



Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

Internet: www.ptbc.ca.gov



Physical Therapy Board of California Notice of Public Meeting

May 8, 2013 8:30 a.m.

May 9, 2013 8:30 a.m.

Department of Consumer Affairs,
Headquarters 2 (HQ2)
1747 North Market Blvd., Hearing Room
Sacramento, CA 95834

Board Members

Debra Alviso, PT, DPT, President

Martha Jewell, Ph.D., PT,

Vice-President

Donald Chu, Ph.D., PT, ATC, CSCS

Sara Takii, PT, DPT, MPA

James Turner, MPA

Carol Wallisch, MA, MPH

Board Staff

Jason Kaiser, Interim Executive

Officer

Liz Constancio, Manager

Elsa Ybarra, Manager

Sarah Conley, Executive Associate

Analyst

Action may be taken on any agenda item. Agenda items may be taken out of order. Please refer to the informational notes at the end of the agenda.

Unless otherwise indicated, all agenda items will be held in OPEN SESSION. THE PUBLIC IS ENCOURAGED TO ATTEND.

Due to limited resources, this meeting will not be webcast.

Agenda

1. **Call to Order and Roll Call**
2. **Approval of February 13 & 14, 2013 Meeting Minutes – Sarah Conley**
3. **President’s Report – Dr. Debra Alviso**
 - (A) Adopted 2013 Meeting Calendar
 - (B) Proposed 2014 Meeting Calendar
4. **Executive Officer’s Report – Jason Kaiser**
5. **Administrative Services Report – Liz Constancio**
 - (A) Budget
 - (B) Outreach
6. **Application & Licensing Services Report – Liz Constancio**
7. **Consumer Protection Services Report – Elsa Ybarra**
8. **Continuing Competency Report – Karin Thompsen**

9. **Consumer and Professional Associations and Intergovernmental Relations Reports**
 - (A) Department of Consumer Affairs (DCA) – *Reichel Everhart*
 - (B) California Physical Therapy Association (CPTA)
 - (C) Federation of State Boards of Physical Therapy (FSBPT)
 - i. Motions for Submission to the Resolutions Committee for the 2013 Delegate Assembly

10. **Legislation Report – Sarah Conley**
 - (A) AB 186 (Maienschein) Professions and Vocations: Military Spouses: Temporary Licenses
 - (B) AB 213 (Logue) Healing Arts: Licensure and Certification Requirements: Military Experience
 - (C) AB 258 (Chávez) State Agencies: Veterans
 - (D) AB 809 (Logue) Healing Arts: Telehealth
 - (E) AB 864 (Skinner) Athletic Trainers
 - (F) AB 1000 (Wieckowski) Physical Therapists: Direct Access to Services
 - (G) AB 1003 (Maienschein) Professional Corporations: Healing Arts Practitioners
 - (H) AB 1057 (Medina) Professions and Vocations: Licenses: Military Service
 - (I) SB 198 (Price) Physical Therapy Board of California
 - (J) SB 381 (Yee) Healing Arts: Chiropractic Practice
 - (K) SB 306 (Price) Healing Arts: Boards
 - (L) SB 713 (Correa) Liability: Good Faith Reliance on Administrative Ruling
 - (M) Chapter 742, Statutes of 2012 (Assembly Member Atkins) Professions and Vocations: Reservist Licensees: Fees and Continuing Education

11. **Proposed Legislation Regarding Revisions to the Physical Therapy Practice Act – Sarah Conley**

12. **Special Order of Business – May 8, 2013 11:00 a.m.**
FSBPT Continuing Competency Presentation – Heidi Herbst Paakkonen, MPA

13. **Sunset Review – Jason Kaiser**
 - (A) Hearing Summary
 - (B) Follow-up with Committees
 - i. Fictitious Name Permit Language
 - (C) Sunset Extension Legislation

14. **2013 Rulemaking Calendar – Sarah Conley**
 - (A) Review and/or Update of Application and Licensing Regulations
 - (B) Continuing Competency
 - (C) Delegation Authority for Citation Informal Conferences (Cite and Fine)
 - (D) Guidelines for Issuing Citations and Imposing Discipline, and Uniform Standards Regarding Substance-Abusing Healing Arts Licensees
 - (E) Evaluation Elements
 - (F) Physical Therapy Business Requirements
 - (G) Telehealth

15. Closed Session

- (A) Pursuant to Government Code Section 11126(c)(3)
Deliberation on Disciplinary Actions
- (B) Pursuant to Government Code Section 11126(a)(1)
Appointment, Employment, Evaluation of Executive Officer
- (C) Pursuant to Government Code Section 11126(e)
US Equal Employment Opportunity Commission (EEOC) Charge
Number 555-2012-00027

**16. Special Order of Business – May 9, 2013 8:30 a.m.
Hearing on Petition for Reinstatement of License – William Skelly**

After submission of the matter, the Board will convene in CLOSED SESSION to deliberate pursuant to Government Code section 11126(c)(3).

17. Review of Draft 2013 Strategic Plan – Sarah Conley

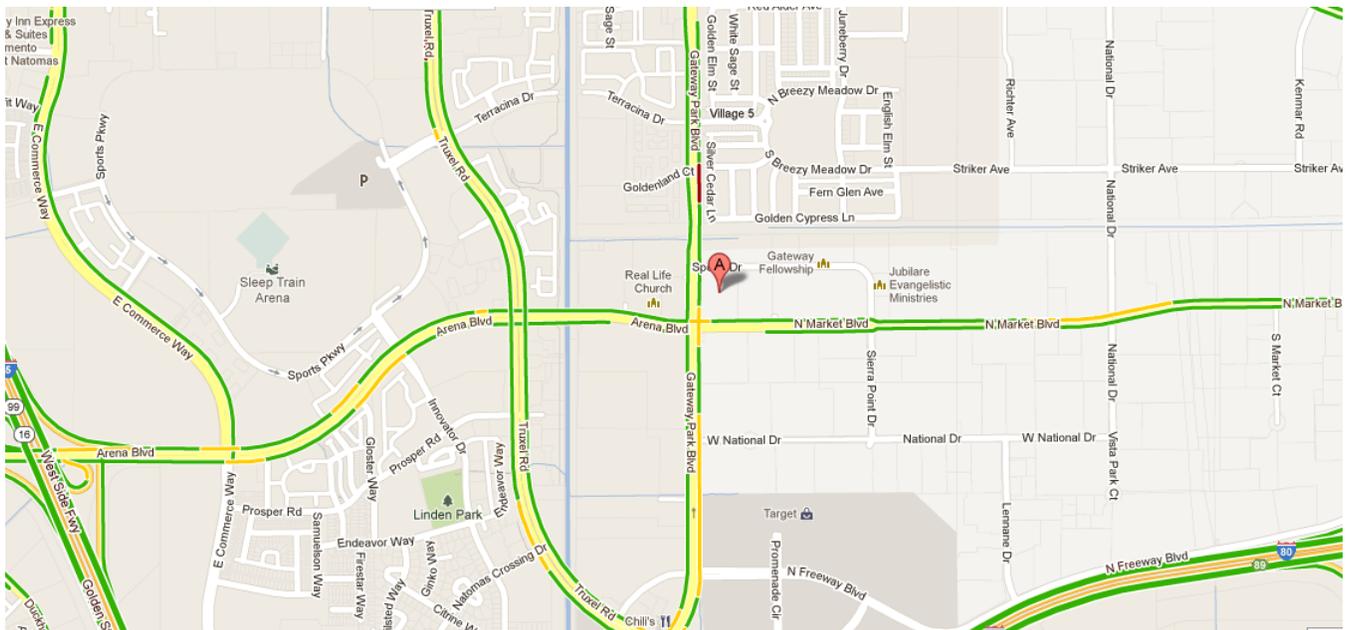
18. Public Comment on Items Not on the Agenda

The board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. [Government Code sections 11125 and 11125.7(a)].

**19. Agenda Items for Next Meeting – August 7 & 8, 2013
Sacramento, CA**

20. Adjournment

1747 North Market Blvd., Sacramento, CA 95834



Times stated are approximate and subject to change. Agenda order is tentative and may be changed by the Board without prior notice. This meeting will conform to the Bagley-Keene Open Meeting Act. Agenda discussions and report items are subject to action being taken on them during the meeting by the Board at its discretion. The Board provides the public the opportunity at the meetings to address each agenda item during the Board's discussion or consideration of the item. Total time allocated for public comment on particular issues may be limited.

The meeting is accessible to the physically disabled. A person who needs disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Sarah Conley at (916) 561-8210, e-mail Sarah.Conley@dca.ca.gov, or send a written request to the Physical Therapy Board of California, 2005 Evergreen Street, Suite 1350, Sacramento, CA 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodations. TDD Line: (916) 322-1700.

Roll Call

Department of Consumer Affairs, Sacramento, CA

May 8, 2013

	Present	Absent
Debra J. Alviso, PT, DPT, President		
Martha Jewell, Ph.D., PT, Vice-President		
Donald A. Chu, Ph.D., PT, ATC, CSCS		
Sara Takii, PT, DPT, MPA		
James E. Turner, MPA		
Carol A. Wallisch, MA, MPH		

May 9, 2013

	Present	Absent
Debra J. Alviso, PT, DPT, President		
Martha Jewell, Ph.D., PT, Vice-President		
Donald A. Chu, Ph.D., PT, ATC, CSCS		
Sara Takii, PT, DPT, MPA		
James E. Turner, MPA		
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1
2

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Donald Chu, Ph.D., PT, ATC, CSCS

Sara Takii, PT, DPT, MPA

James Turner, MPA

Carol Wallisch, MA, MPH

Physical Therapy Board of California **DRAFT Meeting Minutes**

February 13, 2013 8:30 a.m.

February 14, 2013 8:30 a.m.

Department of Consumer Affairs
2005 Evergreen St., Hearing Room
Sacramento, CA 95815

Board Staff

Jason Kaiser, Interim Executive

Officer

Liz Constancio, Manager

Sarah Conley, Executive Associate

Analyst

3 For the sake of clarity, the meeting minutes are organized in numerical order to reflect their
4 original order on the agenda; however, issues were taken out of order during the meeting.

5

6 **1. Call to Order and Roll Call**

7

8 The Physical Therapy Board of California (Board) meeting was called to order by Dr. Alviso at
9 8:33 a.m. All members were present and a quorum was established. Also present at the
10 meeting were Jason Kaiser, Interim Executive Officer; Liz Constancio, Manager; Elsa Ybarra,
11 Consumer Protection Services' Lead; and Sarah Conley, Administrative Services' Executive
12 Associate Analyst.

13

14 **2. Approval of Meeting Minutes – Sarah Conley**

15

16 **(A) November 6, 7 & 8, 2012**

17

18 **MOTION:** To adopt the draft November 6, 7 and 8, 2012 meeting minutes as
19 presented.

20

21 **MOVED:** Mr. Turner

22

23 **SECOND:** Dr. Chu

24

25 **VOTE:** 6-0 Motion carried

26

27 **(B) December 12, 2012**

28

29 **MOTION:** To adopt the draft December 12, 2012 meeting minutes as presented.

30

31 **MOVED:** Ms. Wallisch

32

33 **SECOND:** Mr. Turner

34

1 **VOTE: 6-0 Motion carried**

2
3 **3. President's Report – Dr. Debra Alviso**

4
5 **(A) Adopted 2013 Meeting Calendar**

6
7 Ms. Conley identified the following corrections to the 2013 calendar: The FSBPT Annual
8 meeting is scheduled for October 10-12, 2013; the CPTA Annual meeting is scheduled for
9 September 20-21, 2013; and, the Board's sunset hearing is scheduled for March 18, 2013.

10
11 **(B) Proposed 2014 Meeting Calendar**

12
13 Ms. Conley noted the Board's sunset hearing should be on the 2013 calendar, not the 2014
14 calendar.

15
16 **4. Executive Officer's Report – Jason Kaiser**

17
18 Mr. Kaiser expounded upon specific items from his report. The initial report on the deficiency
19 request to supplement the Attorney General (AG) budget line item identified that the Board
20 would receive \$150,000 whereas the actual amount received was \$170,000. This amount
21 allows for addition expenses, but is still less than that amount supported by the AG. The
22 Board's sunset hearing date is scheduled for March 18, 2013, and the Board's Outreach
23 program has scheduled two speaking engagements at California State University, Sacramento
24 and Sacramento City College.

25
26 **5. Administrative Services Report – Liz Constancio**

27
28 **(A) Budget**

29
30 Ms. Constancio presented the Board's budget expenditure report and provided background on
31 the various line item adjustments. Ms. Constancio reported that staff has been working with
32 the Department of Consumer Affairs (DCA) in preparation for the release of the Governor's
33 budget, also referred to as "galley," on January 10th. The DCA, and all boards under its
34 oversight, must justify the budget for the upcoming fiscal year.

35
36 **(B) Outreach**

37
38 Ms. Constancio noted that although the statistics show a one hundred percent increase in hits
39 to the Laws and Regulations, and Forms and Publications pages, this is a skewed number.
40 The pages are new links; therefore, previous hits for the same information on the old links are
41 not included in the data capture.

42
43 **6. Application & Licensing Services Report – Liz Constancio**

44
45 Ms. Constancio presented licensing and application statistics, and informed the Board that the
46 revised California Law Exam (CLE) will be implemented March 5, 2013. Dr. Jewell referred to
47 the low pass rate for physical therapist assistant applicants educated in California, and
48 questioned whether the Board will be able to address this through outreach in the future. Mr.
49 Kaiser responded that with fixed-date testing it is easier to pinpoint the success of each school,
50 and as such, the Board may be able to focus outreach resources to those schools whose
51 applicants are not as successful in passing the exam.

1
2 Mr. Turner questioned why the acronym “AT” is used for physical therapist assistants rather
3 than “PTA.” Mr. Kaiser explained that the system used to license would not allow for an
4 acronym of more than two letters; therefore, “AT” was used to reflect “assistant therapist.” The
5 Board can update “AT” to “PTA” in BreEZe.
6

7 **7. Consumer Protection Services Report – *Elsa Ybarra***

8

9 Ms. Ybarra presented enforcement statistics and performance measure data for the first
10 quarter of the year. Dr. Alviso questioned why the data pertaining to “all investigations ageing”
11 jumps from zero to eighty-three since this data reflects *ageing* cases. Ms. Ybarra explained
12 the data is captured the month when the ageing case is closed; this data does not reflect each
13 month the case ages.
14

15 Dr. Jewell commended CPS staff for accomplishing so much with so few resources.
16

17 Mr. Kaiser informed the Board that due to the failure of SB 924 and the sunset Business and
18 Professions Code section 2674, a high volume of complaints against licensees working for
19 medical corporations were filed with the Board; these complaints are not captured in the data
20 presented.
21

22 Paul Gaspar, PT, DPT, addressed the Board stating why he felt the Board should pursue
23 investigating licensees working for medical corporations. Dr. Gaspar, Physical Therapist,
24 expressed concern that although the Board has limited resources, the risk for consumer harm
25 from this type of physical therapy business arrangement is, he feels, is high and warrants a
26 higher priority than “routine.” Dr. Gaspar, Physical Therapist referenced the Board’s Guidelines
27 for Issuing Citations and Imposing Discipline, stating a violation of the Moscone-Knox
28 Professional Corporation Act is identified as a criminal act. Additionally, he stated, as the
29 Board already has the authority for cost recovery, the licensees disciplined for working in a
30 setting that violates the Moscone-Knox Professional Corporation Act should be required to pay
31 the full investigation cost to support the Board’s consumer protection efforts.
32

33 Dr. Gaspar, Physical Therapist, went on to state that the Board was previously under pressure
34 from the DCA and the Legislature while going through and audit and its sunset review process,
35 which delayed action on complaints regarding licensees working for medical corporations.
36 However, now with a positive audit behind the Board, and failure of the Legislature to act on
37 this issue, further delays in enforcing the law is, to him, unacceptable.
38

39 James Dagostino, PT, DPT, stated, the Legislature failed to act to address the issue; therefore,
40 the Board now needs to take action to address the issue.
41

42 Stacy DeFoe, Executive Director of the California Physical Therapy Association, reiterated the
43 point that the current law prohibits this type of employment arrangement; therefore, the CPTA
44 urges the Board to pursue these cases.
45

46 **8. Continuing Competency Report – *Jason Kaiser***

47

48 Mr. Kaiser informed the Board Karin Thompsen has accepted the Lead position of the
49 Continuing Competency (CC) program; however, she was unable to attend the meeting. Mr.
50 Kaiser reported the CC program is approximately one year behind in auditing licensees, which
51 is attributed to the processing of licenses from active to inactive status, and initiating approval

1 agency audits. CC staff is finding the backlog to be problematic in that the licensees, although
2 regulation requires that all documentation be maintained for no less than five years, are having
3 difficulty in providing proof of completed continuing competency courses since they are not
4 audited for a year after completion of the courses. Mr. Kaiser reported the pass rate of the
5 licensees audited supports the Board lowering the percentage of licensees audited from ten
6 percent to five percent, so that may be a consideration for the Board for the next audit quarter.
7

8 **9. Consumer and Professional Associations and Intergovernmental Relations Reports**

9 **(A) Department of Consumer Affairs (DCA) – Reichel Everhart**

10
11 Ms. Everhart reported that the next quarterly Executive Officers' meeting is scheduled for
12 Monday, March 4th; the minutes will be distributed to the Executive Officers and Board
13 Presidents. The DCA will be releasing an electronic newsletter to provide an avenue to share
14 important or news-worthy information with Board Executive Officers and Board
15 Presidents/Chairs that occurs between the scheduled quarterly meetings; the newsletter
16 should go out in the next few weeks. The DCA has also been working on the Governor's
17 reorganization plan which will move the Board of Chiropractic Examiners, the Structural Pest
18 Board, the Department of Real Estate, and the Office of Real Estate Examiners under the
19 oversight of the DCA as of July 1st.

20
21 **(B) California Physical Therapy Association (CPTA)**

22
23 Representatives from the CPTA indicated they had nothing to bring before the Board under
24 this agenda item.

25
26 **(C) Federation of State Boards of Physical Therapy (FSBPT)**

- 27 i. Motions for Submission to the Resolutions Committee for the 2013
28 Delegate Assembly

29
30 The Board had no recommendations for motions at this time.

31
32 **10. Legislation Report – Sarah Conley**

33 **(A) Chaptered 2012 Bills**

- 34 i. AB 1588 (Atkins, Chapter 742)
35 Professions and Vocations: Reservist Licensees: Fees and Continuing
36 Competency
37 ii. AB 1904 (Block, Chapter 399)
38 Professions and Vocations: Military Spouses: Expedited Licensure
39 iii. AB 2343 (Torres, Chapter 256)
40 Criminal History Information
41 iv. AB 2570 (Hill, Chapter 561)
42 Licensees: Settlement Agreements
43 v. SB 1099 (Wright, Chapter 295)
44 Regulations

45
46 Ms. Conley presented chaptered 2012 bills that will have an impact to the Board, and
47 explained the impact of each bill.

48
49 **(B) 2013 Bills Which Could Impact Physical Therapy Practice or Regulation**

50
51 Ms. Conley informed the Board it is still early in the session and the deadline to introduce bills

1 is not until February 22nd. However, SB 198 was introduced on February 7th by Senator Price,
2 which may be one of the vehicles the Board uses to move forward with the proposed revisions
3 to the Practice Act. Dr. Jewell expressed concern that the spot bill extends the Board's sunset
4 date and may also be used to move forward with proposed revisions to the Practice Act that
5 may be considered controversial, which may result in the failure of the bill and the extension of
6 the Board. Mr. Kaiser explained staff will work with the Legislature to eliminate any proposed
7 changes that may be cause for the bill to fail.

8
9 **(C) Sunset of Business and Professions Code Section 2674**

10
11 Ms. Conley informed the Board that Business and Professions (B&P) Code section 2674,
12 which specifically prohibited the Board from taking action against licensees who worked for a
13 medical, podiatric medical, or chiropractic corporation, sunset December 31, 2012. As
14 discussed under agenda item #7, the sunset of this section in conjunction with the failure of SB
15 924 resulted in a high volume of complaints against licensees working for medical corporations
16 being filed with the Board.

17
18 **11. Proposed Revisions to the Physical Therapy Practice Act – Sarah Conley**

19
20 Ms. Conley informed the Board that staff has been fielding questions posed by staff from the
21 Committee; however, there is no update.

22
23 **12. Medication Regimen Reviews as Part of the Home Health Requirement for Medicare**
24 *– Dr. Donald Chu*

25
26 Dr. Alviso presented a briefing paper which provided background on two medication regimen
27 review inquiries and the Board's response to those inquiries to date; Dr. Alviso verbally
28 summarized this information and noted the current status is that the Board received a letter
29 from the CPTA Quality Practice Committee in July 2012.

30
31 Dr. Chu delivered a presentation explaining the role of medication regime reviews in physical
32 therapy in various settings, the current education level of physical therapists, and the potential
33 impact to the profession of the Board's current position on the issue. Additionally, Dr. Chu
34 invited Rodney Silveria, PT, from Professional Home Care and Associates to address the
35 process of completing the OASIS form to comply with Medicare requirements for delivering in-
36 home care.

37
38 After Dr. Chu's presentation, Dr. Alviso requested Ms. Freedman provide a brief explanation as
39 to why the Board should not involve itself with issues relating to the practice. Ms. Freedman
40 explained the concerns surrounding the Board involving itself with these types of issues are
41 that there is potential for the Board to create underground regulations, and potential to violate
42 the Bagley-Keene Open Meeting Act by each member being contacted by staff to provide input
43 on the issues. Moreover, should the issue result in enforcement action, any member involved
44 with the issue would have to recuse themselves from voting on discipline, thus removing the
45 enforcement ability. Ms. Freedman went on to explain that an exemption to regulations would
46 be obtaining a legal opinion.

47
48 Dr. Alviso followed up Ms. Freedman's explanation of practice issue concerns with a briefing
49 paper, also related to medication regimen reviews, which provided the history of the initial
50 question posed to the Board, and the response, which was determined by the Practice Issues
51 Committee of the Board at that time.

1
2 **MOTION:** To form a task force to review the issue of medication review
3 requirements, clarify language, answer questions, and develop
4 a new approach to medication regimen reviews, and take the
5 Board out of conflict with APTA, FSBPT, and Medicare.
6

7 **MOVED:** Dr. Chu
8

9 **SECOND:** Dr. Takii
10

11 **VOTE:** 2-4 Motion failed
12

13 After extensive discussion regarding the physical therapist's role in completing medication
14 regimen reviews, Ms. Freedman noted, it is her legal opinion that it is within a physical
15 therapist's scope of practice to review and record a patient's medication in any setting. Ms.
16 Freedman when on to explain the issue arises when the "medication review" includes an
17 analysis and decision regarding the medication as part of the compliance with CFR 484.55.
18

19 Ms. DeFoe requested that the Board clarify what a physical therapist can do independently,
20 and requires collaboration with other clinicians.
21

22 Ms. Freedman volunteered to memorialize the legal opinion she provided today and provide an
23 expanded response on the issue.
24

25 **MOTION:** Delegate to the President to appoint a member to work with
26 legal counsel to draft response
27

28 **MOVE:** Dr. Jewell
29

30 **SECOND:** Ms. Wallisch
31

32 **VOTE:** 5-0, 1 abstention
33 Motion carried
34

35 **13. Special Order of Business – February 14, 2013 8:30 a.m.**
36 **Hearing on Petitions for Modification of Probation**

37 (A) Abraham Ortiz III, PT

38 (B) Ryan Monagle, PT
39

40 After submission of the matter(s), the Board convened in CLOSED SESSION to deliberate per
41 Government Code section 11126(c)(3).
42

43 Once issued, disciplinary decisions may be found on the Board's Web site at www.ptbc.ca.gov.
44

45 **14. Closed Session**

46
47 (A) Pursuant to Government Code Section 11126(c)(3)
48 Deliberation on Disciplinary Actions
49

50 Once issued, disciplinary decisions may be found on the Board's Web site at www.ptbc.ca.gov.
51

1 **15. Sunset Review – Jason Kaiser**
2

3 Mr. Kaiser explained the Board’s sunset review will be held Monday, March 18th before both
4 the Senate Committee on Business, Professions and Economic Development (BP&ED), and
5 the Assembly Committee on Business, Professions and Consumer Protection (BP&CP). The
6 Board was recently notified the Assembly BP&CP Committee will be participating in the sunset
7 review process. In an introductory meeting with the DCA and Assembly BP&CP consultants
8 and staff, Chief Counsel, Hank Dempsey, explained the Committee Chair values the sunset
9 review process and has made it a priority to being working with the Senate BP&ED Committee
10 to acclimate the Assembly with sunset review. Though the Assembly Committee with be
11 involved, it will be a learning process, so the Senate will be taking the lead.
12

13 The Board’s review has been assigned to Bill Gage, Chief Consultant, who indicated a
14 background paper will be provided to the Board approximately two weeks prior to the hearing
15 date. The background paper will include recommendations and/or questions from the
16 Committee for the Board’s response.
17

18 **16. Rulemaking Calendar – Sarah Conley**
19

20 **(A) 2012 Rulemaking**

- 21 **i. Model Guidelines for Issuing Citations and Imposing Discipline**
- 22 **ii. Sponsored Free Health Care Events**
- 23 **iii. Mandatory Fingerprinting**
- 24 **iv. Notice to Consumers**
- 25 **v. Required E-mail Filing**
26

27 Ms. Conley provided the status of each 2012 Rulemaking Calendar item and noted Mr. Kaiser
28 will present further on Mandatory Fingerprinting.
29

30 Mr. Kaiser informed the Board that the effective date in the proposed language for Mandatory
31 Fingerprinting to require licensees to, as a condition of renewal, furnish fingerprints to the
32 Department of Justice is currently January 1, 2013 as it was anticipated the regulation would
33 be effective prior to this date; however, it is still in progress. Mr. Kaiser explained the Board
34 could choose a new effective date, or opt to not include a date; he recommended changing the
35 date to June 30, 2014 to account for the BreEZe transition. This requirement will involve
36 updated the renewal form; however, it is difficult to make changes as the DCA is preparing for
37 the BreEZe transition. The deadline to move forward with this rulemaking file is in March, so it
38 is quickly approaching.
39

40 Mr. Kaiser also noted there are going to be some non-substantive changes to the text as well.
41

42 **MOTION: To modify the language of the proposed draft of 1399.80, subdivision**
43 **(a) to change the date to June 30, 2014, and direct staff to issue a 15-**
44 **day notice of modified text and, if no negative comments are**
45 **received, authorize the Executive Officer to adopt the regulation and**
46 **make any changes that may be required by the Department of**
47 **Consumer Affairs or Office of Administrative Law.**
48

49 **MOVED: Dr. Chu**

50 **SECOND: Dr. Takii**
51

1
2 **VOTE: 6-0 Motion carried.**

3
4 **(B) 2013 Rulemaking**

- 5 i. **Review and/or Update of All Application and Licensing Regulations**
6 ii. **Continuing Competency**
7 iii. **Delegation Authority for Citation Informal Conferences (Cite and Fine)**
8 iv. **Uniform Standards**
9 v. **Evaluation Elements**
10 vi. **Physical Therapy Business Requirements**
11 vii. **Telehealth**

12
13 Ms. Conley presented the 2013 Rulemaking Calendar that was submitted to the Office of
14 Administrative Law (OAL) and explained each proposal; Ms. Conley noted Ms. Ybarra and Ms.
15 Freedman will present further on the Guidelines for Issuing Citations and Imposing
16 Discipline(Guidelines), and Uniform Standards Regarding Substance-Abusing Healing Arts
17 Licensees (Uniform Standards).

18
19 Mr. Freedman provided background on the adoption of the Uniform Standards explaining she
20 understood the Board had previously adopted the Uniform Standards as they were
21 incorporated in the Disciplinary Guidelines. Unfortunately, since they needed more discussion,
22 the and the deadline to file the Guidelines was quickly approaching, the Board opted to remove
23 the Uniform Standards from the Guidelines and incorporate the Uniform Standards by
24 reference in a separate rulemaking file. The Guidelines have been through the review
25 process, been filed with the Secretary of State, and will take effect April 1, 2013.

26
27 At the November 2012 meeting, the Board adopted sample regulatory language that would
28 impose the Uniform Standards contingent upon a post-hearing clinical evaluation. Staff
29 presented the sample language as made specific to the Board and recommended the Board
30 approve the presented language, as amended, be adopted. In addition, staff requested the
31 Board authorize staff to modify the Guidelines consistent with the regulatory language. Ms.
32 Freedman explained that the Board may choose to proceed with the all the action requested,
33 or choose some or none of the actions requested. However, since it is anticipated a hearing
34 will be held for this regulatory package at the next meeting, the Board will have the opportunity
35 to review the Guidelines, as modified, which include the Uniform Standards components.

36
37 Ms. Freedman identified that the most current version of the proposed language, dated
38 2/14/13, includes the text "which are hereby incorporated by reference" under CCR section
39 1399.15, subdivision (c)(2), specifically incorporating the Uniform Standards Regarding
40 Substance-Abusing Healing Arts Licensees (4/2011) by reference in the Board's regulations.

41
42 **MOTION: To adopt presented language as amended 2/14/13, and authorize**
43 **staff to modify Guidelines consistent with regulatory language and**
44 **begin rulemaking process.**

45
46 **MOVED: Dr. Takii**

47
48 **SECOND: Mr. Turner**

49
50 **VOTE: 6-0 Motion carried**

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17. Review of Draft 2013 Strategic Plan – Sarah Conley

The Board reviewed the draft 2013 Strategic Plan and directed staff to make the changes pursuant to the meeting discussions, and bring the draft back for review at the **May 2013** meeting.

18. Public Comment on Items Not on the Agenda

There was no additional public comment.

**19. Agenda Items for Next Meeting – May 8 & 9, 2013
Sacramento, CA**

Dr. Takii requested Wellness be discussed at the next meeting and agreed to draft an issue paper on the topic.

20. Adjournment

The meeting adjourned at 0000 on Thursday, February 14, 2013.

**Physical Therapy Board
Adopted 2013 Meeting Calendar**

JANUARY							FEBRUARY							MARCH							APRIL											
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
																					1	2										
		1	2	3	4	5						1	2	3	4	5	6	7	8	9			1	2	3	4	5	6				
6	7	8	9	10	11	12	3	4	5	6	7	8	9	10	11	12	13	14	15	16	7	8	9	10	11	12	13					
13	14	15	16	17	18	19	10	11	12	13	14	15	16	17	18	19	20	21	22	23	14	15	16	17	18	19	20					
20	21	22	23	24	25	26	17	18	19	20	21	22	23	24	25	26	27	28	29	30	21	22	23	24	25	26	27					
27	28	29	30	31			24	25	26	27	28			31							28	29	30									

MAY							JUNE							JULY							AUGUST											
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
													1																			
			1	2	3	4	2	3	4	5	6	7	8		1	2	3	4	5	6					1	2	3					
5	6	7	8	9	10	11	9	10	11	12	13	14	15	7	8	9	10	11	12	13	4	5	6	7	8	9	10					
12	13	14	15	16	17	18	16	17	18	19	20	21	22	14	15	16	17	18	19	20	11	12	13	14	15	16	17					
19	20	21	22	23	24	25	23	24	25	26	27	28	29	21	22	23	24	25	26	27	18	19	20	21	22	23	24					
26	27	28	29	30	31		30							28	29	30	31				25	26	27	28	29	30	31					

SEPTEMBER							OCTOBER							NOVEMBER							DECEMBER											
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
1	2	3	4	5	6	7			1	2	3	4	5							1	2					1	2	3	4	5	6	7
8	9	10	11	12	13	14	6	7	8	9	10	11	12	3	4	5	6	7	8	9	8	9	10	11	12	13	14					
15	16	17	18	19	20	21	13	14	15	16	17	18	19	10	11	12	13	14	15	16	15	16	17	18	19	20	21					
22	23	24	25	26	27	28	20	21	22	23	24	25	26	17	18	19	20	21	22	23	22	23	24	25	26	27	28					
29	30						27	28	29	30	31			24	25	26	27	28	29	30	29	30	31									

January

1 New Year's Day
 21 Martin Luther King Jr.
 Day

May

8-9 PTBC Meeting – Sacramento
 12 Mother's Day
 27 Memorial Day

September

2 Labor Day
 20-21 CPTA Annual
 Conference

February

13-14 PTBC Meeting – Sacramento,
 CA
 18 President's Day

June

16 Father's Day

October

10-12 FSBPT Annual Meeting

March

18 Sunset Hearing
 31 Easter

July

4 Independence Day

November

6-7 PTBC Meeting – Samuel
 Merritt University
 11 Veteran's Day
 28 Thanksgiving Day

April

August

7-8 PTBC Meeting – Sacramento

December

25 Christmas

Physical Therapy Board of California Proposed 2014 Meeting Calendar

<u>January</u>						
Su	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

<u>February</u>						
Su	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

<u>March</u>						
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

<u>April</u>						
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

<u>May</u>						
Su	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

<u>June</u>						
Su	M	T	W	Th	F	S
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

<u>July</u>						
Su	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

<u>August</u>						
Su	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

<u>September</u>						
Su	M	T	W	Th	F	S
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

<u>October</u>						
Su	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

<u>November</u>						
Su	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

<u>December</u>						
Su	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January

1 New Year's Day
20 Martin Luther King Jr. Day

April

20 Easter

July

4 Independence Day

October

31 Halloween

February

17 President's Day
12-13 PTBC Meeting

May

7-8 PTBC Meeting
11 Mother's Day
26 Memorial Day

August

6-7 PTBC Meeting

November

5-6 PTBC Meeting
11 Veteran's Day
27 Thanksgiving

March

June

15 Father's Day

September

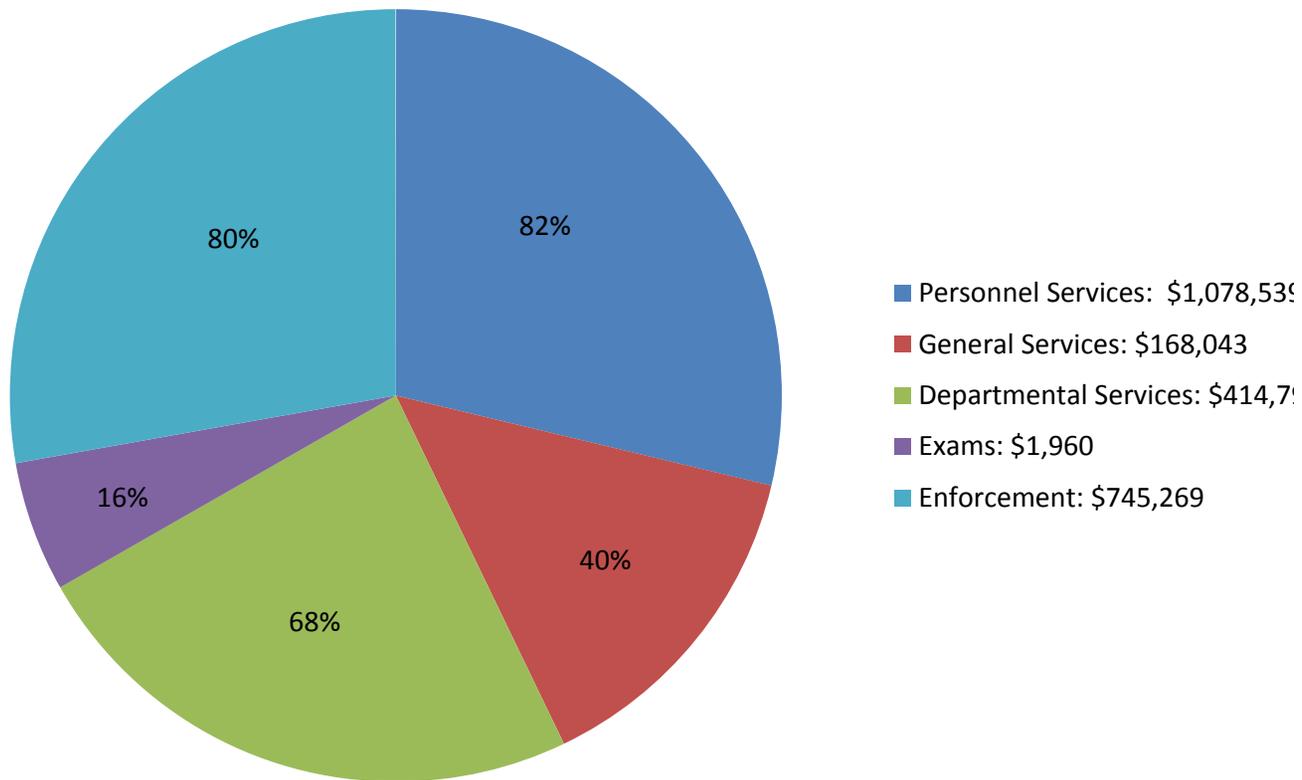
1 Labor Day

December

25 Christmas

Description	Budget	Expended	% Budget	Balance
Personnel Services				
Personnel Services Totals	1,312,556	1,078,539	82%	234,017
Civil Services Permanent	690,546	544,529	79%	146,017
Statutory Exempt	77,196	54,798	71%	22,398
Temp help	153,767	115,346	75%	38,421
Board Member	11,786	20,900	177%	-9,114
Overtime	0	3,014	-	-3,014
Staff Benefits	379,261	339,952	90%	39,309
*TOTALS, PERSONNEL SERVICES	1,312,556	1,078,539	82%	234,017
Operating Expense & Equipment				
General Services Totals	416,861	168,043	40%	248,818
Fingerprints	99,090	16,562	17%	82,528
General Expense	18,085	8,746	48%	9,339
Minor Equipment	10,150	2,324	23%	7826
Printing	16,892	6,871	41%	10,021
Communication	11,712	5,973	51%	5,739
Postage	28,926	21,574	75%	7,352
Travel in State	28,865	5,388	19%	23,477
Training	5,204	0	0%	5,204
Facilities Ops	118,121	84,211	71%	33,910
C&P Services Internal	2,000	40	2%	1,960
C&P Services External	77,816	16,354	21%	61,462
Departmental Services Totals	606,919	414,796	68%	192,123
OIS Pro Rata	248,855	186,461	75%	62,394
Indirect Dist. Cost	132,159	99,119	75%	33,040
Interagency Services	37,136	0	0%	37,136
DOI Pro Rata	5,371	4,028	75%	1,343
Public Affairs Pro Rata	7,530	5,648	75%	1,882
CCED Pro Rata	9,669	7,252	75%	2,417
Consolidated Data Center	2,882	835	29%	2,047
Data Processing	15,493	585	4%	14,908
Central Admin Services	147,824	110,868	75%	36,956
Exams Totals	12,616	1,960	16%	10,656
Admin and C/P Services	0	0	-	0
Exam Contracts	9,931	1,960	20%	7,971
Exam Subject Matter Experts	2,685	0	0%	2,685
Enforcement Totals	937,051	745,268	80%	191,783
Attorney General	285,668	269,218	94%	16450
Office of Admin Hearings	59,584	57,582	97%	2,002
Evidence/Witness	100,145	45,157	45%	54,988
Court Reporters	0	4,570	-	-4,570
DOI Investigation	491,654	368,741	75%	122,913
*TOTALS, OE & E	1,973,447	1,330,067	67%	643,380
Scheduled Reimbursements	(99,000)			
**TOTALS	3,187,003	2,408,606	76%	778,397

* The total reflects by line item. ** Total reflects overall expenditures of entire budget.



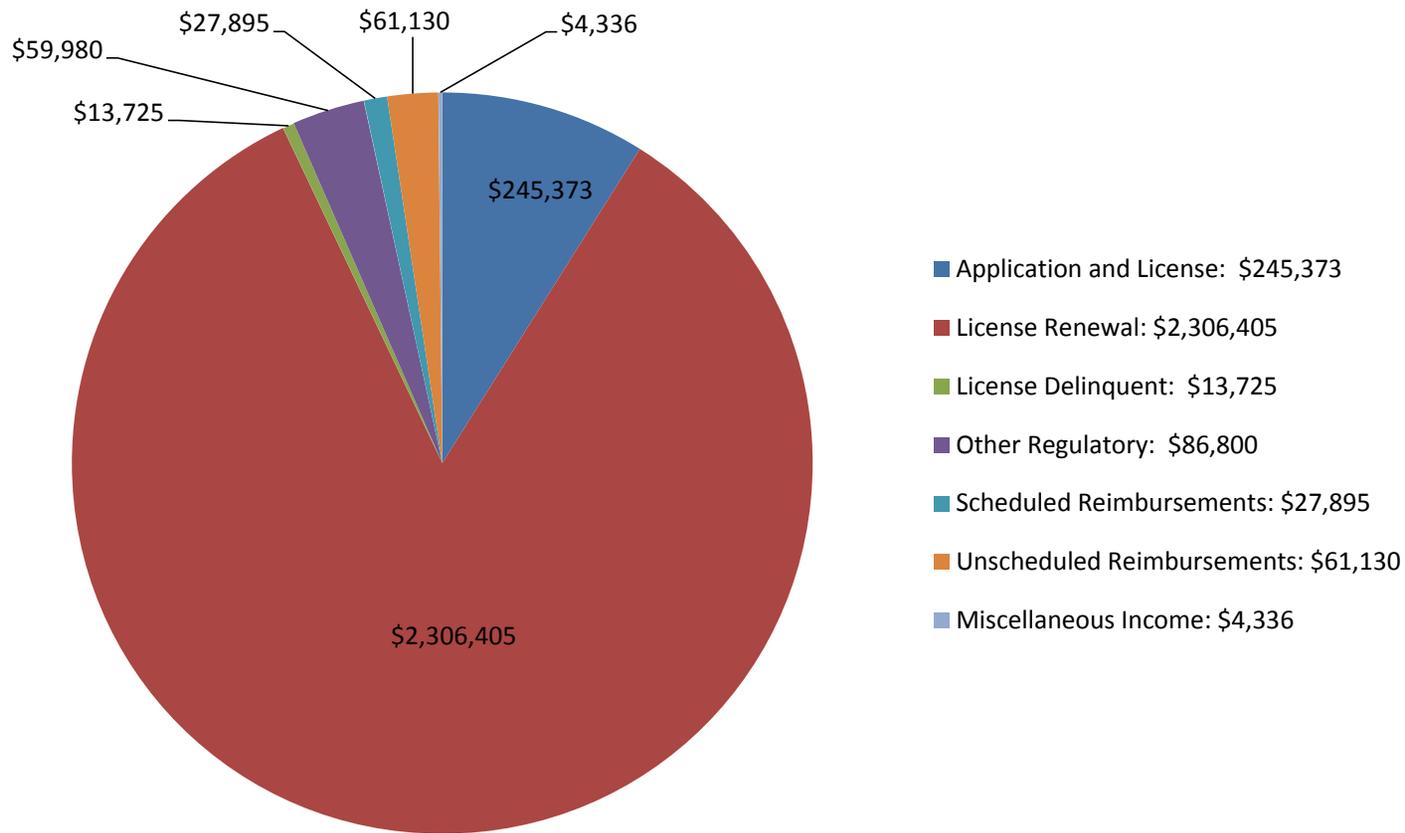
Personnel Services : Salary and Wages, Board Member Per Diem, Temp Help, Overtime, Benefits.

General Services : Fingerprint Reports, General Expense, Printing, Communication, Postage, Travel, Training, Facility, C&P Services, Equipment.

Departmental Services: Pro Rata ,Interagency Services, Consolidated Data, Data Processing, Central Admin.

Exams: Examination Contracts, Subject Matter Experts Contracts.

Enforcement: Attorney General, Office of Administrative Hearing, Evidence/Witness (Expert Consultants), Court Reporter, DOI.



Application, Examination and License: New Application, Examination, and Initial License Fees.

License Renewal: Licensee Renewal Fees.

License Delinquent: Licensee Delinquent Fees.

Other Regulatory: Administrative Citation Fines, Endorsement Fees, Duplicate License/Cert Fees.

Scheduled Reimbursements: Fingerprint reports processed through DOJ.

Unscheduled Reimbursements: Investigative Cost Recovery, Probation Monitoring Fees.

Miscellaneous Income: Investments, Unclaimed, Cancelled and Dishonored Warrants.

Application Statistics

APPLICATIONS RECEIVED													
Application Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
PT	37	112	152	58	58	117	77	53	54				718
FOREIGN PT	22	22	25	10	19	22	24	27	31				202
FOREIGN PTA*	2	7	3	3	3	3	2	1	6				30
PTA	14	22	20	26	49	9	15	39	20				214
EQUIV PTA	2	0	2	0	4	1	1	2	1				13
EK	0	0	0	0	0	0	1	0	0				1
EN	0	0	0	1	0	0	1	0	0				2
Total	77	163	202	98	133	152	121	122	112	0	0	0	1,180

* 8 Applicants downgraded from PT to PTA (January - March 2013).

Licensing Statistics

LICENSES ISSUED*													
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
PT	203	163	37	78	201	53	40	159	60				994
PTA	27	63	22	22	27	17	41	12	12				243
EK	0	0	0	0	0	0	0	0	0				0
EN	0	0	0	0	0	0	0	0	0				0
Total	230	226	59	100	228	70	81	171	72	0	0	0	1,237

*The Licensing Statistics will not match the Application Statistics due to the length of time an application may remain on file.

License Renewal Statistics

LICENSES RENEWED													
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
PT	1,334	918	1,750	970	786	892	854	853	940				9,297
PTA	293	250	434	244	149	219	204	198	231				2,222
EK	4	1	0	0	1	1	1	1	0				9
EN	1	2	0	1	0	0	2	3	2				11
Total	1,632	1,171	2,184	1,215	936	1,112	1,061	1,055	1,173	0	0	0	11,539

License Status Statistics

ACTIVE LICENSES												
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PT	21,585	21,495	21,504	21,471	21,493	21,603	21,572	21,570	21,662			
PTA	5,262	5,228	5,222	5,219	5,239	5,238	5,239	5,258	5,247			
EK	28	29	29	29	29	29	29	29	29			
EN	21	21	21	21	21	21	21	21	21			
Total	26,896	26,773	26,776	26,740	26,782	26,891	26,861	26,878	26,959	0	0	0

INACTIVE LICENSES												
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PT	1,054	1,142	1,192	1,254	1,257	1,287	1,334	1,338	1,352			
PTA	288	319	342	356	356	370	383	383	390			
Total	1,342	1,461	1,534	1,610	1,613	1,657	1,717	1,721	1,742	0	0	0

DELINQUENT LICENSES												
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PT	3,080	3,239	3,293	3,281	3,269	3,311	3,323	3,349	3,377			
PTA	868	906	926	929	921	928	924	947	954			
EK	5	4	4	4	4	4	4	4	4			
EN	6	5	5	5	5	5	5	5	5			
Total	3,959	4,154	4,228	4,219	4,199	4,248	4,256	4,305	4,340	0	0	0

Licensees in delinquent status are eligible to renew their license and make it active/valid.

National Physical Therapist (PT) Examination - CALIFORNIA STATISTICS

Accredited PT Program & Foreign Educated PT Combined Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	293			189			152						634
Fail	126			103			87						316
Total	419			292			239						950
Pass Rate	70%			65%			64%						67%

Accredited PT Program Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	282			179			144						605
Fail	42			45			42						129
Total	324			224			186						734
Pass Rate	87%			80%			77%						82%

Foreign Educated PT Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	11			10			8						29
Fail	84			58			45						187
Total	95			68			53						216
Pass Rate	12%			15%			15%						13%

*No examination was given during this month.

National Physical Therapist Assistant (PTA) Examination - CALIFORNIA STATISTICS

Accredited PTA Program, Foreign Educated PTA, & Equivalency Combined Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	87			34			39						160
Fail	50			58			40						148
Total	137			92			79						308
Pass Rate	64%			37%			49%						52%

Accredited PTA Program Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	75			28			35						138
Fail	26			30			32						88
Total	101			58			67						226
Pass Rate	74%			48%			52%						61%

Foreign Educated PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	12			6			4						22
Fail	24			28			8						60
Total	36			34			12						82
Pass Rate	33%			18%			33%						27%

Equivalency PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	0			0			0						0
Fail	0			0			0						0
Total	0			0			0						0
Pass Rate	0%			0%			0%						0%

*No examination was given during this month.

California Law Examination (CLE)

Accredited & Foreign Educated Combined Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	223	191	103	205	95	99	113	138	36				1203
Fail	21	9	7	12	7	7	14	5	44				126
Total	244	200	110	217	102	106	127	143	80				1329
Pass Rate	91%	96%	94%	94%	93%	93%	89%	97%	45%				91%

Accredited Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	200	155	88	190	85	86	104	118	26				1052
Fail	17	6	6	5	4	7	10	2	32				89
Total	217	161	94	195	89	93	114	120	58				1141
Pass Rate	92%	96%	94%	97%	96%	92%	91%	98%	45%				92%

Foreign Educated Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	23	36	15	15	10	13	9	20	10				151
Fail	4	3	1	7	3	0	4	3	12				37
Total	27	39	16	22	13	13	13	23	22				188
Pass Rate	85%	92%	94%	68%	77%	100%	69%	87%	45%				80%

National Physical Therapist (PT) Examination - NATIONAL STATISTICS

Accredited PT Program & Foreign Educated PT Combined Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	5178	6	1	1674	0		1247						8106
Fail	2030	13	2	1676	1		1356						5078
Total	7208	19	3	3350	1		2603						13184
Pass Rate	72%	32%	33%	50%	0%		48%						61%

Accredited PT Program Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	4813	6	1	1365	0	0	1051	0	0				7236
Fail	794	4	0	533	0	0	441	0	0				1772
Total	5607	10	1	1898	0	0	1492	0	0				9008
Pass Rate	86%	60%	100%	72%	0%	0%	70%	0%	0%				80%

Foreign Educated PT Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov*	Dec*	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	365	0	1	309	0		196						871
Fail	1236	9	2	1143	1		915						3306
Total	1601	9	3	1452	1		1111						4177
Pass Rate	23%	0%	33%	21%	0%		18%						21%

National Physical Therapist Assistant (PTA) Examination - NATIONAL STATISTICS

Accredited PTA Program, Foreign Educated PTA, & Equivalency Combined Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	3078			1056	223	112	649	0					5118
Fail	733			606	94	119	478	1					2031
Total	3811			1662	317	231	1127	1					7149
Pass Rate	81%			64%	70%	48%	58%	0%					72%

Accredited PTA Program Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	2991			1011	206	91	603	0					4902
Fail	635			545	71	79	424	1					1755
Total	3626			1556	277	170	1027	1					6657
Pass Rate	82%			65%	74%	54%	59%	0%					74%

Foreign Educated PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	87			45	17	21	46						216
Fail	98			61	23	40	54						276
Total	185			106	40	61	100						492
Pass Rate	47%			42%	43%	34%	46%						44%

Equivalency PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb*	Mar*	Apr	May	Jun	FY Total
Pass	0			0	0	0	0						0
Fail	0			0	0	0	0						0
Total	0			0	0	0	0						0
Pass Rate	0%			0%	0%	0%	0%						0%

*No examination was given during this month.

Law Examination - NATIONAL STATISTICS

Law Examination Pass/Fail

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	898	656	468	566	388	295	417	371	212				4271
Fail	106	76	65	57	80	47	63	57	76				627
Total	1004	732	533	623	468	342	480	428	288				4898
Pass Rate	89%	90%	88%	91%	83%	86%	87%	87%	74%				87%

Accredited Program Pass/Fail

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	853	589	425	535	355	268	394	334	180				3933
Fail	88	61	59	45	68	44	56	49	62				532
Total	941	650	484	580	423	312	450	383	242				4465
Pass Rate	91%	91%	88%	92%	84%	86%	88%	87%	74%				88%

Foreign Educated Pass/Fail

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	45	67	43	31	33	27	23	37	32				338
Fail	18	15	6	12	12	3	7	8	14				95
Total	63	82	49	43	45	30	30	45	46				433
Pass Rate	71%	82%	88%	72%	73%	90%	77%	82%	70%				78%

Performance Measures

Q3 Report (January - March 2013)

To ensure stakeholders can review the Board's progress toward meeting its enforcement goals and targets, we have developed a transparent system of performance measurement. These measures will be posted publicly on a quarterly basis.

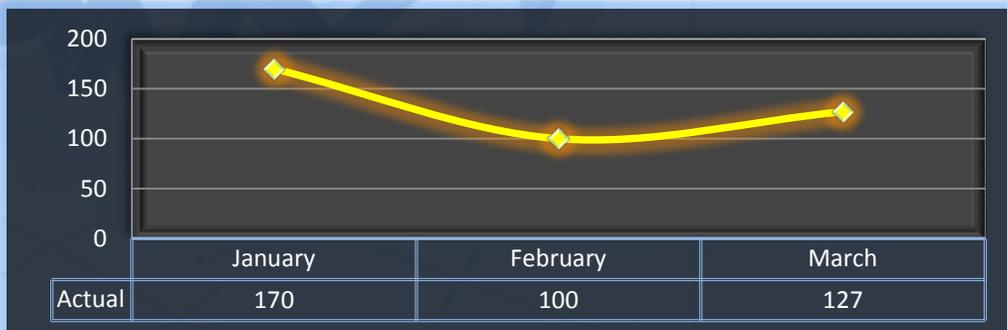
Volume

Number of complaints and convictions received.

Q3 Total: 397

Complaints: 371 Convictions: 26

Q3 Monthly Average: 199



Intake

Average cycle time from complaint receipt, to the date the complaint was assigned to an investigator.

Target: 9 Days

Q3 Average: 9 Days

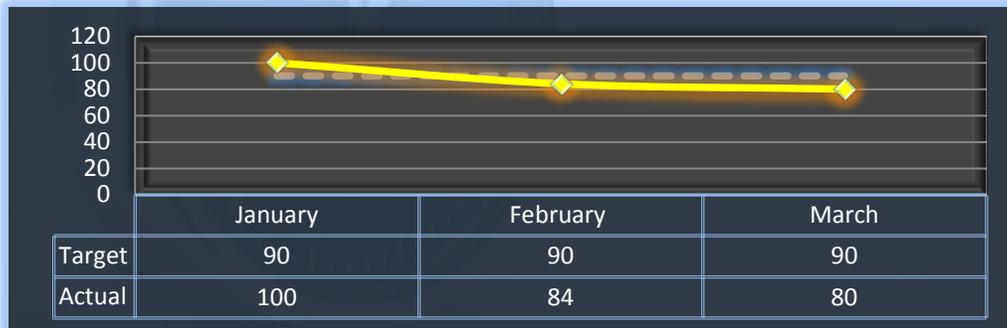


Intake & Investigation

Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.

Target: 90 Days

Q3 Average: 87 Days

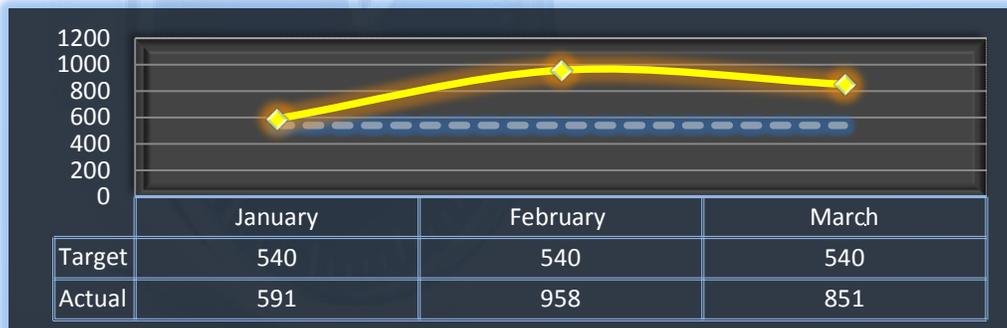


Formal Discipline

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board, and prosecution by the AG)

Target: 540 Days

Q3 Average: 834 Days

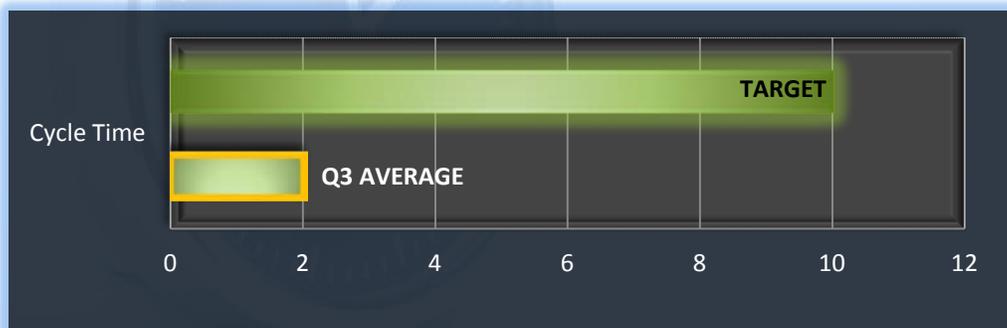


Probation Intake

Average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

Target: 10 Days

Q3 Average: 2 Days



Probation Violation Response

Average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Target: 7 Days

Q3 Average: 1 Day

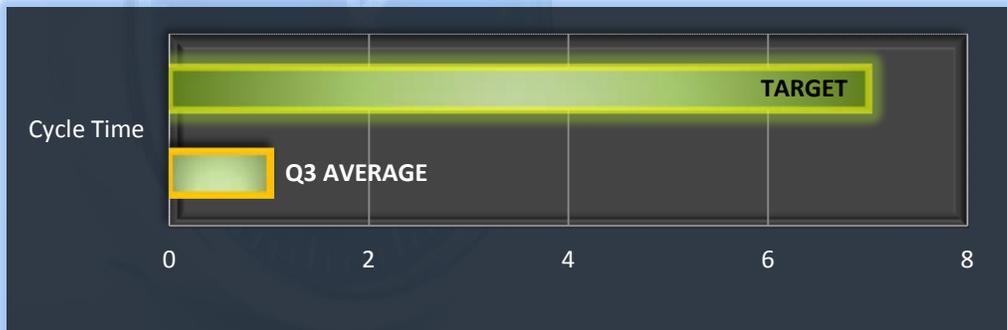


CHART 1 - Monthly Enforcement Report to DCA FY 2012/2013

AGENDA ITEM # 7

Complaint Intake

Complaints Received by the Program.

Measured from date received to assignment for investigation or closure without action.

Complaints	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Received	115	126	169	158	50	40	168	87	116	67			1096
Closed without Assignment for Investigation	2	1	0	1	1	2	3	0	3	3			16
Assigned for Investigation - <i>Note: Number of assigned cases may include cases from previous month; therefore totals will not add up.</i>	109	133	163	156	44	41	158	46	128	83			1061
Average Days to Close or Assigned for Investigation	2	3	3	4	4	4	8	8	13	26			7.5
Pending	16	5	11	10	16	12	23	64	49	30			

Convictions/Arrest Reports	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Received	13	17	19	11	14	10	2	13	11	15			125
Closed / Assigned for Investigation	12	15	23	8	16	11	2	11	12	10			120
Average Days to Close	9	3	5	1	4	3	5	4	4	3			4.1
Pending	3	4	0	3	1	0	0	2	1	6			

Total Intake	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Received	128	143	188	169	64	50	170	100	127	82			1221
Closed w/o Inv. Assignment	3	1	0	1	1	2	3	0	3	3			17
Assigned for Investigation	120	148	186	164	60	52	160	57	140	93			1180
Avg. Days to Close or Assign	3	3	3	4	4	4	8	7	12	23			7.1
Pending	19	9	11	13	17	12	23	66	50	36			256

Complaints investigated by the program whether by desk investigation or by field investigation.

Investigation

Measured by date the complaint is received to the date the complaint is closed or referred for enforcement action.

If a complaint is never referred for Field Investigation, it will be counted as 'Closed' under Desk Investigation.

If a complaint is referred for Field Investigation, it will be counted as 'Closed' under Non-Sworn or Sworn.

Desk Investigation	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Initial Assignment for Desk Investigation	119	147	187	164	60	52	160	57	140	93			1179
Closed	142	117	134	474	84	39	65	57	66	118			1296
Average Days to Close	76	40	58	367	95	228	135	77	58	93			122.7
Pending	517	552	601	301	286	292	386	370	431	400			

Field Investigation (Non-Sworn)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Assignment for Non-Sworn Field Investigation	N/A												0
Closed													0
Average Days to Close													
Pending													

Field Investigation (Sworn)	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Assignment for Sworn Field Investigation	7	8	3	5	4	7	7	16	13	6			76
Closed	7	5	3	4	7	4	4	1	6	8			49
Average Days to Close	458	335	197	374	752	709	448	462	486	487			470.8
Pending	60	64	64	65	63	66	71	86	93	91			

FY 2011/2012

All Investigations	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
First Assignments	120	147	187	164	60	52	160	57	140	93			1180
Closed	149	122	137	478	91	43	69	58	72	126			1345
Average Days to Close	94	52	61	367	145	272	153	84	94	118			144
Pending	577	616	665	366	349	358	457	456	524	491			

All Investigations Aging/Closed	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Up to 90 Days	129	96	120	208	68	22	44	40	56	86			869
91 to 180 Days	5	20	6	6	7	6	12	11	3	14			90
181 Days to 1 Year	7	3	9	6	6	8	3	5	7	16			70
1 to 2 Years	4	3	2	173	9	3	8	2	6	9			219
2 to 3 Years	1	0	0	85	0	1	1	0	0	1			89
Over 3 Years	3	0	0	0	1	3	1	0	0	0			8

Enforcement Actions

This section DOES NOT include subsequent discipline on a license. Data from complaint records combined/consolidated into a single case will not appear in this section.

	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
AG Cases Initiated	11	2	3	4	7	8	5	1	3	3			47
AG Cases Pending	92	86	84	84	83	84	85	78	75	74			
SOLs Filed	0	0	1	0	0	0	1	0	0	0			2
Accusations Filed	0	0	2	7	3	4	3	1	3	4			27

ACC Decisions/Stips	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Prop/Default Decisions	0	0	1	0	2	0	0	1	1	1			6
Stipulations	2	2	2	2	1	0	2	4	5	1			21

SOI Disciplinary Orders	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
SOI Final Orders (Dec/Stips)	1	0	0	0	1	0	0	0	0	0			2
Average Days to Complete	630	0	0	0	446	0	0	0	0	0			107.6

ACC Disciplinary Orders	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
ACC Final Orders (Dec/Stips)	2	2	3	2	3	3	2	5	6	2			30
Average Days to Complete	312	469	384	1382	680	815	839	958	851	445			713.5

Total Disciplinary Orders	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Jan-00	May-13	Jun-13	YTD
Total Final Orders (Dec/Stips)	3	2	3	2	4	3	2	5	6	2			32
Total Average Days to Complete	418	469	384	1382	622	815	839	958	851	445			718.3

Total Orders Aging/Final Decision	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Up to 90 Days	0	0	0	0	0	0	0	0	0	0			0
91 to 180 Days	0	0	0	0	0	0	0	0	0	0			0
181 Days to 1 Year	2	1	1	0	0	0	0	0	1	0			5
1 to 2 Years	1	1	2	0	3	1	1	2	2	2			15
2 to 3 Years	0	0	0	0	1	2	0	1	0	0			4
Over 3 Years	0	0	0	2	0	0	1	2	3	0			8

Disciplinary Orders	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Final Orders (Proposed Decisions, Default Decisions, Stipulations)	3	2	3	2	4	3	2	5	6	2			32
Average Days to Complete*	418	469	384	1382	622	815	839	958	851	445			718.3

Citations	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Final Citations	31	27	51	25	25	7	1	9	9	27			212
Average Days to Complete*	39	53	57	81	147	286	68	114	260	166			127.1

*The hike in the average days to complete for the months of Nov & Dec are due to 1 case being a "2009" and 4 were "2011".

Other Legal Actions	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Interim Suspension & PC 23 Ordered	0	1	0	1	1	1	0	0	0	0			4

Probation	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD
Entered Probationer	0	0	0	0	0	2	0	1	3	1			
Completed Probation						4	4	0	0	0			
Entered Maximus						2	0	1	0	0			
Completed Maximus						0	0	2	0	0			
Non-Compliant						0	1	0	1	0			
Total Probationers							67	65	68	69			
Total Maximus Participants								12	12	12			

Performance Measures	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
PM1 Volume	115	126	169	158	50	40	163	46	116	67			
PM1 Conv/Arrest Rpts Volume	13	17	19	11	14	10	2	13	11	15			
PM2 Cycle Time - Intake	3	3	3	4	4	4	8	7	12	23			
PM3 Cycle Time-No Discipline	36	45	56	370	84	136	97	84	80	113			
PM 4 Cycle Time-Discipline	418	383	384	1029	453	617	591	958	851	485			

PM1: VOLUME

Number of Complaints Received within the specified time period.

PM2: CYCLE TIME-INTAKE

Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE (Target 90 Days)

Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE (Target 540 Days)

Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

The following is a list of disciplinary actions taken by the Physical Therapy Board of California, in **February, March, and April 2013**. The Decisions become operative on the Effective Date, with the exception of situations where the licensee has obtained a court ordered stay. Stay orders do not occur in stipulated decisions, which are negotiated settlements waiving court appeals.

Copies of Accusations, Decisions, or Citations may be obtained by visiting our website at www.ptbc.ca.gov. In addition to obtaining this information from our website, you may also request it by telephone, fax, or mail. Please address your request to:

Physical Therapy Board of California
2005 Evergreen Street, Suite 1350
Sacramento, CA 95815
(916) 561-8200/ FAX (916) 263-2560

Physical Therapy Board of California Disciplinary Summary



February 2013

COOK, AFRICA (PT 35847)

Accusation Filed 01/18/12. Violation of B & P Codes: 498 Licensure by Fraud, 2261 False Statements on Documents, 2660 Unprofessional Conduct, 2660(b) Procuring Licensure by Fraud, 2660(h) Violating the Code, 2660(k) Commit Fraud, Dishonest Act, 2684(b) Continuing Comp Requirement & Criminal Conviction Disclosure. Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Required & Limitations, 1399.97 Required Record Keeping for CC. Stipulated Settlement and Disciplinary Order Effective 02/08/13, Public Repeval.

INNISS, BRUCE (PT 9777)

Accusation Filed 11/18/10. Violation of B & P Codes: 726 Sexual Misconduct w/Patient, 2234 Unprofessional Conduct, 2660(h) Violating the Code, 2660.1 Sexual Activity w/Patient. Decision and Order Effective 02/08/13, Revocation Stayed, 3 Yrs. Prob.

PIATKOWSKI-NAZARRO, MAREK (PT 15084)

Interim Suspension Order Issued 11/30/12. Accusation Filed 12/13/12. Violation of B & P Codes: 498 Licensure by Fraud, 583 False info on Affidavit, 2660(b) Procuring License by Fraud, 2660(h) Violating the Code, 2660(k) Commit Fraud, Dishonest Act. Stipulated Surrender of License and Order Effective 02/15/2013, License Surrendered.

STARK, RANDY (PT 18867)

Accusation Filed 12/28/11. Violation of B & P Code: 498 Licensure by Fraud, 2660 Unprofessional Conduct, 2660(b) Procuring Licensure by Fraud, 2660(h) Violating the Code, 2660(k) Commit Fraud, Dishonest Act, 2661 False Statements on Document, 2684(b) Continuing Comp Req & Criminal Conviction Disclosure. Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Continuing Comp Required & Limitations. Stipulated Settlement and Disciplinary Order Effective 02/21/13, Public Repeval.

54 **WALKER, JAMES (AT 5247)**
55 Violation of B & P Codes: 2660(D) Conviction of Crime Substantially Related to the Practice of Physical Therapy,
56 2661 Conviction of a Crime. Accusation Filed 02/22/11. Amended Accusation Filed 09/21/12. Violation of B & P
57 Codes: 490 Conviction of a Crime, 2239(a) Use of Dangerous Drugs, 2239(b) Conviction of Crimes Involving
58 Alcohol, 2660(d) Conviction of a Crime, 2660(f) Habitual Intemperance, 2660(h) Gross Negligence, 2660(g) Gross
59 Negligence, 2661 Conviction of a Crime Related to the Profession. Violation of CCR: 1399.20 Conviction of a
60 Crime Substantially Related to the Profession. Stipulated Surrender of License and Order Effective 02/21/13,
61 License Surrendered.
62

63 **March 2013**

64
65 **BRECKENRIDGE, KAREN (PT 20206)**
66 Accusation Filed 12/01/11. Violation of B & P Code: 2660(k) Commit Fraud, Dishonest Act. Stipulated Settlement
67 and Disciplinary Order for Public Reprimand Effective 03/25/13.
68

69 **CHAMLEE, DAVID (PT 7153)**
70 Accusation Filed 09/15/11. Violation of B & P Codes: 2620(a) PT Not Authorize to Diagnose, 2660(g) Gross
71 Negligence, 2660(j) Aiding and Abetting. Stipulated Settlement and Disciplinary Order Effective 03/25/13,
72 Revocation Stayed, 3 Yrs. Prob.
73

74 **HEWITT, BLYTHE (PT 11393)**
75 Accusation Filed 12/03/10. Violation of B & P Codes: 490 Conviction of a Crime, 2239 Self-Use of Drugs or
76 Alcohol, 2660(d) Conviction of Criminal Offense, 2660(e) Habitual Intemperance, 2660(f) Drug Addiction, 2660(h)
77 Violating the Code. Stipulated Surrender of License and Order Effective 03/18/13, License Surrendered
78

79 **MACDONALD, CHRISTIE (PT 23781)**
80 Accusation Filed 12/02/11. First Amended Accusation Filed 01/22/12. Violation of B & P Codes: 2660(d)
81 Conviction of Criminal Offense, 2660(e) Habitual Intemperance. Violation of CCR: 1399.20 Criminal Substantial
82 Relations. Stipulated Settlement and Disciplinary Order Effective 03/15/13, Revocation, Stayed, 4 Yrs. Prob. and 1
83 Yr. Suspension.
84

85 **MCCLAUGHERTY, CAROL (AT 1923)**
86 Accusation Filed 10/09/12. Violation of B & P Codes: 493 Conviction of Crime, 2239 Self-Use of Drugs or
87 Alcohol, 2660(d) Conviction of Criminal Offense, 2660(h) Violating the Code, 2661 Conviction of a Crime.
88 Violation of CCR: 1399.20(a) Violate Provision of PT Act, 1399.20(c) Violate Provision of Med Pract Act
89 Stipulated Settlement and Disciplinary Order Effective 03/18/13, Revocation Stayed, successfully complete
90 Recovery Program plus 1 year; if Board determines its Recovery Program is not appropriate, probation shall run for
91 5 years.
92

93 **TYLER, LEEANNE (PT 9498)**
94 Interim Suspension Order Issued 03/28/13.
95

96 **WAZDATSKY, DANIEL (AT 3176)**
97 Interim Suspension Order Issued 07/17/12. Accusation Filed 09/12/12. Violation of B & P Codes: 726 Sexual
98 Misconduct w/Patient, 2660(g) Gross Negligence. Default Decision and Order Effective 03/08/13, License Revoked
99

100 **April 2013**

101
102 **KARAHALIOS, JOHN (AT 1065)**
103 Accusation Filed 05/01/12. Violation of B & P Codes: 498 Licensure by Fraud, 2261 False Statements on
104 Documents, 2660 Unprofessional Conduct, 2660(b) Procuring Lic by Fraud, 2660(h) Violating the Code, 2660(k)
105 commit Fraud, Dishonest Act, 2684(b) Cont Comp Req & Crim Conv Disc. Violation of CCR: 1399.91 Continuing
106 Comp Required, 1399.93 Cont Comp Requir & Limitations, 1399.97 Required Record Keeping for CC
107 Default Decision and Order Effective 04/18/13, License Revoked.
108

109 **MULLER-JAMES, LISA (AT 1711)**
110 Accusation Filed 05/01/12. Violation of B & P Codes: 498 Licensure by Fraud, 2261 False Statements on
111 Documents, 2660(b) Procuring Lic by Fraud, 2660(h) Violating the Code, 2660(k) Commit Fraud, Dishonest Act,
112 2684(b) Cont Comp Req & Crim Conv Disc. Violation of 1399.91 Continuing Comp Required, 1399.93 Cont Comp
113 Requir & Limitations, 1399.97 Required Record Keeping for CC. Stipulated Settlement and Disciplinary Order
114 Effective 04/22/13, License Surrendered.
115

Administrative Citations and Fines Paid

118
119
120 **February 2013**

121
122 **GONZALES, DAVID (PT 26398)**
123 Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Conviction of Criminal Offense, 2660(h)
124 Violating the Code. Citation and Fine Ordered 02/12/13. Citation Paid in Full 02/20/13.
125

126 **KIM, MYUNGJIN (PT 29866)**
127 Violation of B & P Code: 2660(i) Aiding and Abetting, 2660(j) Aiding/Abetting Unlicensed Activity. Violation of
128 CCR: 1398.44(c) Sup PT Formul TX & Deleg to AT, 1398.44(f) Cosign by Sup PT of AT, 1398.44(g) Case Confer
129 of Super PT & AT, 1399 Supervision of Physical Therapy Aids, 1399.85 Patient Records. Citation and Fine
130 Ordered 12/20/12. Citation Paid in Full 02/06/13.
131

132 **LUSH, AMY CHRISTINE (PT 39752)**
133 Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal Offense, 2660(h) Gross
134 Negligence. Citation and Fine Ordered 12/19/13. Citation Paid in Full 01/23/13.
135

136 **MAALIHAN, JOSE (PT 28086)**
137 Violation of B & P Code: 2660(d) Conviction of Criminal Offense. Violation of CCR: 1398.6 Filing of Address.
138 Citation and Fine Issued 11/30/12. Citation Paid in Full 12/27/12.
139

140 **SANSON, ALBERT (AT 3347)**
141 Violation of B & P Code: 2660(d) Convict of Criminal Offense. Citation and Fine Ordered 02/12/13. Citation Paid
142 in Full 02/20/13.
143

144 **SHAW, MARK (AT 4821)**
145 Violation of B & P Code: 2660 Unprofessional Conduct. Violation of CCR: 1399.91 Continuing Comp Required,
146 1399.93 Cont Comp Requir & Limitations. Citation and Fine Ordered 10/19/11. Citation Paid in Full 02/14/13.
147

148 **WILSON, MICHAEL (AT 3394)**
149 Violation of B & P Codes: 2052 Unlicensed Practice of Medicine, 2630 Unlawful Physical Therapist. Violation of
150 CCR: 1398.44 Supervision of PTA, 1399.85 Patient Records. Citation and Fine Ordered 02/01/13. Citation Paid in
151 Full 02/14/13.
152

153 Violation of CCR: 1398.6 Filing of Address
154 Citations Paid in Full in February 2013
155

156 **PESINA, REYNALDO (PT 17342)**
157 **SMITH, ERIC (AT 8195)**
158

March 2013

160
161 **BAJELIS, DONNA (PT 9338)**
162 Violation of B & P Code: 2660 Unprofessional Conduct. Violation of CCR: 1399.91 Continuing Comp Required,
163 1399.93 Cont Comp Requir & Limitations. Citation and Fine Ordered 11/16/12. Citation Paid in Full 03/28/13.

164 **DIEHL, CAROL (PT 20870)**
165 Violation of B & P Code: 141(a) Discipline Action Taken by Others. Citation and Fine Ordered 02/21/13. Citation
166 Paid in Full 03/08/13.

167
168 **REEKSTIN, MATTHEW (PT 26462)**
169 Violation of B & P Codes: 2620.7 PT. Record Docum & Retention, 2660 Unprofessional Conduct. Violation of
170 CCR: 1399 Supervision of Physical Therapy Aids, 1399.85 Patient Records. Citation and Fine Ordered 03/08/13.
171 Citation Paid in Full 03/25/13.

172
173 **ROBESON, DEBRA (PT 15240)**
174 Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations. Citation and
175 Fine Ordered 02/12/13. Citation Paid in Full 03/04/13.

176
177 **ROQUET, KRISTEN (AT 9704)**
178 Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal Offense, 2660(h)
179 Violating the Code. Violation of CCR: 1399.24 Unprofessional Conduct. Citation and Fine Ordered 02/12/13.
180 Citation Paid in Full 03/28/13.

181
182 **RUBIO, MARIA IRENE (PT 29372)**
183 Violation of CCR: 1399.91 Continuing Comp Required, 1399.93 Cont Comp Requir & Limitations. Citation and
184 Fine Ordered 03/08/13. Citation Paid in Full 03/21/13.

185
186 **VILLAO, ROBERT (AT 9016)**
187 Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660 Unprofessional Conduct, 2660(d) Convict of
188 Criminal Offense, 2660(h) Violating the Code. Citation and Fine Ordered 02/22/13. Citation Paid in Full 03/11/13.

189
190 Violation of CCR: 1398.6 Filing of Address
191 Citations Paid in Full March 2013

192
193 **ROLOFF, HEATHER (PT 38309)**
194

195 **April 2013**

196
197 **(NONE FOR THIS MONTH)**
198

199 **Glossary of Terms**

200
201 B & P Code – Business and Professions Code
202 H & S Code – Health and Safety Code

203 R & R – Rules and Regulations

204 CCR – California Code Regulations

205 **Accusations:** Charges and allegations, which still must undergo rigorous tests of proof at later administrative
206 hearings.

207 **Citation & Fine:** An alternative means to address relatively minor violations that are not discipline in order to
208 protect the public. Citations and Fine Orders are not disciplinary actions, but are matters of public record.

209
210 **Petition to Revoke Probation:** A Petition to Revoke Probation is filed when a licensee is charged with violation of a
211 prior disciplinary decision.

212
213 **Probationary License:** Where good cause exists to deny a license, the licensing agency has the option to issue a
214 conditional license subject to probationary terms and conditions.

215
216 **Statement of Issues Filed:** When an applicant for licensure is informed the license will be denied for cause, the
217 applicant has a right to demand a formal hearing, usually before an Administrative Law Judge. The process is
218 initiated by the filing of a Statement of Issues, which is similar to an accusation.

219

220 Surrender of License: License surrenders are accepted in lieu of further proceedings.

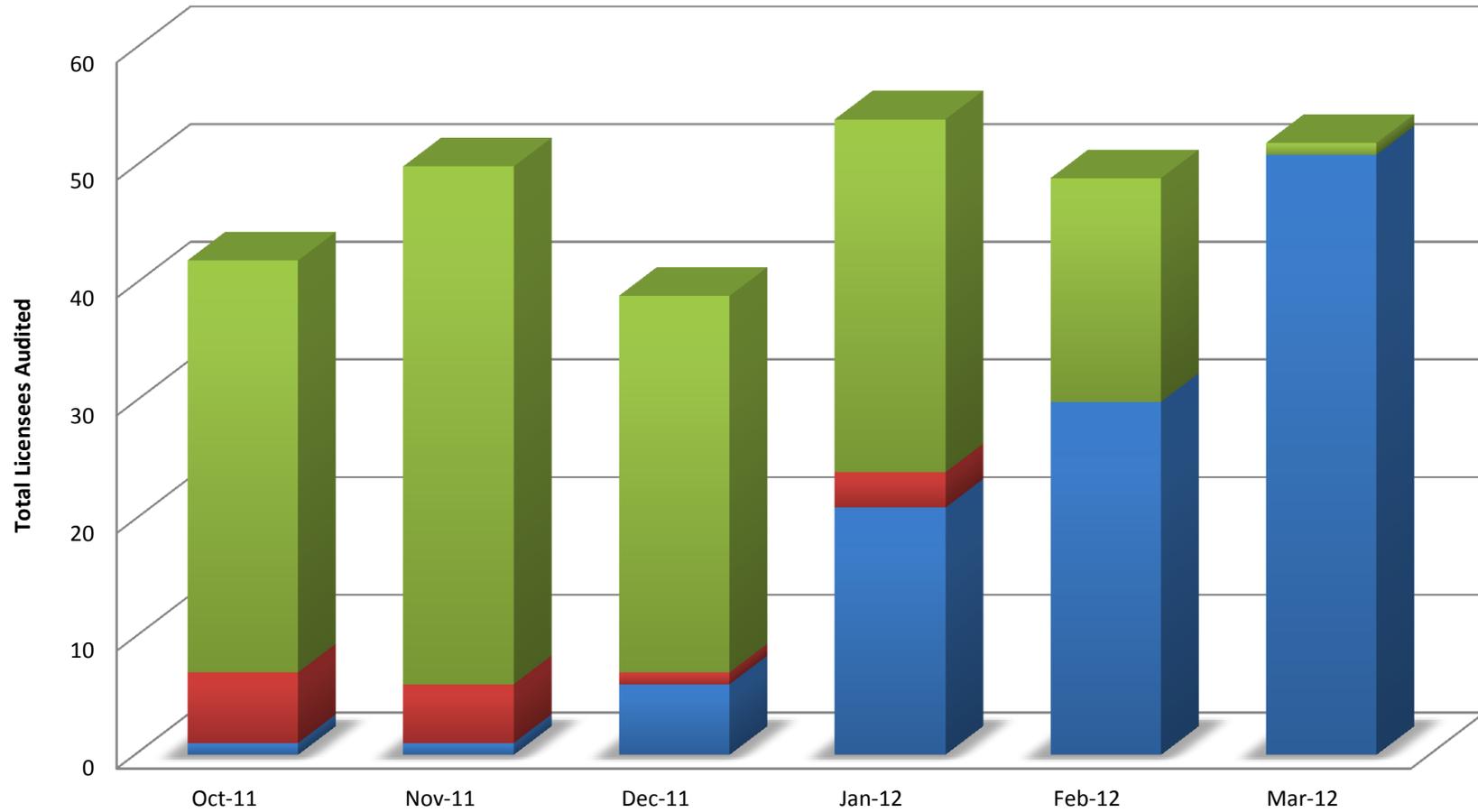
221

222 Statement of Issues Decision: These are decisions rendered after the filing of a Statement of Issues.

223

224 Stipulated Decision: Negotiated settlements waiving court appeals.

Continuing Competency Audits 2011-2012



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Pass	35	44	32	30	19	1
Fail	6	5	1	3	0	0
Pending	1	1	6	21	30	51

California Board of Physical Therapy

Continuing Competence Update

fsbpt Continuing
Competence

fsbpt Practice Review Tool (PRT)

ProCert Recognizing quality in
continuing competence

aPTitude

Heidi Herbst Paakkonen
Jim Heider

PURPOSE of this Presentation

- Share an update of the FSBPT Continuing Competence (CC) Initiative
- Provide an overview of FSBPT CC Tools and Services:
 - The FSBPT Continuing Competence Model
 - **ProCert** Certification & the Continuing Competence Activity Standards
 - The Practice Review Tool (PRT)
 - Jurisprudence Assessment Tool
- Explore **aPTitude**, the online continuing competence system
- Present strategies for how CA can utilize and incorporate these tools and services to better achieve CC objectives

fsbpt

Context & Background

What is the FSBPT?

- Non-profit membership organization
 - *Members are the 53 U.S. jurisdiction PT regulatory boards*
- Owns, develops, administers and validates the National Physical Therapy Exam (NPTE)
- Promotes public protection through effective, consistent and evidence based regulation
- Serves as a regulatory issues resource to members
 - Entry level and continuing competence
 - Discipline, remediation, impaired professional
 - Professional Standards, standards of practice

 FSBPT

Why are we talking about *competence*?

FSBPT Mission: To protect the public by providing service and leadership that promote safe and **competent** physical therapy practice.

California Business and Professions Code (Physical Therapy Practice Act) – Chapter 5.7, Article 6

The board shall adopt and administer regulations including, but not limited to, continuing education intended to **ensure the continuing competency** of persons licensed or approved pursuant to this chapter.



2007 FSBPT Delegate Assembly Motion

That the Board of Directors be charged to move forward with the development of a comprehensive continuing competence program in support of public protection to include, but not be limited to, the following components:

- Continuing competence tools
- A framework for integrating continuing competence tools
- A comprehensive continuing competence certification program
- An appropriate organizational structure



Our Assumptions

- *Continuing competence is complex*
- Individuals have a variety of perspectives
- Different stakeholder groups will have a variety of perspectives and may draw different conclusions
- We don't have all the answers
- Important that we persistently identify and address issues while continuing to move forward



FSBPT Approach to Continuing Competence

- Involve and engage stakeholders
- Share information and report on our efforts and progress
- Build systems and tools that are *optional*
- Continue to fortify our efforts with knowledge and experience
- Provide assistance to member boards using a variety of strategies
- Promote the value of our CC tools and services in the context of *public protection*



FSBPT Approach to Continuing Competence

- Continuing education will always be a part of a CC model set of requirements
- Encourage regulatory boards to adopt requirements that do not rely *solely* on continuing education
 - Promote the value of continuing competence *activities* beyond mere continuing education courses
 - Raise the bar on the *value* of existing continuing education offerings



CC/CE Compliance & Discipline

Failure to complete continuing education/competence requirements was the third most frequently reported violation for PT and second for PTAs.

Boards would be more effective if they had proactive solutions in place such as aPTitude

Study conducted by Debbie Ingram, PT, EdD, University of Tennessee at Chattanooga; Tom Mohr, PT, PhD, University of North Dakota; Renee Mabey, PT, PhD, University of North Dakota; and J. Randy Walker, PT, PhD, DPT, COMT, CMP, University of Tennessee at Chattanooga of disciplinary reports submitted to the FSBPT Disciplinary Database from 2000-2009.



What Are Other States Doing?

- Majority of jurisdictions require CE (34); some require CC (14); a few have no requirement (5)
- Many CE jurisdictions are “stretching” their CE options to accept a wider array of activities in rules/regulations
- Growing acceptance of FSBPT tools and services (**aPTitude**, **ProCert**, Practice Review Tools)
- Jurisdiction boards are involving the APTA chapter in CC discussions

FSBPT

FSBPT Continuing Competence Model

FSBPT Continuing Competence Model

What is it?

- A proposed set of requirements for jurisdictions to consider implementing as part of the licensure renewal process
- Assumes a 2-year licensure period
- Licensees complete a minimum of 30 Continuing Competence Units (CCUs) from either the **Certified Activities** list or from the **Approved Activities** list
 - But at least 15 of those CCUs shall be obtained by completing **Certified Activities**

FSBPT Continuing Competence Model

Certified Activities	Approved Activities
<ul style="list-style-type: none"> • Conferences • Continuing Education • Exams & Assessments • Residencies/fellowships 	<ul style="list-style-type: none"> • Degree Coursework • Board & Committee Work • Clinical Instructorship • Structured Interactive (group study) • In-service • Mentorship - as the mentor or protégé • Publication - peer-reviewed or not • Research • Self Study - includes a wide variety including preparing to teach an educational program

- | | |
|---|--|
| <ul style="list-style-type: none"> • At least 15 CCUs • Undergo thorough evaluation | <ul style="list-style-type: none"> • No more than 15 CCUs • Not evaluated • Value is assigned |
|---|--|

Any activity eligible for certification -- but that isn't certified -- will be approved, but for less value.

CA CC Model vs. FSBPT Model

Certified Activities	Approved Activities
<ul style="list-style-type: none"> • Conferences ✓ • Continuing Education ✓ • Exams & Assessments ✓ * • Residencies/fellowships 	<ul style="list-style-type: none"> • Degree Coursework ✓ • Board & Committee Work ✓ * * • Clinical Instructorship ✓ • Structured Interactive (group study) ✓ * * • In-service ✓ * * • Mentorship - as the mentor or protégé • Publication - peer-reviewed or not ✓ • Research • Self Study - includes a wide variety including preparing to teach an educational program ✓ * *
<p>* ABPTS, PRT, CA LAW Exam</p>	
<p>* * Certain conditions or limitations apply</p>	
<ul style="list-style-type: none"> • At least 15 CCUs • Undergo thorough evaluation 	<ul style="list-style-type: none"> • No more than 15 CCUs • Not evaluated • Value is assigned
<p>Any activity eligible for certification -- but that isn't certified -- will be approved, but for less value.</p>	

FSBPT Continuing Competence Model

Departs from traditional CE model in the *breadth of qualifying activities AND how value is awarded.*

CE	CC Model
<ul style="list-style-type: none"> • Value is awarded only by time in attendance (e.g. contact hours) • Only qualifying activities are those that follow standard classroom or online classroom structures 	<ul style="list-style-type: none"> • Value is measured using factors <i>beyond</i> time • Allows varied activities (e.g. residencies, fellowships, assessment tools, specialty exams, research) as well as traditional CE

FSBPT Continuing Competence Model *Guiding Principles*

- Continuing competence activity choices should be self-directed by the licensee
- Evaluation or an assessment of current competence should be the essential first step
 - Results are used by the licensee to then select **appropriate and relevant** development activities



FSBPT Continuing Competence Model *Guiding Principles*

- Licensees should have varied menu of activities from which to choose to demonstrate their competence
 - Appropriately reflects and accommodates the diversity of PT practice
- There is no one single “right” way to demonstrate competence



Aligning the CA Model with the FSBPT Model

- Make the shift from duration-based unit of *hours* to *CCUs*
- Incorporate any of the FSBPT Model options that are not current options in CA



aPTitude

The screenshot shows the homepage of the aPTitude website. At the top, there is a dark navigation bar with the 'aPTitude' logo on the left and links for 'Home', 'About aPTitude', 'Register Now', 'CC News', and 'Contact aPTitude' on the right. A 'Login' link is also visible in the top right corner. Below the navigation bar is a large banner image of a landscape with a tree and a hill, with the text 'Explore it with aPTitude.' overlaid. Underneath the banner are three main content sections: 'PTS AND PTAS' with a 'Get Started' button and an icon of three apples; 'VENDORS' with a 'Get Started' button and an icon of a graduation cap; and 'JURISDICTIONS' with a 'Get Started' button and a globe icon. At the bottom of the page, there is a footer with the same navigation links as the top bar and the text 'Copyright © 2008 FSBPT'.

aPTitude - *What is it?*

- An online system for 3 user types to share CE/CC information
 - Licensees
 - Vendors (providers of CE and CC activities)
 - Jurisdiction boards
- Other online CE/CC recording systems exist
 - aPTitude's purpose is compliance and public protection
 - Other systems don't allow tracking of specific requirements – only number of units

aPTitude – *Jurisdiction Board Features*

- Communicate CC and CE requirements to licensees in a simple and straightforward manner
- Automatically notify registered licensees when requirements change
- Verify licensees' completion of activities*
- Run and analyze compliance status reports*

**for licensees who elect to release that information*

aPTitude – Licensee Features

- Find and verify current state requirements and related information
- Maintain a historical record of completed CC/CE activities
- Securely store documentation for those activities
- Set email reminders when license renewal and CC/CE reporting is near



aPTitude – Licensee Features

- Assess multiple offerings to facilitate informed selection of CC/CE activities
- Provides single place to monitor licensure records when licenses are held in multiple jurisdictions
- Rate and comment on activities



aPTitude – Activity Providers (Vendors)

- View CC/CE requirements for all jurisdictions
- Share information about activities including type, title, fees, learning objectives, location, presenter(s) and schedule
- Receive and review feedback on activities from attendees
- Access information about the marketplace and design and schedule activities accordingly



aPTitude – Activity Providers (Vendors)

- Receive multi-jurisdiction certification when evidence is submitted that the required standards are met

And another public protection related benefit:

- Help raise the bar on what's being offered to licensees



Using aPTitude to Verify Licensee Compliance

Licensee Compliance Report

- Jurisdiction can run a customized Licensee Compliance Report in **aPTitude** in at any time
- Report includes those licensees who are “sharing their records”
- Report can be used for the entire audit/ compliance verification process
 - Reduce administrative burden for NE staff
 - The more **aPTitude** is utilized by licensees, the more effective it will be for audits/verifications

 aPTitude

aPTitude

License Tracking | Jurisdiction | Reports

Arizona Licensee Compliance Report

Enter search criteria below and click 'Run Report'.

Jurisdiction: Arizona * Required

Practitioner Type: Physical Therapist and Physical Therapist Assistant

Cycle Type: Active Cycles

Cycle Expiration Method:
 Any Expiration Date
 Cycle Expiring in the Next Days
 Cycle Expiring Between and

Practitioner Searching: Enter either First Name or Last Name or both as Last Name, First Name

Arizona Licensee Compliance Results

Jurisdiction Overview

Total Licensees in Arizona:	125 (100.00%)	Licensees Sharing Tracking:	54 (42.86%)	Licensees Not Sharing Tracking:	72 (57.14%)
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Compliance Report Summary
 Sharing Status = Shared & Unshared; Practitioner Type = PT & PTA; Cycle Type = Active Change Report Criteria

Cycle Type	Licensees in Report	Licensees Meeting Requirements	Licensees Below Requirements
Active	115 (100.00%)	15 (13.04%)	100 (86.96%)

Compliance Report Details
 Showing Records 1 to 20 of 115

License Number	CCU Deadline	Practitioner Type	Verified Activities	Units Expired	Units Abolished	Units Remaining
#1	8/31/2012	PT	0 %	20.00	0.00	20.00
#2	8/31/2012	PT	0 %	20.00	0.00	20.00
#3	8/31/2012	PT	0 %	20.00	0.00	20.00
#4	8/31/2012	PT	0 %	20.00	11.50	8.50
#5	8/31/2012	PT	0 %	20.00	11.50	8.50
#6	8/31/2012	PT	0 %	20.00	20.00	0.00
#7	8/31/2012	PT	0 %	20.00	20.00	0.00

And best of all . . .
aPTitude is FREE to use!

by Licensee
by Vendors
by Jurisdictions



**Continuing Competence Activity
Certification**

ProCert

Recognizing **quality** in
continuing competence

ProCert - *What is it?*

- A method of evaluating CE/CC activities against a comprehensive set of standards – the **FSBPT Standards for Continuing Competence**
 - Researched and drafted by FSBPT CC Committee
 - Broad stakeholder review and feedback
 - Approval by Board of Directors
 - Find them at www.continuingcompetence.org
- Standards serve as the foundation for certification system



Required Standards

- | | |
|----------------------------|---------------------------------------|
| • Administration | • Instructor/Developer Qualifications |
| • Appropriate Language | • Information and Materials |
| • Non-discriminatory | • Engagement * |
| • Copyright and Disclosure | • Evidence-based Practice * |
| • Content | • Behavioral Objectives * |
| • Content Analysis | |

** include both required and value-added criteria*

Value-Added Standards

- Activity Design
- Assessment
- Review and Evaluation



ProCert - *What is it?*

- Awards value to activities beyond merely on the basis of time in that it also evaluates:
 - Content areas addressed
 - Level of learning demand of those content areas
- Activities that comply with more standards, or better comply with the standards, are awarded the highest value
- Activities that comply with fewer standards or demonstrate less compliance with the standards receive lower value



ProCert - *What is it?*

ProCert evaluates and certifies not only CE and conferences, but will also soon do:

- Residencies
- Fellowships
- Examinations
- Assessment tools

In other words, all activity types in the **Certified Activities** section of the CC Model



ProCert - *What is it?*

- Certification submissions are filed, reviewed, and awarded entirely within **aPTitude**
- **ProCert** certified activities are clearly indicated in **aPTitude** to assist licensees in making informed and appropriate choices



ProCert - *What is it?*

- Reviewers are carefully selected from a nationwide pool of applicants
 - Educators
 - Regulatory background
 - Range of subject matter expertise and specializations
 - Familiarity with evaluating behavioral objectives
- Reviewers complete initial and ongoing training
 - Guidance document
 - The **ProCert** review system within **aPTitude**



ProCert – Why Accept It?

- Evaluates activities against clearly articulated, and the most comprehensive set of, requirements we have identified
- Will encompass a wide range of activity types beyond just CE
- The preparation and expertise of the Reviewers
- Many providers of CC/CE activities have been calling for a single system of approval
- Licensees' perspective is that a multi-state system makes more sense than the current patchwork



ProCert – Term and Fees

- Certification term is one year
- Any certified activity is eligible for recertification

Submission Fee Options

- Single Activity - \$60
- Subscription I (1-20 activities) - \$495 for one year
- Subscription II (21+ activities) - \$995 for one year

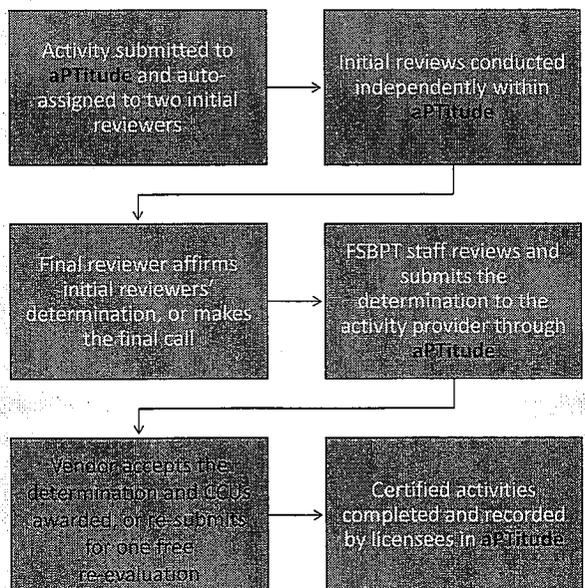


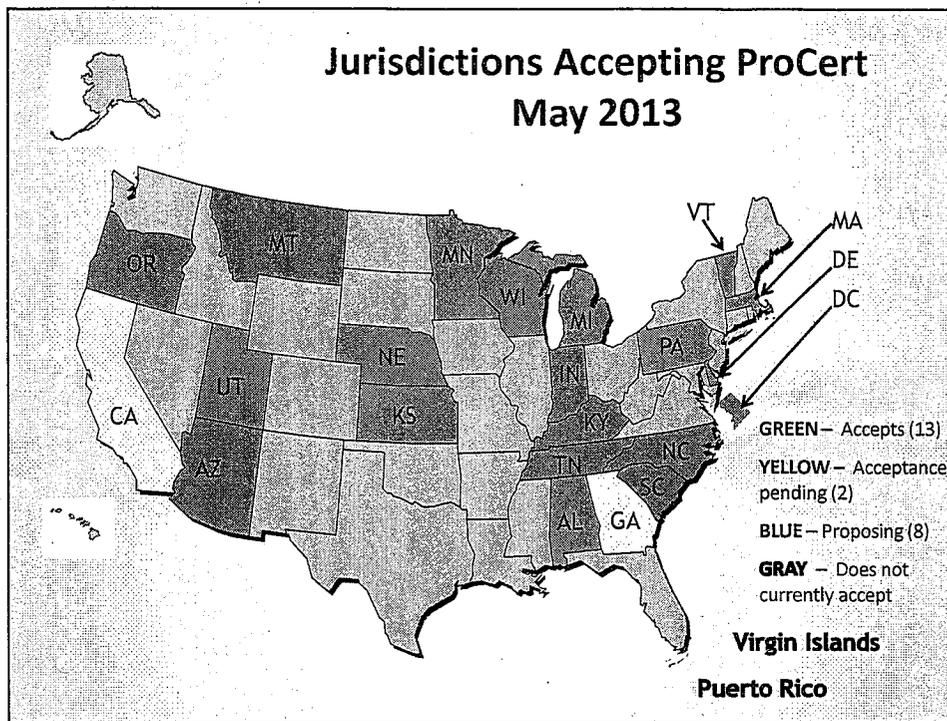
ProCert – *Why Accept It?*

Would accepting ProCert help the CA PT Board better meet its public protection responsibilities?

We believe yes – that’s why we developed it

ProCert Submission & Review Process





FSBPT Practice Review Tools (PRT)

Practice Review Tool (PRT)

What is it?

- A tool for use by PTs to assess their ongoing competence
- A unique opportunity for PTs to compare their current knowledge, skills and abilities to entry-level practice
- ***A starting point for creating a plan for continuing competence development***



Practice Review Tool (PRT)

What is it?

- Scenarios and multiple-choice questions that emphasize clinical application of content knowledge
 - Closed book
 - 25 Scenarios
 - 125 Items
 - Administered in Prometric centers
 - Largest secure testing network in the U.S. (300+ locations)
 - Available 7 days/week in some and 6 days/week in most
- General and Orthopedic PRTs currently available



Practice Review Tool (PRT)

What is it?

- Candidate immediately receives a Feedback Report and a certificate of completion
- Candidate receives a Development Worksheet
 - Guides their knowledge assessment
 - Helps prioritize their CC path
 - Tracks their progress toward meeting CC goals

1/1/13

Scenario 3 of 3	Practice Review Tool General Practice	Scenario 3, Question 2 of 5
<p>Scenario 3 Gender: Female Age: 68</p> <p>Presenting Problem/Current Condition</p> <ul style="list-style-type: none"> • Admitted to the hospital yesterday directly from her follow up doctor's office visit regarding a recent exacerbation of colitis • Physical therapy orders received this morning to evaluate and treat to increase activity <p>Medical History</p> <ul style="list-style-type: none"> • Medical diagnosis of chronic obstructive pulmonary disease • Right mastectomy • Hypertension • Osteoarthritis • Diabetes mellitus • Uses a cane to get around (past few months) due to right knee pain • Shortness of breath with walking <p>Other Information</p> <ul style="list-style-type: none"> • Lives in a mobile home with step-daughter • Heavy smoker <p>Examination</p> <ul style="list-style-type: none"> • Not yet determined <p>Evaluation</p> <ul style="list-style-type: none"> • Not yet determined <p>Diagnosis</p> <ul style="list-style-type: none"> • Not yet determined 		<p>Which of the following medications should be prescribed and must be carefully monitored for possible deleterious side effects regarding comorbidities of diabetes mellitus and hypertension?</p> <ul style="list-style-type: none"> <input type="radio"/> a. Glucocorticoid (Prednisone) <input type="radio"/> b. Diuretic (Lasix) <input type="radio"/> c. Docusate (Colace) <input type="radio"/> d. Serranin (Zalcit)
<p>Time Remaining: 00:00:00</p>		<p style="text-align: center;">SAMPLE ITEM CONTENT IS NOT REAL</p>



DEVELOPMENT PLANNING WORKSHEET

Step 2: Assessment

Using the rankings you've just completed on the grid, identify specific areas that are strengths and specific areas that need improvement. The more detailed you are in identifying your areas for improvement the better able you'll be to find development activities that will meet your needs. For example, an area that requires improvement could be, "Understanding types of cardiovascular system tests and measures and their application." Take your time as you complete this section and be thoughtful about your selections for strengths and areas for improvement.

Which areas are strengths?

A) _____

B) _____

C) _____

D) _____

E) _____

F) _____

Which areas require improvement?

A) _____

B) _____

C) _____

D) _____

E) _____

F) _____



DEVELOPMENT PLANNING WORKSHEET

Step 3: Prioritization

Considering the areas you identified in Step 2 as needing improvement, choose your top three areas of need and prioritize them with 1 being the area you will work on first. You then need to set a target for the timeframe in which you intend to identify and complete a development activity.

Priority	Area for Development	Timeframe
1		
2		
3		

Step 4: Idea Generation

Now that you've prioritized your areas for development you need to determine which type of activity will be best to help you progress in that area. There are many ways to find development opportunities including conversations with your supervisor and colleagues. Your employer might offer courses or be willing to help you create a personal plan designed to meet your specific needs. Listed below are some kinds of activities to consider and ideas of places to look to for specific development activities or more information.

- **Your Jurisdiction's Website** – Some state PT Boards post lists of approved activities. To find your jurisdiction's website, go to www.fsbpt.org/LicensingAuthorities
- **Local Universities and Colleges** – for a list of schools that have PT programs go to www.fsbpt.org then click "For Faculty" and then "School Codes"
- **APTA** - www.apta.org and then go to "Professional Development"
- **APTA Local Chapters** – Many states have local APTA chapters which may be a good resource. A list of chapters can be found on www.apta.org.
- **APTA Sections** – Acute Care, Aquatic, Cardiovascular & Pulmonary, Clinical Electro & Wound Management, Education, Federal, Geriatrics, Hand Rehabilitation, Health Policy & Administration, Home Health Section, Neurology, Oncology, Orthopedic, Pediatrics, Private Practice, Research, Sports PT, and Women's Health. Additional information on sections can be found on www.apta.org.
- **Specialty Groups** – For example, Orthopedics: AAOMPT www.aaompt.org; Hand Therapy: ASHT www.asht.org; Developmental Disorders: AACPD www.aacpd.org

Types of Activities

- Mentorships
- Workshops
- Seminars
- Online Courses
- Residencies
- Fellowships
- Certifications
- Self-Study
- Non-degree coursework
- Degree coursework



DEVELOPMENT PLANNING WORKSHEET

Step 5: Tracking Completed Activities

As you complete your development activities update this worksheet so that you have a complete record of activities that were done as a result of your development planning after your PRT.

Priority	Activity Type/Name	Date Completed	Location	Credits Earned
1				
2				
3				

Practice Review Tool (PRT)

What is it?

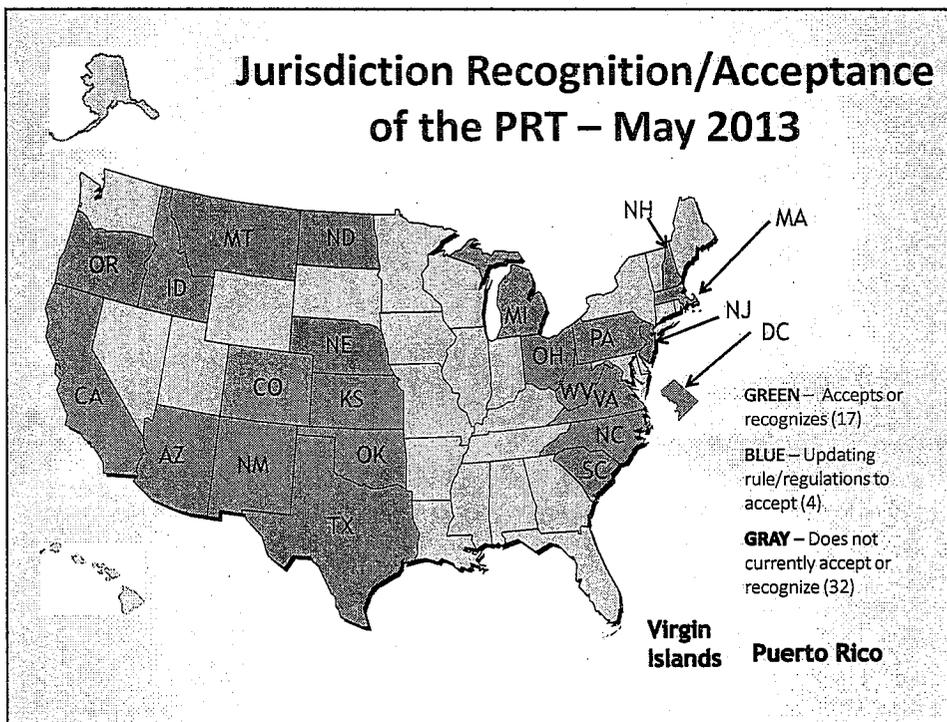
- CA allows licensees to complete the PRT – awards 6 hours of credit
- CA could elect to make a shift by establishing as a **requirement** that licensees periodically complete a self-assessment tool such as the PRT



Practice Review Tool (PRT) Why It Should Be in a CC Model

- *Continuing competence* (as defined by FSBPT) is the lifelong process of maintaining and documenting competence through ongoing **self-assessment**, development, and implementation of a personal learning
- The literature defines attributes of competence as including **assessment** and periodic **re-assessment**
- A licensee's CC development plan will be most effective when it's guided by the results of an assessment

fsbpt



Jurisprudence Assessment Tools

Jurisprudence Assessment Tool What is it?

- Assesses a licensee's knowledge of state law under which they practice
- Can be incorporated as either an option or a requirement into a CC model
- CA's model includes the **option** of taking the CA LAW exam for 2 hours of CC credit

tsbt

Jurisprudence Assessment Tool

What is it?

- CA may elect to make a shift in the CC model by establishing as a **requirement** that licensees take and pass the FSBPT developed and administered jurisprudence assessment tool

FSBPT

FSBPT Jurisprudence Assessment Tool

What is it?

- FSBPT can develop this tool using the existing item bank for CA LAWS exam required for initial licensure, plus any items that are in common with other jurisdictions
- CA may be interested in one of two options...

Jurisprudence Assessment Tool

Options

1. Closed book; delivered at secure testing centers (identical to CA LAW exam for initial licensure)

OR

2. Open book and delivered online

- Anticipate – at a minimum – a 9-month development process so advance planning is essential

Jurisprudence Assessment Tool

Development and Administration Considerations:

- Minimal expense to the CA Board
- Requires an addendum to the legal agreement
- Fees to licensees are a function of the volume
- Notification is provided to the jurisdiction when the licensee/candidate has passed (versus issuing score reports)

Contact FSBPT for a consultation on pricing

Jurisprudence Assessment Tool

Why Require It?

- Fees collectively ensure a high-quality assessment on which licensees and candidates can rely
 - 24-hour access on-line
 - A vast and responsive support network behind it
 - FSBPT development and maintenance includes
 - Psychometric analysis
 - Assurance that the tool meets industry standards

Essentially, FSBPT will ensure the integrity of the process from end-to-end.

Jurisprudence Assessment Tool

Why Require It?

The most important reason CA would want to require it:

Improved assurance of public protection when licensees demonstrate they know the law

Sounds good?
Where do we go from here?

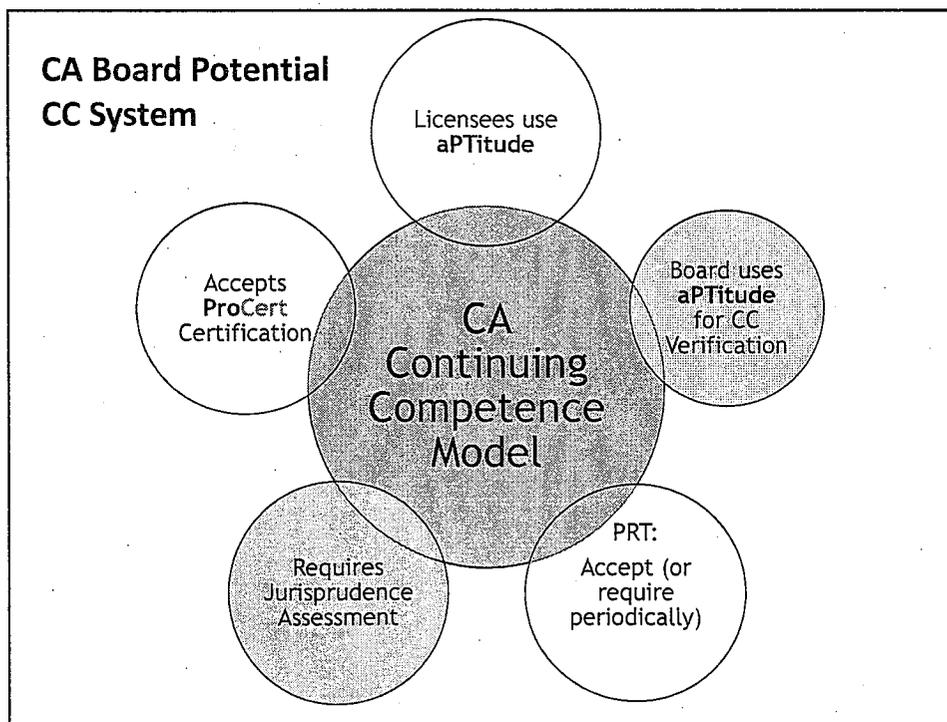
Where do we go from here?

- Prepare to make regulation changes
- Review the CA model and determine whether to incorporate additional activity options
- Determine whether to encourage/require **aPTitude** use by licensees
 - Use the system to expand your audits
 - Use **aPTitude** as your complete compliance verification (audit) system

tsbpr

Where do we go from here?

- Determine whether licensees shall periodically complete an assessment to guide their CC development
 - The PRT
- Partner with FSBPT to develop and administer your jurisprudence assessment tool



Sound Daunting? Let FSBPT Help!

- Help with drafting/reviewing language
- Technical assistance for implementing:
 - aPTitude
 - ProCert
 - Practice Review Tools
 - Jurisprudence Assessment Tools
- Research and data collection
- Referral to other resources
- Issuing communiques to licensees, vendors, other stakeholders

We are here to serve YOU!

aPTitude Demo

The screenshot shows the aPTitude website interface. At the top is a dark navigation bar with the aPTitude logo on the left and links for Home, About aPTitude, Register Now, CC News, and Contact aPTitude on the right. A 'Login' link is also visible in the top right corner. Below the navigation bar is a large hero image featuring a landscape with a single tree on a hill under a cloudy sky. The text 'Explore it with aPTitude.' is overlaid on the image. Below the hero image are three main content sections, each with a title, a brief description, and a 'Get Started' button with a small icon. The sections are: 1. 'PTS AND PTAS' with an icon of three apples, 2. 'VENDORS' with an icon of a laptop and books, and 3. 'JURISDICTIONS' with an icon of a globe. At the bottom of the page, there is a footer with a copyright notice for FSBPT and a repeat of the navigation links.

**Questions, Comments or
Feedback?**

Thank You!

hherbstpaakkonen@fsbpt.org
1.703.299.3100 x283

Resources



- aPTitude
- Continuing Competence Model
- Standards for Continuing Competence Activities
- ProCert Course & Activity Certification
- Practice Review Tool
- Jurisprudence Examinations

Why Continuing Competence?

- Patients have every right to assume that a health care provider's license to practice provides assurance of his or her current professional competence.
- Clinicians themselves want assurance that those with whom they practice possess and use current knowledge and skills, and are fully competent.

The **Federation of State Boards of Physical Therapy (FSBPT)** is committed to maintaining and enhancing its Continuing Competence Initiative consisting of resources, tools and the **aPTitude** system for use by physical therapy licensing boards, PT & PTA licensees, and providers of continuing education and competence activities.

The Continuing Competence Model

A proposed set of requirements for state boards to consider implementing as part of the licensure renewal process

- Based on current evidence and addresses issues raised by consumer groups
- A “menu” of activity options for licensees to complete to maintain competence
- Comprised of activities that can be evaluated against established standards, and other engagement activities



PT and PTA licensees use aPTitude to:

- Maintain licensure information and record of continuing competence activities
- Securely store continuing competence activity completion documents
- Stay current with all continuing competence requirements and deadlines
- Track requirement completion progress for one or many states
- Find continuing competence activities

Continuing competence activity providers/vendors use aPTitude to:

- Publish their offerings for licensees to view
- Receive feedback on activities from PTs and PTAs
- Review all states’ requirements in a single place
- Obtain multi-state certification through **ProCert** of activities that comply with the **Standards for Continuing Competence Activities**

Physical therapy licensing boards use aPTitude to:

- Verify licensee compliance with continuing competence requirements
- Generate compliance statistical reports



124 West Street South
Alexandria, VA 22314
703.299.3100

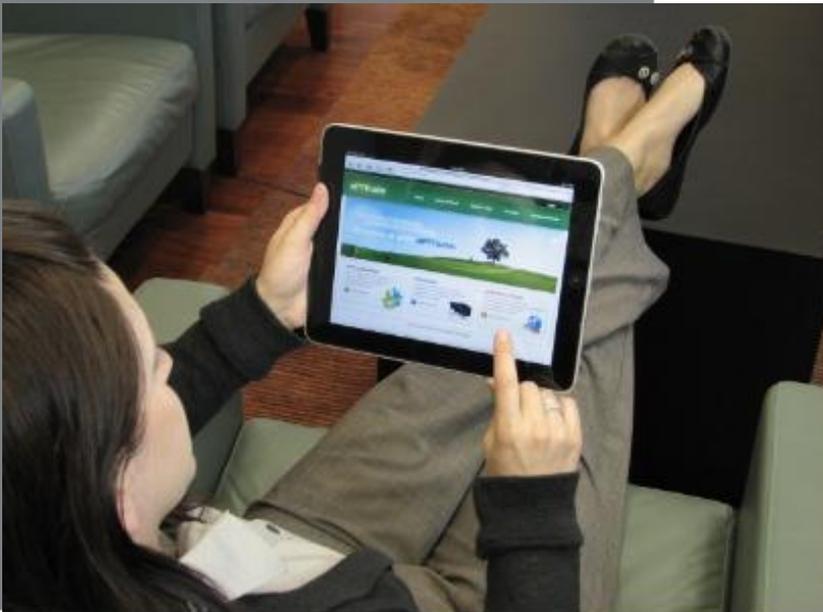
continuingcompetence.org
fsbpt.org/aPTitude

Standards for Continuing Competence Activities

- A comprehensive set of requirements against which physical therapy continuing competence activities are evaluated through **ProCert**
- **Reflects the available research**
- Takes into consideration broad stakeholder review and feedback
- Consists of both required and value-added criteria
- Relevant to not only continuing education, but also to conferences, examinations, assessments, residencies and fellowship activities

Practice Review Tools

- A starting point for creating a continuing competence development plan
- A tool for use by PTs to assess their ongoing competence
- A unique opportunity for PTs to compare their current knowledge, skills and abilities to entry-level practice
- Issues a Feedback Report and a Development Planning Worksheet to guide in making relevant and appropriate development choices



ProCert | Recognizing **quality** in
continuing competence

Continuing Competence Activity Certification

- Evaluates activities against the **Standards for Continuing Competence Activities**
- Awards value beyond merely the basis of time or duration in the form of Continuing Competence Units (CCUs)
- Evaluates content areas and level of learning demand within those areas
- The higher the compliance with the Standards, the higher the CCU award
- Utilizes trained volunteers selected from a nationwide pool of applicant with relevant experience
- Potential to be the single evaluative system of physical therapy continuing competence activities; currently accepted in 12 states and expanding to many other
- Activity submission, review and award processes occur within **aPTitude**

Jurisprudence Examinations

- An assessment tool for licensing boards who want such a requirement in their continuing competence model
- Measures licensees' knowledge of the state laws and regulations under which they practice
- Several development and administration options are available for licensing boards including online access for licensees

Issue Paper

Date: 5/1/2013
Prepared for: PTBC Members
Prepared by: Debra Alviso, Board Member
Subject: Fictitious Name Permit

Issue:

What does the PTBC need in Fictitious Name Permit (FNP) authority for improved and effective consumer protection?

Background:

The PTBC 2012/13 Sunset Report includes New Issue #3, our recommendation that the PTBC have authority to issue Fictitious Name Permits.

"The PTBC recommends adding authority to the Physical Therapy Practice Act for the PTBC to issue fictitious name permits. A fictitious name permit is a tool by which the PTBC would be able to increase consumer protection through ensuring physical therapists are held accountable while offering services under a name other than that to which a license was issued. Examples of how fictitious name permits are essential to the regulation of the profession are:

- *Locating a physical therapist if a complainant filed against the business not knowing the name of the individual who treated him or her.*
- *Prevention of physical therapist assistants working beyond their scope of practice.*

Other boards have already implemented this type of program, such as the Medical Board. Business and Professions Code section 2285 provides that it is unprofessional conduct for a licensee of the Medical Board to use any fictitious name without first obtaining a permit, and

B&P Code section 2415 sets forth the requirements to obtain a fictitious name permit." PTBC 2011 Sunset Report with 2012 Addendum

The Senate Business Professions and Economic Development (BP&ED) Background Paper for the PTBC Sunset Hearing included a response to this request:

"Issue #2: (NEED FOR FICTITIOUS NAME PERMIT.) Should the PTBC be granted the authority to require a fictitious name permit for physical therapists similar to the Medical Board?"

The PTBC recommends adding authority to the Physical Therapy Practice Act for the PTBC to issue fictitious name permits. A fictitious name permit is a tool by which the PTBC would be able to increase consumer protection through ensuring physical therapists are held accountable while offering services under a name other than that to which a license was issued. Examples of how fictitious name permits are essential to the regulation of the profession are:

- *Locating a physical therapist if a complainant filed against the business not knowing the name of the individual who treated him or her.*
- *Prevention of physical therapist assistants working beyond their scope of practice.*

Other boards have already implemented this type of program, such as the Medical Board. Business and Professions Code Section 2285 provides that it is unprofessional conduct for a licensee of the Medical Board to use any fictitious name without first obtaining a permit, and B&P Code Section 2415 sets forth the requirements to obtain a fictitious name permit.

Staff Recommendations: There does not appear to be any reason why the PTBC should not be authorized to require a fictitious name permit."

In follow up to our Sunset Hearing, and to implement our request, the Senate BP&ED Committee staff requested the PTBC submit language to include in the bill containing our Practice Act revisions.

Analysis:

Our presentation of the issue in the Sunset Hearing was from a conceptual standpoint – we believed the authority for this requirement benefits our charge of

consumer protection. The Board had not attempted language or even systematically considered the intricacies of such a permit.

For a starting place, language from the similar statute of Medical Board was reviewed. Attempts were made to modify this language to fit PTBC use. The process of this review revealed that the PTBC application of the Fictitious Name Permit needs further investigation and planning.

Some clarity should be found in answering the following questions:

- What are the settings in which PT services are provided?
- What is the practical application of how FNP will be used by PTBC ?
- What are the settings we have authority to require FNP?
- How effective will this be?
- What are the limitations of FNP? Who are we missing?
- What mechanism do we have to assess compliance and currency of information?
- What are the consequences of not registering - what authority do we have or need?
- Effect of FNP program on PTBC - what are the anticipated program requirements and demands of PTBC if FNP is implemented?
- What parts of FNP belong in statute and what belongs in regulation?

The request made by the Committee staff for inclusion of FNP language in our Practice Act revisions was certainly an opportunity to obtain authority in statute. As President I made the decision to bring this issue back to the Board. My fear of submitting language in haste was the possible result of ineffective or burdensome statute of FNP.

What we gained out of the Sunset Review of this issue was that the legislature sees the benefit and they do not oppose the idea of this authority. We now can begin the process of fine exploration of the issue.

Action Requested:

Board consideration of this issue, and suggestions for course of action for investigating this further, including:

- Topics, documents or issues to be explored;
- Future discussion with the Board at large;
- Appointment of 1-2 members to work with staff and report to Board at future meeting; and,
- Any other suggestions.

Review and/or Update of Application and Licensing Regulations



11/2012

OAL File No.:

Priority:

Notes: As noted in previous rulemaking reports, this item will require a task force of staff and legal counsel to review the current regulations and determine the changes to be made. Since the proposed revisions to the Practice Act will affect these regulations, the review has been postponed pending the outcome of SB 198 – the bill carrying the proposed revisions to the Practice Act.

Continuing Competency



11/2012

OAL File No.:

Priority:

Notes: Since Continuing Competency is a new program, a full program analysis will be presented once audits have been completed for a full renewal cycle; the analysis will include regulatory change recommendations. As the Board looks to this review of its Continuing Competency program, Heidi Herbst Paakkonen, MPA, from the FSBPT, will be presenting on the FSBPT's continuing competency model at this meeting for Board consideration.

Delegation Authority for Citation Informal Conferences (Cite and Fine)



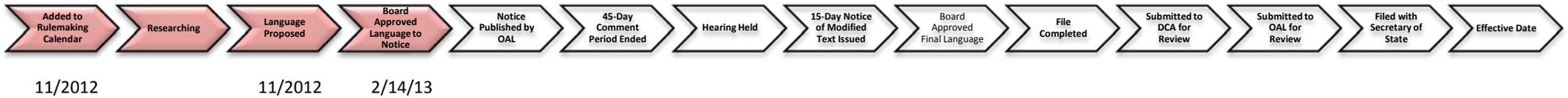
11/2012

OAL File No.:

Priority:

Notes:

Guidelines for Issuing Citations and Imposing Discipline/Uniform Standards Regarding Substance-Abusing Healing Arts Licensees

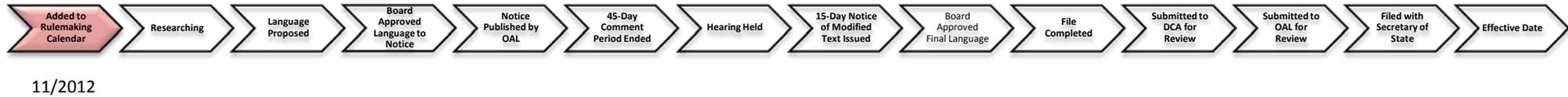


OAL No.:

Priority:

Notes: Although the Board approved language to notice and have the hearing at this meeting, the drafting and review process to ensure the Board appropriately and accurately notices the proposed regulatory change took longer than anticipated. This delay did not allow the notice of regulatory change to be published 45 days prior the planned hearing date (this meeting); therefore, the hearing must be postponed until the next meeting in August.

Evaluation Elements

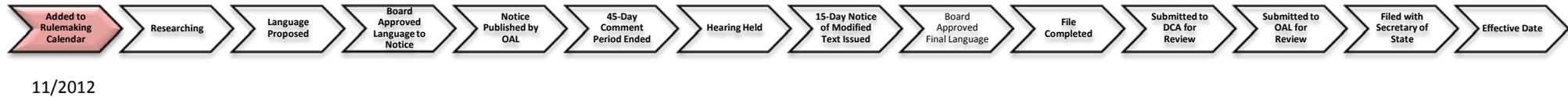


OAL No.:

Priority:

Notes:

Physical Therapy Business Requirements



OAL No.:

Priority:

Notes:

Telehealth



12/2012

OAL No.:

Priority:

Notes:

Mandatory Fingerprinting



1/2013

OAL No.:

Priority:

Notes:

This topic was added to the Rulemaking Calendar in the event the deadline to complete the 2012 file (Z2012-0313-10) was not met; however, the file has been submitted to the DCA to begin the review process. Upon submission to the DCA, a 90-extension was requested from OAL. OAL granted the extension and the new deadline is June 20th. The file is currently being reviewed by Agency, which is the last agency to review prior to going to the OAL.

Processing Times

- At the last meeting of each calendar year, the Board adopts its Rulemaking Calendar for the following year; the meeting date is the “Added to Rulemaking Calendar” date.
- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action.
- The DCA is allowed thirty calendar days to review the rulemaking file prior to submission to the Dept. of Finance (DOF).
- The DOF is allowed thirty days to review the rulemaking file prior to submission to the OAL.
- The OAL is allowed thirty working days to review the file and determine whether to approve or disapprove it.
- Pursuant to Government Code section 11343.4, as amended by Section 2 of Chapter 295 of the Statute of 2012 (SB 1099, Wright), regulation effective dates are as follows:

<u>Date Filed with the Secretary of State</u>	<u>Effective Date</u>
September 1 st – November 30 th	January 1 st
December 1 st – February 29 th	April 1 st
March 1 st – May 31 st	July 1 st
June 1 st – August 31 st	October 1st

PHYSICAL THERAPY BOARD OF CALIFORNIA
Title 16. California Code of Regulations
Division 13.2

Language adopted 2/14/13

Article 8. Discipline and Reinstatement of License

Amend section 1399.15. Guidelines for Issuing Citations and Imposing Discipline.

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et. seq.), the Board shall consider the Guidelines for Issuing Citations and Imposing Discipline”, Revised ~~August 2012~~[date of adoption], 45th Edition; hereafter, “Guidelines”) which are hereby incorporated by reference. ~~Subject to paragraph (c),~~ Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts warrant such a deviation – for example: The presence of mitigating or aggravating factors; the age of the case; evidentiary problems.

(b) Notwithstanding the ~~disciplinary~~ Guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

As used in this section, the term "sex offense" shall mean any of the following:

- (1) Any offense for which registration is required by Section 290 of the Penal Code or a finding that a person committed such an offense.
- (2) Any offense defined in Section 261.5, 313.1, 647b, or 647 subdivisions (a) or (d) of the Penal Code or a finding that a person committed such an offense.
- (3) Any attempt to commit any of the offenses specified in this section.
- (4) Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this state, would be punishable as one or more of the offenses specified in this section.

(c) If the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation.

- (1) Each of the “Conditions Applying the Uniform Standards,” as set forth in the Guidelines, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

- (2) The Substance Abuse Coordination Committee's *Uniform Standards Regarding Substance Abusing Healing Arts Licensees* (4/2011), which are hereby incorporated by reference, shall be used in applying the probationary conditions imposed pursuant to this subsection.
- (d) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

NOTE: Authority cited: Section 2615, Business and Professions Code. Reference: Sections 315, 315.2, 315.4, 2660, 2660.1, 2661 and 2661.5, Business and Professions Code: and Section 11425.50(e), Government Code.

DRAFT LANGUAGE FOR MAY 2013 MEETING
(WORKING DRAFT REVISED ON 4/11/2013)



GUIDELINES FOR ISSUING CITATIONS AND IMPOSING DISCIPLINE

Physical Therapy Board of California

Department of Consumer Affairs

Physical Therapy Board of California

Guidelines for Issuing Citations & Imposing Discipline

Edmund G. Brown Jr., Governor

Denise Brown, Director
Department of Consumer Affairs

Physical Therapy Board of California Members:

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Interim Executive Officer: ~~Rebecca Marco~~ Jason Kaiser

Published by the Physical Therapy Board of California, Department of Consumer Affairs, 2005 Evergreen Street, Suite 1350, Sacramento, California 95815.

~~August 2012~~ May 2013
45th Edition

Page numbering will be affected by the proposed revisions and will be corrected once adopted.

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Statement of Purpose, Intent & Expectations

The purpose of physical therapists and physical therapist assistant licensure in the State of California is to protect the public's health, safety and welfare from the incompetent and unprofessional practice of physical therapy. These guidelines address the challenge of providing public protection and of enabling a licensee to practice his or her profession. In addition to protecting the public and rehabilitating a licensee, the Physical Therapy Board finds imposing the discipline set forth in the guidelines will further public protection by promoting uniformity, certainty, fairness, and deterrence.

The Physical Therapy Board of California (Board) is producing this 45th edition of the "Guidelines for Issuing Citations and Imposing Discipline" (Guidelines) for the public, individuals subject to issuance of a citation and fine, as well as those involved in the disciplinary process: Administrative Law Judges, Deputy Attorneys General, Members of the Board who review proposed decisions and stipulations and make final decisions, the Board's Executive Officer and staff, and Respondents and their Counsel. When an Initial Probationary License has been issued, a Statement of Issues, or an Accusation has been filed, these actions indicate the nature of the alleged violation is severe enough to warrant disciplinary action if the allegations are proven true. An administrative citation is not discipline and is issued for less egregious violations. However, when documentation of significant mitigation has been received; discipline may not be required to protect the public.

When criminal charges are alleged and there is an immediate need to protect the public, application of Penal Code 23 shall be sought. In addition, if the alleged conduct poses an immediate threat to public safety an Interim Suspension Order shall be sought.

The Board has some basic expectations when an Administrative Law Judge determines the allegations are true and a cause for discipline exists. The Board recognizes a rare individual case may necessitate a departure from these guidelines. Any "Proposed Decision" that departs from the disciplinary guidelines shall identify the departures and the facts supporting the departure. However, in such a rare case, the mitigating circumstances must be detailed in the Findings of Fact, which is in every Proposed Decision.

These include:

- 1) If at the time of hearing, the Administrative Law Judge finds Respondent, for any reason, not capable of safe practice, the Board expects the outright revocation of the license. This is particularly true in cases of patient sexual abuse. In less egregious cases, a stayed revocation with suspension and probation, pursuant to the guidelines contained in this manual, would be expected.
- 2) The Board expects revocation to normally be the appropriate order in cases where Respondent does not file a Notice of Defense or appear at a hearing.
- 3) When probation is granted, the inclusion of a stayed revocation order is essential to ensure compliance with terms of probation.

- 4) When the revocation of a license is stayed, a suspension of the license shall be considered when further education, medical or psychological evaluation or treatment is deemed necessary to ensure safe practice. A suspension, when imposed, should not be for less than indicated in the guidelines.
- 5) The Board expects the decision to include an order for cost recovery.

The Board expects a similar result and explanation for any Stipulation negotiated prior to hearing. Any "Proposed Settlement" that departs from the disciplinary guidelines shall be accompanied by a memorandum identifying the departures and the facts supporting the departure. However, in such a rare case, the mitigating circumstances must be detailed in the Findings of Fact.

Probation conditions are divided into three categories: 1) Standard Conditions which the Board expects in all probation cases; 2) Specific Conditions that depend on the nature and circumstances of the particular case; and 3) Conditions Specific to Alcohol and/or Controlled Substance

LEGAL AUTHORITY

The legal authority for these “Physical Therapy Board of California, Guidelines for Issuing Citations and Imposing Discipline”, revised August 2012, is contained in Section 315, 315.2, 315.4, 2615, 2660, 2660.1, 2661 and 2661.5 of the Business and Professions Code; and Title 16, CCR §1399.15.

California Code of Regulations
Title. 16 Professional and Vocational Regulations
Division 13.2
Article 8 Disciplinary Guidelines

- (a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et. seq.), the Board shall consider the “Guidelines for Issuing Citations and Imposing Discipline”, (Revised August 2012 ~~May 2013~~, 45th Edition; hereafter, “Guidelines”) which are hereby incorporated by reference. Subject to paragraph (c), d Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts warrant such a deviation – for example: The presence of mitigating or aggravating factors; the age of the case; evidentiary problems.
- (b) Notwithstanding the ~~disciplinary g~~ Guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

As used in this section, the term “sex offense” shall mean any of the following:

- (1) Any offense for which registration is required by Section 290 of the Penal code or a finding that a person committed such an offense.
- (2) Any offense defined in Section 261.5, 313.1, 647b, or 647 subdivisions (a) or (d) of the Penal code or a finding that a person committed such an offense.
- (3) Any attempt to commit any of the offenses specified in this section.
- (4) Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this state, would be punishable as one or more of the offenses specified in this section.

- (c) If the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation.

(1) Each of the “Conditions Applying the Uniform Standards,” as set forth in the Guidelines, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

(2) The Substance Abuse Coordination Committee’s Uniform Standards Regarding Substance Abusing Healing Arts Licensees (4/2011), which are hereby incorporated by reference, shall be used in applying the probationary conditions imposed pursuant to this subsection.

(d) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

AUTHORITY TO EXAMINE DUE TO MENTAL ILLNESS AND/OR PHYSICAL IMPAIRMENT

Business and Professions Code, Section 820. Whenever it appears that any person holding a license, certificate or permit under this division or under any initiative act referred to in this division may be unable to practice his or her profession safely because the licentiate's ability to practice is impaired due to mental illness, or physical illness, affecting competency, the licensing agency may order the licentiate to be examined by one or more physicians and surgeons or psychologists designated by the agency. The report of the examiners shall be made available to the licentiate and may be received as direct evidence in proceedings conducted pursuant to Section 822.

Business and Professions Code, Section 821. The licentiate's failure to comply with an order issued under Section 820 shall constitute grounds for the suspension or revocation of the licentiate's certificate or license.

Business and Professions Code, Section 822. If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill, affecting competency, the licensing agency may take action by any one of the following methods:

- (a) Revoking the licentiate's certificate or license.
- (b) Suspending the licentiate's right to practice.
- (c) Placing the licentiate on probation.
- (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

Business and Professions Code, Section 823. Notwithstanding any other provisions of law, reinstatement of a licentiate against whom action has been taken pursuant to Section 822 shall be governed by the procedures in this article. In reinstating a certificate or license which has been revoked or suspended under Section 822, the licensing agency may impose terms and conditions to be complied with by the licentiate after the certificate or license has been reinstated. The authority of the licensing agency to impose terms and conditions includes, but is not limited to, the following:

- (a) Requiring the licentiate to obtain additional professional training and to pass an examination upon the completion of the training.
- (b) Requiring the licentiate to pass an oral, written, practical, or clinical examination, or any combination thereof to determine his or her present fitness to engage in the practice of his or her profession.
- (c) Requiring the licentiate to submit to a complete diagnostic examination by one or more physicians and surgeons or psychologists appointed by the licensing agency. If the licensing agency requires the licentiate to submit to such an examination, the licensing agency shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons or psychologists of the licentiate's choice.
- (d) Requiring the licentiate to undergo continuing treatment.

(e) Restricting or limiting the extent, scope or type of practice of the licentiate.

Business and Professions Code, Section 824. The licensing agency may proceed against a licentiate under either Section 820, or 822, or under both sections.

DEFINITION OF DRUG AND ALCOHOL RECOVERY MONITORING PROGRAMS

The Board does not consider licensees who have been ordered to participate in the Board's diversion program to be "in diversion," rather the Board considers these individuals to be in a drug and alcohol recovery monitoring program. As a result, the Board will not use the term "diversion" in these disciplinary guidelines to describe licensees on probation or terms and conditions of probation related to drug and alcohol recovery monitoring. Instead the phrase "drug and alcohol recovery monitoring program" or "recovery monitoring program" will be used.

There are two pathways into the Board's drug and alcohol recovery monitoring program:

1) Participants with drug and/or alcohol addiction issues who have self-referred to the program and are not under a disciplinary order; and, 2) Participants who have been ordered into the Board's drug and alcohol recovery monitoring program as a result of violations of the Physical Therapy Practice Act related to drug and/or alcohol addiction.

Self-Referrals

When a licensee enrolls in the Board's drug and/or alcohol addiction program as a self-referral, the participation is confidential. ~~When~~ However, a self-referred participant is determined to be too great a risk to the public health, safety, and welfare to continue the practice of physical therapy, the facts shall be reported to the Executive Officer of the Board and all documents and information pertaining to and supporting that conclusion shall be provided to the Executive Officer. The matter may be referred for investigation and disciplinary action by the Board. Each physical therapist or physical therapist assistant who requests participation in a drug and/or alcohol addiction program shall agree to cooperate with the recovery program designed for him or her. Any failure to comply with the program may result in termination of participation in the program.

Probationary Participants

Probationary participants are required to comply with terms of probation or risk losing their license. A clinical diagnostic evaluation will be ordered as a term of probation and the conditions applying the Uniform Standards will be included.

While self-referred licensees are not subject to terms and conditions in these Guidelines, they are subject to nearly identical contractual terms of participation and the violation of those terms could lead to termination of participation in the drug and/or alcohol addiction program.

~~The terms and conditions described in the following guidelines are not applicable to self-referred licensees. Instead, self-referred licensees are subject to contractual terms of participation and the violation of those terms could lead to termination of participation in the drug and/or alcohol addiction program.~~

~~PARTICIPANTS OF THE BOARD'S CONTRACTED~~
DRUG AND ALCOHOL RECOVERY MONITORING PROGRAM

OVERVIEW OF PARTICIPANT REQUIREMENTS & COSTS
(For either self-referrals or probation participants)

Licenseses enrolled in the drug and alcohol recovery monitoring program are required to pay the entire cost of the program pursuant to Business and Professions Code Section 2668. The drug and alcohol recovery monitoring program costs include the monthly administrative fee, monthly health support fees, and random drug and alcohol testing fees. ***All drug and alcohol recovery monitoring program fees are subject to change.***

Drug and Alcohol Recovery Monitoring Program Timeframe: Participation in the drug and alcohol recovery monitoring program is for a period of approximately 3-5 years.

Monthly Administrative Fee: The participant pays the monthly administrative fee directly to the drug and alcohol recovery monitoring program. The monthly administrative fee is currently \$288. The monthly administrative fee may increase 3-5% annually each July. Costs are dependent on the contracted costs.

Random Body Fluid Testing (RBFT) & Fee: Currently the average cost of each RBFT is approximately \$60.00 plus the collection fee at the testing site which can cost up to \$125.00 and possibly more if the applicant is required to test on a weekend. Additionally, there are charges for the medical review officer (MRO) who reviews drug test results, retests of specimen samples, and hair tests. These additional procedures are usually a direct result of problematic (i.e. positive) RBFT results.

Professional Support Group Meetings: Support group meetings are a treatment modality of the drug and alcohol recovery monitoring program. These groups are attended exclusively by licensed professionals who are in their own recovery and involved in a drug and alcohol recovery monitoring program. The support group facilitators are licensed professionals who have extensive clinical experience in working with licensed professionals in recovery and in drug and alcohol recovery monitoring programs. Each participant is required to attend support group meetings two times per week during their first 18 months in the drug and alcohol recovery monitoring program. The frequency of support group meeting attendance can be reduced to one time per week after 18 months of successful participation in the program. This reduction is also based upon the on-going clinical evaluation of each participant.

Professional Support Group Meeting Fees: The participant pays the monthly support group meeting fees directly to the support group facilitator. Support groups all charge different fees and negotiate directly with the participant. Average costs range from \$200-\$500 monthly. Participants may be required to attend support groups once or twice weekly.

12-Step Meetings: All participants are required to attend community-based 12-step meetings. The frequency requirement for attending 12-step meetings range from daily attendance to three times per week. The frequency requirement is established and modified by the Clinical Case Manager based upon the on-going clinical evaluation of each participant. Generally there is not a cost associated with attending 12-step meetings.

Contributions at the 12-step meetings are voluntary.

Clinical Assessment: All participants are required to undergo an initial clinical assessment and subsequent re-assessments by contracted Assessors. There is currently no cost to the Physical Therapy Board participants for the initial clinical assessment and the annual re-assessments. However, if the participant is required to have more than one clinical assessment per year the participant is required to pay the cost for the additional clinical assessment. These additional assessments are usually a direct result of reoccurring problems in the drug and alcohol recovery monitoring program.

Additional Costs to Third Parties: Participants may be required to enter formal chemical dependency treatment (i.e. inpatient or outpatient facilities) at treatment programs approved by the drug and alcohol recovery monitoring program. Referrals to specific treatment programs are based upon the assessment of a participant's clinical need. The cost of any formal chemical dependency treatment program is the sole responsibility of each participant. The participants may also be required to undergo formal treatment for mental health diagnosis. The cost of any formal treatment for mental health treatment program is the sole responsibility of each participant.

Worksite Monitor: Each participant is required to have a worksite monitor at his or her place of employment. The drug and alcohol recovery monitoring program will provide the applicant with the required consent forms at the time of enrollment. The worksite monitor is required to report to the drug and alcohol recovery monitoring program on the status of the participant.

Other Requirements: The participant must submit monthly self-evaluation reports and call into the drug and alcohol recovery monitoring program on a routine, often daily, basis. The assigned Clinical Case Manager will determine the frequency of how often the participant needs to call in. Participants are required to receive prior approval from the Clinical Case Manager before scheduling and taking any vacations. The participant's Clinical Case Manager may determine other requirements.

DENIAL OF LICENSURE & ISSUANCE OF AN INITIAL PROBATIONARY LICENSE

Mandatory Denial of a License

In accordance with Section 2660.5 of the B&P Code, the Board must deny licensure to any applicant who is required to be registered pursuant to Penal Code Section 290, unless the only basis for the registration is a misdemeanor conviction under Penal Code Section 314. There is no discretion allowed. If an applicant is a 290 registrant, his or her application for licensure will be denied.

Permissive Denials of a License

The Board has the right to deny a license to any applicant for any of the following:

Business and Professions Code 480, the Physical Therapy Board has the authority to deny licensure to any applicant whose misconduct or criminal history is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant. Reasons for denial of a license include but are not limited to the following:

- Conviction of a crime substantially related to the practice of physical therapy
- Any act involving dishonesty, fraud, or deceit with intent to substantially benefit self or another or to substantially injure another
- Any act which is grounds for revocation of a license
- Making a false statement on the application

In addition to Section 480, the Board has the authority to deny a license for any of the following reasons:

Business and Professions Code 2635: every applicant for a license under this chapter shall, at the time of application, be a person over 18 years of age, not addicted to alcohol or any controlled substance, have successfully completed the education and training required by Section 2650, and not have committed acts or crimes constituting grounds for denial of licensure under Section 480.

Business and Professions Code 2655.3(c): Not be addicted to alcohol or any controlled substance; (d) Not have committed acts or crimes constituting grounds for denial of approval under Section 480.

Business and Professions Code 2660 (e): Habitual intemperance; (f) Addiction to the excessive use of any habit-forming drug

Business and Professions Code 2660.2 (a): The Board may refuse a license to any applicant guilty of unprofessional conduct or sexual activity referred to in Section 2660.1.

Business and Professions Code 2660.2: The Board may refuse a license to any applicant guilty of unprofessional conduct or sexual misconduct as defined in B&P Code, Section

2660.1 and Title 16, California Code of Regulations, Section 1399.23. The Board may in its sole discretion, issue a probationary license to any applicant for a license who is guilty of unprofessional conduct but who has met all other requirements for licensure.

Appeal Rights

The applicant has the right to appeal the denial or the issuance with terms and conditions of a license. In either case, a Statement of Issues would be filed in accordance with Chapter 5, (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the Board shall have all the powers granted therein.

Any person whose application for a license has been denied by the Board may reapply to the Board for license only after a period of one (1) year has elapsed from the date of the denial.

CITATION

The Physical Therapy Board may issue a citation pursuant to Section 125.9 of the Business and Professions Code, as an alternate means to address relatively minor violations not necessarily warranting discipline.

Citations are not disciplinary actions, but are matters of public record. The citation program increases the effectiveness of the Board's consumer protection process by providing a method to effectively address less egregious violations.

Citations shall be in writing and shall describe the particular nature and facts of the violation, including a reference to the statute or regulation allegedly violated. In assessing a fine, the Board shall give due consideration to the factors enumerated in Section 1399.25 of Title 16 of the CCR.

Payment of a fine with or without an informal conference or administrative hearing does not constitute an admission of the violation charged, but represents a satisfactory resolution of the citation for purposes of public disclosure.

After a citation is issued, the person may:

- 1) Pay the fine/comply with any Order of Abatement and the matter will be satisfactorily resolved.
- 2) Request an informal conference. At the conclusion of the informal conference, the citation may be affirmed, modified or dismissed, including any fine levied or order of abatement issued.
- 3) Request an Administrative Hearing in appeal of the citation whether or not an informal conference was held.

Failure to pay a fine, unless the citation is being appealed, may result in disciplinary action. Where a citation is not contested and a fine is not paid, the fine shall be added to the fee for renewal of the license.

PUBLIC REPROVALS & REPRIMANDS

B&P Code Section 495 authorizes the Board to publicly reprove a physical therapist or physical therapist assistant for an act constituting grounds for suspension or revocation of a license. Issuing a Public Reprival as part of a disciplinary order may be considered when the following circumstances exist:

1. The offense is an isolated incident.
2. Sufficient time elapsed since the offense without further violations indicating a recurrence is unlikely.
3. Respondent admitted to the offense.
4. Respondent indicated remorse.
5. No prior discipline for a similar violation exists.
6. In the case of an offense related to substance abuse, active participation in a recovery program has been documented for at least one year without a relapse.

In lieu of filing or prosecuting a formal accusation against a licensee, B&P Code Section 2660.3 authorizes the Board, upon stipulation or agreement by the licensee, to issue a public letter of reprimand after it has conducted an investigation or inspection. The Board may use a public letter of reprimand only for minor violations (as defined by the Board) committed by the licensee. Minor violations, include, but are not limited to, the following:

1. First DUI with no underlying circumstances that would be considered egregious. (e.g. no bodily injury to any third party)
2. One (1) minor adverse action in another State
3. Failure to maintain patient records, such as an isolated incident of a documentation violation

GUIDELINES SPECIFIC TO VIOLATION

The following offenses are listed in numerical order of the statutory numbers in the Business and Professions Code (B&P Code), the California Code of Regulations (CCR) and the Health and Safety Code (H&S Code).

B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite violations of the Medical Practice Act. When violations of the Medical Practice Act are cited, B&P Code 2660(h) must also be cited.

Violations of the B&P Code or the CCR may result in the issuance of a Citation, Public Reprimand, Initial Probationary License, filing of a Statement of Issues, or an Accusation. Filing of criminal charges shall be sought when appropriate.

BUSINESS AND PROFESSIONS CODE

SUBVERTING OR ATTEMPTING TO SUBVERT A LICENSING EXAM B&P CODE 123

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reprimand or Initial Probationary License
Maximum: Revocation or denial of license

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, E, F

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

CHANGE OF ADDRESS REPORTING REQUIREMENT B&P CODE 136

Citation:

Minimum Fine: \$100
Maximum Fine: \$1,000

Discipline:

Minimum: Public Reprimand
Maximum: Public Reprimand

Refer to related regulation: CCR 1398.6

DISCIPLINARY ACTION BY A FOREIGN JURISDICTION B&P CODE 141

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

If violation is an offense in California, refer to corresponding statute. If not, the Board shall consider the discipline order from the state, federal government, or country of discipline when determining disciplinary action.

Refer to related regulation: CCR 1399.24

**CONVICTION OF A CRIME - SUBSTANTIAL RELATIONSHIP REQUIRED
B&P CODE 490**

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, F, M, N, P, W

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

(Conditions "P" and "W" should only be used if the violation relates to alcohol/substance abuse or psychiatric conditions)

Refer to related statutes and/or regulations: B&P Code 2236, 2660(d), (h)¹, 2661, CCR 1399.24(d)

**COMPLIANCE WITH CHILD SUPPORT ORDERS AND JUDGMENTS
B&P CODE 490.5**

In addition to the mandatory suspension requirements of B&P 490.5.

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Public Reproval

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

OBTAINING LICENSURE BY FRAUD B&P CODE 498

Discipline:

Revocation or Denial of License

Refer to related statutes: B&P Code 499, 581, 582, 583, 2235, 2660(b) (h)¹

FALSE STATEMENT OF MATERIAL FACT FOR APPLICATION B&P CODE 499

Discipline:

Revocation or Denial of License

Refer to related statutes: B&P Code 498, 581, 582, 583, 2235, 2660(b)(h)¹

SALE OR BARTER OF DEGREE, CERTIFICATE OR TRANSCRIPT B&P CODE 580

Discipline:

Revocation or Denial of License

PURCHASE OR FRAUDULENT ALTERATION OF DIPLOMA OR OTHER WRITINGS-B&P CODE 581

Discipline:

Revocation or Denial of License

Refer to related statutes: B&P Code 498, 499, 582, 583, 2235, 2660(b)(h)¹

USE OF ILLEGALLY OBTAINED, ALTERED OR COUNTERFEIT DIPLOMA, CERTIFICATE, OR TRANSCRIPT B&P CODE 582

Discipline:

Revocation or Denial of License

Refer to related statutes: B&P Code 498, 499, 581, 583, 2235, 2660(b)(h)¹

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

**FALSE STATEMENTS IN APPLICATION DOCUMENTS OR WRITINGS
B&P CODE 583**

Discipline:
Revocation or Denial of License

Refer to related statutes: B&P Code 498, 499, 581, 582, 2235, 2660(b)(h)¹

**VIOLATION OF EXAMINATION SECURITY; IMPERSONATION
B&P CODE 584**

Discipline:
Revocation or Denial of License

Refer to related statutes: B&P Code 2288, 2660(h), 2660.7

CONSIDERATION FOR REFERRALS PROHIBITED B&P CODE 650

Citation:
Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:
Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

**ADVERTISING VIOLATIONS- DISSEMINATION OF FALSE OR
MISLEADING INFORMATION CONCERNING PROFESSIONAL
SERVICES OR PRODUCTS B&P CODE 651**

Citation:
Minimum Fine: \$1,000
Maximum Fine: \$5,000

Discipline:
Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: E

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statutes: B&P Code 2660(a), H&S 17500, CCR 1398.10

HEALTH CARE PRACTITIONER'S DISCLOSURE OF NAME AND LICENSE STATUS B&P CODE 680

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Public Reproval

Refer to related regulation: CCR 1398.11

EXCESSIVE PRESCRIBING OR TREATMENT B&P CODE 725

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, D, E, F, H, L, O

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statutes: B&P Code 2234(b), 2660(g)(h)

SEXUAL ABUSE OR MISCONDUCT WITH PATIENT OR CLIENT B&P CODE 726

Note: The Board has determined that no term and condition of probation can adequately protect the public from a licensee who has engaged in sexual abuse and/or misconduct.

Refer to related statutes and/or regulation: B&P Code 2660.1, CCR 1399.15

REPORTS OF MALPRACTICE SETTLEMENTS OR ARBITRATION AWARDS INVOLVING UNINSURED LICENSEES; PENALTIES FOR NON COMPLIANCE B&P CODE 802

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline: Refer to related statutes and/or regulation violation triggering malpractice settlement.

INSURANCE FRAUD - UNPROFESSIONAL CONDUCT B&P CODE 810

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, F

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statutes: B&P Code 2261, 2262, 2660 (k)(h)¹

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

REQUIREMENTS FOR LICENSE EXEMPTION B&P CODE 901

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Refer to related statutes and regulations: B&P Code, 2630, CCR 1399.99.2, 1399.99.3, 1399.99.4

NUTRITIONAL ADVICE B&P CODE 2068, 2660(h)¹

Citation:

Minimum Fine \$100
Maximum Fine \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Public Reproval

GROSS NEGLIGENCE B&P CODE 2234(b), 2660(h)¹

Discipline:

Minimum: Revocation, stayed, 30 days suspension or until proficiency to practice safely is determined, 3 years probation following return to practice.
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, I, J, L, M, N, O

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statutes: B&P Code 725, 2660(g)

REPEATED NEGLIGENT ACTS B&P CODE 2234(c), 2660(h)¹

Citation:

Minimum Fine \$1,000
Maximum Fine \$5,000

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

Discipline:

Minimum: Revocation, stayed, 30 days suspension or until proficiency to practice safely is determined, 3 years probation following return to practice.

Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, I, J, L, M, N, O

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

INCOMPETENCE B&P CODE 2234(d), 2660(h)¹**Discipline:**

Minimum: Revocation, stayed, 30 days suspension or until proficiency to practice safely is determined, 3 years probation following return to practice.

Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, I, J, L, M, N, O

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

PROCURING LICENSE BY FRAUD B&P CODE 2235, 2660(h)¹**Discipline:**

Revocation or cancellation is the only suitable discipline in as much as the license would not have been issued but for the fraud or misrepresentation.

Refer to statute(s) for appropriate penalties: B&P Code 498, 499, 581, 582, 583, 2660(g)

CRIMINAL CONVICTION B&P CODE 2236, 2660(h)¹

Note: If the conviction relates to the use or abuse (i.e. possession, possession for sale, trafficking, etc.) of a controlled substance for DUI or related offenses, or if the conviction was attributed to the use of a controlled substance or alcohol (i.e. disorderly conduct) the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

Refer to related statutes: B&P Code 490, 2660(d), 2661, CCR 1399.24(d)

CONVICTION RELATED TO DRUGS B&P CODE 2237, 2660(h)¹

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, M, N, P, T, U, V, W

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Note: If the conviction relates to the use or abuse (i.e. possession, possession for sale, trafficking, etc.) of a controlled substance for DUI or related offenses, or if the conviction was attributed to the use of a controlled substance or alcohol (i.e. disorderly conduct) the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.

NOTE: *Outright revocation for conviction of illegal sales of controlled substances unless extensive mitigation appears.*

VIOLATION OF DRUG STATUTES B&P CODE 2238, 2660(h)¹

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, M, N, P, T, U, V, W

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

The "Uniform Standards Regarding Substance-Abusing Licensees" shall be imposed.

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

NOTE: *Outright revocation for conviction of illegal sales of controlled substances unless extensive mitigation appears.*

SELF ABUSE OF DRUGS OR ALCOHOL B&P CODE 2239, 2660(h)¹

Discipline:

Minimum: Revocation, stayed, ssuspension until the ability to practice safely is determined, participation in drug and alcohol recovery monitoring program, 5 years probation or until satisfactory completion of the drug and alcohol recovery monitoring program, whichever is longer.

Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, J, L, M, N, P, T, U, V, W

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

The "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.

Refer to related statutes: B&P Code 2660(e), 2660(f)

MAKING FALSE DOCUMENTS B&P CODE 2261, 2660(h)¹

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, D, E, F,

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

Refer to related statutes: B&P Code 810, 2262, 2660(h)¹

ALTERATION OF MEDICAL RECORDS B&P CODE 2262, 2660(h)¹

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, D, E

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statutes: B&P Code 810, 2261, 2660(h)¹

VIOLATION OF PROFESSIONAL CONFIDENCE B&P CODE 2263, 2660(h)¹

Citation:

Minimum Fine \$100
Maximum Fine \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: V (course should include HIPPA requirements)

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

AIDING AND ABETTING UNLICENSED PRACTICE B&P CODE 2264, 2660(h)¹

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 5 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: B, C, E, J, K, L

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statutes and/or regulation: B&P Code 2630, 2660(j), CCR 1399

FALSE OR MISLEADING ADVERTISING B&P CODE 2271, 2660(h)¹

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Public Reproval

Refer to related statues and/or regulation: B&P Code 651, 2660(a), 17500, CCR 1398.10

EMPLOYMENT OF RUNNERS, CAPPERS AND STEERERS B&P CODE 2273, 2660(h)¹

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: F

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

UNAUTHORIZED USE OF MEDICAL DESIGNATION B&P CODE 2274, 2660(h)¹

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

VIOLATION OF PROFESSIONAL CORPORATION ACT B&P CODE 2286, 2660(h)¹

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reprimand
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

Refer to related statute: B&P Code 2691

IMPERSONATION OF APPLICANT IN EXAM B&P CODE 2288, 2660(h)¹

Discipline:

Revocation or denial of license

Refer to related statutes: B&P Code 584, 2660.7

IMPERSONATION PRACTICE OF MEDICINE B&P CODE 2289, 2660(h)¹

Discipline:

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

Minimum: Revocation, stayed, 180 days suspension, 7 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, D, E, G, J, L, M, N, O

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

(Term "F" to be used only when self employed or owner)

AUTHORIZATION TO INSPECT PATIENT RECORDS B&P CODE 2608.5

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

Refer to related statute and/or regulation: B&P Code 2660 (h), CCR 1399.24

TOPICAL MEDICATIONS B&P CODE 2620.3

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

Refer to related regulations: CCR 1399.77, 1399.78, 1399.79

CERTIFICATION TO PENETRATE TISSUE FOR THE PURPOSE OF NEUROMUSCULAR EVALUATION B&P CODE 2620.5

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 5 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: D

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related regulation: CCR 1399.61

PATIENT RECORD B&P CODE 2620.7

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, O

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related regulation: CCR 1398.13

DEFINITIONS "PHYSICAL THERAPIST", "PHYSIOTHERAPIST", "PHYSICAL THERAPIST TECHNICIAN", "PHYSICAL THERAPY" INTERCHANGEABLE TITLES B&P CODE 2622

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Refer to related statutes: B&P Code 2630, 2633

**UNLICENSED PRACTICE - PHYSICAL THERAPIST ASSISTANT
PRACTICING AS A PHYSICAL THERAPIST B&P CODE 2630**

Citation:

Minimum Fine: \$1,000
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 5 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: B, C, E, O

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statutes and/or regulations: B&P Code 2264, 2660(j)(h)¹
CCR 1398.44, 1399.99.3, 1399.99.4*

**UNLICENSED PRACTICE - IMPROPER SUPERVISION OF A PHYSICAL
THERAPY AIDE B&P CODE 2630**

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 5 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, J, L

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

*Refer to related statutes and/or regulation: B&P Code 2264, 2660(h)¹
(j), CCR 1399*

AUTHORIZED USE OF TITLE "P.T." AND "PHYSICAL THERAPIST" PERMITTED TITLES & OTHER DESIGNATIONS; DOCTORAL DEGREE B&P CODE 2633

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 30 days suspension, 5 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

REQUIREMENTS FOR A PHYSICAL THERAPIST APPLICANT LICENSED IN ANOTHER STATE & PHYSICAL THERAPIST LICENSE APPLICANT STATUS B&P CODE 2636.5

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Issue Initial Probationary License
Maximum: Deny Application

Refer to related regulation: CCR 1399.10

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

**PHYSICAL THERAPIST LICENSE APPLICANT GRADUATE PRACTICE
B&P CODE 2639 (ALSO SEE 2640)**

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Issue Initial Probationary License
Maximum: Deny Application

Refer to related regulation: CCR 1399.10

**COMPUTER ADMINISTERED TESTING/PHYSICAL THERAPIST
LICENSE APPLICANT STATUS B&P CODE 2640**

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Issue Initial Probationary License
Maximum: Deny Application

Refer to related regulation: CCR 1398.11, 1399.10

IDENTIFICATION AS STUDENT OR INTERN B&P CODE 2650.1

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Issue Initial Probationary License
Maximum: Deny Application

Refer to related regulation: CCR 1398.37

**REQUIREMENTS OF GRADUATES FROM FOREIGN SCHOOLS
B&P CODE 2653**

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Issue Initial Probationary License
Maximum: Deny Application

Refer to related regulation: CCR 1398.26, 1398.26.5

**NUMBER OF PHYSICAL THERAPIST ASSISTANTS SUPERVISED
B&P CODE 2655.2**

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 5 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, J, K

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

**PHYSICAL THERAPIST ASSISTANT'S QUALIFICATIONS FOR
LICENSURE B&P 2655.3**

Discipline:

Minimum: Issue Initial Probationary License
Maximum: Deny Application

[The "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.]

**PRACTICE AUTHORIZED (PHYSICAL THERAPIST ASSISTANT)
B&P CODE 2655.7**

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reprimand
Maximum: Revocation

Refer to related statute and/or regulation: B&P Code 2630, CCR 1398.44

**AUTHORIZED USE OF TITLES BY PHYSICAL THERAPIST ASSISTANT
B&P CODE 2655.11**

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Issue Initial Probationary License
Maximum: Deny Application

STUDENTS PERFORMING PHYSICAL THERAPY B&P 2655.75

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Refer to related regulation: CCR 1398.52

**PERFORMANCE AS A “PHYSICAL THERAPIST ASSISTANT
APPLICANT” PENDING EXAMINATION RESULTS
B&P CODE 2655.91**

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Issue Initial Probationary License
Maximum: Deny Application

Refer to related statute and/or regulation: B&P Code 2655.93, CCR 1399.12

PHYSICAL THERAPIST ASSISTANT APPLICANT B&P CODE 2655.93

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Issue Initial Probationary License
Maximum: Deny Application

Refer to related statute and/or regulation: B&P Code 2655.91, CCR 1399.12

ADVERTISING IN VIOLATION OF B&P CODE 2660(a) & 17500

Refer to related statute and/or regulation: B&P Code 651, 2271, 17500, CCR 1398.10

PROCURING A LICENSE BY FRAUD OR MISREPRESENTATION B&P CODE 2660(b)

Discipline:
Minimum: Issue Initial Probationary License
Maximum: Deny Application

Refer to related statutes: B&P Code 498, 499, 581, 582, 583, 2235, 2660(h)

CONVICTION OF A CRIME B&P CODE 2660(d)

Note: If the conviction relates to the use or abuse (i.e. possession, possession for sale, trafficking, etc.) of a controlled substance for DUI or related offenses, or if the conviction was attributed to the use of a controlled substance or alcohol (i.e. disorderly conduct) then the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.

Refer to related statutes and/or regulation: B&P Code 490, 2236, 2237, 2660(h)¹, 2661, CCR 1399.24

HABITUAL INTEMPERANCE B&P CODE 2660(e)

The "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.

Refer to related statute: B&P Code 2239, 2660(h)¹

ADDICTION TO HABIT- FORMING DRUGS B&P CODE 2660(f)

Note: If the conviction relates to the use or abuse (i.e. possession, possession for sale, trafficking, etc.) of a controlled substance for DUI or related offenses, or if the conviction was

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

attributed to the use of a controlled substance or alcohol (i.e. disorderly conduct) the “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” shall be imposed.

Refer to related statute: B&P Code 2239

GROSS NEGLIGENCE B&P CODE 2660(g)

Refer to related statutes: B&P Code 725, 2234(b), 2660(h)¹

VIOLATION OF THE PHYSICAL THERAPY OR MEDICAL PRACTICE ACTS B&P CODE 2660(h)

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

See specific statute violated.

Note: B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite violations of the Medical Practice Act; therefore whenever violations of the Medical Practice Act are cited B&P 2660(h) must also be cited

AIDING OR ABETTING A VIOLATION OF THE PHYSICAL THERAPY PRACTICE ACT OR REGULATIONS B&P CODE 2660(i)

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

AIDING OR ABETTING UNLAWFUL PRACTICE B&P CODE 2660 (j)

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Refer to related statutes: B&P Code 2264, 2660(h)¹

FRAUDULENT, DISHONEST OR CORRUPT ACT SUBSTANTIALLY RELATED B&P CODE 2660(k)

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 5 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: F

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statute: B&P Code 810,

INFECTION CONTROL GUIDELINES B&P CODE 2660(l)

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reprimand
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, E, I, J

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

VERBAL ABUSE OR SEXUAL HARASSMENT- B&P CODE 2660(m)

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, C, G, T

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

PRESUMPTION REGARDING INCAPABILITY TO CONSENT TO SEXUAL ACTIVITY B&P CODE 2660.1

Note: Pursuant to CCR 1399.15 any findings the licensee committed a sex offense or been convicted of a sex offense, the order shall revoke the license. The proposed decision shall not contain an order staying the revocation of the license.

Refer to related statute and/or regulation: B&P Code 726, 1399.15

DENIAL OF LICENSE IN SPECIFIED CIRCUMSTANCES - REGISTERED SEX OFFENDER (APPLICANT) B&P 2660.5

Discipline: Denial of License

SUBVERSION OF EXAMINATION B&P 2660.7

Refer to related statutes: B&P Code 123, 584, 2288, 2660 (h)¹,(i)(k)

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

CONVICTION OF CRIME B&P CODE 2661

A conviction demonstrates a lack of judgment and unwillingness to obey a legal prohibition and also exhibits characteristics and actions that do not demonstrate that he or she exercises prudence and good judgment. Therefore, the conviction is substantially related to the qualifications, functions and duties as a licensee.

Note: B&P Code 2661 should be cited in conjunction with a conviction violation since it defines the conviction being of substantial relationship to the qualifications, functions and duties, and should not stand alone as its own cause.

Refer to related statutes and/or regulations: B&P Code 490, 2236, 2660(d), CCR 1399.23, 1399.24

DEMONSTRATION OF CONTINUING COMPETENCY REQUIREMENT B&P CODE 2676

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Refer to related statute: B&P Code 2684

EXPIRATION AND RENEWAL OF LICENSES, DISCLOSURE OF MISDEMEANOR OR CRIMINAL OFFENSE & CONTINUING COMPETENCY REQUIREMENTS B&P CODE 2684

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Refer to related statute: B&P Code 2630, 2676

PHYSICAL THERAPY CORPORATION B&P CODE 2691

Refer to related statute: B&P Code 2286 Note: If a licensee violates this section it would be a criminal offense; therefore, also see B&P Code 2236.

UNPROFESSIONAL CONDUCT- CORPORATION B&P CODE 2692

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

VIOLATION OF PROBATION

Discipline:

NOTE: The maximum penalty should be given for repeated similar offenses or for probation violations revealing a cavalier or recalcitrant attitude.

Implementation of Original Stayed Order.

TITLE 16, CALIFORNIA CODE OF REGULATIONS

FILING OF ADDRESSES, EMAIL ADDRESSES & NAME CHANGE CCR 1398.6

Refer to statute: B&P Code 136

ADVERTISING CCR 1398.10

Refer to statute(s) for appropriate penalties: B&P Code 651, 2271, 2660(a)(h)¹, H&S Code 17500

PHYSICAL THERAPY AIDE, APPLICANT, STUDENT AND INTERN IDENTIFICATION CCR 1398.11

Refer to statute(s) for appropriate penalties: B&P Code 680

PATIENT RECORD DOCUMENTATION REQUIREMENT CCR 1398.13

Refer to statute(s) for appropriate penalties: B&P Code 2620.7

NOTICE TO CONSUMERS (FORM NTC 12-01) CCR 1398.15

Citation:

Minimum Fine: \$100
Maximum Fine: \$1,000

Discipline:

Minimum: Public Reprimand
Maximum: Public Reprimand

APPLICATIONS OF FOREIGN GRADUATES CCR 1398.26

Refer to statute(s) for appropriate penalties: B&P Code 2653

CLINICAL SERVICE REQUIREMENTS FOR FOREIGN EDUCATED APPLICANTS CCR 1398.26.5

Refer to statute(s) for appropriate penalties: B&P Code 2653

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

IDENTIFICATION AND SUPERVISION OF PHYSICAL THERAPIST STUDENTS AND INTERNS DEFINED CCR 1398.37

Refer to statute(s) for appropriate penalties: B&P Code 2650.1

CRITERIA FOR APPROVAL OF PHYSICAL THERAPY FACILITIES TO SUPERVISE THE CLINICAL SERVICE OF FOREIGN EDUCATED APPLICANTS CCR 1398.38

Refer to statute(s) for appropriate penalties: B&P Code 2653

SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS CCR 1398.44

Refer to statute(s) for appropriate penalties: B&P Code 2660(h), 2655.2

IDENTIFICATION AND SUPERVISION OF PHYSICAL THERAPIST ASSISTANT STUDENTS AND INTERNS DEFINED CCR 1398.52

Refer to statute(s) for appropriate penalties: B&P Code 2655.75

REQUIREMENTS FOR USE OF AIDES CCR 1399

Refer to statute(s) for appropriate penalties: B&P Code 2264, 2630, 2660(j)(h)¹

SUPERVISION OF PHYSICAL THERAPISTS LICENSE APPLICANTS CCR 1399.10

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 5 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation:

¹ B&P Code 2660(h) authorizes the Physical Therapy Board of California to cite the Medical Practice Act.

- 1) All "Standard Probation Conditions"
 - 2) "Probation Conditions Specific to Violation" for consideration are: A, B, J, K, M
- "Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statute(s) for appropriate penalties: B&P Code 2636.5, 2639, 2640

SUPERVISION OF PHYSICAL THERAPIST ASSISTANT LICENSE APPLICANTS CCR 1399.12

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 5 days suspension, 3 years probation
Maximum: Revocation
Conditions of Probation:

- 1) All "Standard Probation Conditions"
- 2) "Probation Conditions Specific to Violation" for consideration are: A, B, J, K, M

"Probation Conditions Specific to Violation" should be considered individually since some, or all, may **not** apply.

Refer to related statute(s): B&P Code 2655.91

REQUIRED ACTIONS AGAINST REGISTERED SEX OFFENDERS CCR1399.23

Discipline:

Revocation or Denial of License

Refer to related statute(s) and regulation for appropriate penalties: B&P Code 480, 726, 2660.1, 2660.5, 2608, 2660.1, 2660.2, 2661, CCR 1399.15

PROHIBITING ANOTHER PARTY FROM COOPERATING WITH OR DISPUTING A COMPLAINT CCR 1399.24(a)

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reprimand
Maximum: Revocation

Standard Conditions Only

FAILURE TO PROVIDE CERTIFIED DOCUMENTS CCR 1399.24(b)

Refer to statute for appropriate penalties: B&P Code 2608.5

FAILURE TO COOPERATE IN BOARD INVESTIGATION 1399.24(c)

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Standard Conditions Only

FAILURE TO REPORT TO BOARD CRIMINAL OR DISCIPLINARY INFORMATION CCR 1399.24(d)

Refer to related statutes for appropriate penalties: B&P Code 141, 490, 2661, 2660(d)

FAILURE TO COMPLY WITH SUBPOENA ORDER CCR 1399.24(e)

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Public Reproval
Maximum: Revocation

Standard Conditions Only

CERTIFICATION REQUIRED - ELECTROMYOGRAPHY CCR 1399.61

Refer to statute(s) for appropriate penalties: B&P Code 2620.5

ADMINISTRATION OF MEDICATIONS CCR 1399.77

Refer to statute(s) for appropriate penalties and related regulations: B&P Code 2620.3, CCR 1399.78, 1399.79

AUTHORIZATION AND PROTOCOLS REQUIRED FOR TOPICAL MEDICATIONS CCR 1399.78

Refer to statute(s) for appropriate penalties and related regulations: B&P Code 2620.3, CCR 1399.77, 1399.79

AUTHORIZED TOPICAL MEDICATIONS CCR 1399.79

Refer to statute(s) for appropriate penalties and related regulations: B&P Code 2620.3, CCR 1399.77, 1399.78

CONTINUING COMPETENCY REQUIRED CCR 1399.91

Refer to statute(s) for appropriate penalties: B&P Code 2676, 2684

CONTENT STANDARDS FOR CONTINUING COMPETENCY CCR 1399.92

Refer to statute(s) for appropriate penalties: B&P Code 2676, 2684

CONTINUING COMPETENCY SUBJECT MATTER REQUIREMENTS AND OTHER LIMITATIONS CCR 1399.93

Refer to statute(s) for appropriate penalties: B&P Code 2676, 2684

AUTHORIZED PATHWAYS FOR OBTAINING CONTINUING COMPETENCY HOURS CCR 1399.94

Refer to statute(s) for appropriate penalties: B&P Code 2676, 2684

STANDARDS FOR APPROVED AGENCIES CCR 1399.95

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Maximum:

Revocation of recognition as an approved agency

Refer to related statute: B&P Code 2676

STANDARDS FOR APPROVED PROVIDERS CCR 1399.96

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Maximum:

Revocation of recognition as an approved provider

Refer to related statute: B&P Code 2676

RECORD KEEPING (CONTINUING COMPETENCY) CCR 1399.97

Refer to statute(s) for appropriate penalties: B&P Code 2676, 2684

INACTIVE STATUS (CONTINUING COMPETENCY) CCR 1399.98

Refer to statute(s) for appropriate penalties: B&P Code 2676, 2684

EXEMPTION FROM CONTINUING COMPETENCY REQUIREMENTS CCR 1399.99

Refer to statute(s) for appropriate penalties: B&P Code 2676, 2684

SPONSORING ENTITY REGISTRATION AND RECORDKEEPING REQUIREMENTS CCR 1399.99.2

Refer to statute for appropriate penalties: B&P Code 901

OUT OF STATE PRACTITIONER AUTHORIZATION TO PARTICPATE IN SPONSORED EVENT CCR 1399.99.3

Refer to statute(s) for appropriate penalties: B&P Code 901

TERMINATION OF AUTHORIZATION AND APPEAL (OUT OF STATE PRACTITIONER'S AUTHORIZATION) CCR 1399.99.4

Refer to statute for appropriate penalties: B&P Code 901

HEALTH AND SAFETY CODE

PATIENT'S ACCESS TO HEALTH CARE RECORDS H&S CODE 123110

Citation:

Minimum Fine: \$100
Maximum Fine: \$5,000

Discipline:

Minimum: Revocation, stayed, 5 days suspension, 3 years probation
Maximum: Revocation

Conditions of Probation in Addition to Standard Conditions: NONE

~~Standard Probation Conditions~~
PROBATION CONDITIONS

Probation conditions are divided into three categories: 1) Standard Conditions the Board expects in all probation cases; 2) Specific Conditions that depend on the nature and circumstances of the particular case; and 3) Conditions Specific to Alcohol and/or Controlled Substance.

STANDARD PROBATION CONDITIONS

The standard conditions generally appearing in every probation case are as follows:

1. License Revocation, Stayed

Respondent's license shall be revoked, with the revocation stayed.

2. License Suspension

Respondent's license shall be suspended for [insert specific number of days, months]. See specific violation for recommended time of suspension.

Note: This term is not meant to be used for punitive purposes but should be used as an educational consequence to ensure Respondent's understanding of his or her actions.

3. Cost Recovery

Respondent is ordered to reimburse the Board the actual and reasonable investigative and prosecutorial costs incurred by the Board in the amount of \$_____. Said costs shall be reduced, however, and the remainder forgiven, if Respondent pays _____% of said costs, or \$_____, within thirty (30) days of the effective date of this Decision and Order. In the event Respondent fails to pay within thirty (30) days of the Decision, the full amount of costs shall be immediately due and payable. Failure to pay the ordered reimbursement, or any agreed upon payment, constitutes a violation of the probation order. If Respondent is in default of his responsibility to reimburse the Board, the Board will collect cost recovery from the Franchise Tax Board, the Internal Revenue Service, or by any other means of attachment of earned wages legally available to the Board.

Note: Costs represent the actual investigative and prosecutorial costs.

4. Obey All Laws

Respondent shall obey all federal, state and local laws, the statutes and regulations governing the practice of physical therapy and remain in full

compliance with any court ordered criminal probation. This condition applies to any jurisdiction with authority over Respondent, whether it is inside or outside of California.

Further, Respondent shall, within five (5) days of any arrest, submit to the Board in writing a full and detailed account of such arrest.

5. Compliance with Orders of a Court

Respondent shall be in compliance with any valid order of a court. Being found in contempt of any court order is a violation of probation.

6. Compliance with Criminal Probation and Payment of Restitution

Respondent shall not violate any terms or conditions of criminal probation and shall be in compliance with any restitution ordered, payments, or other orders.

7. Quarterly Reports

Respondent shall submit quarterly reports under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all conditions of probation.

8. Probation Monitoring Program Compliance

Respondent shall comply with the Board's probation monitoring program.

9. Interview with the Board or its Designee

Respondent shall appear in person for interviews with the Board, or its designee, upon request at various intervals.

10. Notification of Probationer Status to Employers

Respondent shall notify all present and future employers of the reason for and the terms and conditions of the probation.

Prior to engaging in the practice of physical therapy, Respondent shall provide a true copy of the Initial Probationary License Decision and Order, Statement of Issues or Accusation, Decision and Order, or Stipulated Decision and Order as appropriate to his or her employer, supervisor, or contractor, or prospective employer or contractor, and at any other facility where Respondent engages in the practice of physical therapy before accepting or continuing employment.

Respondent shall provide the probation monitor the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors, or contractors, and shall inform the probation monitor in

writing of the facility or facilities at which Respondent will be engaging in the practice of physical therapy for purposes of allowing the probation monitor to communicate with the employer, supervisor, or contractor regarding Respondent's work status, performance and monitoring.

Comment [EB1]: Uniform Standard #3

The information will be provided in writing to the probation monitor within ten (10) calendar days and will include written employer confirmation of receipt.

11. Notification of Change of Name, or Address or E-mail Address Change

Respondent shall notify the Board, in writing, of any and all name, and/or address, and/or e-mail address changes within ten (10) days of the change.

Comment [EB2]: Revised to include proposed regulatory change to CCR 1398.6

12. Restriction of Practice - Temporary Services Agencies

Respondent shall not work for a temporary services agency or registry.

OR:

NOTE: If Respondent's restrictions are limited to a certain number of registries and/or temporary service agencies:

Respondent's work for a temporary services agency or registry shall be limited as follows:

- 1) Respondent shall be limited to work for (indicate # of temporary services or registries) temporary service agency or registry.
- 2) This work must be approved by the Probation Monitor.
- 3) Respondent must disclose this disciplinary proceeding as described above in Condition # [include appropriate term] to the temporary service agency or registry.
- 4) Respondent must disclose this disciplinary proceeding, as described above in Condition # [include appropriate term] to the supervisor at the facility where physical therapy care is being performed.

Respondent must notify his or her Probation Monitor or Board's designee, in writing, of any change in registry or temporary service. Respondent must have written approval by the Probation Monitor prior to commencing work at a new registry or temporary service agency.

13. Restriction of Practice - Clinical Instructor of Physical Therapy Student Interns or Foreign Educated Physical Therapist License Applicants Prohibited

Respondent shall not supervise any physical therapy student interns, foreign educated physical therapist license applicants, or other individuals accumulating hours or experience in a learning capacity in physical therapy during the entire period of probation. Respondent shall terminate any such supervisory relationship in existence on the effective date of the Decision and Order.

14. Prohibited Use of Aliases

Respondent shall not use aliases and shall be prohibited from using any name which is not his or her legally-recognized name or based upon a legal change of name.

15. Intermittent Work

If Respondent works less than 192 hours as a physical therapist or a physical therapist assistant in the physical therapy profession in a period of three (3) consecutive months, those months shall not be counted toward satisfaction of the probationary period. Respondent is required to immediately notify the probation monitor or his or her designee if he or she works less than 192 hours in a three-month period.

16. Tolling of Probation

The period of probation shall run only during the time Respondent is practicing or performing physical therapy within California. If, during probation, Respondent does not practice or perform within California, Respondent is required to immediately notify the probation monitor in writing of the date Respondent is practicing or performing physical therapy out of state, and the date of return, if any. Practicing or performing physical therapy by Respondent in California prior to notification to the Board of Respondent's return will not be credited toward completion of probation. Any order for payment of cost recovery shall remain in effect whether or not probation is tolled.

17. Violation of Probation

Failure to fully comply with any component of any of the probationary terms and conditions is a violation of probation.

If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

18. Request to Surrender License Due to Retirement, Health or Other Reasons

Following the effective date of the Decision and Order, if Respondent ceases practicing or performing physical therapy due to retirement, health or other reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license to the Board. The Board reserves the right to evaluate Respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, the terms and conditions of probation shall be tolled until such time as (1) the license is no longer renewable; (2) Respondent makes application for the renewal of the tendered license; or (3) Respondent makes application for a new license.

19. Completion of Probation

Respondent shall comply with all financial obligations required by this Order (e.g., cost recovery, restitution, probation costs) not later than 180 calendar days prior to completion of probation unless otherwise specified in Order. Upon successful completion of probation, Respondent's license shall be fully restored.

20. California Law Examination - Written Exam on the Laws and Regulations Governing the Practice or Performance of Physical Therapy

Within ninety (90) days of the effective date of this Decision and Order, Respondent shall take and pass the Board's written examination on the laws and regulations governing the practice of physical therapy in California. If Respondent fails to pass the examination, Respondent shall be suspended from the practice of physical therapy until a repeat examination has been successfully passed. Respondent shall pay the costs of all examinations.

21. Practice or Performance of Physical Therapy While on Probation

It is not contrary to the public interest for Respondent to practice and/or perform physical therapy under the probationary conditions specified in the disciplinary order. Accordingly, it is not the intent of the Board that this order, the fact that Respondent has been disciplined, or Respondent is on probation, shall be used as the sole basis for any third party payor to remove Respondent from any list of approved providers.

22. Probation Monitoring Costs

Respondent shall reimburse all costs incurred by the Board for probation monitoring during the entire period of probation. Respondent will be

billed at least quarterly. Such costs shall be made payable to the Physical Therapy Board of California and sent directly to the Physical Therapy Board of California. Failure to make ordered reimbursement within sixty (60) days of the billing shall constitute a violation of the probation order.

PROBATION CONDITIONS SPECIFIC TO VIOLATION

The following conditions lettered A through S are specific to the violation, and should be used depending on the nature and circumstances of the particular case.

A. Restriction of Practice - Presence of Physical Therapist

Note: The purpose of this condition would allow Respondent (physical therapist or physical therapist assistant) to practice with a level of supervision which ensures Respondent is in compliance with the Physical Therapy Practice Act as well as the probationary conditions. If Respondent works with another physical therapist that is eligible and available to function as Respondent's supervisor, the "Supervision Required" (Condition A) should be used in lieu of Condition B. Condition A is commonly used for, but not limited to: sexual misconduct, aiding and abetting, documentation cases, behavioral issues and where Respondent is not a sole proprietor. This condition should never be used in conjunction with "B" "Practice Monitor Required".

Choose level of supervision:

1) Full Presence/Documentation Review

The level of supervision shall be direct and require 1) the physical presence of the supervising physical therapist while physical therapy is performed by Respondent; and may require, 2) review patient records and any pertinent documents necessary to determine compliance with Respondent's Decision and Order. Direct and physical presence means, the supervising physical therapist shall be near or close enough to observe or hear the Respondent. While this may not require sharing the same treatment room with Respondent, it does require the supervising physical therapist to be within an audible range that would ensure the immediate presence of the supervising physical therapist.

2) Limited Presence/ Documentation Review

The level of supervision shall not require the physical presence of the supervising physical therapist at all times while physical therapy is performed by Respondent. However, Respondent shall be physically observed at least once per shift and may require review of patient records and any pertinent documents necessary to determine compliance with Respondent's Decision and Order at least once during Respondent's shift by the supervising physical therapist.

3) No Presence/Documentation Review As Determined

The level of supervision shall not require the physical presence of the supervising physical therapist while physical therapy is performed; however, it will require review of patient records and any pertinent documents necessary to determine compliance with Respondent's Decision and Order on a time base as agreed upon by the Board.

Within fifteen (15) business days of the effective date of this Decision and Order, Respondent shall submit to the Board in writing, for its prior approval, the name and qualifications of one or more proposed supervisor(s) and an outline of the plan by which Respondent's practice will be supervised.

Each proposed supervisor shall hold a valid California physical therapist license and shall have been licensed in California for at least five (5) years and never been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline; and therefore, in and of itself is not a reason to deny approval of an individual as a supervisor. The supervisor shall not be an employee of Respondent, have a relationship which is financial or personal in nature with Respondent or any other type of relationship that could reasonably be expected to compromise the ability of the supervisor to render impartial and unbiased reports to the Board. The supervisor shall also not be a family member of Respondent. If the supervisor terminates or is otherwise no longer available, Respondent shall not practice until a new supervisor has been approved by the Board.

Upon approval of the supervisor and outline of supervision, the supervisor shall sign an agreement that he or she has reviewed the conditions of the licensee's disciplinary order and/or contract and agrees to supervise the licensee as set forth by the Board. Respondent shall submit the signed agreement to the Board. The supervisor shall have full and random access to Respondent's patient records and may evaluate all aspects of Respondent's practice. The supervisor shall complete and submit a written report, on a basis determined by the Board, verifying supervision has taken place as approved by the Board. It shall be Respondent's responsibility to ensure the supervisor submits the reports to the Board in a timely manner.

The supervisor's report shall include:

- A. Respondent's name and license number
- B. Supervisor's name, license number and signature
- C. Worksite location(s)
- D. Evaluation of Respondent's compliance with his or her probationary conditions and existing laws and regulations governing the practice of physical therapy
- E. Assessment of Respondent's progress in regards to the specific issues, deficiencies or concerns resulting from the violations identified in the Decision and Order by the Board
- F. Summary of the supervisor's conclusions and opinions concerning the issues described above and the basis for his or her conclusions and opinions

Supervisor shall keep any information used to write his or her report (e.g. record of patient records reviewed) in case Board requests said information. This information does not need to be submitted to the Board unless the Board or its representative requests it or if supervisor feels the information is pertinent to include in report.

After one (1) year of full compliance with probation, respondent may request in writing for the approval by the Board or its designee, to remove this condition entirely or modify the requirement to a lower level of supervision.

B. Restriction of Practice – Monitoring

Note: This probation condition shall only be applied if the Respondent holds a vested interest in the physical therapy practice (i.e. officer, partner, shareholder, sole proprietor). This condition does not require the physical presence of another licensed physical therapist; however, it does require arranged visits by a Practice Monitor approved by the Board for documentation review only. This condition should never be used with condition A.

Within fifteen (15) business days of the effective date of this Decision and Order, Respondent shall submit to the Board in writing, for its prior approval, the name and qualifications of one or more proposed licensed physical therapist(s) to serve as Practice Monitor(s). Each Practice Monitor shall be a California licensed physical therapist and shall have been licensed for at least five (5) years and have never been subject to any disciplinary action by the Board. An administrative citation and fine does not constitute discipline and therefore, in and of itself, is not a reason to deny approval of an individual as a Practice Monitor. The monitor shall not be an employee of the Respondent, have a relationship which is financial or personal in nature with Respondent or any other type of relationship that could reasonably be expected to compromise the ability of the Practice Monitor to render impartial and unbiased reports to the Board. The Practice Monitor shall also not be a family member of Respondent. If the Practice Monitor terminates or is otherwise no longer available, Respondent shall not practice until a new Practice Monitor has been approved by the Board. All costs associated with the Practice Monitor shall be paid by Respondent.

Respondent shall not practice until receiving written approval from the Board regarding Respondent's choice of a Practice Monitor.

Upon approval of the Practice Monitor by the Board, the Practice Monitor in conference with the Board's probation monitor will establish the schedule upon which visits will be made to Respondent's place of employment to review Respondent's current practice and adherence to the conditions of probation. The Practice Monitor shall have full and random access to all of Respondent's patient records at all times. The Practice Monitor shall evaluate all aspects of Respondent's practice.

The Practice Monitor shall report on Respondent's current practice and compliance with the conditions of Respondent's probation to the Board's probation monitor after each visit. Frequency of the visits by the Practice Monitor shall be determined by the Board. It shall be Respondent's responsibility to ensure the Practice Monitor submits the reports to the Board within fourteen (14) days of the visit.

The Practice Monitor's report shall include:

1. Respondent's name and license number
2. Practice Monitor's, license number and signature
3. Worksite location(s)
4. Evaluation of Respondent's compliance with his or her probationary conditions and existing laws and regulations governing the practice of physical therapy
5. Assessment of Respondent's progress in regards to the correction of specific issues, deficiencies or concerns resulting from the violations identified in the Decision and Order by the Board
6. Summary of the Practice Monitor's conclusions and opinions concerning the issues described above and the basis for his or her conclusions and opinions

The Practice Monitor shall also maintain and submit with his or her reports a log of the patient charts reviewed, the date(s) of service reviewed, and the date upon which the review occurred.

C. Restriction of Practice – Prohibition of Home Care

Respondent shall not provide physical therapy services in a patient's home.

D. Restriction of Practice – Prohibition of Solo Practice

Respondent shall be prohibited from engaging in the solo practice of physical therapy.

This condition applies only to a physical therapist since a physical therapist assistant may not perform physical therapy without supervision.

In cases where Respondent's ability to function independently is in doubt as a result of a deficiency in knowledge or skills or as a result of questionable judgment, this condition should be included. Solo practice means a physical therapy business or practice where only Respondent provides patient care.

E. Restriction of Practice - Prohibition of Self-Employment or Ownership

Respondent shall not be the sole proprietor or partner in the ownership of any business that offers physical therapy services. Respondent shall not be a Board member or an officer or have a majority interest in any corporation that offers or provides physical therapy services.

F. Restriction of Practice - Prohibition of Direct Billing of Third-Party Payers

Respondent shall not have final approval over any physical therapy billings submitted to any third-party payers in any employment.

G. Restriction of Practice - Third Party Presence

During probation, Respondent shall have a third party present while examining or treating _____ (name the specific patient population). Respondent shall, within ten (10) days of the effective date of the Decision and Order, submit to the Board or its designee for its approval the name(s) of the person(s) who will act as the third party present. Respondent shall execute a release authorizing the third party present to divulge any information that the Board may request. The person(s) acting in the role of the third party present shall be provided with a copy of the Initial Probationary License Decision and Order, Statement of Issues or Accusation, Decision and Order, or Stipulated Decision and Order.

H. Restriction of Practice - Prohibition Not to Treat a Specific Patient Population

Respondent shall not treat any _____.
(name the specific patient population)

I. Restriction of Practice –Prohibition from Performing Specified Physical Therapy Procedures

During probation, Respondent is prohibited from performing or supervising the performance of _____ (specific physical therapy procedure; on a specific patient population). After the effective date of this Decision and Order, the first time that a patient seeking the prohibited services makes an appointment, Respondent shall orally notify the patient that Respondent does not perform _____ (e.g. a specific physical therapy procedure; on a specific patient population). Respondent shall maintain a log of all patients to whom the required notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the practice monitor or the Board's probation monitor, and shall retain the log for the entire term of probation. Failure to maintain a log as defined in the section, or to make the log available for immediate inspection and copying on the premises during business hours is a violation of probation.

In addition to the required oral notification, after the effective date of this Decision and Order, the first time a patient seeks the prohibited services, and each subsequent time, Respondent shall provide a written notification to the patient stating that Respondent does not perform _____ (e.g. a specific physical therapy procedure; on a specific patient population) Respondent shall maintain a copy of the written notification in the patient's file, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the practice monitor or the Board's probation monitor, and shall retain the notification for the entire term of probation. Failure to maintain the notification as defined in the section, or to

make the notification available for immediate inspection and copying on the premises during business hours is a violation of probation.

If Respondent can demonstrate competency in performing _____ (e.g. a specific physical therapy procedure; on a specific patient population) to the satisfaction of a physical therapist (holding a valid and current, unrestricted license), approved by the Board's probation monitor, the approved physical therapist can recommend to the Board in writing that this term of the probation end without the probationer petitioning to modify the probation. The Board or its designee will make the decision and notify Respondent of its decision in writing. Until Respondent has been notified in writing by the Board that this term has been terminated, Respondent shall continue to practice under the provision of this term.

Respondent shall pay all costs of the evaluation.

J. Restriction of Practice - No Supervision of Physical Therapist License Applicants or Physical Therapist Assistant License Applicants

Respondent shall not supervise any physical therapist license applicants or physical therapist assistant applicants during the entire period of probation. Respondent shall terminate any such supervisory relationship in existence on the effective date of this Decision and Order.

K. Restriction of Practice - No Supervision of Physical Therapist Assistants

Respondent shall not supervise any physical therapist assistants during the entire period of probation. Respondent shall terminate any such supervisory relationship in existence on the effective date of this Decision and Order.

L. Restriction of Practice - No Supervision of Physical Therapy Aides

Respondent shall not supervise any physical therapy aides during the entire period of probation. Respondent shall terminate any such supervisory relationship in existence on the effective date of this Decision and Order.

M. Notification to Patients

Respondent shall notify each patient, in writing, his or her license is on probation and that [INSERT LANGUAGE SPECIFIC TO CASE, e.g. physical therapist will be reviewing patient records or other specific requirement].

Such notification shall be signed and dated by each patient prior to the commencement or continuation of any examination or treatment of each patient by Respondent. A copy of such notification shall be maintained in the patient's record. Respondent shall offer the patient a copy of the acknowledgement.

The notification shall include the following language unless the Board or its designee agrees, in writing, to a modification:

The Physical Therapy Board of California (PTBC) has placed license [INSERT LICENSE #], issued to [INSERT LICENSEE NAME], on probation.

As a condition of probation, the above-named licensee must notify patients that [INSERT LANGUAGE SPECIFIC TO CASE, e.g. practice monitor will be reviewing patient records or other specific requirement]. In addition, Respondent is required to notify and obtain written acknowledgement from each patient of this condition. A copy of the acknowledgement shall be offered to the patient and placed in the patient's record.

Information regarding PTBC license disciplinary actions may be accessed online at www.ptbc.ca.gov.

N. Notification of Probationer Status to Employees

If Respondent is an employer, Respondent shall notify all present or future employees of the reason for and terms and conditions of the probation. Respondent shall do so by providing a copy of the Initial Probationary License, Statement of Issues, Accusation, and Decision and Order to each employee and submit confirmation of employee receipt to the Board within ten (10) days. The confirmation(s) provided to the Board shall include the name, address, and phone number of the employees.

O. Education Course(s)

Within thirty (30) days of the effective date of this Decision and Order, Respondent shall submit to the Board, or its designee, for prior approval, a physical therapy remedial educational program (including date, title, and length of course(s) in the content of _____ (specify course subject) which shall not be less than eight (8) hours. Respondent shall supply documentation verifying satisfactory completion of coursework. Respondent shall be responsible for costs incurred of the course(s). Course hours shall not satisfy the Continuing Competency requirements pursuant to B&P Code 2676 as a condition for renewal of license.

If Respondent fails to provide documentation verifying satisfactory completion of the coursework, Respondent shall be suspended from the practice of physical therapy until documentation verifying satisfactory completion of the coursework is provided.

P. Psychiatric Evaluation

Within thirty (30) calendar days of the effective date of this Decision and Order, and on whatever periodic basis thereafter may be required by the Board or its designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed necessary) by a Board-

appointed Board certified psychiatrist, who shall consider any information provided by the Board or designee and any other information the psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its designee indicating whether Respondent is mentally fit to practice physical therapy safely. Psychiatric evaluations conducted prior to the effective date of the Decision and Order shall not be accepted towards the fulfillment of this requirement. Respondent shall pay all cost of all psychiatric evaluations, ~~and~~ psychological testing, and any required additional follow up visits.

Respondent shall comply with all restrictions or conditions recommended by the evaluating psychiatrist within fifteen (15) calendar days after being notified by the Board or its designee. Failure to undergo and complete a psychiatric evaluation and psychological testing, or comply with the required additional conditions or restrictions, is a violation of probation.

(Option: Condition Precedent)

Respondent shall not engage in the practice of physical therapy until notified by the Board or its designee that Respondent is mentally fit to practice physical therapy safely. The period of time Respondent is not practicing physical therapy shall not be counted toward completion of the term of probation.

Q. Psychotherapy

Within sixty (60) calendar days of the effective date of this Decision and Order, Respondent shall submit to the Board or its designee for prior approval the name and qualifications of a Board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five (5) years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee.

Respondent shall cooperate in providing the psychotherapist any information and documents that the psychotherapist may deem pertinent. Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Respondent to undergo psychiatric evaluations by a Board-appointed Board certified psychiatrist.

If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of physical therapy without restrictions, the Board shall have continued jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines Respondent is mentally

fit to resume the practice of physical therapy without restrictions. Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

Note:

This condition is for cases where the evidence demonstrates Respondent has had an impairment (impairment by mental illness, alcohol abuse and/or drug self-abuse) related to the violations but is not at present a danger to Respondent's patients.

R. Medical Evaluation

Within thirty (30) days of the effective date of this Decision and Order, and on a periodic basis thereafter, as may be required by the Board or its designee, Respondent shall undergo a medical evaluation by a Board appointed physician and surgeon, who shall furnish a medical report to the Board or its designee. Respondent shall pay the cost of the medical evaluation.

If Respondent is required by the Board or its designee to undergo medical treatment, Respondent shall within thirty (30) days of the requirement submit to the Board or its designee for its prior approval the name and qualifications of a physician and surgeon of Respondent's choice. Upon approval of the treating physician and surgeon, Respondent shall undergo and continue medical treatment until further notice from the Board or its designee. Respondent shall have the treating physician and surgeon submit quarterly status reports to the Board or its designee indicating whether Respondent is capable of practicing physical therapy safely.

Optional Condition

Respondent shall not engage in the practice of physical therapy until notified by the Board or its designee of its determination Respondent is medically fit to practice safely.

S. Medical Treatment

Within fifteen (15) days of the effective date of this Decision and Order, Respondent shall submit to the Board or its designee for its prior approval the name and qualifications of a physician of Respondent's choice. Upon approval, Respondent shall undergo and continue medical treatment until the Board or its designee deems that no further medical treatment is necessary. Respondent shall have the treating physician submit quarterly status reports to the Board or its designee indicating whether Respondent is capable of practicing physical therapy safely. The Board or its designee may require Respondent to undergo periodic medical evaluations by a Board appointed physician. Respondent shall pay the cost of the medical treatment.

~~Conditions Specific to Alcohol and Controlled Substance~~
CONDITIONS APPLYING THE UNIFORM STANDARDS
SPECIFIC TO ALCOHOL
AND CONTROLLED SUBSTANCES

The following conditions, lettered T through Z, which must be used in cases where alcohol or a controlled substance was involved in the violation, are:

T. Clinical Diagnostic Evaluation

Comment [EB3]: Uniform Standard #1

The Respondent shall undergo a clinical diagnostic evaluation (CDE) from a licensed practitioner who holds a valid, unrestricted license to conduct clinical diagnostic evaluations, has three (3) years experience in providing evaluations of health care professionals with substance abuse disorders, and is approved by the Board. The evaluations shall be conducted in accordance with accepted professional standards for conducting substance abuse clinical diagnostic evaluations.

Respondent shall undergo a clinical diagnostic evaluation to determine whether the Respondent has a substance abuse problem and whether the Respondent is a threat to himself or herself or others. The evaluator shall make recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the Respondent's rehabilitation and safe practice.

Respondent shall not be evaluated by an evaluator that has a financial, personal, or business relationship with the Respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation.

During the evaluation, if Respondent is determined to be a threat to himself or herself or others, the evaluator shall notify the Board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days.

Respondent may return to either work if the Board determines he or she is fit to do so based upon consideration of the clinical diagnostic evaluation report and the following criteria:

Comment [EB4]: Uniform Standard #2

- License type;
- Licensee's history;
- Documented length of sobriety/time that has elapsed since last substance use;
- Scope and pattern of use;
- Treatment history;

- Medical history and current medical condition;
- Nature, duration and severity of substance abuse; and,
- Whether the licensee is a threat to himself or herself or others.

The Board shall determine whether or not the Respondent is safe to return to full-time or part-time work, and what restrictions shall be imposed on the Respondent. However, Respondent shall not return to practice until he or she has thirty days of negative drug tests.

If the Respondent is required to participate in inpatient, outpatient, or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to himself or herself or others.

WU. Drug & Alcohol Recovery Monitoring Program

Within fifteen (15) calendar days from the effective date of this Decision and Order, Respondent shall enroll and participate in the Board's drug & alcohol recovery monitoring program at Respondent's cost until the drug & alcohol recovery monitoring program determines that participation in the drug & alcohol recovery monitoring program is no longer necessary.

Respondent shall comply with all components of the drug & alcohol recovery monitoring program. Respondent shall sign a release authorizing the drug & alcohol recovery monitoring program to report all aspects of participation of the drug & alcohol recovery monitoring program as requested by the Board or its designee.

Failure to comply with requirements of the drug & alcohol recovery monitoring program, terminating the program without permission or being expelled for cause shall constitute a violation of probation by Respondent and shall be immediately suspended from the practice of physical therapy.

[Optional language: This condition may be waived by the board upon a written finding by the CDE that Respondent is not a substance abusing licensee.]

FV. Abstain from Use of Controlled Substances and Dangerous Drugs

If recommended by the Clinical Diagnostic Evaluation, Respondent shall abstain completely from personal use, possession, injection, consumption by any route, including inhalation of all controlled substances as defined in the California Uniform, Controlled Substances Act. This prohibition does not apply to medications lawfully prescribed to Respondent for a bona fide illness or condition by a practitioner licensed to prescribe such medications. Within fifteen (15) calendar days of receiving any lawful prescription medications, Respondent shall notify the recovery program in writing of the following:

prescriber's name, address, and telephone number; medication name and strength, issuing pharmacy name, address, and telephone number. Respondent shall also provide a current list of prescribed medication with the prescriber's name, address, and telephone number on each quarterly report submitted. Respondent shall provide the probation monitor with a signed and dated medical release covering the entire probation period.

Respondent shall identify for the Board's approval a single coordinating physician and surgeon who shall be aware of Respondent's history of substance abuse and who will coordinate and monitor any prescriptions for Respondent for dangerous drugs, and controlled substances. Once a Board-approved physician and surgeon has been identified, Respondent shall provide a copy of the Initial Probationary License Decision and Order, Statement of Issues or Accusation, Decision and Order, or Stipulated Decision and Order to the physician and surgeon. The coordinating physician and surgeon shall report to the Board or its designee on a quarterly basis Respondent's compliance with this condition.

The Board may require that only a physician and surgeon who is a specialist in addictive medicine be approved as the coordinating physician and surgeon.

If Respondent has a positive drug screen for any substance not legally authorized, Respondent shall **be contacted and instructed to leave work and ordered by the Board to cease any practice and may not practice unless and until notified by the Board. The Board will notify Respondent's employer, if any, and worksite monitor, if any, that Respondent may not practice.** If the Board files a petition to revoke probation or an accusation based upon the positive drug screen, Respondent shall be automatically suspended from practice pending the final decision on the petition to revoke probation or accusation. This period of suspension will not apply to the reduction of this probationary period.

Comment [EB5]: Uniform Standard #8

Comment [EB6]: Uniform Standard #8

[Optional language: This condition may be waived by the board upon a written finding by the CDE that Respondent is not a substance abusing licensee.]

UW. Prohibition Abstain from of the Use of Alcohol

Respondent shall abstain completely from the use of alcoholic beverages.

[Optional language: This condition may be waived by the board upon a written finding by the CDE that Respondent is not a substance abusing licensee.]

VX. Biological Fluid Testing

Respondent shall immediately submit to and pay for any random and directed biological fluid or hair sample, breath alcohol or any other mode of testing required by the Board or its designee.

Respondent shall be subject to a minimum of fifty two (52), but not to exceed, one-hundred and four (104) random tests per year within the first year of probation, and a minimum of thirty six (36) random tests per year thereafter, for the duration of the probationary term. Respondent shall make daily contact as directed by the Board to determine if he or she must submit to drug testing. Respondent shall have the test performed by a Board-approved laboratory certified and accredited by the U.S. Department of Health and Human Services on the same day that he or she is notified that a test is required. This shall ensure that the test results are sent immediately to the Board. Failure to comply within the time specified shall be considered an admission of a positive drug screen and constitute a violation of probation. If the test results in a determination that the urine was too diluted for testing, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation. If a positive result is obtained, the Board may require Respondent to immediately undergo a physical examination and to complete laboratory or diagnostic testing to determine if any underlying physical condition has contributed to the diluted result and to suspend Respondent's license to practice. Any such examination or laboratory and testing costs shall be paid by Respondent. A positive result is one which, based on scientific principles, indicates Respondent attempted to alter the test results in order to either render the test invalid or obtain a negative result when a positive result should have been the outcome. If it is determined Respondent altered the test results, the result shall be considered an admission of a positive urine screen and constitutes a violation of probation and Respondent must cease practicing. Respondent shall not resume practice until notified by the Board. If Respondent tests positive for a banned substance, Respondent shall be contacted and instructed to leave work and ordered to cease all practice. Respondent shall not resume practice until notified by the Board. All alternative drug testing sites due to vacation or travel outside of California must be approved by the Board prior to the vacation or travel.

Comment [EB7]: Uniform Standard #4

[Optional language: This condition may be waived by the board upon a written finding by the CDE that Respondent is not a substance abusing licensee.]

W. Drug & Alcohol Recovery Monitoring Program

~~Within fifteen (15) calendar days from the effective date of this Decision and Order, Respondent shall enroll and participate in the Board's drug & alcohol recovery monitoring program at Respondent's cost until the drug & alcohol recovery monitoring program determines that participation in the drug & alcohol recovery monitoring program is no longer necessary.~~

~~Respondent shall comply with all components of the drug & alcohol recovery monitoring program. Respondent shall sign a release authorizing the drug & alcohol recovery monitoring program to report all aspects of participation of the drug & alcohol recovery monitoring program as requested by the Board or its designee.~~

~~Failure to comply with requirements of the drug & alcohol recovery monitoring program, terminating the program without permission or being expelled for cause shall constitute a violation of probation by Respondent and shall be immediately suspended from the practice of physical therapy.~~

Y. Major Violations

Comment [EB8]: Uniform Standard #10

This provision applies if licensee commits a violation of the drug and alcohol recovery monitoring program or any other condition applying the uniform standards specific to controlled substance.

If Respondent commits a major violation, Respondent shall immediately upon notification by the Board, cease practice until notified otherwise in writing by the Board.

Major Violations include, but are not limited to, the following:

1. Failure to complete a Board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Committing multiple minor violations of probation conditions;
4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code or state or federal law;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive for a banned substance; and
8. Knowingly using, making, altering, or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Z. Worksite Monitor

Comment [EB9]: Uniform Standard #7

Respondent shall have a worksite monitor as required by this term. The worksite monitor shall not have any current or former financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the Board. However, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.

The worksite monitor's license scope of practice shall include the scope of practice of the licensee who is being monitored or be another health care professional if no monitor with like scope of practice is available.

The worksite monitor shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and agrees to monitor the licensee as set forth by the Board.

The worksite monitor must adhere to the following required methods of monitoring the licensee:

- a) Have face-to-face contact with the licensee at least once per week in the work environment or more frequently if required by the Board.
- b) Interview other staff in the office regarding the licensee's behavior, if applicable.
- c) Review the licensee's work attendance.

The worksite monitor shall report to the Board as follows:

- Any suspected substance abuse must be verbally reported to the Board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the Board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within 48 hours of occurrence.
- The worksite monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include: the licensee's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates licensee had face-to-face contact with monitor; staff interviewed if applicable; attendance report; any change in behavior and/or personal habits; any indicators leading to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

If Respondent tests positive for a banned substance, the Board will immediately notify Respondent's employer that the Respondent's license has been ordered to cease practice.

[Optional language: This condition may be waived by the board upon a written finding by the CDE that Respondent is not a substance abusing licensee.]

GLOSSARY OF TERMS

Accusation - Charges filed against a licensee alleging violation(s) of the Physical Therapy Practice Act.

Business and Professions Code (B&P) - The statutes in law governing the practice of physical therapy. The Physical Therapy Practice Act begins with section 2600 of the Business and Professions Code. There are some sections of law named in this document that affect the practice of physical therapy but are not included in the Physical Therapy Practice Act. The Physical Therapy Practice Act can be accessed through the Physical Therapy Board of California website at www.ptb.ca.gov.

California Code of Regulations (CCR) - Regulations define the statutes (laws) governing the practice of physical therapy. The regulations specific to physical therapy are located in Title 16, Chapter 13.2, Article 6 of the California Code of Regulations and can be accessed through the Physical Therapy Board of California website at www.ptb.ca.gov.

Citation - A means of addressing relatively minor violations, which would not warrant discipline in order to protect the public. Citations are not disciplinary actions, but are matters of public record.

Decision - The order of the Board in a disciplinary action.

Default Decision - Licensee fails to respond to Accusation by filing a Notice of Defense or fails to appear at an administrative hearing resulting in a default decision.

Diversion –The Board does not divert licensees from discipline.

Health and Safety Code (H&S) - Statutes of law contained in the Health and Safety Code that affect the practice of physical therapy. These statutes can be accessed through the Physical Therapy Board of California website at www.ptb.ca.gov.

Initial Probationary License - The Board may in its sole discretion issue a probationary license to any applicant for licensure who is guilty of unprofessional conduct but who has met all other requirements for licensure.

Interim Suspension Order - An order issued upon petition, suspending a licensee from all or a specified part of his or her physical therapy practice.

Petition to Revoke Probation - Charges filed against a probationer seeking revocation of their physical therapy license based upon violation(s) of probation.

Probation Tolerated - Credit for time served towards the probationary period does not begin until the probationer commences practice in the State of California.

Public Letter of Reprimand-

In lieu of filing a formal accusation, the Board may, pursuant to B&P Code, section 2660.3, upon stipulation or agreement by the licensee, issue a public letter of reprimand. If the licensee does not agree to the issuance of the letter, the board shall not issue the letter and may proceed to file a formal accusation. A public letter of reprimand is considered disciplinary action.

Public Reproval – A formal public reproval, pursuant to B&P Code, section 495, may be issued for an act constituting grounds for suspension or revocation of a license. This requires filing of a formal accusation. A public reproval is considered disciplinary action.

Rehabilitation – Disciplinary action taken which includes monitoring rehabilitation through the compliance with probationary terms dealing with substance abuse.

Revoked - The right to practice is ended.

Revoked, stayed, probation – “Stayed” means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of probation may result in the revocation that was postponed.

Statement of Issues - Charges filed against an applicant to deny licensure due to alleged violation(s) of the Physical Therapy Practice Act.

Surrender of License - The licensee turns in the license, subject to acceptance by the Board. The right to practice is ended.

Suspension - The licensee is prohibited from practicing for a specific period.

Page numbering will be affected by the proposed revisions and will be corrected once adopted.

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Uniform Standards Regarding Substance-Abusing Healing Arts Licensees

Senate Bill 1441 (Ridley-Thomas)

Implementation by
Department of Consumer Affairs,
Substance Abuse Coordination Committee



Brian J. Stiger, Director
April 2011



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#1 SENATE BILL 1441 REQUIREMENT

Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.

#1 Uniform Standard

If a healing arts board orders a licensee who is either in a diversion program or whose license is on probation due to a substance abuse problem to undergo a clinical diagnosis evaluation, the following applies:

1. The clinical diagnostic evaluation shall be conducted by a licensed practitioner who:
 - holds a valid, unrestricted license, which includes scope of practice to conduct a clinical diagnostic evaluation;
 - has three (3) years experience in providing evaluations of health professionals with substance abuse disorders; and,
 - is approved by the board.
2. The clinical diagnostic evaluation shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.
3. The clinical diagnostic evaluation report shall:
 - set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem;
 - set forth, in the evaluator's opinion, whether the licensee is a threat to himself/herself or others; and,
 - set forth, in the evaluator's opinion, recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have a financial relationship, personal relationship, or business relationship with the licensee within the last five years. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself/herself or others, the evaluator shall notify the board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed 30 days.

#2 SENATE BILL 1441 REQUIREMENT

Specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in subdivision (a) and any treatment recommended by the evaluator described in subdivision (a) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.

#2 Uniform Standard

The following practice restrictions apply to each licensee who undergoes a clinical diagnostic evaluation:

1. The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the diversion program/board staff.
2. While awaiting the results of the clinical diagnostic evaluation required in Uniform Standard #1, the licensee shall be randomly drug tested at least two (2) times per week.

After reviewing the results of the clinical diagnostic evaluation, and the criteria below, a diversion or probation manager shall determine, whether or not the licensee is safe to return to either part-time or fulltime practice. However, no licensee shall be returned to practice until he or she has at least 30 days of negative drug tests.

- the license type;
- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use
- the scope and pattern of use;
- the treatment history;
- the licensee's medical history and current medical condition;
- the nature, duration and severity of substance abuse, and
- whether the licensee is a threat to himself/herself or the public.

#3 SENATE BILL 1441 REQUIREMENT

Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's status or condition.

#3 Uniform Standard

If the licensee who is either in a board diversion program or whose license is on probation has an employer, the licensee shall provide to the board the names, physical addresses, mailing addresses, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

#4 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomness, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

#4 Uniform Standard

The following standards shall govern all aspects of testing required to determine abstention from alcohol and drugs for any person whose license is placed on probation or in a diversion program due to substance use:

TESTING FREQUENCY SCHEDULE

A board may order a licensee to drug test at any time. Additionally, each licensee shall be tested RANDOMLY in accordance with the schedule below:

Level	Segments of Probation/Diversion	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II*	Year 2+	36-104 per year

*The minimum range of 36-104 tests identified in level II, is for the second year of probation or diversion, and each year thereafter, up to five (5) years. Thereafter, administration of one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation or diversion.

Nothing precludes a board from increasing the number of random tests for any reason. Any board who finds or has suspicion that a licensee has committed a violation of a board’s testing program or who has committed a Major Violation, as identified in Uniform Standard 10, may reestablish the testing cycle by placing that licensee at the beginning of level I, in addition to any other disciplinary action that may be pursued.

EXCEPTIONS TO TESTING FREQUENCY SCHEDULE

I. PREVIOUS TESTING/SOBRIETY

In cases where a board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing, prior to being subject to testing by the board, the board may give consideration to that testing in altering the testing

frequency schedule so that it is equivalent to this standard.

II. VIOLATION(S) OUTSIDE OF EMPLOYMENT

An individual whose license is placed on probation for a single conviction or incident or two convictions or incidents, spanning greater than seven years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.

III. NOT EMPLOYED IN HEALTH CARE FIELD

A board may reduce testing frequency to a minimum of 12 times per year for any person who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the licensee's board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the person returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

IV. TOLLING

A board may postpone all testing for any person whose probation or diversion is placed in a tolling status if the overall length of the probationary or diversion period is also tolled. A licensee shall notify the board upon the licensee's return to California and shall be subject to testing as provided in this standard. If the licensee returns to employment in a health care field, and has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect.

V. SUBSTANCE USE DISORDER NOT DIAGNOSED

In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the board, but not to be less than 24 times per year.

OTHER DRUG STANDARDS

Drug testing may be required on any day, including weekends and holidays.

The scheduling of drug tests shall be done on a random basis, preferably by a computer program, so that a licensee can make no reasonable assumption of when he/she will be tested again. Boards should be prepared to report data to support back-to-back testing as well as, numerous different intervals of testing.

Licensees shall be required to make daily contact to determine if drug testing is required.

Licensees shall be drug tested on the date of notification as directed by the board.

Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.

Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.

Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.

Collection of specimens shall be observed.

Prior to vacation or absence, alternative drug testing location(s) must be approved by the board.

Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The appropriate board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

A board may use other testing methods in place of, or to supplement biological fluid testing, if the alternate testing method is appropriate.

PETITIONS FOR REINSTATEMENT

Nothing herein shall limit a board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code section 11522 or statutes applicable to the board that contains different provisions for reinstatement or reduction of penalty.

OUTCOMES AND AMENDMENTS

For purposes of measuring outcomes and effectiveness, each board shall collect and report historical and post implementation data as follows:

Historical Data - Two Years Prior to Implementation of Standard

Each board should collect the following historical data (as available), for a period of two years, prior to implementation of this standard, for each person subject to testing for banned substances, who has 1) tested positive for a banned substance, 2) failed to

appear or call in, for testing on more than three occasions, 3) failed to pay testing costs, or 4) a person who has given a dilute or invalid specimen.

Post Implementation Data- Three Years

Each board should collect the following data annually, for a period of three years, for every probationer and diversion participant subject to testing for banned substances, following the implementation of this standard.

Data Collection

The data to be collected shall be reported to the Department of Consumer Affairs and the Legislature, upon request, and shall include, but may not be limited to:

Probationer/Diversion Participant Unique Identifier
License Type
Probation/Diversion Effective Date
General Range of Testing Frequency by/for Each Probationer/Diversion Participant
Dates Testing Requested
Dates Tested
Identify the Entity that Performed Each Test
Dates Tested Positive
Dates Contractor (if applicable) was informed of Positive Test
Dates Board was informed of Positive Test
Dates of Questionable Tests (e.g. dilute, high levels)
Date Contractor Notified Board of Questionable Test
Identify Substances Detected or Questionably Detected
Dates Failed to Appear
Date Contractor Notified Board of Failed to Appear
Dates Failed to Call In for Testing
Date Contractor Notified Board of Failed to Call In for Testing
Dates Failed to Pay for Testing
Date(s) Removed/Suspended from Practice (identify which)
Final Outcome and Effective Date (if applicable)

#5 SENATE BILL 1441 REQUIREMENT

Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

#5 Uniform Standard

If a board requires a licensee to participate in group support meetings, the following shall apply:

When determining the frequency of required group meeting attendance, the board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

Group Meeting Facilitator Qualifications and Requirements:

1. The meeting facilitator must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
2. The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.
3. The group meeting facilitator shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
4. The facilitator shall report any unexcused absence within 24 hours.

#6 SENATE BILL 1441 REQUIREMENT

Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

#6 Uniform Standard

In determining whether inpatient, outpatient, or other type of treatment is necessary, the board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to himself/herself or the public.

#7 SENATE BILL 1441 REQUIREMENT

Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

#7 Uniform Standard

A board may require the use of worksite monitors. If a board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor shall meet the following requirements to be considered for approval by the board.

1. The worksite monitor shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.
2. The worksite monitor's license scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.
3. If the worksite monitor is a licensed healthcare professional he or she shall have an active unrestricted license, with no disciplinary action within the last five (5) years.
4. The worksite monitor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
5. The worksite monitor must adhere to the following required methods of monitoring the licensee:
 - a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.
 - b) Interview other staff in the office regarding the licensee's behavior, if applicable.
 - c) Review the licensee's work attendance.

Reporting by the worksite monitor to the board shall be as follows:

1. Any suspected substance abuse must be verbally reported to the board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.
2. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:
 - the licensee's name;
 - license number;
 - worksite monitor's name and signature;
 - worksite monitor's license number;
 - worksite location(s);
 - dates licensee had face-to-face contact with monitor;
 - staff interviewed, if applicable;
 - attendance report;
 - any change in behavior and/or personal habits;
 - any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the board to allow the board to communicate with the worksite monitor.

#8 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee tests positive for a banned substance.

#8 Uniform Standard

When a licensee tests positive for a banned substance:

1. The board shall order the licensee to cease practice;
2. The board shall contact the licensee and instruct the licensee to leave work; and
3. The board shall notify the licensee's employer, if any, and worksite monitor, if any, that the licensee may not work.

Thereafter, the board should determine whether the positive drug test is in fact evidence of prohibited use. If so, proceed to Standard #9. If not, the board shall immediately lift the cease practice order.

In determining whether the positive test is evidence of prohibited use, the board should, as applicable:

1. Consult the specimen collector and the laboratory;
2. Communicate with the licensee and/or any physician who is treating the licensee; and
3. Communicate with any treatment provider, including group facilitator/s.

#9 SENATE BILL 1441 REQUIREMENT

Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

#9 Uniform Standard

When a board confirms that a positive drug test is evidence of use of a prohibited substance, the licensee has committed a major violation, as defined in Uniform Standard #10 and the board shall impose the consequences set forth in Uniform Standard #10.

#10 SENATE BILL 1441 REQUIREMENT

Specific consequences for major and minor violations. In particular, the committee shall consider the use of a “deferred prosecution” stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency until or unless licensee commits a major violation, in which case it is revived and license is surrendered.

#10 Uniform Standard

Major Violations include, but are not limited to:

1. Failure to complete a board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Multiple minor violations;
4. Treating patients while under the influence of drugs/alcohol;
5. Any drug/alcohol related act which would constitute a violation of the practice act or state/federal laws;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive and confirmation for substance abuse pursuant to Uniform Standard #9;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Consequences for a major violation include, but are not limited to:

1. Licensee will be ordered to cease practice.
 - a) the licensee must undergo a new clinical diagnostic evaluation, and
 - b) the licensee must test negative for at least a month of continuous drug testing before being allowed to go back to work.
2. Termination of a contract/agreement.
3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the board.

Minor Violations include, but are not limited to:

1. Untimely receipt of required documentation;
2. Unexcused non-attendance at group meetings;
3. Failure to contact a monitor when required;
4. Any other violations that do not present an immediate threat to the violator or to the public.

Consequences for minor violations include, but are not limited to:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation/testing;
7. Other action as determined by the board.

#11 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for return to practice on a full time basis.

#11 Uniform Standard

“Petition” as used in this standard is an informal request as opposed to a “Petition for Modification” under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to return to full time practice:

1. Demonstrated sustained compliance with current recovery program.
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee’s substance abuse.
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

#12 SENATE BILL 1441 REQUIREMENT

Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

#12 Uniform Standard

“Petition for Reinstatement” as used in this standard is an informal request (petition) as opposed to a “Petition for Reinstatement” under the Administrative Procedure Act.

The licensee must meet the following criteria to request (petition) for a full and unrestricted license.

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that he or she is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

#13 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, (1) standards for immediate reporting by the vendor to the board of any and all noncompliance with process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; (3) standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and (4) standards for a licensee's termination from the program and referral to enforcement.

#13 Uniform Standard

1. A vendor must report to the board any major violation, as defined in Uniform Standard #10, within one (1) business day. A vendor must report to the board any minor violation, as defined in Uniform Standard #10, within five (5) business days.
2. A vendor's approval process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors is as follows:

(a) Specimen Collectors:

- (1) The provider or subcontractor shall possess all the materials, equipment, and technical expertise necessary in order to test every licensee for which he or she is responsible on any day of the week.
- (2) The provider or subcontractor shall be able to scientifically test for urine, blood, and hair specimens for the detection of alcohol, illegal, and controlled substances.
- (3) The provider or subcontractor must provide collection sites that are located in areas throughout California.
- (4) The provider or subcontractor must have an automated 24-hour toll-free telephone system and/or a secure on-line computer database that allows the participant to check in daily for drug testing.
- (5) The provider or subcontractor must have or be subcontracted with operating collection sites that are engaged in the business of collecting urine, blood, and hair follicle specimens for the testing of drugs and alcohol within the State of California.
- (6) The provider or subcontractor must have a secure, HIPAA compliant, website or computer system to allow staff access to drug test results and compliance reporting information that is available 24 hours a day.

- (7) The provider or subcontractor shall employ or contract with toxicologists that are licensed physicians and have knowledge of substance abuse disorders and the appropriate medical training to interpret and evaluate laboratory drug test results, medical histories, and any other information relevant to biomedical information.
- (8) A toxicology screen will not be considered negative if a positive result is obtained while practicing, even if the practitioner holds a valid prescription for the substance.
- (9) Must undergo training as specified in Uniform Standard #4 (6).

(b) Group Meeting Facilitators:

A group meeting facilitator for any support group meeting:

- (1) must have a minimum of three (3) years experience in the treatment and rehabilitation of substance abuse;
- (2) must be licensed or certified by the state or other nationally certified organization;
- (3) must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year;
- (4) shall report any unexcused absence within 24 hours to the board, and,
- (5) shall provide to the board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.

(c) Work Site Monitors:

The worksite monitor must meet the following qualifications:

- (1) Shall not have financial, personal, or familial relationship with the licensee, or other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the board; however, under no circumstances shall a licensee's worksite monitor be an employee of the licensee.
- (2) The monitor's licensure scope of practice shall include the scope of practice of the licensee that is being monitored, be another health care professional if no

monitor with like practice is available, or, as approved by the board, be a person in a position of authority who is capable of monitoring the licensee at work.

- (3) Shall have an active unrestricted license, with no disciplinary action within the last five (5) years.
 - (4) Shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee's disciplinary order and/or contract and agrees to monitor the licensee as set forth by the board.
2. The worksite monitor must adhere to the following required methods of monitoring the licensee:
 - a) Have face-to-face contact with the licensee in the work environment on a frequent basis as determined by the board, at least once per week.
 - b) Interview other staff in the office regarding the licensee's behavior, if applicable.
 - c) Review the licensee's work attendance.
 3. Any suspected substance abuse must be verbally reported to the contractor, the board, and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the board's normal business hours the verbal report must be within one (1) hour of the next business day. A written report shall be submitted to the board within 48 hours of occurrence.
 4. The worksite monitor shall complete and submit a written report monthly or as directed by the board. The report shall include:
 - the licensee's name;
 - license number;
 - worksite monitor's name and signature;
 - worksite monitor's license number;
 - worksite location(s);
 - dates licensee had face-to-face contact with monitor;
 - staff interviewed, if applicable;
 - attendance report;
 - any change in behavior and/or personal habits;

- any indicators that can lead to suspected substance abuse.

(d) Treatment Providers

Treatment facility staff and services must have:

- (1) Licensure and/or accreditation by appropriate regulatory agencies;
- (2) Sufficient resources available to adequately evaluate the physical and mental needs of the client, provide for safe detoxification, and manage any medical emergency;
- (3) Professional staff who are competent and experienced members of the clinical staff;
- (4) Treatment planning involving a multidisciplinary approach and specific aftercare plans;
- (5) Means to provide treatment/progress documentation to the provider.

(e) General Vendor Requirements

The vendor shall disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services as follows:

- (1) The vendor is fully responsible for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them. No subcontract shall relieve the vendor of its responsibilities and obligations. All state policies, guidelines, and requirements apply to all subcontractors.
- (2) If a subcontractor fails to provide effective or timely services as listed above, but not limited to any other subcontracted services, the vendor will terminate services of said contractor within 30 business days of notification of failure to provide adequate services.
- (3) The vendor shall notify the appropriate board within five (5) business days of termination of said subcontractor.

#14 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

#14 Uniform Standard

The board shall disclose the following information to the public for licensees who are participating in a board monitoring/diversion program regardless of whether the licensee is a self-referral or a board referral. However, the disclosure shall not contain information that the restrictions are a result of the licensee's participation in a diversion program.

- Licensee's name;
- Whether the licensee's practice is restricted, or the license is on inactive status;
- A detailed description of any restriction imposed.

#15 SENATE BILL 1441 REQUIREMENT

If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee.

#15 Uniform Standard

1. If a board uses a private-sector vendor to provide monitoring services for its licensees, an external independent audit must be conducted at least once every three (3) years by a qualified, independent reviewer or review team from outside the department with no real or apparent conflict of interest with the vendor providing the monitoring services. In addition, the reviewer shall not be a part of or under the control of the board. The independent reviewer or review team must consist of individuals who are competent in the professional practice of internal auditing and assessment processes and qualified to perform audits of monitoring programs.
2. The audit must assess the vendor's performance in adhering to the uniform standards established by the board. The reviewer must provide a report of their findings to the board by June 30 of each three (3) year cycle. The report shall identify any material inadequacies, deficiencies, irregularities, or other non-compliance with the terms of the vendor's monitoring services that would interfere with the board's mandate of public protection.
3. The board and the department shall respond to the findings in the audit report.

#16 SENATE BILL 1441 Requirement

Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

#16 Uniform Standard

Each board shall report the following information on a yearly basis to the Department of Consumer Affairs and the Legislature as it relates to licensees with substance abuse problems who are either in a board probation and/or diversion program.

- Number of intakes into a diversion program
- Number of probationers whose conduct was related to a substance abuse problem
- Number of referrals for treatment programs
- Number of relapses (break in sobriety)
- Number of cease practice orders/license in-activations
- Number of suspensions
- Number terminated from program for noncompliance
- Number of successful completions based on uniform standards
- Number of major violations; nature of violation and action taken
- Number of licensees who successfully returned to practice
- Number of patients harmed while in diversion

The above information shall be further broken down for each licensing category, specific substance abuse problem (i.e. cocaine, alcohol, Demerol etc.), whether the licensee is in a diversion program and/or probation program.

If the data indicates that licensees in specific licensing categories or with specific substance abuse problems have either a higher or lower probability of success, that information shall be taken into account when determining the success of a program. It may also be used to determine the risk factor when a board is determining whether a license should be revoked or placed on probation.

The board shall use the following criteria to determine if its program protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

- At least 100 percent of licensees who either entered a diversion program or whose license was placed on probation as a result of a substance abuse problem successfully completed either the program or the probation, or had their license to practice revoked or surrendered on a timely basis based on noncompliance of those programs.
- At least 75 percent of licensees who successfully completed a diversion program or probation did not have any substantiated complaints related to substance abuse for at least five (5) years after completion.

**MEMBERS OF THE PHYSICAL THERAPY BOARD OF
CALIFORNIA:**

**DEBRA J. ALVISO, PT, DPT., PROFESSIONAL BOARD MEMBER,
PRESIDENT**

**MARTHA JEWELL, PT, PH.D., PROFESSIONAL BOARD MEMBER, VICE
PRESIDENT**

**DONALD A. CHU, PH.D., PT, ATC, CSCS, PROFESSIONAL BOARD
MEMBER**

SARA TAKII, PT, DPT, MPA, PROFESSIONAL BOARD MEMBER

JAMES E. TURNER, MPA, PUBLIC BOARD MEMBER

CAROL A. WALLISCH, MA, MPH, PUBLIC BOARD MEMBER

JASON KAISER, INTERIM EXECUTIVE OFFICER

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ABOUT THE PHYSICAL THERAPY BOARD OF CALIFORNIA

In 1953 the Physical Therapy Examining Committee was created by Chapter 1823, statutes of 1953 (AB 1001). While the name has been changed to the Physical Therapy Board of California (PTBC), the charge of the PTBC by the legislature has been protecting the public from the incompetent, unprofessional and criminal practice of physical therapy since its inception. The PTBC is one of approximately thirty regulatory entities which exist under the organizational structure of the Department of Consumer Affairs (DCA). The PTBC has a close and cooperative relationship with DCA.

The Board consists of seven members (four licensed physical therapists and three public members) who serve four-year terms (a maximum of two terms). The Governor appoints the four licensed physical therapists and one public member. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. Board members are required to complete a Form 700 – Conflict of Interest Statement, and they are required to submit this statement to the Fair Political Practices Commission each year. Additionally, the board members are required to complete ethics training every two years.

The PTBC appoints an executive officer as its administrator. The executive officer serves solely in the interest of the consumers of physical therapy services in California, as does the PTBC. The executive officer oversees the PTBC's staff and ensures that all of its programs function efficiently and effectively.

The PTBC is funded through license and application fees. The PTBC receives no General Fund monies from the State of California.



RECENT ACCOMPLISHMENTS

As part of the strategic planning process the Board has evaluated the goals set forth in its previous strategic plan, identified the objectives they were able to accomplish, and made note of any items that require further attention. The following list identifies the significant Board accomplishments since the last strategic plan, which was adopted in 2010.

The Board:

- Prepared and submitted budget change proposals for additional positions based on documented staff workload and staff allocation.
- Continued to examine regulations and identified areas in need for revision.
- Attained assistance from oversight agencies regarding the proposed revisions to the Physical Therapy Practice Act.
- Established enforcement performance measures, which track cycle times from complaint receipt to complaint resolution.
- Implemented newly revised hard-copy and electronic enforcement consumer protection satisfaction surveys to more accurately gather data and assess performance of the enforcement program.
- Evaluated enforcement and licensing processes to identify improvements, measure outcomes, and manage consumer satisfaction based on the performance measure responses.
- Established a social networking presence for the Board on Facebook and Twitter.
- Redesigned the Board newsletter.
- Updated and enhanced the Board Web site.
- Began creating and distributing electronic copies of Board informational materials to increase availability and improve access.
- Improved processes to provide, in a timely manner, evidence and information necessary for Board members to make informed decisions at disciplinary hearings.
- Improved access to updates and information for applicants, licensees and consumers through online services.
- Implemented pilot program for license renewal electronic payments.

- Established standards for recognition of continuing competency approval agencies.
- Established a new license status of “inactive.”
- Developed and implemented continuing competency exemption request processes.
- Established continuing competency audit standards to ensure licensees are competent in practice.
- Surveyed licensees’ satisfaction regarding the application and licensing services program.
- Continued collaboration with the Department of Consumer Affairs in the development of the BReEZe project.
- Continued to support the Department of Consumer Affairs’ efforts to work with Department of Justice to import applicant criminal offense record information (CORI) into the applicant tracking system.
- Continued to support the Department of Consumer Affairs’ efforts to work with the Federation of State Boards of Physical Therapy to import applicant’s examination scores into the applicant tracking system.
- Updated the California jurisprudence examination.

OUR MISSION

To advance and protect the interests of the people of California by the effective administration of the Physical Therapy Practice Act.

OUR VISION

California's physical therapy consumers and practitioners are provided a safe, fair and competitive marketplace.

OUR VALUES

EFFECTIVENESS

We ~~make informed decisions that~~ make a difference and have a positive ~~measurable~~ impact for the consumer.

INTEGRITY

We are honest, fair and respectful in our treatment of everyone.

PROFICIENCY

We ~~value innovative ideas and~~ ~~concepts.~~

ACCOUNTABILITY

We operate transparently and hold ourselves accountable to the people of California.

SERVICE

We strive to provide the best service possible to consumers, applicants, and licensees. ~~and consumers.~~

GOAL 1: LICENSING & EXAMINATIONS

Promote licensing and examination standards which protect consumers and allow reasonable access to the profession.

- 1.1** Explore the feasibility of improving the quality of the physical license.
- 1.2** Annually review and evaluate licensure and certification examinations.
- 1.2** Explore alternative testing avenues for the Electromyography examination and adjust the fee structure to reflect costs of the program.
- 1.3** Explore an approval mechanism for clinical sites for foreign educated physical therapist applicants.
- 1.4** Pursue an increase in budgetary authority to secure necessary staff for the implementation of BReZE.
- 1.5** Define in regulation a pass-point for both licensure examinations.
- 1.6** Monitor the implementation of the various BReZE interfaces.
- 1.7** Appraise Application and Licensing Services program processes, and update the program's procedure manuals.

GOAL 2: RENEWALS & CONTINUING COMPETENCY

Licensees will have access to efficient renewal process. Consumer protection is enhanced through the requirements of continuing competency.

- 2.1** Evaluate the processing of renewal applications; identify process improvement, and identify and eliminate redundancies and bottlenecks in the process. Integrate the renewal process into the BREEZE project to insure the ability to pay renewal fees online.
- 2.2** Pursue an increase in budgetary authority to secure necessary staff to ensure compliance of licensees and approval agencies.
- 2.3** Review and revise continuing competency regulations.
- 2.4** Integrate the continuing competency process into the BREEZE project.
- 2.5** Explore the feasibility of assessing fees to fund the Continuing Competency program.

GOAL 3: ENFORCEMENT

The health and safety of consumers is protected through enforcement of the laws and regulations governing the practice of Physical Therapy.

- 3.1** Pursue an increase in budgetary authority to sufficiently fund Attorney General's costs to ensure timely public protection.
- 3.2** Explore the feasibility of an on-site inspection program.
- 3.3** Establish an in-house investigation program.
- 3.4** Pursue an increase in budgetary authority to fund necessary staff to improve enforcement process cycle times.
- 3.5** Explore the feasibility of an in-house civil servant expert consultant.
- 3.6** Pursue an increase in budgetary authority to fund a Probation Monitor position.
- 3.7** Initiate electronic voting for Board Members through the BREEZE system.

GOAL 4: LEGISLATION AND REGULATION

Promote sound and timely legislation and regulations which uphold the Board's mission and vision.

- 4.1 Seek author(s) to introduce the proposed revisions to the Practice Act.
- 4.2 Work with the Legislature to ensure passage of proposed statutory packages brought forth by the Board.
- 4.3 Monitor ~~and maintain~~ legislation and maintain regulation that may impact the consumers of physical therapy it's licentiates and the Board.
- 4.4 Develop regulations based upon the legislative changes.
- 4.5 Review all physical therapy regulations and recommend revisions to ensure best practices.
- 4.6 Establish consistent relationships with the Legislature.

GOAL 5: PROGRAM ADMINISTRATION

The Board efficiently utilizes its resources and personnel to meet its goals and objectives.

- 5.1** Seek support to attend industry and regulatory related conferences such as the FSBPT Annual Conference and Delegate Assembly.
- 5.2** Pursue budgetary authority to fund the necessary administrative staff to ensure laws and regulations are current and accurate.
- 5.4** Provide training and professional development options to staff to foster a diverse range of skills, knowledge and experience throughout the Board.
- 5.5** Create and implement a workforce and succession plan.
- 5.6** Assess the Board's organizational structure for effectiveness.
- 5.7** Mitigate additional staffing issues that revolve around conversion to BREEZE system.

GOAL 6: OUTREACH & EDUCATION

Consumers and other stakeholders are informed about the practice and regulation of Physical Therapy. The Board will proactively reach out to consumers and licensees to inform them of developments which affect the practice.

- 6.1** Leverage existing technologies to increase interaction between the Board and its stakeholders (i.e. web conferencing, webinars, teleconferencing, and social media).
- 6.2** Utilize existing technologies to promote education through social media sites (i.e. YouTube, Twitter).
- 6.3** Use available outreach methods to encourage involvement from schools and education on the ethical and legal practice of physical therapy.
- 6.4** Increase the physical presence of the Board at events related to the profession and practice of physical therapy.
- 6.5** Discuss and determine the Board's role in addressing questions about practice issues.