the Federation's newest continuing competence tool.
- It is a self-assessment tool created by the FSBPT to allow physical therapists to compare their knowledge, skills, and abilities to current entry-level general physical therapy practice. It is also an opportunity to review PT fundamentals.
- oPTion is available online and on demand from your personal computer.
- oPTion uses scenarios and multiple-choice questions that emphasize clinical application of knowledge necessary for safe, effective practice. Each scenario is followed by three to five multiple-choice questions, for a total of 100 questions.

Staff Notes

- If you have a change of address, email address, cell phone number, please remember to contact us so that we have the most current information.
- Please try to respond to email requests within a timely manner especially when the email requests a reply for availability or a response to a licensure or disciplinary question.
- Never "Reply All"

Thank you for all you hard work & dedication!

2016 Calendar

- August 16th
- November 15th

With no further questions, Ms. Hahn concluded her report and stated that Missy Currier would provide the Licensure Report and that Lynne Helmick would provide the Discipline Report. She also thanked both of them for their support and hard work keeping the boards running smoothly during the transition of her job as Chief Deputy of the Agency.

LICENSURE REPORT -- Missy Currier, Deputy Executive Director, Licensure

Virginia Performs – FY2015

Customer Satisfaction – 98.9% overall

Thank you to the staff for providing excellent customer service, making sure all phone calls & emails are answered in a timely manner and for always going above and beyond when providing assistance!

Laura Mueller is the front line for the physical therapy board. Vicki Saxby and Heather Wright are cross trained and able to step in whenever necessary!

Licensee Statistics

	May 2016	May 2015
PT	7,704	6,835
PTA	<u>3,133</u>	<u>2,812</u>
Total	10,837	9,647 (1,190)
DAccess	560	990 (430)

We have processed 356 licenses since last meeting in November 2015

Dr. Allen R. Jones, Jr. suggested that we include a footnote in future reports that the reason for the decrease in Direct Access registrations is because of the new law that became effective on July 1, 2015.

April 27, 2016 PT Exam Results:

92.4% VA pass rate / 7.14% VA fail

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test Takers
US Applicants	278	260	255	5	18	13	5
Non-CAPTE Applicants	2	0	0	2	2	0	2
Total	280	260	255	7	20	13	7

2016 YTD PT Exam Stats:

- 316 VA Applicants have taken exam
 - 291/passed – 25/failed
 - 92.09% pass rate
- 4 Non-CAPTE Applicants took exam
 - 1/passed – 3/failed
 - 25.0% pass rate

April 6, 2016 PTA Exam Results:

77.7% pass rate / 22.3% fail

	# who took exam	# Passed	1 st time test takers	Repeat test takers	# Failed	1 st time testers	Repeat Test Takers
US Applicants	103	80	74	6	23	13	10
Non-CAPTE Applicants	0	0	0	0	0	0	0
Total	103	80	74	6	19	7	12

2016 YTD PTA Exam Stats:

- 125 VA Applicants have taken exam
 - 88/passed – 37/failed
 - 80 first time test takers
 - 70.4% pass rate
 - 29.6% fail rate

2016 Remaining NPTE Exam Dates

- PT Exam:
 - July 19 & 20
 - October 27
- PTA Exam:
 - July 6
 - October 6

DISCIPLINE REPORT – Lynne Helmick – Deputy Executive Director, Discipline

Discipline Statistics

4/28/16	11/6/2015
30 Total Cases	29 Total Cases
▶ 12 in Investigation	11 in Investigation
▶ 15 in Probable Cause	14 in Probable Cause
▶ 0 at APD	0 at APD
▶ 0 at IFC	3 at IFC
▶ 2 at Formal Stage	2 at Formal Stage
▶ 7 licensees in Compliance Monitoring	12 licensees in Compliance Monitoring

Virginia Performs

- ▶ **Q2 2016**
 - Clearance Rate – 91% (rec'd 11 – closed 10)
 - Pending Caseload older than 250 days – 0%
 - % of cases closed within 250 days – 100%
- ▶ **Q3 2016**
 - Clearance Rate-56% (rec'd 9 – closed 5)
 - Pending Caseload older than 250 days- 20%
 - % of cases closed within 250 days- 100%

Statistics on all cases

- ▶ **Q2 2016**
 - Received 17, closed 17
 - Average time to close was 117 (Agency average was 190.8)
 - % closed in 250 days was 100% (Agency average was 85.8%)

Dr. Allen R. Jones, Jr. suggested that Ms. Helmick include a footnote in future reports to substantiate why we may have not met the goal.

AGENCY DIRECTORS REPORT – Dr. David Brown

Dr. Brown shared how supportive the Agency is of board members and staff being actively engaged in Conferences and Educational Seminars related to their respective professions. He furthered that it is also our responsibility to ensure that we are always being mindful of budgets and doing our part to cut spending when necessary.

Dr. Brown stated that the Task Force on Heroin Abuse has concluded its work and that a number of Bills passed during the 2016 General Assembly that affected the Prescription Monitoring Program (PMP).

BREAK

The Board took a recess at 10:35 a.m. and reconvened at 10:55 a.m.

NEW BUSINESS

Legislative Report – Elaine Yeatts, Senior Policy Analyst

Ms. Yeatts stated that the 2016 General Assembly was very busy for the agency with a record number of Bills. She stated that there were two pieces of legislation that will affect all boards effective July 1, 2016:

- 1) Allowing people who volunteer to help others in health clinics or free clinics

Ms. Yeatts stated that the board would need to look at options for offering CE credit for volunteer work under these circumstances.

- 2) Use of confidential exhibits about somebody's mental or physical disability

Ms. Yeatts stated that the AG's office would be providing guidelines for the boards to follow.

Ms. Yeatts concluded that if the board wishes to pursue any 2017 legislation, they need to submit the information by early to mid-summer because the entire agency package gets submitted to the Secretaries office and the office of the Governor by mid-August.

Processing Licensure Applications - Guidance Document 112-23

Following Discussion, a motion was made by Dr. Allen Jones, Jr. and properly seconded by Dr. Tracey Adler to adopt Guidance Document 112-23. The motion carried unanimously.

Virginia Board of Physical Therapy Guidelines for Processing Applications for Licensure: Examination, Endorsement and Reinstatement

Applicants for licensure or registration by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations shall be issued a license, registration, or certificate pursuant to authority delegated to the Executive Director of the Board of Physical Therapy as specified in the Bylaws of the Board. (*See Article V, Bylaws.*)

An applicant whose license, registration, or certificate has been revoked or suspended for any reason other than nonrenewal by another jurisdiction is not eligible for licensure or certification in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it. (Va. Code § 54.1-2408.) A suspension or revocation by another jurisdiction that has been stayed on terms is not considered to be reinstated for purposes of Va. Code § 54.1-2408.

Affirmative responses to any questions on applications for licensure, registration, or certification that might constitute grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license, registration, or certificate, or impose sanction shall be referred to the Board President for guidance on how to proceed.

A criminal conviction for any felony may cause an applicant to be denied licensure or registration. (Va. Code § 54.1-3480.) Each applicant, however, is considered on an individual basis, and there are no criminal convictions or impairments that are an absolute bar to licensure or registration by the Board of Physical Therapy.

Applications for licensure, registration, and certification include questions about the applicant's history, including:

1. Any and all criminal convictions;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure, certification, or registration in another state or jurisdiction; and
3. Any mental or physical illness or chemical dependency condition that could interfere with the applicant's ability to practice.

Replying "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It simply means more information must be gathered and considered before a decision can be made. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Physical Therapy has the ultimate authority to approve or deny an applicant for licensure, registration, or certification. (Va. Code § 54.1-3480.)

The following information will be requested from an applicant with criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, evidence of paid fines and restitution, etc.); and
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s).

The following information will be requested from an applicant with past disciplinary action or licensure/certification/registration denial in another state (unrelated to criminal convictions):

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity;
- A certified copy of any subsequent actions (i.e. reinstatement), if applicable; and
- A letter from the applicant explaining the factual circumstances leading to the action or denial.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) describing diagnosis, treatment regimen, compliance with treatment, and an analysis of the applicant's ability to practice safely; and
- A letter from the applicant explaining the factual circumstances of the condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.).

The Executive Director may approve the application without referral to the Board President in the following cases:

1. The applicant's history of a criminal conviction does not constitute grounds for denial (any felony or any misdemeanor involving moral turpitude) or constitute grounds for Board action pursuant to §54.1-3480 of the Code of Virginia. (Article V, Bylaws; Va. Code § 54.1-3480.)
2. The applicant has a history of criminal conviction for felonies or misdemeanors involving moral turpitude, but the following criteria are met:
 - Conviction history includes only misdemeanors which are greater than 5 years old, as long as court requirements have been met;

- If one misdemeanor conviction is less than 5 years old, the court requirements have been met, and the crime was unrelated to the license or registration sought; or
 - If the applicant was convicted of one felony more than 10 years ago, when that one felony was non-violent in nature and all court/probationary/parole requirements have been met.
3. Reported juvenile convictions.
4. Applicants with a conviction history previously reviewed and approved by the Board of Physical Therapy, provided no subsequent criminal convictions exist. (Article V, Bylaws.)

Bylaws - Guidance Document 112-1

Following Discussion, a motion was made by Dr. Arkena Dailey and properly seconded by Dr. Allen Jones, Jr. to adopt the proposed amendments to Guidance Document 112-1. The motion carried unanimously.

VIRGINIA BOARD OF PHYSICAL THERAPY BYLAWS

ARTICLE I: GENERAL

~~The organizational year for the Board of Physical Therapy shall be from July 1st through June 30th. At the board meeting of the second quarter of the year, the Board shall elect from its members a President and Vice President with an effective date of the next regularly scheduled Board meeting. The term of office shall be one year. The officers of the Board of Physical Therapy shall be a President and a Vice-President. At the last regularly scheduled meeting of the organizational year, the board shall elect its officers. The term of office shall be one year, an officer may be re-elected in that same position for a second consecutive term. Nominations for office shall be selected by open ballot, and election shall require a majority of the members present.~~

For purposes of these Bylaws, the Board schedules full board meetings to take place during each quarter, with the right to change the date or cancel any board meeting, with the exception that a minimum of one meeting shall take place annually. Board members shall attend all board meetings in person, unless prevented by illness or similar unavoidable cause. A majority of the members of the Board shall constitute a quorum for the transaction of business. The current edition of Robert's Rules of Order, revised, shall apply unless overruled by these bylaws or when otherwise agreed.

Members shall attend all scheduled meetings of the Board and committee to which they serve. In the event of two consecutive unexcused absences at any meeting of the Board or its committees, the President shall make a recommendation about the Board member's continued service to the Director of the Department of Health Professions for referral to the Secretary of Health and Human Resources and Secretary of the Commonwealth.

ARTICLE II: OFFICERS OF THE BOARD

1. The President presides at all meetings and formal administrative hearings in accordance with parliamentary rules and the Administrative Process Act, and requires adherence of it on the part of the board members. The President shall appoint all committees and committee chairpersons unless otherwise ordered by the Board.
2. The Vice-President shall act as President in the absence of the President.
3. In the absence of both the President and Vice-President, the President shall appoint another board member to preside at the meeting and/or formal administrative hearing.
4. The Executive Director shall be the custodian of all Board records and all papers of value. She/He shall preserve a correct list of all applicants and licensees. She/He shall manage the correspondence of the Board and shall perform all such other duties as naturally pertain to this position.

ARTICLE III: ORDER OF THE BUSINESS MEETINGS

The order of the business shall be as follows:

1. Call to order with statement made for the record of how many and which board members are present and that it constitutes a quorum.
2. Approval of minutes.
3. The Executive Director and the President shall collaborate on the remainder of the agenda.

ARTICLE IV: COMMITTEES

There shall be the following committees:

A. Standing Committees:

1. **Special Conference Committee.** This committee shall consist of two board members who shall review information regarding alleged violations of the physical therapy laws and regulations and determine if probable cause exists to proceed with possible disciplinary action. The President may also designate another board member as an alternate on this committee in the event one of the standing committee members becomes ill or is unable to attend a scheduled conference date. Further, should the caseload increase to the level that additional special conference committees are needed, the President may appoint additional committees.
2. **Credentials Committee.** The committee shall consist of two board members. The members of the committee will review non-routine licensure applications to determine the credentials of the applicant and the applicability of the statutes and regulations.
3. **Legislative/Regulatory Committee.** The committee shall consist of at least three Board members. The Board delegates to the Legislative/Regulatory Committee the authority to recommend actions to petitions for rulemaking. This committee is responsible for the development of proposals for new regulations or amendments to existing regulations with all required accompanying documentation; the development of proposals for legislative initiatives of the Board; the drafting of Board responses to public comment as required in conjunction with rulemaking; conducting the required review of all existing regulations as required by the Board's Public Participation Guidelines and any Executive Order of the Governor, and other required tasks related to regulations. In accordance with the Administrative Process Act, any proposed draft regulation and response to public comment shall be reviewed and approved by the full Board prior to publication.
4. **Continuing Education Committee.** This committee shall consist of at least two board members who review requests from licensees who seek a waiver or extension of time in complying with their continuing competency requirements.

B. Ad Hoc Committees

There may be **Ad Hoc Committees**, appointed by the Board as needed each of which shall consist of at least two persons appointed by the Board who are knowledgeable in the particular area of practice or education under consideration by the Board. The committee shall review matters as requested by the Board and advise the Board relative to the matters or make recommendations for consideration by the Board.

ARTICLE V.: GENERAL DELEGATION OF AUTHORITY

1. The Board delegates to Board staff the authority to issue and renew licenses, registrations and certificates where minimum qualifications have been met.
2. The Board delegates to the Executive Director the authority to reinstate licenses, registrations and certificates when the reinstatement is due to the lapse of the license, registration or certificate and not due to previous Board disciplinary action.
3. The Board delegates to Board staff the authority to develop and approve any and all forms used in the daily operations of the Board business, to include, but not limited to, licensure applications, renewal forms and documents. New or revised forms must be presented to the Board at its next regularly scheduled meeting.
4. The Board delegates to the Executive Director the authority to sign as entered any Order or Board-approved Consent Order resulting from the disciplinary process.

5. The Board delegates to the Executive Director, who may consult with a special conference committee member, the authority to provide guidance to the agency's Enforcement Division in situations wherein a complaint is of questionable jurisdiction and an investigation may not be necessary.
6. The Board delegates to the President, the authority to represent the Board in instances where Board "consultation" or "review" may be requested where a vote of the Board is not required and a meeting is not feasible.
7. The Board delegates an informal fact-finding proceeding to any agency subordinate upon determination that probable cause exists that a licensee may be subject to a disciplinary action. Cases that may not be delegated to an agency subordinate include, but are not limited to, those that involve: intentional or negligent conduct that causes or is likely to cause injury to a patient; mandatory suspension resulting from action by another jurisdiction or a felony conviction; impairment with an inability to practice with skill and safety; sexual misconduct; and unauthorized practice. 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 convened.
8. The Board delegates to the Executive Director, the authority to approve applications with criminal convictions in accordance with Guidance Document 112-23

ARTICLE VI. AMENDMENTS

A board member or staff personnel may propose amendments to these Bylaws by presenting the amendment in writing to all Board members prior to any regularly scheduled meeting of the Board. Such proposed amendment shall be adopted upon favorable vote of at least two-thirds of the Board members present at said meeting.

Legislative/Regulatory Committee Report – Elaine Yeatts & Tracey Adler, PT, DPT

Ms. Yeatts provided the genesis for the action of proposing regulations regarding dry needling. She stated that the board submitted a NOIRA in November of 2015 to enact regulations in lieu of the current guidance document on dry needling. The public comment period ran from November through December 30, 2015. Ms. Yeatts stated that the board received 1,496 comments on the Regulatory Townhall and several others from acupuncture-related organizations; the majority consisted of objection raised by acupuncturists who contend that dry needling is the practice of acupuncture and that physical therapists are not sufficiently trained in the procedure. Comment was also received from physical therapists who responded that dry needling is within their scope of practice.

Dr. Tracey Adler provided the following Committee report as well as presented the draft regulatory verbiage:

The purpose of the NOIRA is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public. Adding language to our regulations specific to dry needling provides the board with the authority to take action if necessary.

The committee met on January 10th and discussed and reviewed all public comments received on the Notice of Intent of Regulatory Action (NOIRA) regarding the practice of dry needling. The Committee and Staff determined that further research was needed in order to recommend specific regulatory language for consideration by the full board. The committee began its review of literature, educational programs and other state regulations.

Following, staff met with Dr. Brown and Elaine Yeatts to review the educational research conducted by the committee. It was determined that we do not place any additional training requirements on other advanced procedures or techniques used by PT's. Staff consulted with members of the committee on a similar approach. Therefore, the committee agreed and recommends not specifying a specific number of hours of training for dry needling. The committee feels that the burden of proof of sufficient education and training should be placed on the licensee.

Here today, DHP and the Committee present the following draft regulations:

DRAFT

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

- A. Dry needling is an invasive procedure which requires referral and direction in accordance with § 54.1-3482 (D) 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 and cannot be delegated. Dry needling is an advanced procedure that requires additional training. The training shall be specific to dry needling and shall include face to face laboratory instruction, detailed anatomy, emergency preparedness and response, responses and complications, contraindications and precautions, secondary effects or complications, palpation and needle techniques, and physiological responses. The licensed physical therapist bears the burden of proof of sufficient post-entry-level education and training.
- C. Prior to the performance of dry needling, the physical therapist shall obtain an informed consent form from the patient or his representative. The informed consent shall include the risks and benefits of the technique and shall clearly state that the patient is not receiving an acupuncture treatment. The informed consent form shall be maintained in the patient record.

Members of the board commended the committee for their hard work.

Upon a motion by Dr. Dixie Bowman and properly seconded by Dr. Allen R. Jones, Jr., the board voted to accept the proposed regulations as written regarding the performance of dry needling. The Motion carried unanimously.

Board of Health Professions Report – Allen R. Jones, Jr., PT, DPT

Dr. Jones reported that the BHP met on May 5, 2016 and the meeting went according to the agenda. Highlights of the meeting included:

- Awareness to opiate/ heroin abuse and the agency becoming more proactive than complaint driven.
- Legislative report included physicians reporting to the PMP every 24 hours and not 7 days when prescribing opiates > 14 days.
- Diane Powers provided a detailed report on the role of media relations and the initiative for a digital platform.
- A retreat followed the meeting and the board adopted its Bylaws and reviewed statues and regulations.
- Dr. Jones was appointed Chair of the Enforcement Committee which will provide internal analysis of enforcement issues.

Webinar – FSBPT Enhanced NPTE Registration Processing


The Board watched a webinar on the Alternate Pathway Approval Process for students who register to take the NPTE. Although the webinar provided good background information regarding the process, the members and staff had questions that needed clarification. The Board agreed to learn more about the process before they commit to opting into the program.

ADJOURNMENT

With all business concluded, the meeting adjourned at 11:45 a.m.



Sarah Schmidt, PTA, MPA, President



Corie Tillman Wolf, J.D., Executive Director

11/15/16
Date

November 23, 2016
Date