RULES
OF
THE TENNESSEE BOARD OF PHYSICAL THERAPY

CHAPTER 1150-01
GENERAL RULES GOVERNING THE PRACTICE OF PHYSICAL THERAPY

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1150-01-.01 DEFINITIONS. As used in these rules, the terms and acronyms shall have the following meanings ascribed to them:

(1) The Act – The statute governing the practice of occupational and physical therapy in Tennessee as codified at Title 63, Chapter 13 of the Tennessee Code Annotated.

(2) Advertising – Includes, but is not limited to, business solicitations, with or without limiting qualifications, in a card, sign, or device issued to a person; in a sign or marking in or on any building; or in any newspaper, magazine, directory, or other printed matter. Advertising also includes business solicitations communicated by individual, radio, video, Internet, or television broadcasting or any other means designed to secure public attention.

(3) American Physical Therapy Association – When the acronym “APTA” appears in these rules, it is intended to mean the American Physical Therapy Association.

(4) Applicant – Any individual seeking licensure by the board and who has submitted an official application and paid the application fee.

(5) Board – The Board of Physical Therapy.

(6) Board administrative office – The office of the Unit Director assigned to the board located at 665 Mainstream Drive, Nashville, TN 37243.

(7) Board Designee – Any person who has received a written delegation of authority from the board to perform board functions subject to review and ratification by the full board where provided by these rules.

(8) Clinical Student – A student enrolled in a CAPTE approved developing program or a CAPTE accredited physical therapy program or regionally accredited post professional physical therapist program.

(9) Closed file – An administrative action which renders an incomplete or denied file inactive.

(10) Commission on Accreditation of Physical Therapy Education (CAPTE) – An agency approved by the Board of Physical Therapy to accredit schools of physical therapy pursuant to T.C.A. § 63-13-307(a).

(Rule 1150-01-.01, continued)

(11) Consultation – A meeting that is conducted either face-to-face or by some other medium such as, but not limited to, telephone, facsimile, mail, or electronic means, wherein two or more health professionals discuss the diagnosis, prognosis, and treatment of a particular case.

(12) Continuing Competence – The ongoing application of professional knowledge, skills and abilities which relate to occupational performance objectives in the range of possible encounters that is defined by that individual's scope of practice and practice setting.

(13) Department – Tennessee Department of Health.

(14) Division – The Division of Health Related Boards, Department of Health, from which the board receives administrative support.

(15) Examination Service – The testing service whose examination has been adopted by the board.

(16) Fee – Money, gifts, services, or anything of value offered or received as compensation in return for rendering services; also, the required fee(s) pursuant to these rules.

(17) Good Moral Character – The quality of being well regarded in personal behavior and professional ethics.

(18) Guide to Physical Therapist Practice – The APTA document, adopted by the Board pursuant to rule 1150-01-.02 that explains physical therapy scope of practice, preferred practice patterns, and appropriate utilization of services.

(19) He/she Him/her – When "he" appears in the text of these rules, the word represents both the feminine and masculine genders.

(20) HRB – When the acronym "HRB" appears in the text of these rules, it represents Health Related Boards.

(21) Internationally Educated – An individual who has graduated from a PT or PTA program outside the United States and its jurisdictions.

(22) License – Document issued to an applicant who has successfully completed the licensure process. The license takes the form of an "artistically designed" license as well as other versions bearing an expiration date.

(23) Licensee – Any person duly licensed by the board to engage in the practice of physical therapy.

(24) Licensed Physical Therapist (PT) – Any person who has met the qualifications for licensed physical therapist and holds a current, unsuspended and unrevoked license which has been lawfully issued by the board.

(25) Licensed Physical Therapist Assistant (PTA) – Any person who has met the qualifications for licensed physical therapist assistant and holds a current, unsuspended and unrevoked license that has been lawfully issued by the board. PTAs perform physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist.

(26) Manual Therapy Techniques – Consist of a broad group of passive interventions in which physical therapists use their hands to administer skilled movements designed to modulate pain; increase joint range of motion; reduce or eliminate soft tissue swelling, inflammation, or

(Rule 1150-01-.01, continued)

restriction; induce relaxation; improve contractile and noncontractile tissue extensibility; and improve pulmonary functions. These interventions involve a variety of techniques, such as the application of graded forces, which are not performed beyond the joint's normal range of motion. These interventions may be applied to all joints of the body as deemed appropriate.

(27) Person – Any individual, firm, corporation, partnership, organization, or political entity.

(28) Physical Therapy Assistive Personnel -

(a) Physical therapy aide – Aides, technicians, and transporters trained by and under the direction of physical therapists who perform designated and supervised routine physical therapy tasks.

(b) Other assistive personnel – Other trained or educated health care personnel not defined in paragraph (25) or subparagraph (28) (a) of this rule who perform specific designated tasks related to physical therapy under the supervision of a physical therapist. At the discretion of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, "other assistive personnel" or "other support personnel" may be identified by the title specific to their training or education.

(29) Physical Therapy Treatment Diagnosis – Both the process and the end result of evaluating information obtained from the examination, which the physical therapist then organizes into defined clusters, syndromes, or categories to help determine the most appropriate intervention strategies.

(30) Recognized credentialing agency – An agency approved by the board which evaluates the educational credentials of international graduates who have not attended CAPTE - accredited or board approved schools of physical therapy pursuant to T.C.A. §63-13-307(a).

(31) Recognized educational institution – Any educational institution that is accredited by CAPTE and which is approved by the board.

(32) Relative – A parent, foster parent, parent-in-law, child, spouse, brother, foster brother, sister, foster sister, grandparent, grandchild, son-in-law, brother-in-law, daughter-in-law, sister-in-law, or other family member who resides in the same household.

(33) Restriction – Any action deemed appropriate by the board to be required of a disciplined licensee during any period of probation, suspension, or revocation with leave to apply or as a prerequisite to the lifting of probation or suspension, or any action deemed appropriate by the board to be required of an applicant for licensure.

(34) Use of a title or description – To hold oneself out to the public as having a particular status, including but not limited to, by the use of signs, mailboxes, address plates, stationery, announcements, advertising, the Internet, business cards, or other means of professional identification.

(35) Volunteer personnel – Uncompensated individuals contemplating a career in physical therapy, and are limited to observation of physical therapy functions and are prohibited from the delivery of physical therapy services.

(36) Written evidence – Includes, but is not limited to, written verification from supervisors or other professional colleagues familiar with the applicant's work.

Authority**: T.C.A. §§ 4-5-202, 4-5-204, 63-13-103, 63-13-108, 63-13-304, and 63-13-307.* ***Administrative History: *Original rule filed June 6, 1978; effective July 6, 1978. Amendment filed September 29, 1981; effective December 29, 1981. Repeal and new rule filed September 30, 1987;*

(Rule 1150-01-.01, continued)

effective November 14, 1987. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed July 29, 2002; effective October 12, 2002. Amendment filed April 8, 2003; effective June 22, 2003. Amendment filed February 2, 2007; effective April 18, 2007. References to Board of occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 session of the Tennessee General Assembly. Amendment filed August 19, 2010; effective November 17, 2010.

1150-01-.02 SCOPE OF PRACTICE AND SUPERVISION.

(1) Scope of Practice

(a) The scope of practice of physical therapy shall be under the written or oral referral of a licensed doctor of medicine, chiropractic, dentistry, podiatry or osteopathy, with the following exceptions, as provided in T.C.A. § 63-13-303.

1. The initial evaluation which may be conducted without such referral;

2. A licensed physical therapist may treat a patient for an injury or condition that was the subject of a prior referral if all of the following conditions are met:

(i) The physical therapist, within four (4) business days of the commencement of therapy, consults with the referring licensed physician, osteopathic physician, dentist, chiropractor, podiatrist, or other referring practitioner;

(ii) For all episodes of physical therapy subsequent to that which was initiated by the referral, the physical therapist treats the patient for not more than ten (10) treatment sessions or fifteen (15) consecutive calendar days, whichever occurs first, whereupon the physical therapist must confer with the referring practitioner in order to continue the current episode of treatment; and

(iii) The physical therapist commences any episode of treatment provided pursuant to part (1) (a) 2. of this rule within one (1) year of the referral by the referring practitioner.

3. No physical therapist may provide treatment pursuant to part two (2) of this subparagraph without having been licensed to practice physical therapy for at least one (1) year and without satisfying other requirements set by the Board.

4. A licensed physical therapist may provide physical assessments or instructions including recommendation of exercise to an asymptomatic person without the referral of a referring practitioner.

5. In emergency circumstances, including minor emergencies, a licensed physical therapist may provide assistance to a person to the best of a therapist's ability without the referral of a referring practitioner, provided the physical therapist shall refer to the appropriate health care practitioner, as indicated, immediately thereafter. For the purposes of this part of this subparagraph, emergency circumstances means instances where emergency medical care is called for. Emergency medical care means bona fide emergency services provided after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

(Rule 1150-01-.02, continued)

(i) Placing the patient's health in serious jeopardy;

(ii) Serious impairment to bodily functions; or

(iii) Serious dysfunction of any bodily organ or part.

(b) Practice of Physical Therapy

1. Examining, evaluating and testing individuals with mechanical physiological and developmental impairments, functional limitations, and disability or other health and movement-related conditions in order to determine a physical therapy treatment diagnosis, prognosis, a plan of therapeutic intervention, and to assess the ongoing effect of intervention; and

2. Alleviating impairments and functional limitations by designing, implementing, and modifying therapeutic interventions that include, but are not limited to: therapeutic exercise; functional training; manual therapy; therapeutic massage; assistive and adaptive orthotic, prosthetic, protective and supportive equipment; airway clearance techniques; debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities including patient-related instruction and electrophysiologic studies (motor and sensory nerve conduction, and somatosensory evoked potentials)

(i) Invasive kinesiologic electromyography may be performed only in a university academic setting as part of a research project that has been approved by the educational institution's Internal Review Board without a referral or;

(ii) Notwithstanding the provisions of subpart (i), diagnostic electromyography must be performed by a licensed physical therapist who has complied with the requirements of paragraph 1150-01-.04 (4) and;

(iii) Notwithstanding the provisions of subpart (i), diagnostic and invasive electromyography may only be performed when there is a referral for such service from:

(I) an allopathic physician licensed under T.C.A. §§ 63-6; or

(II) an osteopathic physician licensed under T.C.A. §§ 63-9; or

(III) a doctor of dentistry licensed under T.C.A. §§ 63-5; or

(IV) a doctor of podiatry licensed under T.C.A. §§ 63-3; and

3. Reducing the risk of injury, impairments, functional limitation and disability, including the promotion and maintenance of fitness, health and quality of life in all age populations; and

4. Engaging in administration, consultation, education and research; and

5. Manual Therapy Techniques – Consist of a broad group of passive interventions in which physical therapists use their hands to administer skilled movements designed to modulate pain; increase joint range of motion; reduce or eliminate soft tissue swelling, inflammation, or restriction; induce relaxation; improve contractile and noncontractile tissue extensibility; and improve pulmonary

(Rule 1150-01-.02, continued)

functions. These interventions involve a variety of techniques, such as the application of graded forces, which are not performed beyond the joint's normal range of motion. These interventions may be applied to all joints of the body as deemed appropriate.

(c) Substandard Care

1. Over-utilization of appropriate physical therapy services or the lack thereof.

2. Providing treatment intervention that is unwarranted by the condition of the patient.

3. Providing treatment that is beyond the point of reasonable benefit.

4. Abandoning the care of a patient without informing the patient of further care options.

5. Failing to practice in accordance with the standards set forth in the "Guide to Physical Therapist Practice," pursuant to rule 1150-01-.02 (1) (f).

(d) "Physical therapy" or "physiotherapy" are identical and interchangeable terms. "Practice of physical therapy" and "physical therapy assistive personnel" are defined in rule 1150-01-.01.

(e) Nothing in this rule shall be construed as authorizing a physical therapist, or physical therapist assistant, or any other person to practice medicine, chiropractic, osteopathy, or podiatry.

(f) The board adopts, as if fully set out herein, and as it may from time to time be amended, the current "Guide to Physical Therapist Practice" issued by the American Physical Therapy Association. Information to acquire a copy may be obtained by contacting either of the following:

1. American Physical Therapy Association
   1111 North Fairfax Street
   Alexandria, VA 22314-1488
   Telephone: (703) 684-2782
   Telephone: (800) 999-2782
   Fax: (703) 684-7343
   T.D.D: (703) 683-6748
   Internet: www.apta.org

2. Board of Physical Therapy
   665 Mainstream Drive
   Nashville, TN 37243
   Telephone: (615) 532-3202 ext. 25135
   Telephone: (888) 310-4650 ext. 25135
   Fax: (615) 532-5164
   Internet: www.state.tn.us/health

(g) Universal Precautions for the Prevention of HIV Transmission - The board adopts, as if fully set out herein, rules 1200-14-03-.01 through 1200-14-03-.03 inclusive, of the Department of Health and as they may from time to time be amended, as its rule governing the process for implementing universal precautions for the prevention of HIV transmission for health care workers under its jurisdiction.

(Rule 1150-01-.02, continued)

(2) Supervision.

(a) Supervision of licensed physical therapist assistants - Supervision, as applied to the licensed physical therapist assistant, means that all services must be performed under the supervision of a physical therapist licensed and practicing in Tennessee. Guidance for the rendering of such services is as follows:

1. The licensed physical therapist shall perform the initial evaluation of the patient with the development of a written treatment plan, including therapeutic goals, frequency and time period of services.

2. The licensed physical therapist shall perform and document re-evaluations, assessments, and modifications in the treatment plan at least every thirty (30) days. For patients seen longer than sixty (60) days, the licensed physical therapist shall inspect the actual act of therapy services rendered at least every sixty (60) days.

3. The licensed physical therapist may not supervise a physical therapist assistant that is delivering services at a site further than sixty (60) miles or one (1) hour from the licensed physical therapist. The supervising licensed physical therapist must be available to communicate by telephone or other means whenever the physical therapist assistant is delivering services.

4. The discharge evaluation must be performed and the resulting discharge summary must be written by the licensed physical therapist.

5. The licensed physical therapist and the physical therapist assistant shall be equally responsible and accountable for carrying out the provisions of this subparagraph.

(b) Supervision of physical therapy assistive personnel (See rule 1150-01-.01).

1. A physical therapist may use physical therapy aides for designated tasks that do not require clinical decision making by the licensed physical therapist or clinical problem solving by the licensed physical therapist assistant. Direct supervision must apply to physical therapy aides and is interpreted to mean that services are provided under the supervision of an on-site physical therapist or physical therapist assistant licensed and practicing in Tennessee.

2. A physical therapist may use other assistive personnel for selected physical therapy designated tasks consistent with the training, education, or regulatory authority of such personnel. Other assistive personnel (nationally certified exercise physiologists or certified athletic trainer and massage therapists, etc) must perform the delegated task under the on-site supervision of a physical therapist. The physical therapist shall then co-sign all related documentation in the patient records.

3. “On-site supervision” means the supervising physical therapist or physical therapist assistant must:

(i) Be continuously on-site and present in the department or facility where assistive personnel are performing services; and

(ii) Be immediately available to assist the person being supervised in the services being performed; and

(Rule 1150-01-.02, continued)

(iii) Maintain continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel.

(c) A physical therapist may concurrently supervise no more than the equivalent of three (3) full-time physical therapist assistants. A physical therapist may concurrently supervise no more than the equivalent of two (2) full-time assistive personnel or physical therapy aides. A physical therapist assistant may concurrently supervise no more than the equivalent of two (2) full-time physical therapy aides.

(d) Pursuant to rule 1150-01-.01, physical therapists and physical therapist assistants shall provide direct onsite supervision of volunteers. Volunteers may not provide physical therapy to patients.

(e) A physical therapist shall provide on-site supervision, as defined in part (b) 3. of paragraph (2) of this rule, to physical therapy clinical students at all times and will be in accordance with the APTA guidelines for clinical education which suggest a minimum of one (1) year of licensed clinical experience prior to functioning as a clinical instructor for physical therapist students.

(f) A physical therapist assistant shall provide on-site supervision, as defined in part (b) 3. of paragraph (2) of this rule, to physical therapist assistant clinical students at all times and will be in accordance with the APTA guidelines for clinical education which suggest a minimum of one (1) year of licensed clinical experience prior to functioning as a clinical instructor for physical therapist assistant students.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-102, 63-13-103, 63-13-104, 63-13-108, 63-13-109, 63-13-301, 63-13-303 through 63-13-307, 63-13-311, and Public Chapter 264 of the Public Acts of 1993.* ***Administrative History:*** *Original rule filed June 6, 1978; effective July 6, 1978. Amendment filed September 29, 1981; effective December 29, 1981. Repeal and new rule filed September 30, 1987; effective November 14, 1987. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed January 23, 2002; effective April 8, 2002. Amendment filed April 8, 2003; effective June 22, 2003. Amendment filed September 22, 2005; effective December 6, 2005. References to Board of occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 session of the Tennessee General Assembly. Amendment filed September 24, 2009; effective December 23, 2009. Amendments filed August 19, 2010; effective November 17, 2010.*

1150-01-.03 NECESSITY OF LICENSURE.

(1) Prior to engaging in the practice of physical therapy in Tennessee, a person must hold a current Tennessee license.

(2) It is unlawful for any person who is not licensed in the manner prescribed in Title 63, Chapter 13 of the Tennessee Code Annotated to represent himself as a physical therapist or physical therapist assistant or to hold himself out to the public as being licensed by means of using a title on, including but not limited to, signs, mailboxes, address plates, stationery, announcements, advertising, the internet, telephone listings, calling cards, or other means of professional identification.

(3) Physical therapy is one of the healing arts and as such the practice of which is restricted to those persons credentialed by the Board of Physical Therapy. Persons engaging in the practice of physical therapy without being credentialed or expressly exempted by the laws are in violation of T.C.A. §63-1-123.

(4) No other person shall hold himself out to the public by a title or description of services incorporating the words “physical therapist” or “physical therapist assistant” nor shall state or imply that he is licensed as such unless that person is licensed or expressly exempted pursuant to T.C.A. §§63-13-301, et seq.

(5) Licensee Use of Titles - Any person who possesses a valid, current and active license issued by the Board that has not been suspended or revoked has the right to use the title “Physical Therapist” or “Physical Therapist Assistant” as applicable, and to use the acronyms “P.T.” or “P.T.A.” as applicable, and to practice physical therapy, as defined in T.C.A. § 63-13-103. Any person to whom this rule applies must use one of the titles authorized by this rule in every “advertisement” [as that term is defined in rule 1150-01-.13 (2) (a)] he or she publishes or the failure to do so will constitute an omission of a material fact which makes the advertisement misleading and deceptive and subjects the licensee to disciplinary action pursuant to T.C.A. § 63-13-312 (3) and (14).

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-1-123, 63-1-145, 63-1-146, 63-13-102, 63-13-103, 63-13-108, 63-13-301, 63-13-302, 63-13-304, 63-13-306, 63-13-307, 63-13-308, 63-13-310, 63-13-312 and 63-13-315.* ***Administrative History:*** *Original rule filed September 29, 1981; effective December 29, 1981. Amendment filed April 28, 1983; effective May 31, 1983. Repeal rule filed September 30, 1987; effective November 14, 1987. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed September 24, 2009; effective December 23, 2009.*

1150-01-.04 QUALIFICATIONS FOR LICENSURE.

(1) To qualify for licensure by examination, a Physical Therapist or a Physical Therapist Assistant must:

(a) Be of good moral character; and

(b) If sitting for the physical therapist examination, be a graduate of a school of physical therapy accredited by CAPTE; or, if sitting for the physical therapist assistant examination, be a graduate of a school for physical therapist assistants accredited by CAPTE; and

(c) Pass to the satisfaction of the Board an examination conducted by it to determine fitness for practice as a physical therapist or physical therapist assistant.

(2) To qualify for licensure by reciprocity a physical therapist or physical therapist assistant must possess a current and unrestricted license from another U.S. jurisdiction and comply with either (a), (b) or (c) below.

(a) Credentials required for individuals who attained certification, registration or licensure in another state or country from July, 1995, to date:

1. Be of good moral character;

2. Graduate from a physical therapist or physical therapist assistant program accredited by CAPTE and approved by the Board of Physical Therapy;

3. Pursuant to Rule 1150-01-.07, obtain verification of licensure status from all states in which he holds or has held a license; and

(Rule 1150-01-.04, continued)

4. Candidates qualifying for licensure by reciprocity must have passed the licensing examination with a criterion referenced passing point.

(b) Credentials required for applicants who attained certification, registration, or licensure in another state or country from December 29, 1981 to July, 1995.

1. Be of good moral character;

2. Graduate from a physical therapist or physical therapist assistant program accredited by CAPTE and approved by the Board of Physical Therapy;

3. Pursuant to Rule 1150-01-.07, obtain verification of licensure status from all states in which he holds or has held a license; and

4. Candidates qualifying for licensure by reciprocity must have passed the licensing examination with a minimum converted score of seventy-five (75), based on one point five (1.5) sigma below the national mean for the examination. This applies to the score of each individual part as well as the total score.

(c) Credentials required for applicants who attained certification, registration or licensure in another state or country from July 1, 1976 to December 28, 1981:

1. Be of good moral character;

2. Graduate from a physical therapist or physical therapist assistant program accredited by CAPTE or a physical therapist or physical therapist assistant program approved by the American Medical Association;

3. Pursuant to Rule 1150-01-.07, obtain verification of licensure status from all states in which he holds or has held a license; and

4. Candidates qualifying for licensure by reciprocity must have passed the licensing examination with a minimum converted score of seventy-five (75), based on one point five (1.5) sigma below the national mean for the examination. This applies to the score of each individual part as well as the total score.

(d) Credentials required for applicants who were registered, certified or licensed as a PT or PTA in another state or country prior to July 1, 1976, must comply with the applicable provisions of T.C.A. §63-13-307(c).

(3) Internationally Educated. In addition to meeting the requirements outlined either in Rule 1150-01-.04(1) except 1150-01-.04(1)(b), or 1150-01-.04(2) except 1150-01-.04(2)(b)2, international graduates must:

(a) Have submitted directly to the Board's administrative office a validly issued and error-free "Comprehensive Credential Evaluation Certificate for the Physical Therapist" (Type 1 Certificate) from the Foreign Credentialing Commission on Physical Therapy (FCCPT) for the purpose of evaluating and verifying that the applicant's education is substantially equivalent to a curriculum approved by CAPTE.

1. Submitting the "Visa Credential Verification Certificate," also issued by the FCCPT, will not constitute meeting this requirement.

2. Applicants who cannot obtain a Type 1 Certificate from the FCCPT based on their ineligibility to sit for the Test of English as a Foreign Language internet Based Test (TOEFL iBT) must submit all other components of the Type 1

(Rule 1150-01-.04, continued)

Certificate directly to the Board's administrative office, for the purpose of evaluating and verifying that the applicant's education is substantially equivalent to a curriculum approved by CAPTE; or

(b) Have submitted directly to the Board's administrative office a validly issued and error-free certification from any agency verifying that the applicant's education is substantially equivalent to a curriculum approved by CAPTE.

1. The agency must evaluate the curriculum in a manner similar to the FCCPT educational credentials review.

2. The result or outcome of the evaluation is the issuance of certification that the Board considers to be equivalent to the "Comprehensive Credential Evaluation Certificate for the Physical Therapist" (Type 1 Certificate) from the FCCPT.

(c) Submit proof of United States or Canada citizenship or evidence of being legally entitled to live and work in the United States. Such evidence may include notarized copies of birth certificates, naturalization papers or current visa status.

(d) Have credentials that comply with the applicable provisions of T.C.A. § 63-13-307 (d) if the applicant was registered, certified, or licensed as a physical therapist or physical therapist assistant in another state or country prior to July 1, 1976.

(e) After receiving written approval from the Board regarding the credentials in subparagraph (a), have participated in and successfully completed a Board-approved supervised clinical practice period to provide a broad exposure to general physical therapy skills, pursuant to guidelines approved and issued by the Board.

1. The supervised clinical practice period shall be four hundred and eighty (480) hours and shall be accomplished at a rate of no more than forty (40) hours or no less than ten (10) hours per week.

2. The supervising licensed physical therapist shall submit the evaluation form contained in the guidelines supplied by the Board to the Board's administrative office upon completion of the supervisory period.

3. If the Board determines the supervised clinical period has not been successfully completed, the Board may require additional time in supervised clinical practice, additional coursework, and/or and oral examination.

4. Supervision provided by the applicant's parents, spouse, former spouse, siblings, children, cousins, in-laws (present or former), aunts, uncles, grandparents, grandchildren, stepchildren, employees, present or former physical therapist, present or former romantic partner, or anyone sharing the same household shall not be acceptable toward fulfillment of licensure requirements. For the purposes of this rule, a supervisor shall not be considered an employee of the applicant, if the only compensation received by the supervisor consists of payments for the actual supervisory hours.

(4) Electrophysiologic studies

(a) Applicants for licensure as a Physical Therapist who seek to conduct diagnostic electromyography (invasive needle study of multiple muscles for diagnosis of muscle and nerve disease), pursuant to rule 1150-01-.02 (See Practice of Physical Therapy), while practicing must submit to the Board's administrative office documented evidence

(Rule 1150-01-.04, continued)

of possessing current ECS certification from the American Board of Physical Therapy Specialties.

(b) Applicants for licensure as a Physical Therapist who seek to conduct surface electrophysiological studies (motor and sensory conduction, and somatosensory evoked potentials), and kinesiologic studies (invasive needle study of the muscles to determine the degree and character of a muscle during certain movements) pursuant to rule 1150-01-.02 (See Practice of Physical Therapy), while practicing must submit to the Board's administrative office documented evidence of possessing the theoretical background and technical skills for safe and competent performance of such studies.

(c) Supervision - The supervision of applicants who seek to conduct diagnostic electromyography, surface electrophysiological studies, and kinesiologic studies shall be consistent with sound medical practice.

(5) In determining the qualifications of applicants for licensure as a physical therapist or physical therapist assistant, only a majority vote of the Board of Physical Therapy shall be required.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-103, 63-13-108, 63-13-304, 63-13-306, and 63-13-307.* ***Administrative History:*** *Original rule filed September 29, 1981; effective December 29, 1981. Repeal and new rule filed September 30, 1987; effective November 14, 1987. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Amendment filed January 31, 2000; effective April 15, 2000. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed June 3, 2004; effective August 17, 2004. Amendment filed December 29, 2004; effective March 14, 2005. Amendment filed September 22, 2005; effective December 6, 2005. Amendment filed February 2, 2007; effective April 18, 2007. Amendment filed May 18, 2007; effective August 1, 2007. Amendment filed September 24, 2009; effective December 23, 2009. Amendments filed August 19, 2010; effective November 17, 2010. Amendment filed December 2, 2014; effective March 2, 2015.*

1150-01-.05 PROCEDURES FOR LICENSURE.

(1) Procedures for all applicants. To become licensed as a physical therapist or physical therapist assistant in Tennessee, a person must comply with the following procedures and requirements.

(a) An application packet shall be requested from the Board's administrative office.

(b) An applicant shall respond truthfully and completely to every question or request for information contained in the application form and submit it along with all documentation and fees required by the form and these rules to the Board's administrative office. It is the intent of these rules that all steps necessary to accomplish the filing of the required documentation be completed prior to filing either the application for licensure or the application for examination.

(c) Applications will be accepted throughout the year.

(d) An applicant shall pay the nonrefundable application fee, the State regulatory fee and, if applicable, the reciprocity fee as provided in Rule 1150-01-.06 when submitting the application.

(e) An applicant shall submit with his application a "passport" style photograph taken within the preceding 12 months.

(f) It is the applicant's responsibility to request a college transcript from his degree granting institution, pursuant to T.C.A. §63-13-307, be submitted directly from the

(Rule 1150-01-.05, continued)

school to the Board's administrative office. The institution granting the degree must be accredited by CAPTE at the time the degree was granted, or for internationally educated graduates, an institution granting an equivalent degree. The transcript must show that the degree has been conferred and carry the official seal of the institution and reference the name under which the applicant has applied for licensure.

(g) An applicant shall submit an original letter of recommendation from a physical therapist or physical therapist assistant licensed in the United States that attests to the applicant's good moral character. The letter cannot be from a relative.

(h) An applicant shall disclose the circumstances surrounding any of the following:

1. Conviction of any crime in any country, state, or municipality, except minor traffic violations.

2. The denial of a licensure or the discipline of licensee by any state or country.

3. Loss or restriction of licensure.

4. Any civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity, or any other civil action remedy recognized under the country's or state's statutory, common, or case law.

(i) An applicant shall cause to be submitted to the Board's administrative office directly from the vendor identified in the Board's licensure application materials, the result of a criminal background check.

(j) Personal resumes are not acceptable and will not be reviewed.

(k) Application review and licensure decisions shall be governed by Rule 1150-01-.07.

(l) The burden is on the applicant to prove by a preponderance of the evidence that his course work and credentials are equivalent to the Board's requirements.

(m) The license fee must be received in the Board's administrative office on or before the 30th day from receipt of notification that the license fee is due. Failure to comply will result in the application file being closed.

(n) A license will be issued after all requirements, including payment of a license fee pursuant to Rule 1150-01-.06, have been met.

(2) Additional procedure for licensure by examination - Passage of required examination pursuant to Rule 1150-01-.08 is a prerequisite to licensure.

(3) Additional procedures for licensure by reciprocity

(a) Passage of the required examination pursuant to Rule 1150-01-.04 and 1150-01-.08 is a prerequisite to licensure by reciprocity. Passing level examination scores must be submitted directly from the examining service to the Board's administrative office. Candidates qualifying for licensure by reciprocity must have passed the licensing examination pursuant to Rule 1150-01-.04.

(b) It is the applicant's responsibility to request that verification of licensure status be submitted directly to the Board's administrative office from all states in which the applicant is or has ever been licensed.

(Rule 1150-01-.05, continued)

(4) Additional procedures for internationally educated applicants

(a) Passage of the required examination pursuant to rule 1150-01-.08 is a prerequisite to licensure.

(b) It is the applicant's responsibility to have his professional education evaluated and verified as equivalent by a credentialing agency approved by the Board, pursuant to Rule 1150-01-.04. No applicant shall be approved for licensure as a physical therapist or physical therapist assistant until the Board is satisfied that the applicant's education is substantially equivalent to the requirements of accredited educational programs.

(c) An applicant shall submit proof of United States or Canada citizenship or evidence of being legally entitled to live and work in the United States. Such evidence may include notarized copies of birth certificates, naturalization papers or current visa status.

(d) An applicant shall cause to be submitted the equivalent of a Tennessee Certificate of Endorsement (verification of license) from each such licensing/certification agency which indicates the applicant holds or has held an active license and whether it is in good standing presently or was at the time it became inactive.

(e) When necessary, all required documents shall be translated into English and such translation and the original document must be certified as to authenticity by the issuing source. Both versions must be submitted.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-103, 63-13-108, 63-13-301, 63-13-304, 63-13-306, 63-13-307, and 63-13-312.* ***Administrative History:*** *Original rule filed June 6, 1978; effective July 6, 1978. Amendment filed September 29, 1981; effective December 29, 1981. Repeal and new rule filed September 30, 1987; effective November 14, 1987. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed July 31, 2000; effective October 14, 2000. Amendment filed June 3, 2004; effective August 17, 2004. Amendment filed March 14, 2006; effective May 28, 2006.*

1150-01-.06 FEES.

(1) The fees authorized by statutes are established as follows:

(a) Application fee - A nonrefundable fee to be paid by all applicants including those seeking licensure by reciprocity. It must be paid each time an application for licensure is filed.

(b) Duplicate (Replacement) License - To be paid when an individual requests a replacement for a lost or destroyed "artistically designed" license or renewal certificate.

(c) Endorsement/Verification - A fee paid whenever an individual requests the Board endorse him to another state or whenever a request is made to verify a license.

(d) Reinstatement fee - A fee to be paid to the Board to reactivate a license which has been administratively revoked due to the licensee's failure to renew.

(e) License fee - A nonrefundable fee to be paid prior to the issuance of the "artistically designed" license.

(f) Provisional License/Application fee - A nonrefundable fee to be paid by all applicants or licensees seeking a provisional license.

(Rule 1150-01-.06, continued)

(g) Renewal fee - A fee to be paid by all license holders. This fee also applies to individuals who reactivate a retired or lapsed license.

(h) Late renewal fee - A fee to be paid when a licensee has failed to renew his license in a timely manner and the license has not yet been administratively revoked.

(i) Reciprocity - A fee to be paid in addition to the application fee.

(j) State Regulatory Fee - To be paid by all individuals at the time of application and with all renewal applications.

(2) All fees shall be established, reviewed and changed by the Board.

(3) All fees must be submitted to the Board's administrative office by certified or personal check or money order. Checks or money orders are to be made payable to the Board of Physical Therapy.

(4) Fee Schedule:

		PT	PTA
(a)	Application Fee	$100.00	$ 90.00
(b)	Duplicate (replacement) License Fee	$ 25.00	$ 25.00
(c)	Endorsement/Verification Fee	$ 25.00	$ 25.00
(d)	License Fee	$ 25.00	$ 25.00
(e)	Provisional License/Application Fee	$ 25.00	$ 25.00
(f)	Reciprocity	$100.00	$100.00
(g)	Reinstatement Fee	$100.00	$100.00
(h)	Renewal Fee (biennial)	$ 65.00	$ 65.00
(i)	Late Renewal Fee	$ 50.00	$ 50.00
(j)	State Regulatory Fee (biennial)	$ 10.00	$ 10.00

Authority: *T.C.A. §§ 4-3-1011, 4-5-202, 4-5-204, 63-1-103, 63-13-108, 63-13-304, 63-13-306 through 63-13-309, and 63-13-316.* ***Administrative History:*** *Original rule filed September 29, 1981; effective December 29, 1981. Amendment filed April 13, 1984; effective May 13, 1984. Repeal and new rule filed September 30, 1987; effective November 14, 1987. Amendment filed January 3, 1990; effective February 17, 1990. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Withdrawal to rule 1150-01-.06 (4)(d), effective April 15, 2000, filed and effective February 28, 2000. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed July 31, 2000; effective October 14, 2000. Amendment filed January 16, 2003; effective April 1, 2003. Amendment filed April 8, 2003; effective June 22, 2003. Amendment filed May 18, 2007; effective August 1, 2007. Amendment filed December 27, 2011; effective March 26, 2012.*

1150-01-.07 APPLICATION REVIEW, APPROVAL AND DENIAL.

(1) An application packet shall be requested from the Board's administrative office.

(Rule 1150-01-.07, continued)

(2) Applications for licensure will be accepted throughout the year.

(3) Initial review of all applications to determine whether or not the application file is complete may be delegated to the Board's Unit Director. The Board will ratify licensure action taken by the Unit Director or designated Board member.

(4) If an application for licensure is incomplete when received in the Board's administrative office, the applicant will be notified of such deficiency. The individual will not be deemed eligible to take the examination until the application is judged to be complete and accurate by the administrative office.

(5) The Board may at its discretion delay a decision on eligibility to take the examination for any applicant for whom the Board wishes additional information.

(6) If a completed application has been denied and ratified as such by the Board, the action shall become final and the following shall occur:

(a) A notification of the denial shall be sent by the Board's administrative office by certified mail return receipt requested. Specific reasons for denial will be stated, such as incomplete information, unofficial records, examination failure, or other matters judged insufficient for licensure, and such notification shall contain all the specific statutory or rule authorities for the denial.

(b) The notification, when appropriate, shall also contain a statement of the applicant's right to request a contested case hearing under the Tennessee Administrative Procedures Act (T.C.A. §§ 4-5-301, et seq.) to contest the denial and the procedure necessary to accomplish that action.

(c) An applicant has a right to a contested case hearing if the licensure denial was based on subjective or discretionary criteria.

(d) An applicant may be granted a contested case hearing if licensure denial is based on objective, clearly defined criteria. If after review and attempted resolution by the Board's administrative staff, the licensure application can not be approved and the reasons for continued denial present a genuine issue of fact and/or law which is appropriate for appeal, an appeal may be requested. Such request must be made in writing to the Board within thirty (30) days of the receipt of the notice of denial.

(7) Any person furnishing false information or omitting pertinent information in such application shall be denied the right to sit for the examination or if the applicant has already been licensed before the falseness of such information has been made known to the Board, such license shall be subject to suspension or revocation by the Board.

(8) If the Board finds it has erred in the issuance of a license, the Board will give written notice by certified mail of its intent to annul the license. The notice will allow the applicant the opportunity to meet the requirements of licensure within thirty (30) days from date of receipt of the notification.

(9) Abandonment of Application

(a) An application shall be deemed abandoned and closed if:

1. The application has not been completed by the applicant within twelve (12) months after it was initially reviewed by the Board; or

(Rule 1150-01-.07, continued)

2. The applicant fails to sit for the written exam, if applicable, within six (6) months after being notified of eligibility.

(b) Whenever the applicant fails to complete the application process as stated in (a) above, written notification will be mailed to the applicant notifying him that the file has been closed. An applicant whose file has been closed shall subsequently be considered for licensure only upon the filing of a new application and payment of all appropriate fees.

(10) If an applicant requests an entrance for licensure and, after Board review, wishes to change that application to a different type of entrance, a new application with supporting documents and an additional application fee must be submitted, e.g., reciprocity to examination.

(11) An applicant shall submit an original letter of recommendation from a physical therapist or physical therapist assistant licensed in the United States that attests to the applicant's good moral character. The letter cannot be from a relative of the applicant.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 4-5-301, 63-13-108, 63-13-301, 63-13-304, 63-13-306, 63-13-307, and 63-13-312.* ***Administrative History:*** *Original rule filed September 30, 1987; effective November 14, 1987. Amendment filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed July 31, 2000; effective October 14, 2000. Amendment filed December 2, 2014; effective March 2, 2015.*

1150-01-.08 EXAMINATIONS. In addition to having filed an application, an individual seeking licensure shall be required to pass an examination.

(1) The Board adopts as its examination for physical therapists and physical therapist assistants the National Physical Therapy Examinations endorsed by the Federation of State Boards of Physical Therapy or successor examinations.

(2) Examination Application

(a) All applicants for examination shall apply for admission directly with the Federation of State Boards of Physical Therapy (FSBPT) by contacting:

Federation of State Boards of Physical Therapy	Telephone	(703) 299-3100
509 Wythe Street	Fax	(703) 299-3110
Alexandria, VA 22314	Internet	www.fsbpt.org

Application forms and instructions will be provided by the Board's administrative office.

(b) All educational requirements must be completed prior to filing an application for licensure or examination.

(3) Eligibility Approval

(a) Only a person who has filed the required application, paid the fees, and been notified of acceptance by the Board shall be permitted to take the examination.

(b) The FSBPT will compile an applicant list and forward to the Board. The Board will review the applicant list provided by the FSBPT, determine the eligible applicants, and notify the FSBPT of such determination.

(Rule 1150-01-.08, continued)

(c) An examination shall be administered only to bona fide candidates for initial licensure or candidates who are not licensed in another jurisdiction and do not have a qualifying exam score in another jurisdiction.

(d) An applicant for licensure and/or examination who has not met the requirements as set forth in T.C.A. §63-13-306 and §63-13-307 shall be refused permission to take the examination.

(4) Eligibility Notification

(a) The FSBPT will compile eligibility lists and forward to the Computer Based Testing Provider. The FSBPT will send a letter to each candidate containing a toll-free number to call to schedule the examination.

(b) The candidate will contact the Computer Based Testing Provider to schedule the examination at the location of their choice.

1. Candidates must take the examination within sixty (60) days of the date on the eligibility letter provided by the FSBPT. If the candidate does not take the examination within this time period, they will be removed from the eligibility listings of the Computer Based Testing Provider and will be required to begin the examination application process again.

2. Candidates may reschedule the examination up to two (2) working days prior to the scheduled test date by calling the toll-free number provided to them in their eligibility letter without penalty. Candidates who fail to give such notice to the Computer Based Testing Provider, and who fail to sit for the Examination as scheduled, will forfeit the examination fees paid and will be required to begin the examination application process.

(5) Administration

(a) Candidates must arrive at the test site at least fifteen (15) minutes prior to their scheduled appointment with the Computer Based Testing Provider.

(b) Candidates must have government-issued photo identification (passport, driver's license, etc.) as well as another piece of identification which contains a signature.

(c) All candidates will be thumb-printed and photographed at the testing center.

(d) All sessions will be videotaped.

(6) Passing level. Candidates qualifying for licensure by examination must pass the examination with a criterion reference passing point. This passing point shall be set to equal a scaled score of six hundred (600) based on a scale ranging from two hundred to eight hundred (200-800).

(7) Results

(a) No information regarding pass/fail status will be available to candidates at the test site.

(b) Upon receipt of the examination group score reports in the Board's administrative office, the results will be mailed to each candidate with ten (10) working days. Scores will not be provided except in writing and by mail.

(Rule 1150-01-.08, continued)

(c) Hand scoring services are available from the FSBPT at the request of the candidate. The FSBPT may charge a fee for this service.

(8) Retaking

(a) A candidate who fails the examination is eligible to repeat the licensure examination process described in this rule. An applicant who fails to qualify for licensure after a total of two (2) examination attempts, in any state, shall wait at least three (3) months after the last unsuccessful attempt before reapplying for examination.

(b) If the individual neglects, fails to pass, or refuses to take the examination within twelve (12) months after being deemed eligible to sit for the examination, the application shall be denied and the file shall be closed. However, such individual may thereafter, make a new application pursuant to Rule 1150-01-.04, 1150-01-.05, 1150-01-.07, and 1150-01-.08.

(9) Effective July 1, 2015, the Board will no longer approve individualized structured remediation plans. However, those remediation plans already in effect prior to July 1, 2015 must be completed by the applicant. An applicant who fails the examination more than two (2) times after July 1, 2015 must submit proof of ten (10) hours of additional clinical training and ten (10) hours of additional coursework to the Board administrator before the Board will approve a reapplication for subsequent testing beyond two attempts.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-108, 63-13-301, 63-13-304, 63-13-306, and 63-13-307.* ***Administrative History:*** *Original rule filed August 16, 1990; effective September 30, 1990. Repeal filed March 26, 1991; effective May 10, 1991. Repeal and new rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Amendment filed January 31, 2000; effective April 15, 2000. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed July 31, 2000; effective October 14, 2000. Amendment filed April 10, 2002; effective June 24, 2002. Amendment filed January 19, 2005; effective April 4, 2005. Amendment filed September 24, 2009; effective December 23, 2009. Amendment filed August 19, 2010; effective November 17, 2010. Amendment filed April 6, 2015; effective July 5, 2015.*

1150-01-.09 RENEWAL OF LICENSE.

(1) Renewal Application

(a) The due date for license renewal is the expiration date indicated on the licensee's renewal certificate.

(b) Methods of Renewal

1. Internet Renewals - Individuals may apply for renewal and pay the necessary fees via the Internet. The application to renew can be accessed at:

www.tennesseeanytime.org

2. Paper Renewals - For individuals who have not renewed their license online via the Internet, a renewal application form will be mailed to each individual licensed by the Board to the last address provided to the Board. Failure to receive such notification does not relieve the licensee from the responsibility of meeting all requirements for renewal.

(c) To be eligible for renewal, an individual must submit to the Division of Health Related Boards on or before the expiration date all of the following:

(Rule 1150-01-.09, continued)

1. A completed and signed board renewal application form; and

2. The renewal and State regulatory fees as provided in Rule 1150-01-.06; and

3. A statement attesting to the completion of continuing competence requirements, as provided in Rule 1150-01-.12.

(d) Licensees who fail to comply with the renewal rules or notification received by them concerning failure to timely renew shall have their licenses processed pursuant to rule 1200-10-01-.10.

(e) Anyone submitting a signed renewal form or letter which is found to be untrue may be subjecting himself to disciplinary action as provided in Rule 1150-01-.15.

(2) Reinstatement of an expired license may be accomplished upon payment of the reinstatement fee and the renewal fee as provided in Rule 1150-01-.06, and by submitting proof of completing continuing competence requirements as provided in Rule 1150-01-.12.

(3) Renewal issuance decisions pursuant to this rule may be made administratively or upon review by any Board member or the Board's designee.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-1-107, 63-13-104, 63-13-108, 63-13-303, 63-13-304, 63-13-306 through 63-13-310, and 63-13-312 through 63-13-315.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed July 29, 2002; effective October 12, 2002. Amendment filed January 16, 2003; effective April 1, 2003.*

1150-01-.10 PROVISIONAL LICENSE.

(1) A provisional license shall be issued for an internationally educated applicant who has complied with all the licensure qualifications of Rule 1150-01-.04 except the supervised clinical practice period required by subparagraph 1150-01-.04 (3) (e).

(2) A provisional license may be issued for a physical therapist or physical therapist assistant whose license has been retired or expired for greater than three (3) years and whose license is presently unencumbered with respect to disciplinary action.

(3) An applicant or a licensee seeking a provisional license shall pay the nonrefundable Provisional License/Application fee and, if applicable, the State Regulatory fee, the Reinstatement fee, and the Reciprocity fee as provided in Rule 1150-01-.06 when submitting the application.

(4) Duration of License

(a) For applicants who are internationally educated, provisional licenses are valid for no less than twelve (12) weeks and no more than forty-eight (48) weeks. The provisional license may not be renewed.

(b) For physical therapists or physical therapist assistants whose licenses have been retired or expired for greater than three (3) years, provisional licenses are valid for a period of time as determined by the Board. The provisional license may not be renewed.

(5) A physical therapist with a provisional license must work under the direct on-site supervision of a physical therapist who possesses an active, unencumbered license to practice physical

therapy in Tennessee and who has completed a minimum of one (1) year of licensed clinical experience.

(6) A physical therapist assistant with a provisional license must work under the direct on-site supervision of a physical therapist or physical therapist assistant who possesses an active, unencumbered license to practice as a physical therapist or as a physical therapist assistant in Tennessee and who has completed a minimum of one (1) year of licensed clinical experience.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-108, 63-13-304, 63-13-307, 63-13-308 and 63-13-309.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed April 8, 2003; effective June 22, 2003. Amendment filed May 18, 2007; effective August 1, 2007. Amendment filed September 24, 2009; effective December 23, 2009.*

1150-01-.11 RETIREMENT AND REACTIVATION OF LICENSE.

(1) A person who holds a current license and does not intend to practice as a physical therapist or physical therapist assistant in Tennessee may apply to convert an active license to inactive ("retired") status. An individual who holds a retired license will not be required to pay the renewal fee.

(2) A person who holds an active license may apply for retired status in the following manner:

(a) Obtain from the Board's administrative office an affidavit of retirement form; and

(b) Complete and submit the affidavit affirming that, while in retired status, the licensee will not practice or in any way indicate or imply that he holds an active Tennessee license or use within Tennessee any words, letters, titles, or figures which indicate or imply that he is a licensed physical therapist or physical therapist assistant; or

(c) Submit a letter, which has been signed and notarized, requesting his license to be placed in retirement. Such letter must contain a statement indicating that the licensee understands that he can not practice or in any way indicate or imply that he holds an active Tennessee license or use within Tennessee any words, letters, titles, or figures which indicate or imply that he is a licensed PT or PTA.

(3) License holders whose licenses have been retired may reactivate their licenses in the following manner:

(a) Submit a written request for licensure reactivation to the Board's administrative office including a statement describing all relevant experiences education during the period of retirement or inactivity; and

(b) Pay the current licensure renewal fees and State regulatory fee as provided in Rule 1150-01-.06. If retirement reactivation is requested prior to the expiration of one (1) year from the date of retirement, the Board will additionally require payment of the reinstatement fee as prescribed in Rule 1150-01-.06.

(c) Complete the continuing competence requirements, as provided in Rule 1150-01-.12.

(4) Licensure reactivation applications shall be treated as licensure applications and review and decisions shall be governed by Rule 1150-01-.07.

(Rule 1150-01-.11, continued)

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-104, 63-13-108, 63-13-301, 63-13-304, 63-13-306, 63-13-308, and 63-13-309.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed January 16, 2003; effective April 1, 2003.*

1150-01-.12 CONTINUING COMPETENCE. Continuing Competence. On January 1, 2003, the Board shall begin to notify applicants for renewal of continuing competence requirements as provided in T.C.A. §63-13-304(6). The Board shall require each licensed physical therapist and physical therapist assistant to participate in a minimum number of experiences to promote continuing competence for the twenty – four (24) months that precede the licensure renewal month. Beginning January 1, 2005, all applicants for licensure, renewal of license, reactivation of license, or reinstatement of license must demonstrate competency.

(1) The requirements for continuing competence are defined as planned learning experiences which occur beyond the entry level educational requirements for physical therapists and physical therapist assistants. Content of the experience must relate to physical therapy whether the subject is intervention, examination, research, documentation, education, management, or some other content area. The purpose of this requirement is to assist in assuring safe and effective practices in the provision of physical therapy services to the citizens of Tennessee.

(2) For applicants approved for initial licensure by examination, successfully completing the requirements of Rules 1150-01-.04, .05, and .08, as applicable, shall be considered proof of sufficient competence to constitute compliance with this rule for the initial period of licensure except for the ethics and jurisprudence education requirements of paragraph (4). Applicants approved for initial licensure by examination must successfully complete four (4) hours of ethics and jurisprudence education during their initial period of licensure

(3) Twenty-four (24) Month Requirement – Continuing competence credit is awarded for the clock hours spent in an activity as provided in paragraphs (5) and (6). Except as provided in paragraph (4), all required hours may be met through Class I activities. Except as provided in paragraph (4), any Class I activity without a stated maximum number of hours may be used to accrue all required hours.

(a) Physical Therapist – Thirty (30) hours are required for the twenty-four (24) months that precede the licensure renewal month.

1. At least twenty (20) hours of the thirty (30) hour requirement must be from Class I activities as provided in paragraph (5).

2. Up to ten (10) of the thirty (30) hour requirement may be from Class II activities as provided in paragraph (6).

(b) Physical Therapist Assistant – Twenty (20) hours are required for the twenty-four (24) months that precede the licensure renewal month.

1. At least ten (10) hours of the twenty (20) hour requirement must be from Class I activities as provided in paragraph (5).

2. Up to ten (10) hours of the twenty (20) hour requirement may be from Class II activities as provided in paragraph (6).

(4) Four (4) of the hours required in parts (3) (a) 1. and (3) (b) 1. consist of ethics and jurisprudence education courses. These four (4) hours are required every other twenty-four (24) month period.

(Rule 1150-01-.12, continued)

(a) Ethics and Jurisprudence – The Tennessee Physical Therapy Association (TPTA) is the sole approval entity for ethics and jurisprudence courses. All ethics and jurisprudence courses approved by the TPTA shall be deemed approved by the Board. Any ethics and jurisprudence course not approved by the TPTA will fail to meet the requirements of this rule. The TPTA shall only approve courses that are a minimum of two (2) hours each in duration. They shall be Class I continuing competence as provided in paragraph (5), and shall as a minimum include education in:

1. Ethics:

(i) APTA Code of Ethics;

(II) APTA Guide for Professional Conduct;

(iii) APTA Standards for Ethical Conduct for the Physical Therapist Assistant;

(iv) APTA Guide for Conduct of the Physical Therapist Assistant;

(v) Model for ethical decision making; and

(vi) Case analysis.

2. Jurisprudence:

(i) The Occupational and Physical Therapy Practice Act (Tennessee Code Annotated, Title 63, Chapter 13, Parts 1 and 3);

(ii) General Rules Governing the Practice of Physical Therapy (Official Compilation, Rules and Regulations, Chapter 1150-01);

(iii) Board of Physical Therapy Policy Statements;

(iv) Licensure process;

(v) Scope of practice;

(vi) Licensure renewal;

(vii) Disclosures to patients;

(viii) Offenses that may lead to disciplinary action;

(ix) Supervision of Physical Therapist Assistants;

(x) Supervision of Physical Therapy assistive personnel; and

(xi) Supervision of others (students, volunteers).

(b) Course approval – Aside from ethics and jurisprudence courses approved under subparagraph (a) above, the Board does not pre-approve Class I and Class II continuing competence courses, programs, and activities required by paragraphs (3), (5) and (6) of this rule. It is the licensee's responsibility, using his/her professional judgment, to determine if the courses being taken are applicable, appropriate, and meet the requirements of this rule. However, TPTA must seek the Board's approval for offering ethics and jurisprudence courses by submitting the following information to the

(Rule 1150-01-.12, continued)

Board's office at least thirty (30) days prior to a regularly scheduled meeting of the Board that precedes the course:

1. Course description or outline;

2. Names of all lecturers;

3. Brief resume of all lecturers; and

4. How certification of attendance is to be documented.

Each course approved by TPTA must be approved every twelve (12) months.

(5) Class I acceptable continuing competence evidence shall be any of the following:

(a) External peer review of practice with verification of acceptable practice by a recognized entity, e.g., American Physical Therapy Association. Continuing competence credit is twenty (20) hours per review with a maximum of one (1) review each twenty-four (24) month period.

(b) Internal peer review of practice with verification of acceptable practice. Continuing competence credit is two (2) hours per review with a maximum of two (2) reviews during each twenty-four (24) month period.

(c) Courses, seminars, workshops, and symposia attended by the licensee which have been approved for continuing education units (CEUs) by appropriate CEU granting agencies.

(d) Courses, seminars, workshops, and symposia attended by the licensee and approved by recognized health-related organizations (e.g., American Physical Therapy Association, Tennessee Physical Therapy Association, Arthritis Foundation, etc.) or accredited physical therapy educational institutions (e.g., Chattanooga State Technical Community College, East Tennessee State University, etc.).

(e) Home study courses or courses offered through electronic media approved by recognized health-related organizations (e.g., American Physical Therapy Association, Tennessee Physical Therapy Association, Arthritis Foundation, etc.) or accredited physical therapy educational institutions (e.g., U.T. Center for the Health Sciences, Volunteer State Community College), and that include objectives and verification of satisfactory completion.

(f) University credit courses - Continuing competence credit is twelve (12) hours per semester credit hour.

(g) Participation as a presenter in continuing education courses, workshops, seminars or symposia which have been approved by recognized health-related organizations. Continuing competence credit is based on contact hours and may not exceed twenty (20) hours per topic.

(h) Authorship of a presented scientific poster, scientific platform presentation or published article undergoing peer review. Continuing competence credit is ten (10) hours per event with a maximum of two (2) events each twenty-four (24) month period.

(i) Teaching a physical therapy or physical therapist assistant credit course when that teaching is an adjunct responsibility and not the primary employment. Continuing

(Rule 1150-01-.12, continued)

competence credit is based on contact hours not to exceed twenty (20) hours. If the same course is taught more than once, contact hours may only be counted once.

(j) Certification of clinical specialization by the American Board of Physical Therapy Specialties (ABPTS). Continuing competence credit is twenty-six (26) hours and is recognized only in the twenty-four (24) month period in which certification or recertification is awarded.

(k) Certification of clinical specialization by organizations other than the ABPTS (e.g. the McKenzie Institute, the Neuro Developmental Treatment Association, the Ola Grimsby Institute, etc.) may be recognized as continuing competence credit for up to twenty-six (26) hours, in the twenty-four (24) month period in which certification or recertification is awarded. The number of continuing competence credit hours awarded is determined by the Board.

(l) Awarding of an advanced degree from an accredited University. Continuing competence credit is twenty-six (26) hours and is recognized only in the twenty-four (24) month period in which the advanced degree is awarded.

(m) Participating in a clinical residency program. Continuing competence credit is five (5) hours credit for each week of residency with a maximum of twenty-six (26) hours per program.

(6) Class II acceptable continuing competence evidence shall be any of the following

(a) Self-instruction from reading professional literature. Continuing competence credit is limited to a maximum of one (1) hour each twenty-four (24) month period.

(b) Attendance at a scientific poster session, lecture, panel or symposium that does not meet the criteria for Class I. Continuing competence credit is one (1) hour per hour of activity with a maximum of two (2) hours credit each twenty-four (24) month period.

(c) Serving as a clinical instructor for an accredited physical therapist or physical therapist assistant educational program. Continuing competence credit is one (1) hour per sixteen (16) contact hours with the student(s).

(d) Acting as a clinical instructor for physical therapist participating in a residency program or as a mentor for a learner for a formal, nonacademic mentorship. Continuing competence credit is one (1) hour per sixteen (16) contact hours.

(e) Participating in a physical therapy study group consisting of two (2) or more physical therapists or physical therapist assistants. Continuing competence credit is limited to a maximum of one (1) hour credit each twenty-four (24) month period.

(f) Attending and/or presenting in-service programs. Continuing competence credit is one (1) hour per eight (8) contact hours with a maximum of four (4) hours credit each twenty-four (24) month period.

(g) Serving the physical therapy profession as a delegate to the APTA House of Delegates, on a professional board, committee, or task force. Continuing competence credit is limited to a maximum of one (1) hour credit each twenty-four (24) month period.

(7) Unacceptable activities for continuing competence include, but are not limited to:

(a) Attending courses regarding:

(Rule 1150-01-.12, continued)

1. Regulations of the United States Department of Labor's Occupational Safety and Health Administration (OSHA);

2. Regulations of the Tennessee Department of Labor and Workforce Development's Division of Occupational Safety and Health (TOSHA);

3. Cardiopulmonary resuscitation (CPR); and

4. Safety;

(b) Meetings for purposes of policy decisions;

(c) Non-educational meetings at annual association, chapter or organization meetings;

(d) Entertainment or recreational meetings or activities; and

(e) Visiting exhibits.

(8) Documentation of compliance

(a) Each licensee must retain documentation of completion of all continuing competence requirements of this rule for a period of five (5) years from when the requirements were completed. This documentation must be produced for inspection and verification, if requested in writing by the Board during its verification process.

(b) The licensee must, within thirty (30) days of a request from the Board, provide evidence of continuing competence activities.

(c) Any licensee who fails to complete the continuing competence activities or who falsely certifies completion of continuing competence activities may be subject to disciplinary action pursuant to T.C.A. §§ 63-13-304, 63-13-312, 63-13-313, and 63-13-315.

(d) Examples of documentation

1. A signed peer review report or an official program or outline of the course attended or taught or copy of the publication which clearly shows that the objectives and content were related to physical therapy and shows the number of contact hours, as appropriate. The information also should clearly identify the licensee's responsibility in teaching or authorship.

2. A CEU certificate or verification of completion of home study which identifies the sponsoring entity, or a copy of the final grade report in the case of a University credit course(s), or specialization certificate, or proof of attendance with a copy of the program for the other acceptable Class I or II activities, or documentation of self-instruction from reading professional literature.

(9) Reinstatement/Reactivation of an Expired or Retired License

(a) Expired or retired for three (3) years or less – An individual whose license has expired or has been retired for three (3) years or less shall submit the appropriate application for reinstatement or reactivation, along with documentation of continuing competence (see examples in paragraph (8)), which must have been initiated and completed within two (2) years prior to submission of the application for reinstatement or reactivation.

(b) Expired or retired more than three (3) years

(Rule 1150-01-.12, continued)

1. An individual whose license has expired or has been retired for more than three (3) years shall submit the appropriate application for reinstatement or reactivation, along with documentation of continuing competence (see examples in paragraph (8)), which must have been initiated and completed within two (2) years prior to submission of the application for reinstatement or reactivation.

2. The Board may, at its discretion, require additional education, supervised clinical practice, successful passage of examinations, or issue a provisional license.

(10) The Board, in cases of documented illness, disability, or other undue hardship, may waive the continuing competence requirements and/or extend the deadline to complete continuing competence requirements. To be considered for a waiver of continuing competence requirements, or for an extension of the deadline to complete the continuing competence requirements, a licensee must request such in writing with supporting documentation before the end of the twenty-four (24) month period in which the continuing competence requirements were not met.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-108, 63-13-304, 63-13-308, 63-13-309, and 63-13-311.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed January 16, 2003; effective April 1, 2003. Amendment filed September 22, 2005; effective December 6, 2005. Amendment filed March 14, 2006; effective May 28, 2006. Amendment filed August 18, 2006; effective November 1, 2006. References to Board of occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 session of the Tennessee General Assembly. Amendment filed May 18, 2007; effective August 1, 2007. Amendment filed September 24, 2009; effective December 23, 2009. Amendments filed August 19, 2010; effective November 17, 2010. Amendment filed December 2, 2014; effective March 2, 2015.*

1150-01-.13 ADVERTISING.

(1) Policy Statement. The lack of sophistication on the part of many of the public concerning physical therapy services, the importance of the interests affected by the choice of a physical therapist and the foreseeable consequences of unrestricted advertising by physical therapists which is recognized to pose special possibilities for deception, require that special care be taken by physical therapists to avoid misleading the public. The physical therapist must be mindful that the benefits of advertising depend upon its reliability and accuracy. Since advertising by physical therapists is calculated and not spontaneous, reasonable regulation designed to foster compliance with appropriate standards serves the public interest without impeding the flow of useful, meaningful, and relevant information to the public.

(2) Definitions

(a) Advertisement. Informational communication to the public in any manner designed to attract public attention to the practice of a physical therapist who is licensed to practice in Tennessee.

(b) Licensee - Any person holding a license to practice physical therapy in the State of Tennessee. Where applicable this shall include partnerships and/or corporations.

(c) Material Fact - Any fact which an ordinary reasonable and prudent person would need to know or rely upon in order to make an informed decision concerning the choice of physical therapists to serve his or her particular needs.

(Rule 1150-01-.13, continued)

(d) Bait and Switch Advertising - An alluring but insincere offer to sell a product or service which the advertiser in truth does not intend or want to sell. Its purpose is to switch consumers from buying the advertised service or merchandise, in order to sell something else, usually for a higher fee or on a basis more advantageous to the advertiser.

(e) Discounted Fee - Shall mean a fee offered or charged by a person for a product or service that is less than the fee the person or organization usually offers or charges for the product or service. Products or services expressly offered free of charge shall not be deemed to be offered at a "discounted fee".

(3) Advertising Fees and Services

(a) Fixed Fees. Fixed fees may be advertised for any service. It presumed unless otherwise stated in advertisement that a fixed fee for a service shall include the cost of all professional recognized components within generally accepted standards that are required to complete the service.

(b) Range of Fees. A range of fees may be advertised for services and the advertisement must disclose the factors used in determining the actual fee, necessary to prevent deception of the public.

(c) Discount Fees. Discount fees may be advertised if:

1. The discount fee is in fact lower than the licensee's customary or usual fee charged for the service; and

2. The licensee provides the same quality and components of service and material at the discounted fee that are normally provided at the regular, non-discounted fee for that service.

(d) Related Services and Additional Fees. Related services which may be required in conjunction with the advertised services for which additional fees will be charged must be identified as such in any advertisement.

(e) Time Period of Advertised Fees.

1. Advertised fees shall be honored for those seeking the advertised services during the entire time period stated in the advertisement whether or not the services are actually rendered or completed within that time.

2. If no time period is stated in the advertisement of fees, the advertised fee shall be honored for thirty (30) days from the last date of publication or until the next scheduled publication whichever is later whether or not the services are actually rendered or completed within that time.

(4) Advertising Content. The following acts or omissions in the context of advertisement by any licensee shall constitute unethical conduct, and subject the licensee to disciplinary action pursuant to T.C.A. §§ 63-13-312 and 63-13-313.

(a) Claims that the services performed, personnel employed, materials or office equipment used are professionally superior to that which is ordinarily performed, employed, or used, or that convey the message that one licensee is better than another when superiority of services, personnel, materials or equipment cannot be substantiated.

(b) The misleading use of an unearned or non-health degree in any advertisement.

(Rule 1150-01-.13, continued)

(c) Promotion of professional services which the licensee knows or should know are beyond the licensee's ability to perform.

(d) Techniques of communication which intimidate, exert undue pressure or undue influence over a prospective patient.

(e) Any appeals to an individual's anxiety in an excessive or unfair manner.

(f) The use of any personal testimonial attesting to a quality or competency of a service or treatment offered by a licensee that is not reasonably verifiable.

(g) Utilization of any statistical data or other information based on past performances for prediction of future services, which creates an unjustified expectation about results that the licensee can achieve.

(h) The communication of personal identifiable facts, data, or information about a patient without first obtaining patient consent.

(i) Any misrepresentation of a material fact.

(j) The knowing suppression, omission or concealment of any material fact or law without which the advertisement would be deceptive or misleading.

(k) Statements concerning the benefits or other attributes of therapeutic procedures or products that involve significant risks without including:

1. A realistic assessment of the safety and efficiency of those procedures or products; and

2. The availability of alternatives; and

3. Where necessary to avoid deception, descriptions or assessment of the benefits or other attributes of those alternatives.

(l) Any communication which creates an unjustified expectation concerning the potential results of any treatment.

(m) Failure to comply with the rules governing advertisement of fees and services, or advertising records.

(n) The use of "bait and switch" advertisements. Where the circumstances indicate "bait and switch" advertising, the Board may require the licensee to furnish data or other evidence pertaining to those sales at the advertised fee as well as other sales.

(o) Misrepresentation of a licensee's credentials, training, experience, or ability.

(p) Failure to include the corporation, partnership or individual licensee's name, address, and telephone number in any advertisement. Any corporation, partnership or association which advertises by use of a trade name or otherwise fails to list all licensees practicing at a particular location shall:

1. Upon request provide a list of all licensees practicing at that location; and

2. Maintain and conspicuously display at the licensee's office, a directory listing all licensees practicing at that location.

(Rule 1150-01-.13, continued)

(q) Failure to disclose the fact of giving compensation or anything of value to representative of the press, radio, television or other communicative medium in anticipation of or in return for any advertisement (for example, newspaper article) unless the nature, format or medium of such advertisement make the fact of compensation apparent.

(r) After thirty (30) days of the licensee's departure, the use of the name of any licensee formerly practicing at or associated with any advertised location or on office signs or buildings. This rule shall not apply in the case of a retired or deceased former associate who practiced in association with one or more of the present occupants if the status of the former associate is disclosed in any advertisement or sign.

(s) Stating or implying that a certain licensee provides all services when any such services are performed by another licensee.

(t) Directly or indirectly offering, giving, receiving, or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient in connection with the performance of professional services.

(5) Advertising Records and Responsibility

(a) Each licensee who is a principal partner, or officer of a firm or entity identified in any advertisement, is jointly and severally responsible for the form and content of any advertisement. This provision shall also include any licensed professional employees acting as an agent of such firm or entity.

(b) Any and all advertisements are presumed to have been approved by the licensee named therein.

(c) A recording of every advertisement communicated by electronic media, and a copy of every advertisement communicated by print media, and a copy of any other form of advertisement shall be retained by the licensee for a period of two (2) years from the last date of broadcast or publication and be made available for review upon request by the Board or its designee.

(d) At the time any type of advertisement is placed, the licensee must possess and rely upon information which, when produced, would substantiate the truthfulness of any assertion, omission or representation of material fact set forth in the advertisement or public communication.

(6) Severability. It is hereby declared that the sections, clauses, sentences and parts of these rules are severable, are not matters of mutual essential inducement, and any of them shall be rescinded if these rules would otherwise be unconstitutional or ineffective. If any one or more sections, clauses, sentences or parts shall for any reason be questioned in court, and shall be adjudged unconstitutional or invalid, such judgment shall not affect, impair or invalidate the remaining provisions thereof, but shall be confined in its operation to the specific provision or provisions so held unconstitutional or invalid, and the inapplicability or invalidity of any section, clause, sentence or part in any one or more instances shall not be taken to affect or prejudice in any way its applicability or validity in any other instance.

Authority: T.C.A. *§§ 4-5-202, 4-5-204, 63-1-145, 63-1-146, 63-13-108, 63-13-302, 63-13-304, 63-13-310, 63-13-312, and 63-13-313.* ***Administrative History:*** *Original rule filed February 21, 1996;effective May 6, 1996. Repeal and new rule filed March 16, 2000;effective May 30, 2000. Amendment filed August 18, 2006; effective November 1, 2006****.***

1150-01-.14 CODE OF ETHICS. The Board adopts for licensed physical therapists, as if fully set out herein, and as it may from time to time be amended, the current "Code of Ethics" issued by the American Physical Therapy Association. The Board adopts for licensed physical therapist assistants, as if fully set out herein, and as it may from time to time be amended, the current "Standards of Ethical Conduct for the Physical Therapist Assistant" issued by the American Physical Therapy Association. Information to acquire copies may be obtained by contacting either of the following:

(1) American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314-1488
Telephone: (703) 684-2782
Telephone: (800) 999-2782
Fax: (703) 684-7343
T.D.D.: (703) 683-6748
Internet: www.apta.org

(2) Board of Physical Therapy
665 Mainstream Drive
Nashville, TN 37243
Telephone: (615) 532-3202 ext. 25135
Telephone: (888) 310-4650 ext. 25135
Fax: (615) 532-5164
Internet: www.state.tn.us/health

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-103, 63-13-104, 63-13-108, 63-13-302, and 63-13-304.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Original rule filed March 15, 1996; effective May 29, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed September 22, 2005; effective December 6, 2005. References to Board of occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 session of the Tennessee General Assembly.*

1150-01-.15 DISCIPLINARY ACTIONS, CIVIL PENALTIES, ASSESSMENT OF COSTS, AND SCREENING PANELS.

(1) Upon a finding by the Board that a physical therapist or physical therapist assistant has violated any provision of the T.C.A. §§ 63-13-101, et seq., or the rules promulgated thereto, the Board may impose any of the following actions separately or in any combination deemed appropriate to the offense.

(a) Advisory Censure - This is a written action issued to the physical therapist or physical therapist assistant for minor or near infractions. It is advisory in nature and does not constitute a formal disciplinary action.

(b) Formal Censure or Reprimand - This is a written action issued to a physical therapist or physical therapist assistant for one time and less severe violations. It is a formal disciplinary action.

(c) Probation - This is a formal disciplinary action which places a physical therapist or physical therapist assistant on close scrutiny for a fixed period of time. This action may be combined with conditions which must be met before probation will be lifted and/or which restrict the individual's activities during the probationary period.

(Rule 1150-01-.15, continued)

(d) Licensure Suspension - This is a formal disciplinary action which suspends an individual's right to practice for a fixed period of time. It contemplates the reentry of the individual into the practice under the license previously issued.

(e) Licensure Revocation - This is the most severe form of disciplinary action which removes an individual from the practice of the profession and terminates the licensure previously issued. If revoked, it relegates the violator to the status he possessed prior to application for licensure. However, the Board may, in its discretion, allow the reinstatement of a revoked license upon conditions and after a period of time it deems appropriate. No petition for reinstatement and no new application for licensure from a person whose license was revoked shall be considered prior to the expiration of at least one (1) year unless otherwise stated in the Board's revocation order.

(f) Conditions - Any action deemed appropriate by the Board to be required of a disciplined licensee in any of the following circumstances:

1. During any period of probation, suspension; or

2. During any period of revocation after which the licensee may petition for an order of compliance to reinstate the revoked license; or

3. As a prerequisite to the lifting of probation or suspension or as a prerequisite to the reinstatement of a revoked license; or

4. As a stand-alone requirement(s) in any disciplinary order.

(2) Once ordered, probation, suspension, revocation, assessment of a civil penalty, or any other condition of any type of disciplinary action may not be lifted unless and until the licensee petitions, pursuant to paragraph (3) of this rule, and appears before the Board after the period of initial probation, suspension, revocation, or other conditioning has run and all conditions placed on the probation, suspension, revocation, have been met, and after any civil penalties assessed have been paid.

(3) Order of Compliance - This procedure is a necessary adjunct to previously issued disciplinary orders and is available only when a petitioner has completely complied with the provisions of a previously issued disciplinary order, including an unlicensed practice civil penalty order, and wishes or is required to obtain an order reflecting that compliance.

(a) The Board will entertain petitions for an Order of Compliance as a supplement to a previously issued order upon strict compliance with the procedures set forth in subparagraph (b) in only the following three (3) circumstances:

1. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued reflecting that compliance; or

2. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued lifting a previously ordered suspension or probation; or

3. When the petitioner can prove compliance with all the terms of the previously issued order and is seeking to have an order issued reinstating a license previously revoked.

(b) Procedures

(Rule 1150-01-.15, continued)

1. The petitioner shall submit a Petition for Order of Compliance, as contained in subparagraph (c), to the Board's Administrative Office that shall contain all of the following:

   (i) A copy of the previously issued order; and

   (ii) A statement of which provision of subparagraph (a) the petitioner is relying upon as a basis for the requested order; and

   (iii) A copy of all documents that prove compliance with all the terms or conditions of the previously issued order. If proof of compliance requires testimony of an individual(s), including that of the petitioner, the petitioner must submit signed statements from every individual the petitioner intends to rely upon attesting, under oath, to the compliance. The Board's consultant and administrative staff, in their discretion, may require such signed statements to be notarized. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, the petition.

2. The Board authorizes its consultant and administrative staff to make an initial determination on the petition and take one of the following actions:

   (i) Certify compliance and have the matter scheduled for presentation to the Board as an uncontested matter; or

   (ii) Deny the petition, after consultation with legal staff, if compliance with all of the provisions of the previous order is not proven and notify the petitioner of what provisions remain to be fulfilled and/or what proof of compliance was either not sufficient or not submitted.

3. If the petition is presented to the Board the petitioner may not submit any additional documentation or testimony other than that contained in the petition as originally submitted.

4. If the Board finds that the petitioner has complied with all the terms of the previous order an Order of Compliance shall be issued.

5. If the petition is denied either initially by staff or after presentation to the Board and the petitioner believes compliance with the order has been sufficiently proven the petitioner may, as authorized by law, file a petition for a declaratory order pursuant to the provisions of T.C.A. § 4-5-223 and rule 1200-10-01-.11.

(c) Form Petition

Petition for Order of Compliance
Board of Physical Therapy

Petitioner's Name: _____
Petitioner's Mailing Address: _____
_____
_____
Petitioner's E-Mail Address: _____
Telephone Number: _____

Attorney for Petitioner: _____

(Rule 1150-01-.15, continued)

Attorney's Mailing Address: _____
_____
_____

Attorney's E-Mail Address: _____
Telephone Number: _____

The petitioner respectfully represents, as substantiated by the attached documentation, that all provisions of the attached disciplinary order have been complied with and I am respectfully requesting: (circle one)

1. An order issued reflecting that compliance; or

2. An order issued reflecting that compliance and lifting a previously ordered suspension or probation; or

3. An order issued reflecting that compliance and reinstating a license previously revoked.

Note – You must enclose all documents necessary to prove your request including a copy of the original order. If any of the proof you are relying upon to show compliance is the testimony of any individual, including yourself, you must enclose signed statements from every individual you intend to rely upon attesting, under oath, to the compliance. The Board's consultant and administrative staff, in their discretion, may require such signed statements to be notarized. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, this petition.

Respectfully submitted this the _____ day of _____, 20_____.

_____
Petitioner's Signature

(4) Order Modifications - This procedure is not intended to allow anyone under a previously issued disciplinary order, including an unlicensed practice civil penalty order, to modify any findings of fact, conclusions of law, or the reasons for the decision contained in the order. It is also not intended to allow a petition for a lesser disciplinary action, or civil penalty other than the one(s) previously ordered. All such provisions of Board orders were subject to reconsideration and appeal under the provisions of the Uniform Administrative Procedures Act (T.C.A. §§ 4-5-301, et seq.). This procedure is not available as a substitute for reconsideration and/or appeal and is only available after all reconsideration and appeal rights have been either exhausted or not timely pursued. It is also not available for those who have accepted and been issued a reprimand.

(a) The Board will entertain petitions for modification of the disciplinary portion of previously issued orders upon strict compliance with the procedures set forth in subparagraph (b) only when the petitioner can prove that compliance with any one or more of the conditions or terms of the discipline previously ordered is impossible. For purposes of this rule the term "impossible" does not mean that compliance is inconvenient or impractical for personal, financial, scheduling or other reasons.

(b) Procedures

1. The petitioner shall submit a written and signed Petition for Order Modification on the form contained in subparagraph (c) to the Board's Administrative Office that shall contain all of the following:

(Rule 1150-01-.15, continued)

(i) A copy of the previously issued order; and

(ii) A statement of why the petitioner believes it is impossible to comply with the order as issued; and

(iii) A copy of all documents that proves that compliance is impossible. If proof of impossibility of compliance requires testimony of an individual(s), including that of the petitioner, the petitioner must submit signed and notarized statements from every individual the petitioner intends to rely upon attesting, under oath, to the reasons why compliance is impossible. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, the petition.

2. The Board authorizes its consultant and administrative staff to make an initial determination on the petition and take one of the following actions:

(i) Certify impossibility of compliance and forward the petition to the Office of General Counsel for presentation to the Board as an uncontested matter; or

(ii) Deny the petition, after consultation with legal staff, if impossibility of compliance with the provisions of the previous order is not proven and notify the petitioner of what proof of impossibility of compliance was either not sufficient or not submitted.

3. If the petition is presented to the Board the petitioner may not submit any additional documentation or testimony other than that contained in the petition as originally submitted.

4. If the petition is granted a new order shall be issued reflecting the modifications authorized by the Board that it deemed appropriate and necessary in relation to the violations found in the previous order.

5. If the petition is denied either initially by staff or after presentation to the Board and the petitioner believes impossibility of compliance with the order has been sufficiently proven the petitioner may, as authorized by law, file a petition for a declaratory order pursuant to the provisions of T.C.A. § 4-5-223 and rule 1200-10-01-.11.

(c) Form Petition

Petition for Order Modification
Board of Physical Therapy

Petitioner's Name: _____
Petitioner's Mailing Address: _____
_____
_____
Petitioner's E-Mail Address: _____
Telephone Number: _____

Attorney for Petitioner: _____
Attorney's Mailing Address: _____
_____

(Rule 1150-01-.15, continued)

Attorney's E-Mail Address: _____
Telephone Number: _____

The petitioner respectfully represents that for the following reasons, as substantiated by the attached documentation, the identified provisions of the attached disciplinary order are impossible for me to comply with:

_____
_____
_____
_____
_____
_____
_____
_____

Note – You must enclose all documents necessary to prove your request including a copy of the original order. If any of the proof you are relying upon to show impossibility is the testimony of any individual, including yourself, you must enclose signed and notarized statements from every individual you intend to rely upon attesting, under oath, to the reasons why compliance is impossible. No documentation or testimony other than that submitted will be considered in making an initial determination on, or a final order in response to, this petition.

Respectfully submitted this the _____ day of _____, 20_____.

_____
Petitioner's Signature

(5) Civil Penalties.

(a) Purpose - The purpose of this rule is to set out a schedule designating the minimum and maximum civil penalties which may be assessed.

(b) Schedule of Civil Penalties

1. A Type A Civil Penalty may be imposed whenever the Board finds a person who is required to be licensed, certified, permitted or authorized by the Board, guilty of a willful and knowing violation of the Practice Act, or regulations promulgated pursuant thereto, to such an extent that there is, or is likely to be, an imminent, substantial threat to the health, safety and welfare of an individual patient or the public. For purposes of this section, willfully and knowingly practicing as a physical therapist or physical therapist assistant without a permit, license, certification, or other authorization from the Board is one of the violations of the Physical Therapy Practice Act for which a Type A Civil Penalty is assessable.

2. A Type B Civil Penalty may be imposed whenever the Board finds the person required to be licensed, certified, permitted, or authorized by the Board guilty of a violation of the Physical Therapy Practice Act or regulations promulgated pursuant thereto in such a manner as to impact directly on the care of patients or the public.

3. A Type C Civil Penalty may be imposed whenever the Board finds the person required to be licensed, certified, permitted, or authorized by the Board guilty of a violation of the Physical Therapy Practice Act or regulations promulgated pursuant thereto, which are neither directly detrimental to patients or the public,

(Rule 1150-01-.15, continued)

nor directly impact their care, but have only an indirect relationship to patient care or the public.

(c) Amount of Civil Penalties

1. Type A Civil Penalties shall be assessed in the amount of not less than $500 nor more than $1,000.

2. Type B Civil Penalties may be assessed in the amount of not less than $100 and not more than $500.

3. Type C Civil Penalties may be assessed in the amount of not less than $50 and not more than $100.

(d) Procedures for Assessing Civil Penalties

1. The Division of Health Related Boards may initiate a civil penalty assessment by filing a Memorandum of Assessment of Civil Penalty. The Division shall state in the memorandum the facts and law upon which it relies in alleging a violation, the proposed amount of the civil penalty and the basis for such penalty. The Division may incorporate the Memorandum of Assessment of Civil Penalty with a Notice of Charges which may be issued attendant thereto.

2. Civil Penalties may also be initiated and assessed by the Board during consideration of any Notice of Charges. In addition, the Board may, upon good cause shown, assess a type and amount of civil penalty which was not recommended by the Division.

3. In assessing the civil penalties pursuant to these rules the Board may consider the following factors:

(i) Whether the amount imposed will be a substantial economic deterrent to the violator;

(ii) The circumstances leading to the violation;

(iii) The severity of the violation and the risk of harm to the public; and

(iv) The economic benefits gained by the violator as a result of non-compliance; and

(v) The interest of the public.

4. All proceedings for the assessment of civil penalties shall be governed by the contested case provisions of Title 4, Chapter 5, Tennessee Code Annotated.

(6) Assessment of costs in disciplinary proceedings shall be as set forth in T.C.A. §§ 63-1-144 and 63-13-313.

(7) Reconsiderations and Stays - The Board authorizes the member who chaired the Board for a contested case to be the agency member to make the decisions authorized pursuant to rule 1360-04-01-.18 regarding petitions for reconsiderations and stays in that case.

(8) Screening Panels - Any screening panel(s) established pursuant to Tennessee Code Annotated § 63-1-138:

(Rule 1150-01-.15, continued)

(a) Shall have concurrent authority with the Board members and any individual Physical Therapist or Physical Therapist Assistant designated by the Board pursuant to paragraph (6) of Rule 1150-01-.19, to do the acts enumerated in paragraph (6) of Rule 1150-01-.19 subject to the conditions contained therein.

1. A screening panel(s) comprised of two (2) or more persons shall elect a chairperson prior to convening to conduct business.

2. A screening panel(s) comprised of two (2) or more persons is required to conduct the informal hearings authorized in subparagraph (b) immediately below.

(b) After completion of an investigation by the Division, may upon request of either the state, or the licensee who is the subject of an investigation but only with the agreement of the state, or upon agreement of both the licensee and the state, conduct a non-binding informal hearing and make recommendations as a result thereof as to what, if any, terms of settlement of any potential disciplinary action are appropriate.

1. Neither the Rules of Civil Procedure, the Rules of Evidence, nor Contested Case Procedural Rules under the Administrative Procedures Act shall apply in informal hearings before the screening panel(s). However, Rule 31 of the Rules of the Tennessee Supreme Court may serve as general guidance as to the principles of mediation and alternative dispute resolution.

(i) Evidence may be presented or received in any manner and in whatever order agreed upon by the parties.

(ii) In the absence of an agreement of the parties the screening panel chairperson shall determine the manner and order of presentation of evidence.

2. A licensee who is the subject of an investigation being considered by a screening panel cannot be compelled to participate in any informal hearing.

3. Proposed settlements reached as a result of any informal hearing will not become binding and final unless they are:

(i) Approved by a majority of the members of the screening panel which issued them; and

(ii) Agreed to by both the Department of Health, by and through its attorney(s), and the licensee; and

(iii) Subsequently presented to and ratified by the Board.

4. The activities of the screening panels and any mediation or arbitration sessions shall not be construed as meetings of an agency for purposes of the open meetings act and shall remain confidential. The members of the screening panels, mediators and arbitrators have a deliberative privilege and the same immunity as provided by law for the boards, and are not subject to deposition or subpoena to testify regarding any matter or issue raised in any contested case, criminal prosecution or civil lawsuit which may result from or be incident to cases processed before them.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-108, 63-13-304, 63-13-312, 63-13-313, and 63-13-314.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000. Amendment filed July 29, 2002; effective October 12,*

(Rule 1150-01-.15, continued)

2002. Amendment filed September 8, 2004; effective November 22, 2004. Amendment filed February 2, 2007; effective April 18, 2007. References to Board of occupational and Physical Therapy Examiners has been changed by The Secretary of State to the Applicable entity; Board of Occupational Therapy and/or Board of Physical Therapy pursuant to Public Chapter 115 of the 2007 session of the Tennessee General Assembly. Amendment filed September 24, 2009; effective December 23, 2009.

1150-01-.16 DUPLICATE (REPLACEMENT) LICENSE.

(1) A license holder whose "artistically designed" license has been lost or destroyed may be issued a new license upon receipt of a written request in the Board's administrative office. Such request shall be accompanied by an affidavit (signed and notarized) stating the facts concerning the loss or destruction of the original document, accompanied by a recent photograph, signed and notarized, and the required fee pursuant to Rule 1150-01-.06.

(2) A license holder whose renewal certificate license has been lost or destroyed may be issued a new license upon receipt of a written request in the Board's administrative office. Such request shall be accompanied by an affidavit (signed and notarized) stating the facts concerning the loss or destruction of the original document, accompanied by a recent photograph, signed and notarized, and the required fee pursuant to Rule 1150-01-.06.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-1-104, 63-1-106, 63-13-104, 63-13-108, 63-13-304, and 63-13-303.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Repeal and new rule filed March 16, 2000; effective May 30, 2000.*

1150-01-.17 CHANGE OF ADDRESS AND/OR NAME.

(1) Change of Address - Each person holding a license who has had a change of address shall file in writing with the Board his current mailing address, giving both old and new addresses. Such notification should be received in the Board's administrative office no later than thirty (30) days after such change is effective and must reference the individual's name, profession, and license number.

(2) Change of Name - An individual registered with the Board shall notify the Board in writing within thirty (30) days of a name change. The notice shall provide both the old and new name, a notarized photocopy of the official document involved, and must reference the individual's profession and license number.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-1-108, 63-13-104, 63-13-108, 63-13-304, and 63-13-308.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Repeal and new rule filed March 16, 2000; effective May 30, 2000.*

1150-01-.18 MANDATORY RELEASE OF CLIENT RECORDS.

(1) Upon request from a client or the client's authorized representative, an individual licensed with this Board shall provide a complete copy of the client's records or summary of such records which were maintained by the provider.

(2) It shall be the provider's option as to whether copies of the records or a summary will be given to the client.

(3) Requests for records shall be honored by the provider in a timely manner.

(4) The individual requesting the records shall be responsible for payment of reasonable costs to the provider for copying and mailing of the records.

(Rule 1150-01-.18, continued)

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-1-101, 63-1-102, 63-2-101, 63-2-102, 63-13-104, 63-13-108, 63-13-304, and 63-13-317.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Amendment filed September 24, 1998; effective December 8, 1998. Repeal and new rule filed March 16, 2000; effective May 30, 2000.*

1150-01-.19 BOARD MEETINGS, OFFICERS, CONSULTANTS, RECORDS, AND DECLARATORY ORDERS.

(1) Purpose of Board - The Board is charged by law with the responsibility of regulating the practice of physical therapy.

(2) Board Meetings.

(a) The time, place, and frequency of Board meetings shall be at the discretion of the Board except at least one (1) meeting shall be held annually.

(b) Special meetings are called at the discretion of the Chair or at the request of two (2) members of the Board, provided all members are adequately notified.

(c) Three (3) members of the Board shall at all times constitute a quorum.

(d) Non-board members present at meetings may address the Board only on recognition by the chairperson.

(e) All meetings of the Board shall be open to the public.

(3) The Board shall elect annually from its members the following officers:

(a) Chair - who shall preside at all Board meetings.

(b) Secretary - who shall preside in the absence of the chair and who along with the Board's Unit Director, shall be responsible for correspondence from the Board.

(4) Responsibilities of the Board include, but are not limited to:

(a) Adopting and revising rules and regulations as may be necessary to carry out its powers and duties;

(b) Adopting and/or administering examinations;

(c) Denying, withholding, or approving the license of an applicant and renewing licenses pursuant to Rule 1150-01-.09;

(d) Appointing designees to assist in the performance of its duties; and

(e) Conducting hearings.

(5) Board Conflict of Interest - Any Board member having an immediate personal, private, or financial interest in any matter pending before the Board shall disclose the fact in writing and shall not vote upon such matter.

(6) The Board has the authority to select a Board consultant who shall serve as a consultant to the Division and who is vested with the authority to do the following acts:

(a) Recommend whether and what type disciplinary actions should be instituted as the result of complaints received or investigations conducted by the Division.

(Rule 1150-01-.19, continued)

(b) Recommend whether and under what terms a complaint case or disciplinary action might be settled. Any matter proposed for settlement must be subsequently ratified by the full Board before it will become effective.

(c) Undertake any other matters authorized by a majority vote of the Board.

(7) Records and Complaints

(a) All requests, applications, notices, other communications and correspondence shall be directed to the Board's administrative office. Any requests or inquiries requiring a Board decision or official Board action, except documents relating to disciplinary actions or hearing requests, must be received fourteen (14) days prior to a scheduled Board meeting and will be retained in the administrative office and presented to the Board at the meeting. Such documentation not timely received shall be set over to the next Board meeting.

(b) All records of the Board, except those made confidential by law, are open for inspection and examination under the supervision of an employee of the Division at the Board's administrative office.

(c) Copies of public records shall be provided to any person upon payment of the cost of copying.

(d) Complaints made against a licensed practitioner become public information upon the filing of a notice of charges.

(8) Declaratory Orders - The Board adopts, as if fully set out herein, rule 1200-10-01-.11, of the Division of Health Related Boards and as it may from time to time be amended, as its rule governing the declaratory order process. All declaratory order petitions involving statutes, rules or orders within the jurisdiction of the Board shall be addressed by the Board pursuant to that rule and not by the Division. Declaratory Order Petition forms can be obtained from the Board's administrative office.

Authority: *T.C.A. §§ 4-5-105, 4-5-202, 4-5-204, 4-5-223, 4-5-224, 63-1-117, 63-13-102 through 63-13-105, 63-13-108, and 63-13-304.* ***Administrative History:*** *Original rule filed February 21, 1996; effective May 6, 1996. Amendment filed June 10, 1999; effective August 24, 1999. Repeal and new rule filed March 16, 2000; effective May 30, 2000.*

1150-01-.20 CONSUMER RIGHT-TO-KNOW REQUIREMENTS.

(1) Malpractice reporting requirements. The threshold amount below which medical malpractice judgments, awards or settlements in which payments are awarded to complaining parties need not be reported pursuant to the "Health Care Consumer Right-To-Know Act of 1998" shall be ten thousand dollars ($10,000).

(2) Criminal conviction reporting requirements. For purposes of the "Health Care Consumer Right-To-Know Act of 1998", the following criminal convictions must be reported:

(a) Conviction of any felony.

(b) Conviction or adjudication of guilt of any misdemeanor, regardless of its classification, in which any element of the misdemeanor involves any one or more of the following:

1. Sex.

(Rule 1150-01-.20, continued)

2. Alcohol or drugs.

3. Physical injury or threat of injury to any person.

4. Abuse or neglect of any minor, spouse or the elderly.

5. Fraud or theft.

(c) If any misdemeanor conviction reported under this rule is ordered expunged, a copy of the order of expungement signed by the judge must be submitted to the Department before the conviction will be expunged from any profile.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-104, 63-51-101, et seq., and Public Chapter 373 of the Public Acts of 1999.* ***Administrative History:*** *Original rule filed February 10, 2000; effective April 25, 2000.*

1150-01-.21 PROFESSIONAL PEER ASSISTANCE. As an alternative to disciplinary action, or as part of a disciplinary action, the Board shall utilize the services of a professional assistance program, as approved by the Board, for situations regarding licensee substance abuse, chemical abuse, or lapses in professional and/or ethical judgments. Information regarding persons entering the program upon referral by this Board shall be confidential.

Authority: *T.C.A. §§ 4-5-202, 4-5-204, 63-13-108, 63-13-304, and 63-13-312.* ***Administrative History:*** *Original rule filed March 16, 2000; effective May 30, 2000.*