



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING 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](http://www.ptbc.ca.gov)



### Board Members

Debra Alviso, Physical Therapist, DPT,  
President

Martha Jewell, Physical Therapist, Ph.D.,  
Vice-President

Sara Takii, Physical Therapist, DPT, MPA  
Katarina Eleby  
James Turner, MPA  
Carol Wallisch, MA, MPH

## Physical Therapy Board of California Notice of Public Meeting

November 6, 2013 8:30 a.m.

November 7, 2013 8:30 a.m.

Samuel Merritt University  
Health Education Center  
400 Hawthorne Avenue, RM HEC 102  
Oakland, CA 94609

### Board Staff

Jason Kaiser, 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.**

**The Board plans to webcast this meeting on its website at [www.ptbc.ca.gov](http://www.ptbc.ca.gov). While the Board intends to webcast this meeting, due to resource limitations, if you wish to observe or participate, please plan to attend at a physical location.**

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## Agenda

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### 1. Call to Order and Roll Call

2. **Special Order of Business – November 6, 2013 8:30 a.m.**  
**Hearing on Petition for Modification of Probation – Elizabeth Oberholtzer, PT**  
**Hearing on Petition for Modification of Probation – David Dallmeyer, PT**

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

- 3. Closed Session**
  - (A) Pursuant to Government Code section 11126(c)(3)  
Deliberation on Disciplinary Actions
  - (B) Pursuant to Government Code section 11126(c)(1)  
Matters Relating to Examinations
  - (C) Pursuant to Government Code section 11126(e)  
US Equal Employment Opportunity Commission (EEOC) Charge  
Number 555-2012-00027
- 4. Approval of August 7 & 8, 2013 Meeting Minutes – Sarah Conley**
- 5. Consumer and Professional Associations and Intergovernmental Relations Reports**
  - (A) Federation of State Boards of Physical Therapy (FSBPT)
  - (B) Department of Consumer Affairs (DCA) – *Christine Lally*
  - (C) California Physical Therapy Association (CPTA)
- 6. President's Report – Dr. Debra Alviso**
  - (A) Proposed 2014 Meeting Calendar
- 7. Executive Officer's Report – Jason Kaiser**
- 8. Legislation Report – Sarah Conley**
  - (A) AB 258 (Chávez) State Agencies: Veterans
  - (B) AB 1000 (Wieckowski) Physical Therapists: Direct Access to Services
  - (C) AB 1057 (Medina) Professions and Vocations: Licenses: Military Service
  - (D) SB 198 (Lieu) Physical Therapy Board of California
  - (E) SB 304 (Lieu) Healing Arts: Boards
  - (F) Other bills affecting the Board identified by staff after publication of the agenda  
(Information only)
- 9. Rulemaking Report – Sarah Conley**
  - (A) Guidelines for Issuing Citations and Imposing Discipline, and Uniform Standards  
Regarding Substance-Abusing Healing Arts Licensees
  - (B) Required Email Filing
  - (C) Update of Regulations
  - (D) Physical Therapy Business Requirements
  - (E) Continuing Competency
  - (F) Delegation Authority for Citation Informal Conferences
  - (G) Telehealth
- 10. Administrative Services Report – Liz Constancio**
  - (A) Budget
  - (B) Outreach
- 11. Application & Licensing Services Report – Liz Constancio**

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

**13. Continuing Competency Report – Jason Kaiser**

**14. Public Comment on Items Not on the Agenda**

*An opportunity for public comment will be provided both days of the meeting; however, please be aware that 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)].*

**15. Elections**

- (A)** President
- (B)** Vice-President
- (C)** FSBPT Delegate
- (D)** FSBPT Alternate Delegate (Primary)
- (E)** FSBPT Alternate Delegate (Back-up)

**16. Agenda Items for Next Meeting – February 19 & 20, 2014**

**17. Adjournment**

*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](mailto: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**

**Samuel Merritt University  
Oakland, CA**

**November 6, 2013**

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

**November 7, 2013**

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



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

August 7, 2013

August 8, 2013

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

### Board Members

Debra Alviso, Physical Therapist, DPT,  
President  
Martha Jewell, Physical Therapist, Ph.D.,  
Vice-President  
Sara Takii, Physical Therapist, DPT, MPA  
Katarina Eleby  
James Turner, MPA  
Carol Wallisch, MA, MPH

### Board Staff

Jason Kaiser, Executive Officer  
Liz Constancio, Manager  
Elsa Ybarra, Manager  
Sarah Conley, Executive Associate  
Analyst

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

## 1. Call to Order and Roll Call

The Physical Therapy Board of California (Board) meeting was called to order by Dr. Alviso at 8:40 a.m. The following members were present: Dr. Alviso, Ms. Eleby, Mr. Turner, and Ms. Wallisch. Dr. Jewell and Dr. Takii were excused from this meeting with prior approval from Dr. Alviso. Also present at the meeting were Laura Freedman, Legal Counsel; Jason Kaiser, Executive Officer; Elsa Ybarra, Manager; Sarah Conley, Executive Associate Analyst; and, other Board staff.

## 2. Board Member and Staff Appointments

- (A) Thanks to Don Chu
- (B) Welcome to Katarina Eleby
- (C) Formal Welcome to New Executive Officer

Dr. Alviso announced a number of Board and staff changes: the departure of Dr. Donald Chu, Ph.D., PT, ATC, CSCS, from the Board as his term ended June 1, 2013; the appointment of Ms. Eleby to the Board, and the appointment of Jason Kaiser as Executive Officer.

Dr. Chu was appointed to the Board in November 2010 and completed his term in June of 2013. He had previously served a term as a Board Member from January 1999 to October 2006, serving as President for much of this term. In 2007 he was a member of the Board Continuing Competency Task Force, drafting the regulations of the initial continuing competency requirement for physical therapy in California.

Katarina Eleby, of Carson, California was appointed to the California Physical Therapy

Board on May 29, 2013. Ms. Eleby has been manager of operations at the African American Board Leadership Institute since 2012. She was a volunteer for Karen Bass for Congress in 2012 and executive co-chair for the International Studies Student Association at California State University, Long Beach in 2011. Ms. Eleby also served as an intern in the Office of California State Assembly Speaker Karen Bass in 2010 and was a sales assistant at Salt and Pepper Sales from 2006 to 2012.

Mr. Kaiser has been with the Board since November 2009. Since then, he has worked in various capacities in Application and Licensing Services, Consumer Protection Services and Continuing Competency Services. He initiated the Board's continuing competency audit process and has been a key representative of the Board in the BreZE project. In December 2012, Mr. Kaiser accepted the position of Interim Executive Officer with the retirement of Rebecca Marco.

Dr. Alviso ceremonially swore in Ms. Eleby and Mr. Kaiser.

**3. Special Order of Business – August 7, 2013  
Regulatory Hearing on Proposed Language for Guidelines for Issuing Citations and Imposing Discipline/Uniform Standards Regarding Substance-Abusing Healing Arts Licensees, Section 1399.15 of Division 13.2 of Title 16 of the California Code of Regulations**

The Board held the regulatory hearing for proposed language to amend California Code of Regulations (CCR) section 1399.15 regarding the Guidelines for Issuing Citations and Imposing Discipline, and the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees. No public comment was received.

After the hearing closed, the Board reviewed the proposed language, and the revised Guidelines, which is incorporated by reference in proposed 1399.15.

The following edits were made to the proposed regulatory language:

1. In subdivision (c)(2), add "(Uniform Standards)" after "(4/2011)" so that the text reads, "The Substance Abuse Coordination Committee's *Uniform Standards Regarding Substance Abusing Healing Arts Licensees (4/2011)* ("Uniform Standards"), which are hereby incorporated by reference, shall be used in applying the probationary conditions imposed pursuant to this subsection."

The following edits were made to the Model Guidelines:

1. On page 2, delete Donald Chu, PT, PhD, and replace with Katarina Eleby.
2. On page 2, change revision date from May 2013 to August 2013.
3. On page 10, under the heading "Probationary Participants,"

- a. Add a new second sentence to read, “Pursuant to section 315 of the Business and Professions Code, the Board uses the Substance Abuse Coordination Committee’s *Uniform Standards Regarding Substance Abusing Healing Arts Licensees* (4/2011)(“Uniform Standards”).
  - b. Modify the existing second (now third) sentence of the first paragraph to read, “A clinical diagnostic evaluation will be ordered as a term of probation and other Conditions Applying the Uniform Standards will also be included.
4. On page 24, add condition “K” (Restriction of Practice – No Supervision of Physical Therapist Assistants) to the Probation Condition Specific to Violation for Gross Negligence (B&P Code 2234(b), 2660(h)).
5. On page 51, replace number of days (90 with (180) for Term 3 (Cost Recovery) for consistency with Term 19 (Completion of Probation).
6. On page 67, modify the last sentence of term “T” to read, “In the event that interpretation or clarification of any of the Conditions Applying the Uniform Standards is necessary, the Uniform Standards shall be controlling.”
7. On page 67, delete the introduction phrase “If recommended by the DCE,” from condition “V”.
8. On page 75, add (Uniform Standards) to the title of “Uniform Standards Regarding – Abusing Healing Arts Licensees”
9. Add the following to the Glossary of Terms:
  - a. Probation Monitor
 

The Probation Monitor is an employee of the Physical Therapy Board that monitors probationers to ensure compliance with the terms and conditions of Respondent’s probation.
  - b. Supervising Physical Therapist (Probation Condition Term A)
 

The supervising physical therapist ensures the probationer adheres to the Physical Therapy Practice Act as well as the probationary conditions and practices in the same facility as the probationer. The supervising physical therapist has full and random access to probationer’s patient records and evaluates all aspects of the probationer’s practice. The supervising physical therapist is approved by the Board and reports to the Board’s probation

monitor. The role of the supervising physical therapist may vary depending on the level of supervision set forth in the Order.

c. Practice Monitor (Probation Condition Term B)

The practice monitor is a licensed physical therapist that serves as a subject matter expert to review the probationer's current practice and to evaluate all aspects of the probationer's practice. The practice monitor is approved by the Board and reports to the Board's probation monitor. This monitor is used in lieu of a supervising physical therapist when a probationer holds a vested interest in the physical therapy practice.

d. Worksite Monitor (Probation Condition Term AA)

The worksite monitor is a person, usually a physical therapist, which observes for signs of substance abuse through face to face contact, interviews and attendance monitoring. The worksite monitor is approved by the Board's drug and alcohol recovery monitoring program and reports to the Board's drug and alcohol recovery monitoring program on the status of the probationer.

10. Non substantive revisions – spelling corrections:

- a. Page 75 – “CONSUMERS” (CCR 1398.15)
- b. Page 76 – “UNINSURED” (B&P 802)
- c. Page 78 – “INCAPABILITY” B&P 2660.1)
- d. Page 79 – “CONSUMERS” (CCR 1398.15)  
“PARTY” (CCR 1399.24(a))

**MOTION:** To approve the proposed language as amended 8/8/2013 for a 15-day public notice period and delegate to the Executive Officer the authority to adopt the proposed regulatory changes, as modified, if there are no adverse comments received during the public comment period and also delegate to the Executive Officer the a authority to make technical or non-substantive changes that may be required in completing the rulemaking file.

**MOVED:** Ms. Eleby

**SECOND:** Mr. Turner

**VOTE:** 4-0 Motion carried

**4. Approval of May 8 & 9, 2013 Meeting Minutes – Sarah Conley**

The Board identified a couple of minor amendments to the minutes.

**MOTION:** To adopt the draft May 8 & 9, 2013 meeting minutes as amended.

**MOVED:** Mr. Turner

**SECOND:** Ms. Wallisch

**VOTE:** 4-0 Motion carried

**5. Consumer and Professional Associations and Intergovernmental Relations Reports**

**(A) Federation of State Boards of Physical Therapy (FSBPT)**

Dr. Alviso indicated there is no update under this item; however, she requested that all members sign-up to receive the FSBPT e-mail updates, if they have not done so already.

**(B) Department of Consumer Affairs (DCA)**

Christine Lally, Deputy Director of Board and Bureau Relations, introduced herself to the Board and expressed her excitement to work with the board. The Board welcomed Ms. Lally, and Dr. Alviso inquired as to whether the President and EO teleconferences with the DCA will continue. Ms. Lally indicated she will look into it.

**(C) California Physical Therapy Association (CPTA)**

**i. Correspondence and Request Regarding Wellness**

Dr. Alviso informed the Board the American Physical Therapy Association (APTA), Quality Practice Committee (Committee), submitted a request for the Board to consider wellness, and briefly explained the Board's history in addressing wellness. Dr. Alviso indicated that, in response to the Committee's request, an exploratory meeting will be scheduled in coming months to determine an action plan to bring back to the Board, and requested the Board's approval to move forward.

Nancy Byl, PT, PhD, FAPTA, Chair of the Committee, informed the Board that Committee members requested that health and wellness be defined for purposes of direct access. Dr. Byl explained that wellness services are not typically covered by insurance. Wellness services are to maintain health for individuals with chronic diseases, who are aging, or for exercise programs. She indicated, in her experience, most patients have a diagnosis. The issue arises when patients want to bill their insurance for the wellness services. The Committee would like to be able to distinguish clearly between physical therapy practice and wellness services. Also, the Committee

is looking at health care reform and how to more effective earlier with preventative care. Dr. Byl noted that in California's Health Care Initiative, the first goal is to maintain health and wellness, and to have healthier consumers.

Dr. Byl concurs with Dr. Alviso's recommendation to have a one day meeting to look at wellness.

Dr. Alviso inquired whether the APTA would have any resources that would be of assistance to the Board. Dr. Byl indicated she would look into it.

**MOTION:** To approve the Board President's recommendation to hold a single day meeting to discuss an action plan to explore wellness.

**MOVED:** Ms. Wallisch

**SECOND:** Mr. Turner

**VOTE:** 4-0 Motion carried

**6. President's Report – Dr. Debra Alviso**

Dr. Alviso informed the Board she met with Mr. Kaiser and Ms. Freedman in July to discuss general Board issues. Dr. Alviso commended staff and members for their work and continued dedication with the ever-changing demands of the Board.

- (A) Adopted 2013 Meeting Calendar**
- (B) Proposed 2014 Meeting Calendar**

The Board rescheduled the February 2014 meeting from the 12<sup>th</sup> and 13<sup>th</sup> to the 19<sup>th</sup> and 20<sup>th</sup>. In addition, staff will work on possibly rescheduling the May 2014 meeting at the request of Dr. Takii.

**7. Executive Officer's Report – Jason Kaiser**

Mr. Kaiser provided additional updates since the drafting of his report: 1) the Board has received feedback on the one-year audit response, which included primarily technical questions; the Board extended tentative offers to two individuals for the two vacant Staff Services Analyst positions in the enforcement unit, which are being offered to two individuals that are currently employed by the Board; and, the Board has been notified that mid-September 2014 has been slated for the Board's BreEZe launch date. Mr. Kaiser also informed the Board that staff has started the notification process of placing alerts on the website and social media to inform consumers, applicants, and licensees

that there will be a delay in services due to the Board's systems being down to get on-line with BreEZe.

Mr. Kaiser informed the Board that staff has received the 2014 test dates for the National Physical Therapy Examination (NPTE). It appears the 2014 schedule is in keeping with prior years. Staff is working with the FSBPT to assist applicants with the testing schedule and explain the various deadlines that are in place, e.g. FSBPT's deadline and the jurisdictional deadlines. Mr. Kaiser noted the program directors as well as applicants have expressed concern about not having access to the first available exam; however, he as well as staff has assured them that staff is processing applications as fast and efficient as possible to ensure due access to the exam. One of the issues staff is encountering is the volume of applications at one time; the Board does not have the resources to process such a large number of applications at one time. Mr. Kaiser noted staff could research employing Permanent Intermittent employees to assist Application and Licensing Services staff during peak times.

Mr. Turner inquired how the Board is able to travel for meetings, but not for the purpose of outreach. Mr. Kaiser explained that permitted travel is limited to that which is mandated by statute and deemed mission critical; outreach is not mandated by statute.

#### **8. FSBPT Minimum Data Set – Jason Kaiser**

Mr. Kaiser explained he had received a request from the FSBPT to participate in a collection of data, which FSBPT calls a Minimum Data Set (MDS), pursuant to a motion made at the 2012 Delegate Assembly. The FSBPT's intent in collecting MDS information is to "help promote the supply and distribution of well-prepared health professionals and other workers to assure access to high quality, efficient care for the nation."

The FSBPT believes the state boards would be best suited to collect the information established in the MDS at the time of renewal; however, participation is voluntary. Mr. Kaiser shared that he recently received communications that other jurisdictions – Michigan and Utah – have chosen not to participate in this data collection effort, for various reasons. One of the primary concerns is that this data collection would be a significant roadblock to timely renewal. Specifically in California, there are a number of components required to process a renewal and if another one is added, it will extend the already lengthy processing time.

Ms. Freedman identified another issue for California, which is privacy. The Board collects information to verify that applicants meet the minimum requirements for licensure; collecting additional information such as that identified for the MDS would be beyond the Board's current role. Most, if not all the categories of data the FSBPT wishes the Board to gather data is confidential. In addition, the type of information collected is information that, if collected, someone could allege is misused for discriminatory purposes in issuing licenses and/or taking enforcement action. Since the Board could be **perceived** to be making licensing and enforcement decisions based upon this protected and confidential

information, even if that is not the case, she recommended against collecting it so as to minimize the argument cannot be made. Lastly, if the MDS information is voluntarily collected, the Board then has to keep it protected, and respond to requests from the public about the information. If the Board finds FSBPT's goals noble and valuable, the Board could find other ways to assist FSBPT in collecting the data rather than to collect it directly.

Mr. Kaiser explained that although he appreciates the FSBPT's efforts, he thinks there may be alternative methods to collect this data, which may include FSBPT working with an agency other than the Board, or providing a link through the Board's website to the FSBPT's site with a survey.

Mr. Turner inquired whether the DCA had a position on this issue or if it was doing anything regarding these workforce data collection efforts. Ms. Lally indicated she will look into it.

#### **9. Legislation Report – Sarah Conley**

Ms. Conley provided a brief explanation of each bill and how it may impact the Board, consumers, and/or the profession. Ms. Conley specifically noted that SB 198, which is sponsored by the Board, was recently amended to change the author from Senator Price, who is no longer serving in the Legislature, to Senator Lieu, and to include the Board's sunset extension provisions. The inclusion of the sunset provisions allowed the author to obtain a waiver for the bill so that it would not count toward his bill limit for the session. Senator Lieu authored a number of bills prior to his appointment to Chair the Business, Professions and Economic Development Committee to replace, now, City Counselman Price. If Senator Lieu took on all of City Counselman Price's bills, he would exceed his bill limit without the waivers. Ms. Conley went on to note that since the Board's sunset provisions were included in SB 198, they have been removed from SB 305.

Since the Board's sunset extension provisions were removed from SB 305, the Board changed its position on the bill from Support to Watch.

**MOTION: To change the position on SB 305 from Support to Watch.**

**MOVED: Ms. Wallisch**

**SECOND: Mr. Turner**

**VOTE: 4-0 Motion carried**

- (A) AB 186 (Maienschein) Professions and Vocations: Military Spouses: Temporary Licenses**
- (B) AB 258 (Chávez) State Agencies: Veterans**
- (C) AB 809 (Logue) Healing Arts: Telehealth**

- (D) AB 1000 (Wieckowski) Physical Therapists: Direct Access to Services**
- (E) AB 1057 (Medina) Professions and Vocations: Licenses: Military Service**

AB 1057 would require the Board to inquire on every application for licensure whether the applicant has serviced in the military. Mr. Turner inquired whether the applicant would be required to answer the question since it would be a question added to the application. Ms. Freedman indicated she didn't believe choosing not to answer this question would constitute an incomplete application as it is intended to benefit the applicant if he or she chooses to identify himself or herself.

- (F) SB 198 (Price) Physical Therapy Board of California**
- (G) SB 305 (Price) Healing Arts: Boards**

## **10. Rulemaking Report – Sarah Conley**

### **(A) Rulemaking in Progress**

- i. Guidelines for Issuing Citations and Imposing Discipline, and Uniform Standards Regarding Substance-Abusing Healing Arts Licensees**
- ii. Mandatory Fingerprinting**
- iii. Notice to Consumers**
- iv. Required Email Filing**

Ms. Conley provided an update of each rulemaking item identified on the 2013 Rulemaking Calendar, then Mr. Kaiser addressed agenda item # 10(A)(ii) in more detail as noted below.

#### **iii. Notice to Consumers**

Ms. Conley specifically noted that the Notice to Consumers file was approved by the Office of Administrative Law (OAL) and will take effect October 1, 2013. Korey Landry, the Board's Outreach Coordinator, will be posting notices on various social media sites about this new regulation.

#### **ii. Mandatory Fingerprinting**

Mr. Kaiser informed the Board the rulemaking file regarding fingerprint and disclosure requirements was disapproved by the OAL. Mr. Kaiser explained one of the issues with the file was that the language was modeled after other boards; the Board's situation was different than other boards. Many other boards did not fingerprint any applicants for a period of time whereas the Board did fingerprint individuals, but for various reasons, such as data fall out in the transition from hard card fingerprints to electronic fingerprints, those fingerprints are no longer on file with the Board.

The Board discussed the various aspects of collecting licensee's fingerprints, such as

whether to make a fingerprint certification a component of renewal, or to identify the licensees the Board needs fingerprints for and contact them individually.

Ms. Freedman noted that the Board, in any case, would have to write a regulation to require licensee fingerprints because the Board currently only has authority to require applicants to submit fingerprints as part of the initial application process. Mr. Kaiser recommended that the Board allow staff to conduct additional research to tailor the regulation to the Board's needs, and the Board concurred. Ms. Freedman advised that no action needed to be taken until after further research has been conducted and the Board wished for staff to bring the more tailored regulation back to the Board at a later date.

The Board inquired as to what the timeframe would be to identify the licensees for which the Board needs fingerprints. Mr. Kaiser anticipates the licensees could be identified in advance of the implementation of BreEZe (mid-September 2014).

## **(B) Proposed Rulemaking**

- i. Update of Regulations**
- ii. Physical Therapy Business Requirements**
- iii. Continuing Competency**
- iv. Delegation Authority for Citation Informal Conferences**
- v. Telehealth**
- vi. 2014 Rulemaking Calendar**

Ms. Conley presented the draft 2014 Rulemaking Calendar. The Board adopted the draft 2014 Rulemaking Calendar as presented.

**MOTION: To adopt the draft 2014 Rulemaking Calendar as presented.**

**MOVED: Mr. Turner**

**SECOND: Ms. Eleby**

**VOTE: 4-0 Motion carried**

Dr. Alviso requested that potential rulemaking items for documentation, supervision and evaluation be added to the rulemaking "parking lot" so that the Board does not lose sight of these items; these concepts stem from discussions of if/how medication regimen reviews fit within physical therapists' scope of practice and discussions of wellness.

**11. Closed Session**

**(A) Pursuant to Government Code section 11126(c)(3)  
Deliberation on Disciplinary Actions**

Once issued, disciplinary decisions may be found on the Board's website at [www.ptbc.ca.gov](http://www.ptbc.ca.gov).

**12. Special Order of Business – August 8, 2013 8:30 a.m.  
Hearing on Petition for Reinstatement of License – William Skelly  
Hearing on Petition for Modification of Probation – Pamela Wain, PT**

After submission of the matters, the Board convened in closed session to deliberate pursuant to Government Code section 11126(c)(3).

Once issued, disciplinary decisions may be found on the Board's website at [www.ptbc.ca.gov](http://www.ptbc.ca.gov).

**13. Administrative Services Report – Liz Constancio**

**(A) Budget**

Carl Nelson, the Board's budget analyst introduced himself and presented the budget report. Mr. Nelson brought the Board's attention to the Temp Help line item. Although an issue in the past, the Board was successful in staying within budget for temporary help in FY 2012/13. However, Mr. Nelson explained there is an over expenditure for overall personnel services due to permanent intermittent staff working full time, which qualifies them for benefits; the benefits cost put the Board over budget in personnel. As previously discussed, Mr. Turner and staff had been working throughout the year to establish and maintain spending caps in other areas of the budget. These spending caps allowed the Board to have a substantial savings in its Operating Expenses budget, which compensated for the over-expenditure in Personnel Services. Mr. Nelson expressed that staff diligently tracked the budget to ensure solvency for the FY 2012/13 budget.

The Board noted that this budget reflects the budget augmentation received for the Attorney General (AG) costs and questioned what next year will look like. Mr. Nelson explained that with the AG costs anticipated to remain at approximately its current level, the Board will be required to request a budget augmentation next year as well. The Board also inquired as to whether the budget will allow for travel. Ms. Constancio joined Mr. Nelson and explained she anticipates the need to restrict spending in other areas of the Board's budget to compensate for additional travel in FY 2013/14.

## **(B) Outreach**

Ms. Landry presented the Outreach report. She explained there was a %100 increase in visits to the Publications page on the Board's website because it is a new tab as of the last reporting quarter; Publications were previously included with Forms. This change was prompted by input from the public as well as the Board.

### **14. Application & Licensing Services Report – *Sophia Cornejo***

Ms. Cornejo presented the Application and Licensing Service report. She noted that there has been a significant increase in the number of applications submitted in May and June, which is due to popularity of the July exam.

### **15. Consumer Protection Services Report – *Elsa Ybarra***

Ms. Ybarra provided a brief explanation of each component of the enforcement report provided. The Board indicated it did not have any questions.

### **16. Continuing Competency Report – *Karin Thompsen***

Ms. Thompsen presented the Continuing Competency report. Ms. Thompsen informed the Board staff has been working on updating the Approval Agencies page on the website so that the Approval Agencies list also identifies which Approval Agencies approve outside Providers. Some Approval Agencies only approve their own Providers, but some approve outside Providers, so this would help Providers who are seeking approval from an Approval Agency determine which agencies to contact.

### **17. Public Comment on Items Not on the Agenda**

There was no additional public comment.

### **18. Agenda Items for Next Meeting – November 6 & 7, 2013** Samuel Merritt University Oakland, CA

### **19. Adjournment**

The meeting adjourned at 1:30 p.m. on Thursday, August 8, 2013.



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.

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### Briefing Paper

Date: 10/25/13  
Prepared for: PTBC Board Members  
Prepared by: Debra J. Alviso, PT, PTBC Board Member  
Subject: Wellness Symposium Report

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#### **Purpose:**

To update Board members on a meeting held to explore issues related to Wellness and physical therapy.

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#### **Background:**

The California Physical Therapy Association (CPTA) Quality Practice Committee submitted an inquiry letter related to issues surrounding physical therapy Wellness services and the application of California regulation. In response to this, a meeting was proposed and approved by the PTBC Board at its August 2013 meeting.

On 10/23/13, a "Wellness Symposium" was held. The purpose of the meeting was to explore the issues related to Wellness services within physical therapy.

For your review, the Wellness Symposium Report is attached. Of note, are the issues identified, the meeting "takeaways," and the recommendations for future consideration.

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#### **Analysis:**

The Wellness Symposium was a positive meeting. It allowed for the opportunity to review the regulation of physical therapy and discuss the issues surrounding Wellness from multiple stakeholder viewpoints.

The group consensus was that patient/client and treatment/wellness are not clearly defined. Instead, what should be considered are the spectrum of services and factors of that spectrum that comprise the "risk" to public protection; the spectrum of services is referred to as the Physical Therapy Continuum and the factors that compromise the "risk" to public

protection are referred to as the Continuum Elements. The group also identified the difficulties in the application of existing regulation to the spectrum of services offered. This Physical Therapy Continuum model, although only developed in draft form, may provide the groundwork for future rulemaking.

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**Action Requested:**

Further development of the Physical Therapy Continuum and the Continuum Elements should occur as a critical model for considering the spectrum of physical therapy.

The Board should consider the Physical Therapy Continuum and the Continuum Elements; and, "takeaways" and suggestions from the Wellness Symposium in future rulemaking packages related to documentation, supervision and other practice requirements.

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**Attachment:**

Wellness Symposium Report 10/23/2013



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING 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](http://www.ptbc.ca.gov)



## Wellness Report

Date: 10/23/13

Prepared for: PTBC Board Members

Prepared by: Debra J. Alviso, PT, Board Member

Subject: Wellness Symposium Report

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### **Purpose:**

To summarize the meeting held to explore issues related to Wellness and physical therapy.

### **Background:**

The CPTA Quality Practice Committee submitted a letter related to issues surrounding physical therapy wellness services and the application of California regulation. In response to this, a meeting was proposed and approved by the PTBC Board at its August 2013 meeting. This Wellness Symposium was held 10/23/13.

### **Attendees:**

Debra Alviso, PT, PTBC Board Member  
 Sara Takii, PT, PTBC Board Member  
 Nancy Byl, PT, CPTA Quality Practice Committee Chair  
 Mitch Kaye, PT, CPTA Quality Practice Committee  
 Stacy DeFoe, CPTA Executive Director  
 Jason Kaiser, PTBC Executive Officer  
 Sarah Conley, PTBC Analyst  
 Elsa Ybarra, PTBC Consumer Protection Manager  
 Laura Freedman, PTBC Legal Counsel  
 Dennis Ellingson, PT, PTBC Expert Consultant

### **Format and Document Review**

The format included a review of pertinent documents including:

- The letter from the CPTA Quality Practice Committee
- World Health Organization Ten Facts on Physical Activity
- APTA Position Statements and Policies

- References from California laws and regulations pertaining to physical therapy and Wellness:
- Pertinent legislation
  - SB 1485 (Burton; Chapter 117, Statutes of 2004)
  - SB 1000 (Wieckowski, Chapter 620, Statutes of 2013)
  - SB 198 (Lieu; Chapter 389, Statutes of 2013)
- An article from the March 2005 edition of *Progress Notes*, the PTBC's Newsletter
- References from other jurisdictions' practice acts

## Issues

The discussions allowed the group to consider numerous issues surrounding physical therapy including health and wellness. The participants used numerous viewpoints for the review – consumer, professional and regulatory. All discussions included consideration of public protection.

Issues considered:

- The difficulty of defining patient vs. client/customer
- The difficulty in differentiating treatment from health/wellness
- Public protection and public perception of physical therapy
- The negative impact of unintended overregulation

## Takeaways

After careful and thorough review and discussion, the group assembled the following "takeaways:"

1. Confirmation that both traditional treatment and Wellness are "Physical Therapy" under current law;
2. The laws of Physical Therapy apply to treatment and Wellness;
3. Some aspects of the requirement for a diagnosis will change with the enacting of AB 1000;
4. It appears current regulation (supervision, documentation) was designed for application to traditional physical therapy treatment;
  - a. This level of required documentation and supervision may not be necessary across the broad spectrum of physical therapy services which now include Wellness, etc.

5. Physical therapy services are on a continuum rather than a clear cut delineation between patient/client and treatment/Wellness (More detail on continuum later in this report);
6. In concert with professional judgment, there are factors which influence where on the continuum a specific physical therapy service lies;
7. There may be a way to define the exceptions to the current regulatory requirements, which may be a very small, low risk of public protection scenario; and,
8. There may also be a way to provide guidance through regulation for the Board and the profession to use in determining the standard of documentation and supervision that applies in individual practice decisions.

**Continuum Factors: (Draft to capture discussion points)**

- Communication
  - What was implied?
  - What did consumer expect?
  - What was advertised?
  - Disclaimer or other communication
- Consumer/patient
  - Risk level of population
    - Mental and physical stability and status
  - Age
  - Diagnosis/ co-morbidities
  - Purpose for seeking physical therapy
- Safety
  - Did level of evaluation/assessment allow identification of red-flags?
  - What were existing diagnoses?
  - Was PT able to determine the appropriateness of the activity/treatment for this consumer?
  - Was PT able to identify and respect contraindications?
- Intervention
  - How invasive?
  - How innocuous?
  - How individualized?
  - How predictable was the outcome?
  - How was the activity possibly modified or altered in response to intervention (positive or negative)?

- Defensible
  - Professional properly trained, educated?
  - Experience of professional to practice in this area
  - Community standard
  - Documentation trail
  - Can the professional provide own defense of consideration of the safety of the patient?
  - Was there proper response to change in condition or response?
  - How were red-flags or contraindications considered?
  
- Setting
  - Aspects of settings are factors in the risk assessment for treatment/interventions
    - Extreme example: education at public health fair vs. neonatal unit

**Possible next steps:**

1. Further work is needed on the Physical Therapy Continuum – input of factors, various examples of treatment and Wellness to capture the spectrum
2. Further develop Continuum Elements
3. Consider concepts of "patient record"
  - a. What other forms of documentation can make up a "patient record" in instances of other than traditional treatment
4. Consider concepts of "diagnosis"
5. Define Wellness
  - a. Health
  - b. Physical activities
6. Any regulatory changes related to Wellness and the Physical Therapy Continuum should include other regulatory needs as a result of current session legislation – SB 198, AB 1000

**Possible references:**

- Other jurisdictions' language:
  - Alaska – example for defining points of patient-related duties and what can be delegated
  - Louisiana – example of Q/A regarding Wellness
  
- The American Physical Therapy Association (APTA) has a draft model payment system that categorizes severity and intensity of physical therapy services. Although this has

been developed for payment purposes, the concepts may be helpful for the development of Continuum Elements.

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### **Summary and Recommendations:**

The Wellness Symposium provided a positive opportunity for various stakeholders to explore issues regarding Wellness and physical therapy. Concepts and issues were identified including the Continuum of Physical Therapy, and the difficulties in application of existing regulation to the spectrum of services offered with the addition of Wellness.

Further development of the Physical Therapy Continuum and Continuum Factors should occur as a model for drafting future regulatory language as this will assist in considering the spectrum of physical therapy.

The takeaways and suggestions of the symposium should be considered in regulatory packages related to documentation, supervision and other practice requirements.

## Physical Therapy Board of California Proposed 2014 Meeting Calendar

<u>January</u>							<u>February</u>							<u>March</u>						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
			1	2	3	4							1							1
5	6	7	8	9	10	11	2	3	4	5	6	7	8	2	3	4	5	6	7	8
12	13	14	15	16	17	18	9	10	11	12	13	14	15	9	10	11	12	13	14	15
19	20	21	22	23	24	25	16	17	18	19	20	21	22	16	17	18	19	20	21	22
26	27	28	29	30	31		23	24	25	26	27	28		23	24	25	26	27	28	29
														30	31					
<u>April</u>							<u>May</u>							<u>June</u>						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7
6	7	8	9	10	11	12	4	5	6	7 <sup>1</sup>	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30				25	26	27	28	29	30	31	29	30					
<u>July</u>							<u>August</u>							<u>September</u>						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
		1	2	3	4	5						1	2							
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20	21	22	23	24	25	26	17	18	19	20	21	22	23	21	22	23	24	25	26	27
27	28	29	30	31			24	25	26	27	28	29	30	28	29	30				
							31													
<u>October</u>							<u>November</u>							<u>December</u>						
Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S	Su	M	T	W	Th	F	S
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19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			
							30													

**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  
19-20 PTBC Meeting – Sacramento

**May**

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

**August**

6-7 PTBC Meeting – Sacramento

**November**

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

**March**

**June**

11-14 APTA Conference  
Charlotte, NC  
15 Father's Day

**September**

1 Labor Day  
18-20 FSBPT Meeting  
San Francisco, CA

**December**

25 Christmas

<sup>1</sup>Discuss possibly moving meeting to 14<sup>th</sup> and 15<sup>th</sup>

<sup>2</sup>Discuss possibly moving meeting to later in the month



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.

## Physical Therapy Board of California

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**DATE:** October 31, 2013

**TO:** Physical Therapy Board of California (Board)

**SUBJECT:** EXECUTIVE OFFICER'S REPORT

This report is to update you on the current status of the Board's operations.

### **ADMINISTRATION**

**AUDIT** – The Board submitted the one-year response to the Bureau of State Audits in June. Board staff will be meeting with the DCA Personnel staff to discuss the process and feasibility of establishing a civil service position for the in-house Expert Consultant. The DCA Personnel staff advised that this process could take a number of years to complete and could ultimately be unsuccessful. Staff will continue to work with the DCA Personnel staff and report its findings to the Bureau of State Audits in its next response.

**BUDGET/PERSONNEL** – The PTBC currently has 4 vacancies; 2 in the Administration unit and 2 in the Applications and Licensing unit, one of which is the Lead analyst. This has put quite a burden on both units; staff should be commended for maintaining its performance with this lack of resources. Staff is working to fill these positions, hopefully, by December, if not sooner. The PTBC continues to work with AARP in providing on the job training to 3 of its members. This collaboration has proved to be very valuable to both the AARP members as well as to the PTBC. Please refer to Agenda Item 10(A) for detailed report on the Budget.

**BreEZe** –Release 1 boards have officially “gone live”. Release 2's go-live dates have been delayed with dates to be determined. We have been advised that the implementation processes for Release 2 and Release 3 are being reevaluated as a result of the BreEZe team's experience with Release 1; we will be notified of the changes as soon as possible.

**LEGISLATION AND REGULATION** – Please refer to Agenda Items 8 for a more detailed report regarding Sunset.

**OUTREACH** – The PTBC continues to work with the DCA to ensure the Board’s website is compliant with the Americans with Disabilities Act (ADA). As you will see in Agenda Item 13, our new Continuing Competency Recognized Approval Agency webpage was designed with this project in mind. Please refer to Agenda Item 10(B) for a more detailed report.

**TRAVEL** – Travel continues to be restricted to mission critical travel. However, with the new fiscal year, the PTBC is planning on traveling to its mandated locations.

### **CONSUMER PROTECTION**

The PTBC has been successful in filling positions in the CPS unit. We welcomed David Laxton, Staff Services Analyst (SSA); Carole Phelps Associate Governmental Program Analyst (AGPA); and, Beatriz Reynoso Staff Services Analyst (SSA). Filling these positions has provided a marked relief to the unit.

### **CONTINUING COMPETENCY**

Continuing competency audits remain at a 14 month backlog. Please refer to Agenda Item 13 for a more detailed report.

### **APPLICATIONS & LICENSING**

In order to mitigate the workload associated with phone calls, the PTBC is considering utilizing the DCA’s Consumer Information Center (CIC) call center to field routine calls. However, in the interim, staff has implemented internal process improvements to help field the voluminous number of calls received by the Board. These improvements have thus far been successful.

The FSBPT has released its 2014-2015 Fixed-Date Test schedule; staff remains concerned that the Board’s application deadlines will prevent candidates from sitting for the next available exam. The Application & Licensing Services program staff makes every effort to process applications timely; however, must also adhere to the deadlines set in place to ensure that all application and licensing mandates are met. Please refer to Agenda Item 11 for a more detailed report.

# PHYSICAL THERAPY BOARD OF CALIFORNIA

## Legislative Analysis

<b>Bill Number</b>	AB 258	<b>Version</b>	Chaptered (Last Amd. 4/23/13)
<b>Author</b>	Chavez	<b>Sponsor</b>	Author Sponsored
<b>Subject</b>	State agencies: Veterans	<b>Status</b>	Chaptered Chapter 227, Statutes of 2013
<b>Adopted Position</b>	Watch		

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Enrolled	Vetoed	Chaptered	Effective 1/1/2014 <sup>1</sup>	2 yr./ Dead
1 <sup>st</sup> House				2 <sup>nd</sup> House								

*Red: Current/completed status Gray: Not applicable*

No new amendments occurred since the analysis for the 4/23/13 version was drafted; this information is current.

### Existing Law

1. Requires boards under the Department of Consumer Affairs (DCA) to promulgate regulations to evaluate military education, training, and experience in meeting licensure requirements, if the military education, training, and experience are applicable to the profession (BPC<sup>2</sup> § 35).
2. Authorizes a licensee whose license expired while serving on active military duty to reinstate his or her license without examination, as specified (BPC 114).
3. Requires boards under the DCA to waive the renewal fee(s), continuing education requirements, and other renewal requirements, if applicable, for any licensee called to active duty, as specified. A licensee whose renewal requirements have been waived pursuant to this section shall not practice until he or she meets the renewal requirements, as specified (BPC § 114.3).  
AB 1588 (Atkins) Chapter 742, Statutes of 2012
4. Requires boards under the DCA to expedite the licensure process for an applicant who is the spouse of, in a domestic partnership with, or in any other legal union with, an active member of the military who is assigned to a duty station in California under official active duty military orders; and, who holds a current license in another state. (BPC § 115.5)  
AB 1904 (Block) Chapter 399, Statutes of 2012

<sup>1</sup> The statute takes effect 1/1/2014; however, implementation is not required until July 1, 2014.

<sup>2</sup> Business and Professions Code

## This Bill

Would require boards under the DCA to, if requesting whether the person is a veteran on any form, to specifically ask the following question, "have you ever served in the United States military?" Boards would be required to implement this format by July 1, 2014.

## Background/Purpose

According to the Author's office, "currently California residents are simply asked, "Are you a veteran?" Although a very simple question, many veterans believe they are not true veterans because they have never served in combat or, most commonly, because they are women. In 2011, the California Research Bureau (CRB) conducted a survey on women, 63 of the 843 respondents (7.4%) marked that they were not a veteran then included comments such as, " I served in the Air Force," additionally the women stated "I thought veteran benefits were only for men."

"Furthermore, when the CRB held the ICV (Interagency Council on Veterans) meetings in December 2011, and Jan. and Feb. 2012 both women in the services repeatedly state that the, "Are you a veteran?" question was insufficient for identifying female veterans and men who had not served in combat."

"Veterans who do not identify themselves can lose out on many Federal Benefits for which they are entitled. Such benefits include the GI Bill, disability compensation and pension, access to free or reduced cost medical care, vocational rehab, unemployment benefits, veteran home loans, burial benefits, and survivor benefits."

## Related Legislation

1. **AB 186** (Maienschein, 2013) would require a board under the DCA to issue a temporary permit to practice in California to spouses or domestic partners of members of the military who are currently licensed in another state.

Status: Senate Business, Professions, and Economic Development Committee

2. **AB 213** (Logue, 2013) would require boards under the DCA who accredit school programs to require those programs to provide proof that there are procedures in place to evaluate military education, training, and experience toward completion of a degree that would qualify a person for licensure.

Status: Assembly Appropriations: Held under Submission

3. **AB 1057** (Medina, 2013) would require, commencing January 1, 2015, that each board under the DCA inquire on every application for licensure if the applicant is serving in, or has previously served in, the military.

Status: Chaptered – Chapter 693, Statutes of 2013

Fiscal Impact

According to the Assembly Appropriation’s fiscal analysis dated April 17, 2013, “minor costs to state agencies to change written materials that inquire as to persons’ veteran status.”

Board staff concurs with this determination.

Support and Opposition

**Support**

American Federation of State, County and Municipal Employees, AFL-CIO (AFSCME)  
American Association of University Women (AAUW) – California  
Housing California

**Opposition**

None on file.

## **AB 258 – State Agencies: Veterans**

Chapter 227, Statutes of 2013

(Bill last amended 4/23/13)

Author: Chávez

### **TODAY’S LAW AS AMENDED**<sup>1,2</sup>

#### **SECTION 1.**

*Section 11019.11 is added to the Government Code, to read:*

##### **11019.11.**

*(a) Every state agency that requests on any written form or written publication, or through its Internet Web site, whether a person is a veteran, shall request that information only in the following format: “Have you ever served in the United States military?”*

*(b) This section shall apply only to a written form or written publication that is newly printed on or after July 1, 2014.*

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<sup>1</sup> The text in this document shows how existing law will change January 1, 2014

<sup>2</sup> Blue, italic text is added to existing law; and red, strikethrough text is being repealed from existing law

# PHYSICAL THERAPY BOARD OF CALIFORNIA

## Legislative Analysis

<b>Bill Number</b>	AB 1000	<b>Version</b>	Chaptered (Last Amd. 9/6/13)
<b>Author</b>	Wieckowski	<b>Sponsor</b>	CPTA
<b>Subject</b>	Physical Therapists: Direct Access to Services/Professional Corporations	<b>Status</b>	Chaptered Chapter 620, Statutes of 2013
<b>Adopted Position</b>	Watch		

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Enrolled	Vetoed	Chaptered	Effective 1/1/2014	2 yr./ Dead
1 <sup>st</sup> House				2 <sup>nd</sup> House								

*Red: Current/completed status Gray: Not applicable*

### Existing Law

1. Defines physical therapy as the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services (BPC<sup>1</sup> § 2620).
2. Provides that the practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions (BPC § 2620).
3. Specifies that the use of roentgen rays and radioactive materials, for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including cauterization, are not authorized under the term "physical therapy" (BPC § 2620).
4. Indicates that a physical therapist license does not authorize the diagnosis of disease (BPC § 2620).
5. Permits a physical therapist to perform tissue penetration for the purpose of evaluating neuromuscular performance upon specified authorization of a physician and surgeon, but prohibits the physical therapist from developing or making diagnostic or prognostic interpretations from the data obtained (BPC § 2620.5).

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<sup>1</sup> Business and Professions Code

6. Specifies that a physical therapist may not practice medicine, surgery, or any other form of healing except as authorized under the scope of practice established in statute (BPC § 2621).
7. Establishes the Moscone-Knox Professional Corporation Act which sets forth the requirements for formation and operation of a professional corporation (CORP<sup>2</sup> Code § 13400 et seq.)
8. Defines a “professional corporation” as a corporation organized under the General Corporation Law, or as specified, to provide professional services in a single profession, unless otherwise authorized (CORP Code § 13401).
9. Defines “professional services” as any type of professional services that may be lawfully rendered only pursuant to a license, certificate, or registration authorized by the BPC, Chiropractic Act, or the Osteopathic Act (CORP Code § 13104).
10. Specifies which licensed professionals may be shareholders, officers, directors, or professional employees of a professional corporation offering services other than that which their license authorizes so long as sum of shares owned by those licensed professional does not exceed 49 percent of the total shares, and so long as the number of those licensed professionals owning shares in the corporation does not exceed the number of persons licensed by the – physical therapy corporations are not listed (CORP Code § 13401.5).
11. Requires professional corporations to obtain a certificate of registration issued by the governmental agency regulating the professional; however, exempting the licensees of the following agencies: Medical Board, or any examining committee under the jurisdiction of the board; the Osteopathic Medical Board; the Dental Board; Pharmacy Board, Veterinary Medical Board; Architects Board; Court Reporters Board; Board of Behavioral Sciences, Speech-Language Pathology and Audiology Board; the Board of Registered Nursing; and, the Board of Optometry (CORP Code § 13401.5).
12. Establishes restricted and acceptable practices when referring patients for specified services (BPC § 650 et seq.).

### This Bill

1. Requires a physician and surgeon, podiatrist or other referring practitioner who refers a patient to receive services by a physical therapist employed by a professional corporation, to comply with existing law regarding financial arrangements for referrals and requires the referring practitioner to provide notice

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<sup>2</sup> Corporations Code

of the following to the patient orally and in writing, in a least 14-point type and signed by the patient:

- a. That the patient may seek physical therapy treatment services from a physical therapy provider of his or her choice who may not necessarily be employed by the medical or podiatric medical corporation; and,
  - b. If the patient chooses to be treated by an employed physical therapist, any financial interest the referring practitioner has in the corporation.
2. Exempts a physician and surgeon, podiatrist, or other referring practitioner, which is in a medical group with a healthcare service plan who exclusively contracts to provide professional medical services for its enrollees, from providing the above notice.
3. Permits a person to initiate physical therapy treatment directly from a physical therapist if the treatment is within the scope of practice of a physical therapist, and the following conditions are met:
- a. If at any time, the physical therapist has reason to believe that the patient has signs or symptoms of a condition that required treatment beyond the scope of practice of a physical therapist or the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable, or functional improvement, the physical therapist shall refer the patient to a physician and surgeon, dentist, podiatrist, or chiropractor, as appropriate;
  - b. The physical therapist shall comply with professional title and degree title requirements, as specified, and shall disclose to patients any financial interest he or she has in providing treatment and, if working in a physical therapy corporation, shall comply with existing law regarding financial arrangements for referrals, as specified;
  - c. With the patient's authorization, the physical therapist shall notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient;
  - d. The physical therapist shall not continue treating the patient beyond 45 calendar days or 12 visits, whichever occurs first, without receiving, from a physician and surgeon or a podiatrist, and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval. Approval of the physical therapist's plan of care shall include an in-person patient examination and evaluation of the patient's condition and, if indicated, testing by the physician and surgeon or podiatrist. (This provision, specifically the requirement for a physician to

sign-off the plan of care, is consistent with Federal insurance reimbursement requirements).

4. Sets forth that the 45 calendar days or 12 visits conditions do not apply when a physical therapist is only providing wellness services to a patient.
5. Specifies that this bill does not expand or modify the scope of practice for physical therapists, including the prohibition against physical therapists diagnosing disease.
6. Specifies that this bill does not restrict or alter the scope of practice of any other health care professional.
7. Specifies that this bill does not require a health care service plan or insurer to provide coverage for services rendered to a patient who directly accesses physical therapy treatment services.

**9/3/2013 Amendment:**

Added workers' compensation insurance plans, employers, and state programs to the list of who is not required to provide coverage for services rendered to a patient who directly accesses physical therapy treatment services.

8. Requires physical therapists, prior to providing treatment to a patient who initiates physical therapy treatment services directly, to provide the patient the a notice, as specified, orally and in writing, in at least 14-point type and signed by the patient
9. Establishes that a violation of these provisions constitutes unprofessional conduct.<sup>3</sup>

**9/6/2013 Amendment:**

Since AB 1000 and SB 198 both contained amendments to Section 2660, to ensure the appropriate amendments were made, the following amendment was made to AB 1000: Added a second version of Section 2660, which included the amendments proposed by the Board in SB 198. If SB 198 passed, Section 2660 with the Board's proposed amendments would take effect; however, if SB 198 did not pass, Section 2660 without the Board's proposed amendments would take effect. SB 198 passed, so the version with the Board's amendments will take effect. SB 198 contained the same type of amendment.<sup>4</sup>

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<sup>3</sup> Subdivision of Section 2660

<sup>4</sup> If a section is being amended by more than one bill, only the amendments contained in the bill that is chaptered last will take effect.

10. Sets forth that current law which permits specified corporations to employ specified professional employees does not limit employment by a professional corporation; any licensee under Division 2 of the BPC, Chiropractic Act, or the Osteopathic Act may be employed to render professional services by any professional corporation.
11. Adds physical therapy corporations to the list of corporations to identify who may be directors, shareholders, and officers of a professional physical therapy corporation.
12. Permits physicians and surgeons, podiatrists, acupuncturists, naturopathic doctors, occupational therapists, speech-language pathologists, audiologists, nurses, psychologists, and physician assistants to be directors, shareholders, and officers of a physical therapy corporation.
13. Adds physical therapists to the list of who may be directors, shareholder, and officers of a medical corporation and a podiatric medical corporation.

### Background/Purpose

According to the author, "Direct access to physical therapy services will help streamline health care delivery in California. In a time of severe physician shortage, patients with chronic conditions will not be taking up valuable time of or incurring the cost of seeing additional healthcare providers." Additionally, the author notes, "Clarification of corporate practice is necessary to allow full employment opportunities to licensed professional by professional corporations. This will provide certainty for health care entrepreneurs who choose to use incorporation as the manner in which they organize their business."

### Legislative History

1. **SB 924** (Price, Steinberg, and Walters, 2012) would have allowed physical therapists to treat patients without a diagnosis from a physician for 30 business days, and thereafter under specified conditions, and specified who may be shareholders, officers, directors, or professional employees of a medical corporation, podiatric medical corporation, chiropractic corporation, and physical therapy corporation.

SB 924 was held in the Assembly Rules Committee.

2. **AB 783** (Hayashi, 2011) would have added licensed physical therapists and occupational therapists to the list of healing arts practitioners who may be shareholders, officers, directors or professional employees of a medical corporation, podiatric medical corporation, or chiropractic corporation, as specified.

AB 783 was held in the Senate Business, Professions and Economic Development Committee.

3. **AB 721** (Nava, 2009) would have provided direct access to physical therapy services.

AB 721 was held in the Assembly Business and Professions Committee.

4. **AB 1444** (Emmerson, 2008) would have revised the definition of physical therapy and authorized a physical therapist to initiate treatment of conditions within the scope of practice of a physical therapist, as specified.

AB 1444 was held in the Assembly Business and Professions Committee.

### Fiscal Impact

According to the Senate Appropriations Committee:

1. "Minor costs to update existing regulations by the Physical Therapy Board (Physical Therapy Fund). The Physical Therapy Board indicates that it will need to make minor updates to existing regulations, which can be performed as part of ongoing updates to existing regulations at minor additional cost.
2. No additional costs to Medi-Cal, CalPERS health plans, or state employers (various funds). The bill specifically provides that "direct access" to physical therapy services does not obligate health plans or health insurers to provide coverage for such services. Therefore, the bill will not require Medi-Cal managed care plans or CalPERS health plans to pay for such services. In addition, regulations governing Medi-Cal fee for service require enrollees to gain prior authorization for physical therapy services, which must also be prescribed by a licensed health care practitioner."

In addition, Board staff identified a potential minor and absorbable increase in enforcement costs to regulate the new provisions set forth in this bill; however, Board staff also identified a potential savings due a decrease in the number of complaints specifically regarding employment issues.

### Support and Opposition

#### **Support**

California Physical Therapy Association (Sponsor)  
California Medical Association  
California Orthopaedic Association  
Mount St. Mary's College, Doctor of Physical Therapy Program

#### **Opposition**

American College of Physicians  
California Board of Chiropractic Examiners  
Independent Physical Therapists of California  
Physical Therapy Business Alliance

### **Oppose Unless Amended**

California Chiropractic Association (CCA): The CCA would like to be added to the list of practitioners who may sign-off on the physical therapist's plan of care at the end of the 12 visits or 45 calendar days.

### Comments

### **Diagnosis and Use of ICD-9 Codes**

#### 1. California Law

Section 2620 of the BPC specifically states, "[...] a license issued pursuant to this chapter does not authorize the diagnosis of disease." In the 1960's Assemblymember Frank C. Belotti requested an Attorney General opinion to clarify whether it is possible to treat a condition without first ascertaining what the condition may be. The Attorney General issued Opinion 65-21 on May 7, 1965 concluded that:

*It is virtually impossible to treat a bodily or mental condition without it having been first ascertained what the condition may be. That fact, however, does not imply that the one rendering the treatment must also have performed the diagnosis. A licensed physical therapist may treat an ailment basing his treatment upon a physician's diagnosis.*

The opinion referenced a California Supreme Court case, *People v. Jordan*, 172 Cal. 391 at 399 (1916), which stated, in part, "diagnosis is as much a part of the practice of medicine as is the administration of remedies, and it is vastly more important branch thereof because, generally speaking, the treatment of disease is governed by the practitioner's theory regarding its cause."

The Board has consistently upheld AG Opinion 65-21, and it has long stood that a physical therapist must obtain a diagnosis from a diagnostician prior to beginning treatment; however, this does not preclude a physical therapist from evaluating the patient prior to the patient receiving a diagnosis.

The Board has also maintained the following position regarding physical therapists using ICD-9 codes, which was determined in 2003 by the Board's Practice Issues Committee:

*Since ICD-9 codes are regulated by insurance companies to determine the medical diagnosis rendered by a diagnostician which is secondary to the physical therapist obtaining the medical diagnosis, on that basis the Committee is of the*

*opinion that a physical therapist is not prohibited from determining the ICD-9 code.*

## 2. Federal Law

Medicare coverage for physical therapy requires that a patient must be under the care of a physician, the services must be furnished under a plan of care and the plan of care must be certified/recertified periodically by a physician (usually every 30 days).

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health and Human Services (HHS) adopted specific code sets for diagnoses and procedures to be used in all transactions, i.e. health care provider claim to a health plan. The HHS adopted the International Classification of Diseases, Ninth Edition (ICD-9) for diagnoses and hospital inpatient procedures. The Center for Medicare and Medicaid Services is responsible for maintaining the ICD-9 codes.

## 3. Medicare/Private Insurance

Medicare as well as private insurance companies have been silent on this issue in regards to this bill; however, according to the CPTA:

*Physical therapists currently are required to append ICD-9 codes for the functional impairment, not the medical diagnosis, which they are treating under Medicare. CPTA Board leadership and representatives have made it clear to Committee members that six states have direct access to treatment as well as language that prohibits diagnosis of disease or medical diagnosis (similar to California). These states are currently initiating treatment without a medical diagnosis and billing ICD-9 codes while practicing under a prohibition from diagnosis of disease or a medical diagnosis.*

## **Referral for Profit**

### 1. California Law

Article 6 of Chapter 1 of Division 2 of the BPC (commencing with Section 650) establishes restricted and acceptable practices when referring patients for specified services.

### 2. Federal Law

In 1993 Congress enacted Stark II expanding the health services under Medicare for which a physician cannot refer for profit (previously Stark I); these health care services include physical therapy.

## **Corporate Practice Regulation**

Pursuant to Section 13401 of the Corporations Code, a professional corporation is a corporation organized under the General Corporation Law, or as specified, that is engage in rendering professional services in a single profession, except as authorized, pursuant to a certificate of registration issued by the governmental agency regulating the profession. The corporate registration with the regulatory agency allows for the regulation of the corporate practice of the profession. The Secretary of State (SOS) is a filing agency; therefore, although the corporation is registered with the SOS, the SOS does not have any regulatory authority over the professional corporation and its practices. The SOS does have the authority, for specific reasons, to suspend or cancel the filing, but there is no direct action taken by the SOS against the licensee(s) or business. However, this could create legal issues for the corporation as it may no longer have corporate protection.

Section 13401 was later amended to exempt specified licensees from corporate registration with their regulatory board; this list of exemptions includes the Medical Board. The Board was originally established under the Medical Board as the Physical Therapy Examining Committee, and it may be assumed that when the Board became independent of the Medical Board, the statute was not updated to include the Physical Therapy Board. Therefore, the Board does not require corporate registration.

## **Physical Therapists Working for Medical Corporations**

The Board was presented with the issue of the employment relationship between physical therapists and physicians in 2010. At the request of Assemblymember Nava, the Legislative Counsel issued an opinion stating that “a physical therapist may be subject to discipline by the Physical Therapy Board of California for providing physical therapy services as an employee of a medical corporation.” In February 2011, the DCA issued an opinion concurring with the Legislative Counsel opinion, concluding that “the provisions of the Moscone-Knox Professional Corporation Act limit the practice of a professional corporation to a single profession unless the rendering of services by the professional licensee for a corporation is expressly authorized in section 13401.5 of the California Corporations Code.”

At the same time Assemblymember Hayashi introduced a bill that would have added physical therapists to the list of healing arts practitioners to who may be shareholders, officers, directors, or professional employees of a medical or podiatric medical corporation – this bill died in the Senate Business, Professions and Economic Development Committee. Although this bill died, this was still a prominent issue for the Legislature. Therefore, to allow the Legislature additional time to address the issue, Senator Steinberg introduced a bill that prohibited the Board from taking action against physical therapists who were employed by medical corporations – this bill went into effect January 1, 2012 and had a sunset date of January 1, 2013. AB 1000 clarifies the Legislature’s intent regarding the employment of professional employees by

professional corporations, including physical therapists employed by physician-owned practices.

### **Potential Regulations/Regulatory Amendments**

The Board may wish to determine if record keeping regulations are necessary for the following AB 1000 provisions:

1. Section 2620.1, subdivision (a)(3) requires that, with the patient's written authorization, the physical therapist notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient.
2. Section 2620.1, subdivision (a)(4) requires that, for patients who initiated physical therapy treatment and who have been treated for more than 12 visits or 45 days, the physical therapist obtain approval of his or her plan of care from a physician or podiatrist.
3. Section 2620.1, subdivision (e) requires that when a patient initiates physical therapy treatment, the physical therapist shall provide the specified notice orally and in writing to the patient.

The following sections within Article 9. Physical Therapy Professional Corporations. of the California Code of Regulations will require updating:

1. Section 1399.35. Requirements for Professional Corporations.
  - a. Subdivision (b) specifies that each shareholder, director, and officer must hold a valid physical therapist license.
  - b. Subdivision (c) specifies that each professional employee who will practice physical therapy must hold a valid physical therapist license.
2. Section 1399.37. Shares: Ownership and Transfer.
  - a. Subdivision (a)(2) references Section 13401(d) of the CORP Code; this reference should be to 13401(e).

# AB 1000 – Physical Therapists: Direct Access to Services: Professional Corporations

Chapter 620, Statutes of 2013  
(Bill last amended 9/6/13)

Author: Wieckowski

## TODAY'S LAW AS AMENDED<sup>1, 2</sup>

### **SECTION 1.**

*The Legislature finds and declares that an individual's access to early intervention to physical therapy treatment may decrease the duration of a disability, reduce pain, and lead to a quicker recovery.*

### **SEC. 2.**

Section 2406 of the Business and Professions Code is amended to read:

#### **2406.**

A medical corporation or podiatry corporation is a corporation ~~which~~ *that* is authorized to render professional services, as defined in ~~Sections~~ *Section* 13401 ~~and 13401.5~~ of the Corporations Code, so long as that corporation and its shareholders, officers, ~~directors~~ *directors*, and employees rendering professional services who are ~~physicians,~~ *physicians and surgeons*, psychologists, registered nurses, optometrists, ~~pediatrists~~ *podiatrists, chiropractors, acupuncturists, naturopathic doctors, physical therapists, occupational therapists*, or, in the case of a medical corporation only, physician assistants, *marriage and family therapists, clinical counselors, or clinical social workers*, are in compliance with the Moscone-Knox Professional Corporation Act, the provisions of this ~~article~~ *article*, and all other statutes and regulations now or hereafter enacted or adopted pertaining to the corporation and the conduct of its affairs.

With respect to a medical corporation or podiatry corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act is the ~~Division of Licensing.~~ *board.*

### **SEC. 3.**

*Section 2406.5 is added to the Business and Professions Code, to read:*

#### **2406.5.**

*(a) When a physician and surgeon, podiatrist, or other referring practitioner refers a patient to receive services by a physical therapist employed by a professional corporation as defined in Section 13401 of the Corporations Code, the referring practitioner shall comply with Article 6 (commencing with Section 650) of Chapter 1, and shall provide notice of the following to the patient, orally and in writing, in at least 14-point type and signed by the patient:*

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<sup>1</sup> The text in this document shows how existing law will change January 1, 2014

<sup>2</sup> Blue, italic text is added to existing law; and, red, strikethrough text is being repealed from existing law

*(1) That the patient may seek physical therapy treatment services from a physical therapy provider of his or her choice who may not necessarily be employed by the medical or podiatry corporation.*

*(2) If the patient chooses to be treated by an employed physical therapist, any financial interest the referring practitioner has in the corporation.*

*(b) This section shall not apply to a physician and surgeon, podiatrist, or other referring practitioner who is in a medical group with which a health care service plan, that is licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) and is also exempt from federal taxation pursuant to Section 501(c)(3) of the Internal Revenue Code, exclusively contracts to provide professional medical services for its enrollees.*

#### **SEC. 4.**

*Section 2620.1 is added to the Business and Professions Code, to read:*

#### **2620.1.**

*(a) In addition to receiving those services authorized by Section 2620, a person may initiate physical therapy treatment directly from a licensed physical therapist if the treatment is within the scope of practice of physical therapists, as defined in Section 2620, and all of the following conditions are met:*

*(1) If, at any time, the physical therapist has reason to believe that the patient has signs or symptoms of a condition that requires treatment beyond the scope of practice of a physical therapist or the patient is not progressing toward documented treatment goals as demonstrated by objective, measurable, or functional improvement, the physical therapist shall refer the patient to a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California or to a person licensed to practice dentistry, podiatric medicine, or chiropractic.*

*(2) The physical therapist shall comply with Section 2633, and shall disclose to the patient any financial interest he or she has in treating the patient and, if working in a physical therapy corporation, shall comply with Article 6 (commencing with Section 650) of Chapter 1.*

*(3) With the patient's written authorization, the physical therapist shall notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient.*

*(4) The physical therapist shall not continue treating the patient beyond 45 calendar days or 12 visits, whichever occurs first, without receiving, from a person holding a physician and surgeon's certificate from the Medical Board of California or the Osteopathic Medical Board of California or from a person holding a certificate to practice podiatric medicine from the California Board of Podiatric Medicine and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care. Approval of the physical therapist's plan of care shall include an in-person patient examination and evaluation of*

*the patient's condition and, if indicated, testing by the physician and surgeon or podiatrist.*

*(b) The conditions in paragraph (4) of subdivision (a) do not apply to a physical therapist when he or she is only providing wellness physical therapy services to a patient as described in subdivision (a) of Section 2620.*

*(c) (1) This section does not expand or modify the scope of practice for physical therapists set forth in Section 2620, including the prohibition on a physical therapist diagnosing a disease.*

*(2) This section does not restrict or alter the scope of practice of any other health care professional.*

*(d) Nothing in this section shall be construed to require a health care service plan, insurer, workers' compensation insurance plan, employer, or state program to provide coverage for direct access to treatment by a physical therapist.*

*(e) When a person initiates physical therapy treatment services directly, pursuant to this section, the physical therapist shall not perform physical therapy treatment services without first providing the following notice to the patient, orally and in writing, in at least 14-point type and signed by the patient:*

*"Direct Physical Therapy Treatment Services*

*You are receiving direct physical therapy treatment services from an individual who is a physical therapist licensed by the Physical Therapy Board of California.*

*Under California law, you may continue to receive direct physical therapy treatment services for a period of up to 45 calendar days or 12 visits, whichever occurs first, after which time a physical therapist may continue providing you with physical therapy treatment services only after receiving, from a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California, or from a person holding a certificate to practice podiatric medicine from the California Board of Podiatric Medicine and acting within his or her scope of practice, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care and that an in-person patient examination and evaluation was conducted by the physician and surgeon or podiatrist.*

*Patient's Signature/Date"*

**SEC. 5.**

Section 2660 of the Business and Professions Code is amended to read:

**2660.**

The board may, after the conduct of appropriate proceedings under the Administrative Procedure Act, suspend for not more than 12 months, or revoke, or impose probationary conditions upon any license, certificate, or approval issued under this chapter for unprofessional conduct that includes, but is not limited to, one or any combination of the following causes:

- (a) Advertising in violation of Section 17500.
- (b) Fraud in the procurement of any license under this chapter.
- (c) Procuring or aiding or offering to procure or aid in criminal abortion.
- (d) Conviction of a crime that substantially relates to the qualifications, functions, or duties of a physical therapist or physical therapist assistant. The record of conviction or a certified copy thereof shall be conclusive evidence of that conviction.
- (e) Habitual intemperance.
- (f) Addiction to the excessive use of any habit-forming drug.
- (g) Gross negligence in his or her practice as a physical therapist or physical therapist assistant.
- (h) Conviction of a violation of any of the provisions of this chapter or of the Medical Practice Act, or violating, or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter or of the Medical Practice Act.
- (i) The aiding or abetting of any person to violate this chapter or any regulations duly adopted under this chapter.
- (j) The aiding or abetting of any person to engage in the unlawful practice of physical therapy.
- (k) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant.
- (l) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of ~~blood-~~ ~~borne~~ *bloodborne* infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other ~~blood-~~ ~~borne~~ *bloodborne* pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of

Vocational Nursing and Psychiatric Technicians of the State of California, to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of ~~blood-~~  
~~borne~~ *bloodborne* infectious diseases.

(m) The commission of verbal abuse or sexual harassment.

*(n) Failure to comply with the provisions of Section 2620.1.*

#### **SEC. 5.5.**

Section 2660 of the Business and Professions Code is amended to read:

#### **2660.**

*Unprofessional conduct constitutes grounds for citation, discipline, denial of a license, or issuance of a probationary license.* The board may, after the conduct of appropriate proceedings under the Administrative Procedure ~~Act,~~ *Act (Chapter 4.5 (commencing with Section 11400) of Part 1 of Division 3 of Title 2 of the Government Code), issue a citation, impose discipline, deny a license,* suspend for not more than 12 months, or revoke, or impose probationary conditions upon any ~~license, certificate, or approval-~~ *license* issued under this chapter for unprofessional conduct that includes, *in addition to other provisions of this chapter,* but is not limited to, ~~one or any combination of the following causes:~~ *the following:*

*(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter, any regulations duly adopted under this chapter, or the Medical Practice Act (Chapter 5 (commencing with Section 2000)).*

~~(a)~~ *(b) Advertising in violation of Section 17500.*

~~(b)~~ *(c) Fraud in the procurement of any license under this chapter. Obtaining or attempting to obtain a license by fraud or misrepresentation.*

~~(c)~~ *(d) Procuring Practicing or aiding or offering to procure or aid in criminal abortion: offering to practice beyond the scope of practice of physical therapy.*

~~(d)~~ *(e) Conviction of a crime that substantially relates to the qualifications, functions, or duties of a physical therapist or physical therapist assistant. The record of conviction or a certified copy thereof shall be conclusive evidence of that conviction.*

~~(e)~~ *(f) Habitual intemperance. Unlawful possession or use of, or conviction of a criminal offense involving, a controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 2 (commencing with Section 4015) of Chapter 9, as follows:*

~~(f) (1) Addiction to the excessive use of any habit-forming~~ *Obtaining or possessing in violation of law, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, administering to himself or herself, or furnishing or administering to another, any controlled substances or any dangerous drug.*

~~(g) (2) Gross negligence in his or her practice as a physical therapist or physical therapist assistant.~~ *Using any controlled substance or any dangerous drug.*

~~(h) (3) Conviction of a violation of any of the provisions of this chapter or of the Medical Practice Act, or violating, or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter or of the Medical Practice Act.~~ *criminal offense involving the consumption or self-administration of, or the possession of, or falsification of a record pertaining to, any controlled substance or any dangerous drug, in which event the record of the conviction is conclusive evidence thereof.*

~~(i) (g) The aiding or abetting of any person to violate this chapter or any regulations duly adopted under this chapter.~~ *Failure to maintain adequate and accurate records relating to the provision of services to his or her patients.*

*(h) Gross negligence or repeated acts of negligence in practice or in the delivery of physical therapy care.*

~~(j) (i) The aiding~~ *Aiding* or abetting ~~of~~ any person to engage in the unlawful practice of physical therapy.

~~(k) (j)~~ *The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant.*

~~(l) (k)~~ *Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of blood-borne bloodborne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne bloodborne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California, to encourage appropriate consistency in the implementation of this subdivision.*

*(l) The commission of verbal abuse or sexual harassment.*

*(m) Engaging in sexual misconduct or violating Section 726.*

*(n) Permitting a physical therapist assistant or physical therapy aide under one's supervision or control to perform, or permitting the physical therapist assistant or physical therapy aide to hold himself or herself out as competent to perform, professional services beyond the level of education, training, and experience of the physical therapist assistant or aide.*

*(o) The ~~board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of blood-borne infectious diseases.~~ revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license or certificate to practice physical therapy issued by that state, or the revocation, suspension, or restriction of the authority to practice physical therapy by any agency of the federal government.*

*(p) Viewing a completely or partially disrobed patient in the course of treatment if the viewing is not necessary to patient evaluation or treatment under current standards.*

*(q) Engaging in any act in violation of Section 650, 651, or 654.2.*

*(r) Charging a fee for services not performed.*

*(s) Misrepresenting documentation of patient care or deliberate falsifying of patient records.*

*(t) Except as otherwise allowed by law, the employment of runners, cappers, steerers, or other persons to procure patients.*

*(u) The willful, unauthorized violation of professional confidence.*

*(m) (v) ~~The commission of verbal abuse or sexual harassment.~~ Failing to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a patient in confidence during the course of treatment and all information about the patient that is obtained from tests or other means.*

*(w) Habitual intemperance.*

*(x) Failure to comply with the provisions of Section 2620.1.*

## **SEC. 6.**

Section 13401.5 of the Corporations Code is amended to read:

### **13401.5.**

Notwithstanding subdivision (d) of Section 13401 and any other provision of law, the following licensed persons may be shareholders, officers, directors, or professional employees of the professional corporations designated in this section so long as the sum of all shares owned by those licensed persons does not exceed 49 percent of the total number of shares of the professional corporation so designated herein, and so long as the number of those licensed persons owning shares in the professional corporation so designated herein does not exceed the number of persons licensed by the

governmental agency regulating the designated professional ~~corporation~~: corporation.  
*This section does not limit employment by a professional corporation designated in this section of only those licensed professionals listed under each subdivision. Any person duly licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act may be employed to render professional services by a professional corporation designated in this section.*

(a) Medical corporation.

- (1) Licensed doctors of podiatric medicine.
- (2) Licensed psychologists.
- (3) Registered nurses.
- (4) Licensed optometrists.
- (5) Licensed marriage and family therapists.
- (6) Licensed clinical social workers.
- (7) Licensed physician assistants.
- (8) Licensed chiropractors.
- (9) Licensed acupuncturists.
- (10) Naturopathic doctors.
- (11) Licensed professional clinical counselors.

*(12) Licensed physical therapists.*

(b) Podiatric medical corporation.

- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Registered nurses.
- (4) Licensed optometrists.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.

*(8) Licensed physical therapists.*

(c) Psychological corporation.

- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.
- (3) Registered nurses.
- (4) Licensed optometrists.
- (5) Licensed marriage and family therapists.
- (6) Licensed clinical social workers.
- (7) Licensed chiropractors.
- (8) Licensed acupuncturists.
- (9) Naturopathic doctors.
- (10) Licensed professional clinical counselors.
- (d) Speech-language pathology corporation.
- (1) Licensed audiologists.
- (e) Audiology corporation.
- (1) Licensed speech-language pathologists.
- (f) Nursing corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.
- (3) Licensed psychologists.
- (4) Licensed optometrists.
- (5) Licensed marriage and family therapists.
- (6) Licensed clinical social workers.
- (7) Licensed physician assistants.
- (8) Licensed chiropractors.
- (9) Licensed acupuncturists.
- (10) Naturopathic doctors.
- (11) Licensed professional clinical counselors.
- (g) Marriage and family therapist corporation.

- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Licensed clinical social workers.
- (4) Registered nurses.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.
- (8) Licensed professional clinical counselors.
- (h) Licensed clinical social worker corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Licensed marriage and family therapists.
- (4) Registered nurses.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.
- (8) Licensed professional clinical counselors.
- (i) Physician assistants corporation.
- (1) Licensed physicians and surgeons.
- (2) Registered nurses.
- (3) Licensed acupuncturists.
- (4) Naturopathic doctors.
- (j) Optometric corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.
- (3) Licensed psychologists.
- (4) Registered nurses.

- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Naturopathic doctors.
- (k) Chiropractic corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.
- (3) Licensed psychologists.
- (4) Registered nurses.
- (5) Licensed optometrists.
- (6) Licensed marriage and family therapists.
- (7) Licensed clinical social workers.
- (8) Licensed acupuncturists.
- (9) Naturopathic doctors.
- (10) Licensed professional clinical counselors.
- (l) Acupuncture corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed doctors of podiatric medicine.
- (3) Licensed psychologists.
- (4) Registered nurses.
- (5) Licensed optometrists.
- (6) Licensed marriage and family therapists.
- (7) Licensed clinical social workers.
- (8) Licensed physician assistants.
- (9) Licensed chiropractors.
- (10) Naturopathic doctors.
- (11) Licensed professional clinical counselors.
- (m) Naturopathic doctor corporation.

- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Registered nurses.
- (4) Licensed physician assistants.
- (5) Licensed chiropractors.
- (6) Licensed acupuncturists.
- (7) Licensed physical therapists.
- (8) Licensed doctors of podiatric medicine.
- (9) Licensed marriage and family therapists.
- (10) Licensed clinical social workers.
- (11) Licensed optometrists.
- (12) Licensed professional clinical counselors.
- (n) Dental corporation.
- (1) Licensed physicians and surgeons.
- (2) Dental assistants.
- (3) Registered dental assistants.
- (4) Registered dental assistants in extended functions.
- (5) Registered dental hygienists.
- (6) Registered dental hygienists in extended functions.
- (7) Registered dental hygienists in alternative practice.
- (o) Professional clinical counselor corporation.
- (1) Licensed physicians and surgeons.
- (2) Licensed psychologists.
- (3) Licensed clinical social workers.
- (4) Licensed marriage and family therapists.
- (5) Registered nurses.
- (6) Licensed chiropractors.

- (7) Licensed acupuncturists.
- (8) Naturopathic doctors.
- (p) Physical therapy corporation.*
- (1) Licensed physicians and surgeons.*
- (2) Licensed doctors of podiatric medicine.*
- (3) Licensed acupuncturists.*
- (4) Naturopathic doctors.*
- (5) Licensed occupational therapists.*
- (6) Licensed speech-language therapists.*
- (7) Licensed audiologists.*
- (8) Registered nurses.*
- (9) Licensed psychologists.*
- (10) Licensed physician assistants.*

**SEC. 7.**

*Section 5.5 of this bill incorporates amendments to Section 2660 of the Business and Professions Code proposed by both this bill and Senate Bill 198. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2014, (2) each bill amends Section 2660 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 198, in which case Section 5 of this bill shall not become operative.*

**SEC. 8.**

*No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

# PHYSICAL THERAPY BOARD OF CALIFORNIA

## Legislative Analysis

<b>Bill Number</b>	AB 1057	<b>Version</b>	Chaptered (Last Amd. 6/3/13)
<b>Author</b>	Medina	<b>Sponsor</b>	Author Sponsored
<b>Subject</b>	Professions and Vocations: Licenses: Military Services	<b>Status</b>	Chaptered Chapter 693, Statutes of 2013
<b>Adopted Position</b>	Watch		

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Enrolled	Vetoed	Chaptered	Effective 1/1/2014 <sup>1</sup>	2 yr./ Dead
1 <sup>st</sup> House				2 <sup>nd</sup> House								

*Red: Current/completed status Gray: Not applicable*

No new amendments occurred since the analysis for the 6/3/13 version was drafted; this information is current.

### Existing Law

1. Requires boards under the Department of Consumer Affairs (DCA) to promulgate regulations to evaluate military education, training, and experience in meeting licensure requirements, if the military education, training, and experience are applicable to the profession (BPC<sup>2</sup> § 35).
2. Authorizes a licensee whose license expired while serving on active military duty to reinstate his or her license without examination, as specified (BPC 114).
3. Requires boards under the DCA to waive the renewal fee(s), continuing education requirements, and other renewal requirements, if applicable, for any licensee called to active duty, as specified. A licensee whose renewal requirements have been waived pursuant to this section shall not practice until he or she meets the renewal requirements, as specified (BPC § 114.3).  
AB 1588 (Atkins) Chapter 742, Statutes of 2012
4. Requires boards under the DCA to expedite the licensure process for an applicant who is the spouse of, in a domestic partnership with, or in any other legal union with, an active member of the military who is assigned to a duty station in California under official active duty military orders; and, who holds a current license in another state. (BPC § 115.5)  
AB 1904 (Block) Chapter 399, Statutes of 2012

<sup>1</sup> The statute takes effect 1/1/2014; however, implementation is not required until January 1, 2015.

<sup>2</sup> Business and Professions Code

## This Bill

Would require, commencing January 1, 2015, that each board under the DCA inquire on every application for licensure if the applicant is serving in, or has previously served in, the military.

## Background/Purpose

According to the author, “Thousands of military veterans return to California from service in the United States Armed Forces each year. For many veterans, finding civilian employment can be difficult. Most veterans possess valuable professional and occupational skills that [are] highly sought by California employers and consumers. Ensuring a successful transition from military to civilian life includes creating an efficient process for licensing veterans in professional careers who have learned valuable work skills while in the military.”

This bill also addresses other concerns with the current provisions in place to facilitate licensure for veterans, current members of the military, and military spouses or domestic partners. Since the regulatory boards under the DCA are semiautonomous, each board has its own policies in determining if and how military education, training, and experience may qualify towards licensure; therefore, there is no uniformity among boards. Moreover, with the varying military qualification policies, the boards have no consistent data collection method for military applicants.

## Related Legislation

1. **AB 186** (Maienschein, 2013) would require a board under the DCA to issue a temporary permit to practice in California to spouses or domestic partners of members of the military who are currently licensed in another state.

Status: Senate Business, Professions, and Economic Development Committee

2. **AB 213** (Logue, 2013) would require boards under the DCA who accredit school programs to require those programs to provide proof that there are procedures in place to evaluate military education, training, and experience toward completion of a degree that would qualify a person for licensure.

Status: Assembly Appropriations: Held under Submission

3. **AB 258** (Chavez, 2013) would require boards under the DCA to, if requesting whether the person is a veteran on any form, to specifically ask the following question, “have you ever served in the United States military?” Boards would be required to implement this format by July 1, 2014.

Status: Chaptered – Chaptered 227, Statutes of 2013

## Fiscal Impact

According to the Assembly Appropriations Committee's analysis dated April 17, 2013, "costs should be minor and absorbable within existing resources."

Board staff concurs with this determination.

## Support and Opposition

### **Support**

None on file.

### **Opposition**

None on file.

## Comments

### **Board Policies Relating to Military Education, Training, and Experience**

Currently, applicants applying for a physical therapist assistant license may qualify to sit for the licensing examination based upon military training, education, or a combination of both. The authority to allow physical therapist assistant applicants to qualify for licensure based upon military training, education, or a combination of both was included in the drafting of BPC section 2655.3. The Legislature wanted to ensure that veterans could utilize the skills they learned during their period of service when they return to civilian life. This authority was not included for physical therapist license applicants; however, most branches of the military require completion of a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited physical therapy program to hold a physical therapist position while serving.

### **BreEZe**

This version of the bill includes a previous amendment to specify the commencement date of January 1, 2015 for this provision. This amendment was made to accommodate the implementation deadlines for the DCA's BreEZe project.

The question format put forth in this bill would be a standard question on the application for licensure, which will, ideally, be incorporated into BreEZe. BreEZe will then be able to track military application statistics.

## **AB 1057 – Professions and Vocations: Licenses: Military Service**

### **Chapter 693, Statutes of 2013**

(Bill last amended 6/3/13)

Author: Medina

#### **TODAY'S LAW AS AMENDED<sup>1, 2</sup>**

##### **SECTION 1.**

*Section 114.5 is added to the Business and Professions Code, to read:*

##### **114.5.**

*Commencing January 1, 2015, each board shall inquire in every application for licensure if the individual applying for licensure is serving in, or has previously served in, the military.*

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<sup>1</sup> The text in this document shows how existing law will change January 2, 2014

<sup>2</sup> Blue, italic text is added to existing law; and, red, strikethrough text is being repealed from existing law

## PHYSICAL THERAPY BOARD OF CALIFORNIA

### Legislative Analysis

<b>Bill Number</b>	SB 198	<b>Version</b>	Chaptered (Last Amd. 9/6/13)
<b>Author</b>	Lieu	<b>Sponsor</b>	Physical Therapy Board of California (Board)
<b>Subject</b>	Revisions to the Physical Therapy Practice Act	<b>Status</b>	Chaptered Chapter 389, Statutes of 2013
<b>Adopted Position</b>	Support		

Desk	Policy	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Enrolled	Vetoed	Chaptered	Effective 1/1/2014	2 yr./ Dead
1 <sup>st</sup> House				2 <sup>nd</sup> House								

*Red: Current/Completed Status Gray: Not Applicable*

Note: Since this bill is sponsored by the Board, this is an abbreviated analysis specifically to update the Board on changes since the August meeting.

#### Existing Law

Establishes the Physical Therapy Practice Act (Act) which provides for the licensing and regulation of physical therapists and physical therapist assistants by the Board (BPC<sup>1</sup> 2600 et seq).

#### Amendments since the Last Board Meeting

##### **9/6/2013 Amendments**

1. Since SB 198 and AB 1000 both contained amendments to Section 2660, to ensure the appropriate amendments were made, the following amendment was made to SB 198: Added a second version of 2660, which included subdivision (x), failure to comply with the provisions of Section 2620.1. If AB 1000 passed, Section 2660 with subdivision (x) would take effect; however, if AB 1000 did not pass, Section 2660 without subdivision (x) would take effect. AB 1000 passed, so the version of Section 2660 with subdivision (x) will take effect. AB 1000 contained the same type of amendment.<sup>2</sup>

<sup>1</sup> Business and Professions Code

<sup>2</sup> If a section is being amended by more than one bill, only the amendments contained in the bill that is chaptered last will take effect.

Section 2620.1, as added by AB 1000, permits a person to initiate physical therapy treatment directly from a physical therapist if the treatment is within the scope of practice of a physical therapist, as specified.

### **8/5/2013 Amendments**

1. Updated author reflect the new Business, Professions and Economic Development Committee Chair, Senator Ted Lieu.
2. Added amendment to extend the Board's sunset extension date to January 1, 2018. This provision was in SB 305; it was removed 8/5/2013.

### Background/Purpose

In response to public and licensee concerns that the Physical Therapy Practice Act (Act) was complex and difficult to use, the Board established the Physical Therapy Practice Act Review Task Force (Task Force) in 2004. The Task Force was charged with reviewing the Act for accuracy and currency. The Task Force referenced the Model Practice Act developed by the Federation of State Boards of Physical Therapy (FSBPT) and the American Physical Therapy Association's (APTA) revised Guide to Physical Therapist Practice in developing the proposed revisions to recommend to the Board.

The Task Force was comprised of various individual licensees and representatives from the California Physical Therapy Association (CPTA), as well as Board staff and legal counsel. The CPTA was involved in drafting the proposed revisions initially, and recently has stated it supports the updated proposed revisions. In addition to collaboration with the profession, the Board also exercised all available efforts to ensure public access.

The proposed revisions primarily reorganize the provisions within the Act for clarity, and clean-up outdated provisions. Due to the extensiveness and complexity of the revisions, they are being carried in a stand-alone bill rather than a bill such as an omnibus bill.

### Related Legislation

**SB 304** (Lieu, 2013)

### Fiscal Impact

According to the Assembly Appropriations Committee's analysis dated August 5, 2013:

1. “Annual fee-supported special fund costs associated with continued operation of the Board of \$3.3 million.”<sup>3</sup>
2. Approximately \$100,000 annually for two years (Physical Therapy Fund) for the Physical Therapy Board (Board) to revise regulations.<sup>4</sup>
3. Potential increased fee revenue of \$15,000 annually to the Physical Therapy Fund due to new authority to charge fees to support existing activities related to approving agencies that certify continuing competency courses.<sup>5</sup>
4. Potential increased GF [General Fund] revenue in the tens of thousands annually if the Board imposes civil fines for failure to produce requested patient records under new fine authority provided in this bill.<sup>6</sup>
5. The bill’s expended list of offenses constituting unprofessional conduct<sup>7</sup> increases the likelihood the DOJ [Department of Justice] will incur costs related to prosecution of proceedings against Board licensees. Costs are unknown and depend on the number and complexity of any proceedings. The likelihood of significant costs is low.”<sup>8</sup>

At this time, all other workload that may result from the changes to the Practice Act has been identified by staff as minor and will be absorbed using existing resources.

### Support and Opposition

#### **Support**

Physical Therapy Board of California (Sponsor)  
California Physical Therapy Association

#### **Opposition**

None on file

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<sup>3</sup> Cost identified with addition of provision extending Board’s sunset date

<sup>4</sup> This cost is to employ a 2-year limited-term Associate Governmental Program Analyst (AGPA) position to assist in the making the regulatory changes prompted by the changes to the Practice Act; Board staff identified impact

<sup>5</sup> Amendments to existing Section 2676, which is going to be Section 2649; Board staff identified impact

<sup>6</sup> Addition of Section 2660.4; Board staff identified impact

<sup>7</sup> Section 2660

<sup>8</sup> DOJ identified impact

## SB 198 – Physical Therapy Board of California

Chapter 389, Statutes of 2013

(Bill last amended 9/6/13)

Author: Lieu

### TODAY'S LAW AS AMENDED<sup>1, 2</sup>

#### SECTION 1.

Section 2071 of the Business and Professions Code is amended to read:

##### 2071.

The ~~Division of Licensing~~ *board* shall adopt and administer regulations that establish standards for technical supportive services that may be performed by a medical assistant. Nothing in this section shall prohibit the board ~~or division~~ from amending or repealing regulations covering medical assistants. The board ~~or division~~ shall, prior to the adoption of any regulations, request recommendations regarding these standards from appropriate public agencies, including, but not limited to, the State Board of Optometry, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians, the Laboratory Field Services division of the State Department of ~~Health Services~~, *Public Health*, those divisions of the State Department of Education that pertain to private postsecondary education and career and vocational preparation, the Chancellor of the California Community Colleges, the California Board of Podiatric Medicine, the Physician Assistant Examining Committee, and the Physical Therapy ~~Examining Committee~~. ~~The Division of Licensing~~ *Board of California*. ~~The board~~ shall also request recommendations regarding these standards from associations of medical assistants, ~~physicians~~, *physicians and surgeons*, nurses, doctors of podiatric medicine, physician assistants, physical therapists, laboratory technologists, optometrists, and others as the board ~~or division~~ finds appropriate, including, but not limited to, the California Optometric Association, the California Nurses Association, the California Medical Association, the California Society of Medical Assistants, the California Medical ~~Assistants'~~ *Assistants* Association, and the California ~~Chapter of the American~~ Physical Therapy Association. Nothing in this section shall be construed to supersede or modify that portion of the Administrative Procedure Act ~~which that~~ relates to the procedure for the adoption of regulations and which is set forth in Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code.

#### SEC. 2.

*The heading of Article 1 (commencing with Section 2600) of Chapter 5.7 of Division 2 of the Business and Professions Code is amended to read:*

#### ***Article 1. Administration and General Provisions***

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<sup>1</sup> The text in this document shows how existing law will change January 1, 2014

<sup>2</sup> Blue, italic text is added to existing law; and, red, strikethrough text is being repealed from existing law

**SEC. 3.**

Section 2601 of the Business and Professions Code is repealed.

~~**2601.**~~

~~“Board” as used in this chapter means the Physical Therapy Board of California.~~

**SEC. 4.**

*Section 2601 is added to the Business and Professions Code, to read:*

**2601.**

*For the purpose of this chapter, the following terms shall have the following meanings, unless otherwise specified:*

*(a) “Board” means the Physical Therapy Board of California.*

*(b) “Physical therapist” means a person who is licensed pursuant to this chapter to practice physical therapy.*

*(c) “Physical therapist assistant” means a person who is licensed pursuant to this chapter to assist in the provision of physical therapy under the supervision of a licensed physical therapist. “Physical therapy assistant” and “physical therapist assistant” shall be deemed identical and interchangeable terms.*

*(d) “Physical therapist technician” and “physical therapy aide,” as described in Section 2630.4, shall be deemed identical and interchangeable terms.*

*(e) “Physiotherapy” shall be synonymous with “physical therapy.”*

**SEC. 5.**

Section 2602 of the Business and Professions Code is amended to read:

**2602.**

The Physical Therapy Board of California, hereafter referred to as the board, shall enforce and administer this chapter.

This section shall remain in effect only until January 1, ~~2014~~, **2018**, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, ~~2014~~, **2018**, deletes or extends that date.

Notwithstanding any other provision of law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

**SEC. 6.**

Section 2603 of the Business and Professions Code is amended to read:

**2603.**

The members of the board *shall* consist of ~~the following: one physical therapist involved in the education of physical therapists, three physical therapists who shall have practiced physical therapy for five years and shall be licensed by the board, and three~~

~~public members who shall not be licentiates of the board or of any other board under the Medical Board of California or of any board referred to in Sections 1000 and 3600. four physical therapists, only one of whom shall be involved in physical therapy education, and three public members.~~

**SEC. 7.**

Section 2603.5 is added to the Business and Professions Code, to read:

**2603.5.**

(a) The physical therapist members of the board shall be appointed from persons having all of the following qualifications:

(1) Be a resident of California.

(2) Possess a valid and unrestricted license in California issued pursuant to this chapter.

(3) Have been licensed pursuant to this chapter and practicing in California for at least five years prior to appointment to the board.

(b) (1) The public members of the board shall have both of the following qualifications:

(A) Be appointed from persons having all of the qualifications as set forth in Chapter 6 (commencing with Section 450) of Division 1.

(B) Be a resident of California.

(2) No public member of the board shall be, nor have been, any of the following:

(A) An officer or faculty member of any college, school, or institution involved in physical therapy education.

(B) A licentiate of the Medical Board of California or of any board under this division or of any board referred to in Section 1000 or 3600.

**SEC. 8.**

Section 2604 of the Business and Professions Code is amended to read:

**2604.**

The members of the board shall be appointed for a term of four years, expiring on the first day of June of each year.

The Governor shall appoint one of the public members and the four physical therapist members of the board qualified as provided in ~~Section 2603-~~ *Sections 2603 and 2603.5*. The Senate ~~Rules-~~ *Committee on Rules* and the Speaker of the Assembly shall each appoint a public ~~member, and their initial appointment shall be made to fill, respectively, the first and second public member vacancies which occur on or after January 1, 1983.~~ *member qualified as provided in Section 2603.5.*

~~Not more than one member of the board shall be appointed from the full-time faculty of any university, college, or other educational institution.~~

No person may serve as a member of the board for more than two consecutive terms. Vacancies shall be filled by appointment for the unexpired term. Annually, the board shall elect one of its members as *president and one of its members as vice president*.

The appointing power shall have the power to remove any member of the board from office for neglect of any duty required by law or for incompetency or unprofessional or dishonorable conduct.

#### **SEC. 9.**

Section 2604.5 of the Business and Professions Code is repealed.

#### ~~**2604.5.**~~

~~The public members shall be appointed from persons having all of the following qualifications:~~

~~(a) Be a citizen of California.~~

~~(b) Shall not be an officer or faculty member of any college, school or institution engaged in physical therapy education.~~

~~(c) Shall not be a licentiate of the Medical Board of California or of any board under this division or of any board referred to in Sections 1000 and 3600.~~

#### **SEC. 10.**

*Section 2605 is added to the Business and Professions Code, to read:*

#### **2605.**

*The board shall do all of the following:*

*(a) Evaluate the qualifications of applicants for licensure.*

*(b) Provide for the examinations of physical therapists and physical therapist assistants and establish a passing score for each examination.*

*(c) Issue all licenses for the practice of physical therapy in California. Except as otherwise required by the director pursuant to Section 164, the license issued by the board shall describe the licensee as a "physical therapist" or "physical therapist assistant" licensed by the Physical Therapy Board of California.*

*(d) Suspend and revoke licenses and otherwise enforce the provisions of this chapter.*

*(e) Administer a continuing competency program.*

*(f) Participate, as a member, in the Delegate Assembly, and in applicable committee meetings, of the Federation of State Boards of Physical Therapy.*

*(g) Publish, at least annually, a newsletter that includes, but is not limited to, actions taken by the board, disciplinary actions, and relevant statutory and regulatory changes.*

*(h) Provide for the timely orientation and training of new professional and public member appointees to the board directly related to board licensing and disciplinary functions and board rules, policies, and procedures.*

*(i) Adopt and administer a program of education in matters relevant to the regulation of physical therapy.*

**SEC. 11.**

Section 2607 of the Business and Professions Code is amended to read:

**2607.**

The board may employ, subject to law, such clerical assistants and, except as provided in Section 159.5, other employees as it may deem necessary to carry out its powers and duties.

The board may *enter into contracts for services necessary for enforcement of this chapter and may* as necessary select and contract with physical therapy consultants who are licensed physical therapists to assist it in its programs on an intermittent basis. Notwithstanding any other provision of law, the board may contract with these consultants on a sole source basis. For the purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, any consultant under contract with the board shall be considered a public employee.

**SEC. 12.**

Section 2607.5 of the Business and Professions Code is amended to read:

**2607.5.**

(a) The board may ~~appoint a person exempt from civil service who shall be designated as employ~~ an executive officer ~~and who shall exercise the powers and perform the duties delegated~~ *exempt from the provisions of the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code) and may also employ investigators, legal counsel, physical therapist consultants, and other assistance as it may deem necessary to carry out this chapter. The board may fix the compensation to be paid for services and may incur other expenses as it may deem necessary. Investigators employed* by the board ~~and vested in him or her by this chapter.~~ *shall be provided special training in investigating physical therapy practice activities.*

*(b) The Attorney General shall act as legal counsel for the board for any judicial and administrative proceedings and his or her services shall be a charge against it.*

~~(b)~~ (c) This section shall remain in effect only until January 1, ~~2014~~, ~~2018~~, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, ~~2014~~, ~~2018~~, deletes or extends that date.

**SEC. 13.**

Section 2608 of the Business and Professions Code is amended to read:

**2608.**

The procedure in all matters and proceedings relating to the denial, suspension, *revocation*, or ~~revocation~~ *probationary restriction* of licenses *issued by the board* under this chapter shall be governed by the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

**SEC. 14.**

Section 2608.5 of the Business and Professions Code is amended to read:

**2608.5.**

Each member of the board, or any licensed physical therapist appointed by the board, may inspect, or require reports from, a general or specialized hospital or any other facility providing physical therapy care, treatment or services and the physical therapy staff thereof, with respect to the physical therapy care, treatment, services, or facilities provided therein, and may inspect physical therapy patient records with respect to the care, treatment, services, or facilities. The authority to make inspections and to require reports as provided by this section shall not be delegated by a member of the board to any person other than a physical therapist and shall be subject to the restrictions against disclosure described in ~~Section 2263~~ *subdivision (u) of Section 2660*.

**SEC. 15.**

Section 2609 of the Business and Professions Code is repealed.

~~**2609.**~~

~~The board shall issue, suspend, and revoke licenses and approvals to practice physical therapy as provided in this chapter.~~

**SEC. 16.**

Section 2611 of the Business and Professions Code is amended to read:

**2611.**

The board shall *hold meet* at least ~~one regular meeting annually in the Cities of Sacramento, Los Angeles and San Francisco~~ *three times each calendar year, meeting at least once each calendar year in northern California and once each calendar year in southern California*. The board may convene from time to time until its business is concluded. Special meetings of the board may be held at any time and place as the board may designate. *Four members of the board shall constitute a quorum for the transaction of business*.

**SEC. 17.**

Section 2612 of the Business and Professions Code is amended to read:

**2612.**

~~Notice of each meeting of the board shall be given in accordance-~~ *The board shall comply* with the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

**SEC. 18.**

Section 2614 of the Business and Professions Code is amended to read:

**2614.**

~~(a)~~ -The board shall hear all matters, ~~including including,~~ but not limited to, any contested case or any petition for reinstatement, restoration, or modification of probation. Except as otherwise provided in this chapter, all hearings shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. If a contested case is heard by the board the hearing officer who presided at the hearing shall be present during the board's consideration of the case and, if requested, shall assist and advise the board. *The board shall issue its decision pursuant to Section 11517 of the Government Code.*

~~(b) At the conclusion of the hearing, the board shall deny an application for, or suspend or revoke, or impose probation conditions upon, a license or approval.~~

**SEC. 19.**

Section 2615 of the Business and Professions Code is amended to read:

**2615.**

The board shall ~~from time to time adopt regulations that~~ *adopt those regulations as* may be necessary to effectuate this chapter. In adopting regulations the board shall comply with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

**SEC. 20.**

*The heading of Article 2 (commencing with Section 2620) of Chapter 5.7 of Division 2 of the Business and Professions Code is amended to read:*

**Article 2. Scope of Regulation and Exemptions**

**SEC. 21.**

Section 2620.7 of the Business and Professions Code is amended to read:

**2620.7.**

~~(a) A physical therapist shall document his or her evaluation, goals, treatment plan, and summary of treatment in the patient record.~~ *Patient records shall be documented as required in regulations promulgated by the board.*

~~(b) A physical therapist shall document the care actually provided to a patient in the patient record.~~

~~(c) A physical therapist shall sign the patient record legibly.~~

~~(d)~~ (b) Patient records shall be maintained for a period of no less than seven years following the discharge of the patient, except that the records of unemancipated minors shall be maintained at least one year after the minor has reached ~~the age of 18 years,~~ 18 years of age, and not in any case less than seven years.

**SEC. 22.**

Section 2622 of the Business and Professions Code is repealed.

**~~2622.~~**

~~“Physical therapist” and “physical therapist technician” mean a person who is licensed pursuant to this chapter to practice physical therapy. For purposes of this chapter, the term “physical therapy” and “physiotherapy” shall be deemed identical and interchangeable.~~

**SEC. 23.**

*Section 2622 is added to the Business and Professions Code, to read:*

**2622.**

*(a) A physical therapist shall be responsible for managing all aspects of the care of each patient as set forth in regulations promulgated by the board.*

*(b) A physical therapist shall not supervise more than two physical therapist assistants at one time to assist the physical therapist in his or her practice of physical therapy.*

*(c) A physical therapist may utilize the services of one aide engaged in patient-related tasks to aid the physical therapist in his or her practice of physical therapy.*

**SEC. 24.**

*Section 2623 is added to the Business and Professions Code, to read:*

**2623.**

*The board may, by regulation, prescribe, amend, or repeal any rules contained within a code of professional conduct appropriate to the establishment and maintenance of integrity and dignity in the profession of physical therapy. Every licensee of the board shall be governed and controlled by the rules and standards adopted by the board.*

**SEC. 25.**

*The heading of Article 3 (commencing with Section 2630) of Chapter 5.7 of Division 2 of the Business and Professions Code is repealed.*

**SEC. 26.**

Section 2630 of the Business and Professions Code is amended to read:

**2630.**

It is unlawful for any person or persons to practice, or offer to practice, physical therapy in this state for compensation received or expected, or to hold himself or herself out as a physical therapist, unless at the time of so doing the person holds a valid, unexpired,

and unrevoked *physical therapist* license issued under this ~~chapter.~~ *chapter, except as authorized by subdivisions (c), (d), (e), and (g) of Section 2630.5.*

~~Nothing in this section shall restrict the activities authorized by their licenses on the part of any persons licensed under this code or any initiative act, or the activities authorized to be performed pursuant to Article 4.5 (commencing with Section 2655) or Chapter 7.7 (commencing with Section 3500).~~

~~A physical therapist licensed pursuant to this chapter may utilize the services of one aide engaged in patient-related tasks to assist the physical therapist in his or her practice of physical therapy. "Patient-related task" means a physical therapy service rendered directly to the patient by an aide, excluding non-patient-related tasks. "Non-patient-related task" means a task related to observation of the patient, transport of the patient, physical support only during gait or transfer training, housekeeping duties, clerical duties, and similar functions. The aide shall at all times be under the orders, direction, and immediate supervision of the physical therapist. Nothing in this section shall authorize an aide to independently perform physical therapy or any physical therapy procedure. The board shall adopt regulations that set forth the standards and requirements for the orders, direction, and immediate supervision of an aide by a physical therapist. The physical therapist shall provide continuous and immediate supervision of the aide. The physical therapist shall be in the same facility as, and in proximity to, the location where the aide is performing patient-related tasks, and shall be readily available at all times to provide advice or instruction to the aide. When patient-related tasks are provided to a patient by an aide, the supervising physical therapist shall, at some point during the treatment day, provide direct service to the patient as treatment for the patient's condition, or to further evaluate and monitor the patient's progress, and shall correspondingly document the patient's record.~~

~~The administration of massage, external baths, or normal exercise not a part of a physical therapy treatment shall not be prohibited by this section.~~

## **SEC. 27.**

*Section 2630.3 is added to the Business and Professions Code, to read:*

### **2630.3.**

*(a) A licensed physical therapist assistant holding a valid, unexpired, and unrevoked physical therapist assistant license may assist in the provision of physical therapy services only under the supervision of a physical therapist licensed by the board. A licensed physical therapist shall at all times be responsible for the extent, kind, quality, and documentation of all physical therapy services provided by the physical therapist assistant.*

*(b) It is unlawful for any person or persons to hold himself or herself out as a physical therapist assistant, unless at the time of so doing the person holds a valid, unexpired, and unrevoked physical therapist assistant license issued under this chapter, except as authorized in subdivisions (f) and (g) of Section 2630.5.*

*(c) Physical therapist assistants shall not be independently supervised by a physical therapist license applicant, as defined in Section 2639, or a physical therapist student, as defined in Section 2633.7.*

*(d) A physical therapist assistant shall not perform any evaluation of a patient or prepare a discharge summary. The supervising physical therapist shall determine which elements of the treatment plan, if any, shall be assigned to the physical therapist assistant. Assignment of patient care shall be commensurate with the competence of the physical therapist assistant.*

**SEC. 28.**

*Section 2630.4 is added to the Business and Professions Code, to read:*

**2630.4.**

*(a) A “physical therapy aide” is an unlicensed person, at least 18 years of age, who aids a licensed physical therapist consistent with subdivision (b).*

*(b) The aide shall at all times be under the supervision of the physical therapist. An aide shall not independently perform physical therapy or any physical therapy procedure. The board shall adopt regulations that set forth the standards and requirements for the supervision of an aide by a physical therapist.*

*(c) Physical therapy aides shall not be independently supervised by a physical therapist license applicant, as defined in Section 2639, or a physical therapist student, as defined in Section 2633.7.*

*(d) This section does not prohibit the administration by a physical therapy aide of massage, external baths, or normal exercise not a part of a physical therapy treatment.*

**SEC. 29.**

*Section 2630.5 is added to the Business and Professions Code, to read:*

**2630.5.**

*The following persons are exempt from the licensure requirements of this chapter when engaged in the following activities:*

*(a) A regularly matriculated physical therapist student undertaking a course of professional instruction in an approved entry-level physical therapy education program or enrolled in a program of supervised clinical education under the direction of an approved physical therapy education program as described in Section 2651. These physical therapist students may perform physical therapy as a part of their course of study.*

*(b) A regularly matriculated physical therapist assistant student undertaking a course of instruction in an approved physical therapy education program or enrolled in a program of supervised clinical education under the direction of an approved physical therapy education program as described in Section 2651. These physical therapist assistant students may perform physical therapy techniques as a part of their course of study.*

*(c) A physical therapist who holds a valid and unrestricted license in another jurisdiction of the United States or who is credentialed to practice physical therapy in another country if that person is researching, demonstrating, or providing physical therapy in connection with teaching or participating in an educational seminar of no more than 60 days in a calendar year.*

*(d) A physical therapist located outside this state, when in actual consultation, whether within this state or across state lines, with a licensed physical therapist of this state, or when he or she is an invited guest of the American Physical Therapy Association or one of its components, or an invited guest of an approved physical therapy school or college for the sole purpose of engaging in professional education through lectures, clinics, or demonstrations, if, at the time of the consultation, lecture, or demonstration, he or she holds a valid and unrestricted physical therapist license in the state or country in which he or she resides. The physical therapist shall not open an office, appoint a place to meet patients, receive calls from patients within the limits of this state, give orders, or have ultimate authority over the care of a physical therapy patient who is located within this state.*

*(e) A physical therapist who holds a valid and unrestricted license in another jurisdiction of the United States or credentialed to practice physical therapy in another country if that person, by contract or employment, is providing physical therapy to individuals affiliated with or employed by established athletic teams, athletic organizations, or performing arts companies temporarily practicing, competing, or performing in the state for no more than 60 days in a calendar year.*

*(f) A physical therapist assistant who holds a valid and unrestricted license in another jurisdiction of the United States and is assisting a physical therapist engaged in activities described in subdivision (c), (d), or (e).*

*(g) A physical therapist or physical therapist assistant who has a valid and unrestricted license in a jurisdiction of the United States who is forced to leave his or her residence in a state other than California due to a governmentally declared emergency. This exemption applies for no more than 60 days following the declaration of the emergency. In order to be eligible for this exemption, the physical therapist or physical therapist assistant shall notify the board of his or her intent to practice in this state and provide a valid mailing address, telephone number, and email address.*

#### **SEC. 30.**

Section 2632 of the Business and Professions Code is repealed.

#### **~~2632.~~**

~~All licenses for the practice of physical therapy in this state shall be issued by the board, and all applications for the licenses shall be filed with the board. Excepting as otherwise required by the director pursuant to Section 164, the license issued by the board shall describe the licensee as a "physical therapist licensed by the Physical Therapy Board of California."~~

~~Each application shall be accompanied by the application fee prescribed by Section 2688, shall be signed by the applicant, and shall contain a statement under oath of the facts entitling the applicant to receive a license without examination or to take an examination.~~

**SEC. 31.**

*Section 2633.5 is added to the Business and Professions Code, to read:*

**2633.5.**

*(a) Only a person licensed as a physical therapist assistant by the board may use the title "physical therapist assistant" or "physical therapy assistant" or the letters "PTA" or any other words, letters, or figures that indicate that the person is a physical therapist assistant licensed pursuant to this chapter.*

*(b) The license of a physical therapist assistant shall not authorize the use of the prefix "LPT," "RPT," "PT," or "Dr.," or the title "physical therapist," "therapist," "doctor," or any affix indicating or implying that the physical therapist assistant is a physical therapist or doctor.*

**SEC. 32.**

*Section 2633.7 is added to the Business and Professions Code, to read:*

**2633.7.**

*During a period of clinical practice described in Section 2650 or in any similar period of observation of related educational experience involving recipients of physical therapy, a person so engaged shall be identified only as a "physical therapist student" or a "physical therapist assistant student," as authorized by the board in its regulations.*

**SEC. 33.**

*The heading of Article 3 (commencing with Section 2635) is added to Chapter 5.7 of Division 2 of the Business and Professions Code, to read:*

**Article 3. Qualifications and Requirements for Licensure**

**SEC. 34.**

Section 2636 of the Business and Professions Code is amended to read:

**2636.**

(a) Except as otherwise provided in this chapter, no person shall receive a license under this chapter without first successfully passing the following ~~examinations:~~ *examinations, where success is determined based on the examination passing standard set by the board:*

(1) An examination under the direction of the board to demonstrate the applicant's knowledge of the laws and regulations related to the practice of physical therapy in California. The examination shall reasonably test the applicant's knowledge of these laws and regulations.

(2) The ~~national~~ physical therapy examination for the applicant's licensure category. The examination for licensure as a physical therapist shall test entry-level competence to practice physical therapy. The examination for licensure as a physical therapist assistant shall test entry-level competence to practice as a physical therapist assistant in the technical application of physical therapy services.

(b) An applicant may take the examinations for licensure as a physical therapist or for licensure as a physical therapist assistant after the applicant has met the educational requirements for that particular category of licensure.

(c) The examinations required by the board for a license under this chapter may be conducted by the board or by a public or private organization specified by the board. The examinations may be conducted under a uniform examination system and, for that purpose, the board may make arrangements with organizations furnishing examination materials as may, in its discretion, be desirable.

~~(d) The board shall establish a passing score for the examinations for licensure as a physical therapist and for the examinations for licensure as a physical therapist assistant. The board shall issue a license to an applicant who is otherwise qualified for licensure under this chapter and who receives a passing score as established by the board on the examinations.~~

#### **SEC. 35.**

Section 2636.5 of the Business and Professions Code is amended to read:

#### **2636.5.**

(a) An applicant may be issued a license without a written examination if he or she meets all of the following:

(1) He or she is at the time of application licensed ~~or registered~~ as a physical therapist *or physical therapist assistant* in a state, district, or territory of the United States having, in the opinion of the board, requirements for licensing ~~or registration~~ equal to or higher than those in California, and he or she has passed, to the satisfaction of the board, an examination for licensing ~~or registration~~ that is, in the opinion of the board, comparable to the examination used in this state.

(2) He or she is a graduate of a physical therapist *or physical therapist assistant* education program approved by the board, or has met the requirements of Section 2653.

(3) He or she files an application ~~as provided in Section 2632-~~ *with the board* and meets the requirements prescribed by Sections 2635 and 2650.

(b) An applicant for licensure under subdivision (a), whose application is based on a certificate issued by a physical therapy licensing authority of another state may be required to ~~pass an oral examination given by the board and~~ file a statement of past work activity.

(c) An applicant who has filed a physical therapy application under this section with the board for the first time may, between the date of receipt of notice that his or her application is on file and the date of receipt of his or her license, perform as a physical therapist ~~under the direct and immediate~~ *or physical therapist assistant, as appropriate, under the* supervision of a physical therapist licensed in this state.

During this period the applicant shall identify himself or herself only as a "physical therapist license ~~applicant.~~" *applicant" or "physical therapist assistant license applicant," as appropriate.*

If the applicant under this section does not qualify and receive a license as provided in this section and does not qualify under Section ~~2639~~ *2639*, all privileges under this section shall terminate upon notice by ~~certified mail, return receipt requested.~~ *the board.* An applicant may only qualify once to perform as a physical therapist license *applicant or physical therapist assistant license* applicant.

#### **SEC. 36.**

Section 2638 of the Business and Professions Code is amended to read:

#### **2638.**

Any applicant for licensure as a physical therapist *or physical therapist assistant* who fails to pass the examination required by the board may ~~take another~~ *retake the licensing* examination and shall pay the reexamination fee.

#### **SEC. 37.**

Section 2639 of the Business and Professions Code is repealed.

#### **2639.**

~~Every graduate of an approved physical therapist education program who has filed a complete application for licensure with the board for the first time may, following receipt of a letter of authorization to perform as a "physical therapist license applicant," perform as a physical therapist under the direct and immediate supervision of a physical therapist licensed in this state pending the results of the first licensing examination administered for which he or she is eligible following graduation from an approved physical therapist education program. During this period the applicant shall identify himself or herself only as a "physical therapist license applicant." If the applicant passes the examination, the physical therapist license applicant status shall remain in effect until a regular renewable license is issued, or licensure is denied, by the board. If the applicant fails the licensing examination, or if he or she passes the examination but licensure is denied, the applicant shall be prohibited from performing as a physical therapist license applicant at any time in the future.~~

~~A person shall not be considered a graduate unless he or she has successfully completed all the clinical training and internships required for graduation from the program.~~

~~If the applicant fails to take the next succeeding examination without due cause or fails to pass the examination or receive a license, all privileges under this section shall~~

~~terminate upon notice by certified mail, return receipt requested. An applicant may only qualify once to perform as a physical therapist license applicant.~~

**SEC. 38.**

*Section 2639 is added to the Business and Professions Code, to read:*

**2639.**

*(a) (1) Every graduate of an approved physical therapy education program who has filed a complete application, as defined in regulation, for licensure with the board and has been awarded either physical therapist license applicant status or physical therapist assistant license applicant status shall practice under the supervision of a licensed physical therapist pursuant to this chapter for no more than 120 days pending the results of the first licensing examination administered. If the applicant passes the examination, the physical therapist license applicant status or physical therapist assistant license applicant status shall remain in effect until a regular renewable license is issued, or licensure is denied, by the board. A supervising physical therapist shall document receipt of the letter authorizing the physical therapist license applicant status or physical therapist assistant license applicant status and record the expiration date of that status in the employee record. A supervising physical therapist shall require the applicant to provide documentation of the license issued at the conclusion of the physical therapist license applicant status or physical therapist assistant license applicant status. During this period the applicant shall identify himself or herself only as "physical therapist license applicant" or "physical therapist assistant license applicant," as appropriate.*

*(2) A person shall not be considered a graduate unless he or she has successfully completed all the clinical training and internship required for graduation from the education program.*

*(b) A physical therapist license applicant who has been awarded license applicant status may perform as a physical therapist if he or she is under the supervision of a physical therapist licensed by the board. A physical therapist assistant license applicant who has been awarded license applicant status may perform as a physical therapist assistant if he or she is under the supervision of a physical therapist licensed by the board. The applicant shall comply with any requirements applicable to the license for which he or she applied. An applicant may not perform in those capacities if he or she fails the first examination attempt.*

**SEC. 39.**

*Section 2639.1 is added to the Business and Professions Code, to read:*

**2639.1.**

*A person having, in the opinion of the board, training or experience, or a combination of training and experience, equivalent to that obtained in an approved physical therapist assistant education program and who meets the requirements of Section 2635 may apply for licensure as a physical therapist assistant.*

**SEC. 40.**

Section 2640 of the Business and Professions Code is repealed.

**2640.**

~~(a) If the board uses computer administered testing for the administration of the licensing examination, this section shall apply and Section 2639 shall not apply.~~

~~(b) Every graduate of an approved physical therapist education program who has filed a complete application for licensure with the board for the first time may, following receipt of a letter of authorization to take the licensing examination and perform as a "physical therapist license applicant," perform as a physical therapist under the direct and immediate supervision of a physical therapist licensed in this state, for 90 days pending the results of the first licensing examination administered. During this period, the applicant shall identify himself or herself only as a "physical therapist license applicant." If the applicant passes the examination, the physical therapist license applicant status shall remain in effect until a regular renewable license is issued, or licensure is denied, by the board.~~

~~(c) A person shall not be considered a graduate unless he or she has successfully completed all the clinical training and internships required for graduation from the program.~~

~~(d) If the applicant fails to take the examination within 90 days or fails to pass the examination or receive a license, all privileges under this section shall terminate. An applicant may only qualify once to perform as a physical therapist license applicant.~~

**SEC. 41.**

*Article 4 (commencing with Section 2644) is added to Chapter 5.7 of Division 2 of the Business and Professions Code, to read:*

**Article 4. Renewal of Licenses**

**2644.**

*(a) Every license issued under this chapter shall expire at 12 a.m. on the last day of the birth month of the licensee during the second year of a two-year term, if not renewed.*

*(b) To renew an unexpired license, the licensee shall, on or before the date on which it would otherwise expire, apply for renewal on a form prescribed by the board, pay the prescribed renewal fee, and submit proof of the completion of continuing competency required by the board pursuant to Section 2649. The licensee shall disclose on his or her license renewal application any misdemeanor or other criminal offense for which he or she has been found guilty or to which he or she has pleaded guilty or no contest.*

**2645.**

*At least 60 days before the expiration of any license, the board shall mail to each licensee under this chapter, at the latest address furnished by the licensee to the board, a notice stating the amount of the renewal fee and the date on which it is due, and that failure to pay it on or before the due date shall result in expiration of the license.*

**2646.**

*A license that has expired may be renewed at any time within five years after its expiration by applying for renewal as set forth in Section 2644. Renewal under this section shall be effective on the date on which the renewal application is filed, on the date on which the renewal fee or accrued renewal fees are paid, or on the date on which the delinquency fee and penalty fee, if any, are paid, whichever last occurs. A renewed license shall continue in effect through the expiration date set forth in Section 2644 that next occurs after the effective date of the renewal, at which time it shall expire and become invalid if it is not so renewed.*

**2647.**

*A person who fails to renew his or her license within five years after its expiration may not renew it, and it shall not be reissued, reinstated, or restored thereafter. However, the person may apply for a new license if he or she satisfies the requirements set forth in Article 3 (commencing with Section 2635).*

**2648.**

*(a) A licensee is exempt from the payment of the renewal fee while engaged in full-time training or active service in the United States Army, Navy, Air Force, Marines, or Coast Guard, or in the United States Public Health Service.*

*(b) A person exempted from the payment of the renewal fee by this section shall not engage in any practice of, or assistance in the provision of, physical therapy not related to his or her military service and shall become liable for payment of the fee for the current renewal period upon his or her discharge from full-time active service and shall have a period of 60 days after becoming liable within which to pay the renewal fee before the delinquency fee is required. Any person who is discharged from active service within 60 days of the end of the renewal period is exempt from the payment of the renewal fee for that period.*

*(c) The time spent in full-time active service or training shall not be included in the computation of the five-year period for renewal and reinstatement of licensure provided in Section 2646.*

*(d) A person exempt from renewal fees under this section shall not be exempt from meeting the requirements of Section 2649.*

**2648.3.**

*A licensee who demonstrates to the satisfaction of the board that he or she is unable to practice, or assist in the provision of, physical therapy due to a disability may request a waiver of the license renewal fee. The granting of a waiver shall be at the discretion of the board and may be terminated at any time. Waivers shall be based on the inability of a licensee to practice, or assist in the provision of, physical therapy. A licensee whose renewal fee has been waived pursuant to this section shall not engage in the practice of, or assist in the provision of, physical therapy unless and until the licensee pays the current renewal fee and does either of the following:*

*(a) Establishes to the satisfaction of the board, on a form prescribed by the board and signed under penalty of perjury, that the licensee's disability either no longer exists or*

does not affect his or her ability to practice, or assist in the provision of, physical therapy safely.

(b) Signs an agreement, on a form prescribed by the board and signed under penalty of perjury, to limit his or her practice of, or assistance in the provision of, physical therapy in the manner prescribed by his or her reviewing physician.

(c) A person exempt from renewal fees under this section shall not be exempt from meeting the requirements of Section 2649.

**2648.5.**

(a) The renewal fee shall be waived for licensees residing in California who certify to the board that license renewal is for the sole purpose of providing voluntary, unpaid physical therapy services.

(b) A person exempt from renewal fees under this section shall not be exempt from meeting the requirements of Section 2649.

**2648.7.**

A licensee is exempt from the payment of the renewal fee and from meeting the requirements set forth in Section 2649 if he or she has applied to the board for retired license status. A holder of a license in retired status pursuant to this section shall not engage in the practice of, or assist in the provision of, physical therapy unless the licensee applies for renewal and meets all of the requirements as set forth in Section 2644.

**SEC. 42.**

The heading of Article 4 (commencing with Section 2650) of Chapter 5.7 of Division 2 of the Business and Professions Code is amended and renumbered to read:

**Article 5. Educational Standards**

**SEC. 43.**

Section 2650 of the Business and Professions Code is repealed.

**2650.**

~~(a) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist shall be a graduate of a professional degree program of an accredited postsecondary institution or institutions approved by the board, and shall have completed a professional education including academic coursework and clinical internship in physical therapy.~~

~~(b) As referenced in the evaluative criteria of the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association, the curriculum shall consist of a combination of didactic, clinical, and research experiences in physical therapy using critical thinking and weighing of evidence, and shall include, at a minimum, all of the following:~~

~~(1) The sciences basic to physical therapy including biomedical, physical, physiological, neurobiological, anatomical, social and behavioral sciences.~~

~~(2) Clinical sciences including laboratory or other practical experiences involving quantitative and qualitative evaluation within the scope of physical therapy practice including kinesiology, neuroscience, pathology, human development, and gerontology.~~

~~(3) Treatment that constitutes the practice of physical therapy.~~

~~(4) Learning experiences provided in the areas of administration, education, and consultation.~~

~~(5) Research methods including the review and critical analysis of research reports.~~

~~(6) Ethical, legal, and economical concepts of physical therapy practice.~~

~~(c) Each applicant shall have at least 18 weeks of full-time clinical experience with a variety of patients.~~

#### **SEC. 44.**

*Section 2650 is added to the Business and Professions Code, to read:*

#### **2650.**

*(a) The physical therapist education requirements are as follows:*

*(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist shall be a graduate of a professional degree program of an accredited postsecondary institution or institutions approved by the board and shall have completed a professional education program including academic course work and clinical internship in physical therapy.*

*(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects prescribed by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada and shall include a combination of didactic and clinical experiences. The clinical experience shall include at least 18 weeks of full-time experience with a variety of patients.*

*(b) The physical therapist assistant educational requirements are as follows:*

*(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist assistant shall be a graduate of a physical therapist assistant program of an accredited postsecondary institution or institutions approved by the board, and shall have completed both the academic and clinical experience required by the physical therapist assistant program, and have been awarded an associate degree.*

*(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects prescribed by the CAPTE of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada or such other body as may be approved by the board by regulation and shall include a combination of didactic and clinical experiences. The clinical experience shall include at least 18 weeks of full-time experience with a variety of patients.*

**SEC. 45.**

Section 2650.1 of the Business and Professions Code is repealed.

~~**2650.1.**~~

~~During the period of clinical practice referred to in Section 2650 or in any similar period of observation or related educational experience involving recipients of physical therapy, a person so engaged shall be identified only as a "physical therapy student," or as a "physical therapy intern" as authorized by the board in its regulations.~~

**SEC. 46.**

Section 2650.2 of the Business and Professions Code is repealed.

~~**2650.2.**~~

~~Nothing in this chapter shall be construed to prevent a regularly matriculated student undertaking a course of professional instruction in an approved physical therapist education program or a student enrolled in a program of supervised clinical training under the direction of an approved physical therapist education program pursuant to Section 2651, from performing physical therapy as a part of his or her course of study.~~

**SEC. 47.**

Section 2651 of the Business and Professions Code is amended to read:

**2651.**

The board ~~may~~ *shall* approve only those physical therapist *and physical therapist assistant* education programs that prove to the satisfaction of the board that they comply with the minimum physical ~~therapy~~ *therapist or physical therapist assistant* educational requirements set forth in this chapter and adopted by the board pursuant to this chapter. Physical therapist *and physical therapist assistant* education programs that are accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy ~~Association~~ *Association, Physiotherapy Education Accreditation Canada, or such other body as may be approved by the board by regulation* shall be deemed approved by the board unless the board determines otherwise. *This chapter shall not prohibit the board from disapproving any foreign physical therapist or physical therapist assistant educational program or from denying an applicant if, in the opinion of the board, the instruction received by the applicant or the courses offered by the program were not equivalent to that which is required by this chapter.*

**SEC. 48.**

Section 2652 of the Business and Professions Code is repealed.

~~**2652.**~~

~~All physical therapist education programs, whether situated in this state or not, furnishing courses of study meeting the standards required by Sections 2650 and 2651 and the regulations of the board adopted pursuant to this chapter shall be approved by the board and shall be entitled to compel this approval, if it is denied, by action in the~~

~~Superior Court of the State of California, the procedure and power of the court in which action shall be the same as provided in Section 2087.~~

**SEC. 49.**

Section 2653 of the Business and Professions Code is repealed.

**2653.**

~~(a) An applicant for a license as a physical therapist who was issued a diploma by a physical therapist education program that is not an approved program and is not located in the United States shall meet all of the following requirements in order to be licensed as a physical therapist:~~

~~(1) Furnish documentary evidence satisfactory to the board, that he or she has completed the equivalent professional degree to that issued by a United States accredited physical therapist education program in a physical therapist education program that entitles the applicant to practice as a physical therapist in the country where the diploma was issued. The physical therapy education received by the applicant shall meet the criteria set forth in subdivisions (b) and (c) of Section 2650. The board may require an applicant to submit documentation of his or her education to a credentials evaluation service for review and a report to the board.~~

~~(2) Pass the written examination required by Section 2636. The requirements to pass the written examination shall not apply to an applicant who at the time of application has passed, to the satisfaction of the board, an examination for licensure in another state, district, or territory of the United States, that is, in the opinion of the board, comparable to the examination given in this state.~~

~~(3) Complete a period of clinical service under the direct and immediate supervision of a physical therapist licensed by the board which does not exceed nine months in a location approved by the board, in a manner satisfactory to the board. The applicant shall have passed the written examination required in subdivision (b) prior to commencing the period of clinical service. The board shall require the supervising physical therapist to evaluate the applicant and report his or her findings to the board. The board may in its discretion waive all or part of the required clinical service pursuant to guidelines set forth in its regulations. During the period of clinical service until he or she is issued a license as a physical therapist by the board, the applicant shall be identified as a "physical therapist license applicant."~~

~~(4) An applicant for licensure under this subdivision, whose application is based on a certificate issued by a physical therapist licensing authority of another state, may be required to pass an oral examination given by the board, and to file a statement of past work activity.~~

~~(b) Nothing contained in this section shall prohibit the board from disapproving any foreign physical therapist education program or from denying the applicant if, in the opinion of the board, the instruction received by the applicant or the courses were not equivalent to that required by this chapter. If the applicant does not qualify to take the~~

~~physical therapist examination, his or her education may be evaluated and the applicant may be eligible to take the physical therapist assistant examination.~~

**SEC. 50.**

*Section 2653 is added to the Business and Professions Code, to read:*

**2653.**

*An applicant for a license as a physical therapist who has graduated from a physical therapist education program that is not approved by the board and is not located in the United States shall do all of the following:*

*(a) Furnish documentary evidence satisfactory to the board, that he or she has completed a professional degree in a physical therapist educational program substantially equivalent at the time of his or her graduation to that issued by a board approved physical therapist education program. The professional degree must entitle the applicant to practice as a physical therapist in the country where the diploma was issued. The applicant shall meet the educational requirements set forth in paragraph (2) of subdivision (a) of Section 2650. The board may require an applicant to submit documentation of his or her education to a credentials evaluation service for review and a report to the board.*

*(b) Demonstrate proficiency in English by achieving a score specified by the board on the Test of English as a Foreign Language administered by the Educational Testing Services or such other examination as may be specified by the board by regulation.*

*(c) Complete nine months of clinical service in a location approved by the board under the supervision of a physical therapist licensed by a United States jurisdiction, in a manner satisfactory to the board. The applicant shall have passed the written examination required in Section 2636 prior to commencing the period of clinical service. The board shall require the supervising physical therapist to evaluate the applicant and report his or her findings to the board. The board may in its discretion waive all or part of the required clinical service pursuant to guidelines set forth in its regulations. During the period of clinical service, the applicant shall be identified as a physical therapist license applicant. If an applicant fails to complete the required period of clinical service, the board may, for good cause shown, allow the applicant to complete another period of clinical service.*

**SEC. 51.**

*Section 2654 is added to the Business and Professions Code, to read:*

**2654.**

*If an applicant who has graduated from a physical therapist education program that is not approved by the board and is not located in the United States does not qualify to take the physical therapist examination, his or her education may be evaluated by the board and the applicant may be eligible to take the physical therapist assistant examination.*

**SEC. 52.**

Article 4.5 (commencing with Section 2655) of Chapter 5.7 of Division 2 of the Business and Professions Code is repealed.

**SEC. 53.**

The heading of Article 5 (commencing with Section 2660) of Chapter 5.7 of Division 2 of the Business and Professions Code is amended and renumbered to read:

**Article 6. Enforcement**

**SEC. 54.**

Section 2660 of the Business and Professions Code is amended to read:

**2660.**

*Unprofessional conduct constitutes grounds for citation, discipline, denial of a license, or issuance of a probationary license.* The board may, after the conduct of appropriate proceedings under the Administrative Procedure ~~Act, Act~~ (Chapter 4.5 (commencing with Section 11400) of Part 1 of Division 3 of Title 2 of the Government Code), issue a citation, impose discipline, deny a license, suspend for not more than 12 months, or revoke, or impose probationary conditions upon any ~~license, certificate, or approval~~ license issued under this chapter for unprofessional conduct that includes, *in addition to other provisions of this chapter*, but is not limited to, ~~one or any combination of the following causes: the following:~~

(a) *Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter, any regulations duly adopted under this chapter, or the Medical Practice Act (Chapter 5 (commencing with Section 2000)).*

~~(a)~~ (b) Advertising in violation of Section 17500.

~~(b)~~ (c) ~~Fraud in the procurement of any license under this chapter.~~ *Obtaining or attempting to obtain a license by fraud or misrepresentation.*

~~(c)~~ (d) ~~Procuring Practicing or aiding or offering to procure or aid in criminal abortion.~~ *offering to practice beyond the scope of practice of physical therapy.*

~~(d)~~ (e) Conviction of a crime that substantially relates to the qualifications, functions, or duties of a physical therapist or physical therapist assistant. The record of conviction or a certified copy thereof shall be conclusive evidence of that conviction.

~~(e)~~ (f) ~~Habitual intemperance.~~ *Unlawful possession or use of, or conviction of a criminal offense involving, a controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 2 (commencing with Section 4015) of Chapter 9, as follows:*

~~(f)~~ (1) ~~Addiction to the excessive use of any habit-forming~~ *Obtaining or possessing in violation of law, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, administering to himself or herself, or furnishing or administering to another, any controlled substances or any dangerous drug.*

~~(g) (2) Gross negligence in his or her practice as a physical therapist or physical therapist assistant. Using any controlled substance or any dangerous drug.~~

~~(h) (3) Conviction of a violation of any of the provisions of this chapter or of the Medical Practice Act, or violating, or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter or of the Medical Practice Act. criminal offense involving the consumption or self-administration of, or the possession of, or falsification of a record pertaining to, any controlled substance or any dangerous drug, in which event the record of the conviction is conclusive evidence thereof.~~

~~(i) (g) The aiding or abetting of any person to violate this chapter or any regulations duly adopted under this chapter. Failure to maintain adequate and accurate records relating to the provision of services to his or her patients.~~

~~(h) Gross negligence or repeated acts of negligence in practice or in the delivery of physical therapy care.~~

~~(j) (i) The aiding~~ Aiding or abetting ~~of~~ any person to engage in the unlawful practice of physical therapy.

~~(k) (j)~~ The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant.

~~(l) (k)~~ Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of blood-borne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California, to encourage appropriate consistency in the implementation of this subdivision.

~~(l) The commission of verbal abuse or sexual harassment.~~

~~(m) Engaging in sexual misconduct or violating Section 726.~~

~~(n) Permitting a physical therapist assistant or physical therapy aide under one's supervision or control to perform, or permitting the physical therapist assistant or physical therapy aide to hold himself or herself out as competent to perform, professional services beyond the level of education, training, and experience of the physical therapist assistant or aide.~~

~~(o) The board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of blood-borne infectious diseases.~~ *revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license or certificate to practice physical therapy issued by that state, or the revocation, suspension, or restriction of the authority to practice physical therapy by any agency of the federal government.*

*(p) Viewing a completely or partially disrobed patient in the course of treatment if the viewing is not necessary to patient evaluation or treatment under current standards.*

*(q) Engaging in any act in violation of Section 650, 651, or 654.2.*

*(r) Charging a fee for services not performed.*

*(s) Misrepresenting documentation of patient care or deliberate falsifying of patient records.*

*(t) Except as otherwise allowed by law, the employment of runners, cappers, steerers, or other persons to procure patients.*

*(u) The willful, unauthorized violation of professional confidence.*

~~(m) (v) The commission of verbal abuse or sexual harassment.~~ *Failing to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a patient in confidence during the course of treatment and all information about the patient that is obtained from tests or other means.*

*(w) Habitual intemperance.*

#### **SEC. 54.5.**

Section 2660 of the Business and Professions Code is amended to read:

#### **2660.**

*Unprofessional conduct constitutes grounds for citation, discipline, denial of a license, or issuance of a probationary license.* The board may, after the conduct of appropriate proceedings under the Administrative Procedure ~~Act,~~ *Act (Chapter 4.5 (commencing with Section 11400) of Part 1 of Division 3 of Title 2 of the Government Code), issue a citation, impose discipline, deny a license,* suspend for not more than 12 months, or revoke, or impose probationary conditions upon any ~~license, certificate, or approval~~ *license* issued under this chapter for unprofessional conduct that includes, *in addition to other provisions of this chapter,* but is not limited to, ~~one or any combination of the following causes:~~ *the following:*

*(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter, any regulations duly adopted under this chapter, or the Medical Practice Act (Chapter 5 (commencing with Section 2000)).*

- ~~(a)~~ (b) Advertising in violation of Section 17500.
- ~~(b)~~ (c) ~~Fraud in the procurement of any license under this chapter.~~ *Obtaining or attempting to obtain a license by fraud or misrepresentation.*
- ~~(c)~~ (d) ~~Procuring Practicing or aiding or offering to procure or aid in criminal abortion.~~ *offering to practice beyond the scope of practice of physical therapy.*
- ~~(d)~~ (e) Conviction of a crime that substantially relates to the qualifications, functions, or duties of a physical therapist or physical therapist assistant. The record of conviction or a certified copy thereof shall be conclusive evidence of that conviction.
- ~~(e)~~ (f) ~~Habitual intemperance.~~ *Unlawful possession or use of, or conviction of a criminal offense involving, a controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 2 (commencing with Section 4015) of Chapter 9, as follows:*
- ~~(f)~~ (1) ~~Addiction to the excessive use of any habit-forming~~ *Obtaining or possessing in violation of law, or except as directed by a licensed physician and surgeon, dentist, or podiatrist, administering to himself or herself, or furnishing or administering to another, any controlled substances or any dangerous drug.*
- ~~(g)~~ (2) ~~Gross negligence in his or her practice as a physical therapist or physical therapist assistant.~~ *Using any controlled substance or any dangerous drug.*
- ~~(h)~~ (3) Conviction of a ~~violation of any of the provisions of this chapter or of the Medical Practice Act, or violating, or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter or of the Medical Practice Act.~~ *criminal offense involving the consumption or self-administration of, or the possession of, or falsification of a record pertaining to, any controlled substance or any dangerous drug, in which event the record of the conviction is conclusive evidence thereof.*
- ~~(i)~~ (g) ~~The aiding or abetting of any person to violate this chapter or any regulations duly adopted under this chapter.~~ *Failure to maintain adequate and accurate records relating to the provision of services to his or her patients.*
- ~~(h)~~ *Gross negligence or repeated acts of negligence in practice or in the delivery of physical therapy care.*
- ~~(j)~~ (i) ~~The aiding~~ *Aiding* or abetting ~~of~~ any person to engage in the unlawful practice of physical therapy.
- ~~(k)~~ (j) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant.
- ~~(l)~~ (k) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of ~~blood-~~ *borne bloodborne* infectious diseases from licensee to patient, from patient to patient,

and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other ~~blood-borne~~ *bloodborne* pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California, to encourage appropriate consistency in the implementation of this subdivision.

*(l) The commission of verbal abuse or sexual harassment.*

*(m) Engaging in sexual misconduct or violating Section 726.*

*(n) Permitting a physical therapist assistant or physical therapy aide under one's supervision or control to perform, or permitting the physical therapist assistant or physical therapy aide to hold himself or herself out as competent to perform, professional services beyond the level of education, training, and experience of the physical therapist assistant or aide.*

~~(o) The board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of blood-borne infectious diseases.~~ *revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license or certificate to practice physical therapy issued by that state, or the revocation, suspension, or restriction of the authority to practice physical therapy by any agency of the federal government.*

*(p) Viewing a completely or partially disrobed patient in the course of treatment if the viewing is not necessary to patient evaluation or treatment under current standards.*

*(q) Engaging in any act in violation of Section 650, 651, or 654.2.*

*(r) Charging a fee for services not performed.*

*(s) Misrepresenting documentation of patient care or deliberate falsifying of patient records.*

*(t) Except as otherwise allowed by law, the employment of runners, cappers, steerers, or other persons to procure patients.*

*(u) The willful, unauthorized violation of professional confidence.*

~~(m) (v) The commission of verbal abuse or sexual harassment.~~ *Failing to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a patient in confidence during the course of treatment and all information about the patient that is obtained from tests or other means.*

*(w) Habitual intemperance.*

*(x) Failure to comply with the provisions of Section 2620.1.*

**SEC. 55.**

Section 2660.2 of the Business and Professions Code is amended to read:

**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. The board may, in its sole discretion, issue a *public letter of reprimand or may 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. The board may issue the license subject to any terms or conditions not contrary to public policy, including, but not limited to, the following:

- (1) Medical or psychiatric evaluation.
- (2) Continuing medical or psychiatric treatment.
- (3) Restriction of the type or circumstances of practice.
- (4) Continuing participation in a board-approved rehabilitation program.
- (5) Abstention from the use of alcohol or drugs.
- (6) Random fluid testing for alcohol or drugs.
- (7) Compliance with laws and regulations governing the practice of physical therapy.

(b) The applicant shall have the right to appeal the denial, or the issuance with terms and conditions, of any license 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. The action shall be final, except that the propriety of the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of Civil Procedure.

*(c) In lieu of refusing a license, the board may, upon stipulation or agreement by the licensee, issue a public letter of reprimand after it has conducted an investigation or inspection as provided for in this chapter. The public letter of reprimand may include a requirement for specified training or education, and cost recovery for investigative costs. The board shall notify the licensee of its intention to issue the letter 30 days before the intended issuance date of the letter. The licensee shall indicate in writing at least 15 days prior to the letter's intended issuance date whether he or she agrees to the issuance of the letter. The board, at its option, may extend the time within which the licensee may respond to its notification. If the licensee does not agree to the issuance of the letter, the board shall not issue the letter and may proceed to file the accusation. The board may use a public letter of reprimand only for minor violations, as defined by the board, committed by the applicant. A public letter of reprimand issued pursuant to*

*this section shall be disclosed by the board to an inquiring member of the public and shall be posted on the board's Internet Web site.*

**SEC. 56.**

Section 2660.3 of the Business and Professions Code is amended to read:

**2660.3.**

In lieu of filing or prosecuting a formal accusation against a licensee, the board may, upon stipulation or agreement by the licensee, issue a public letter of reprimand after it has conducted an investigation or inspection as provided for in this chapter. The *public letter of reprimand may include a requirement for specified training or education, and cost recovery for investigative costs.* The board shall notify the licensee of its intention to issue the letter 30 days before the intended issuance date of the letter. The licensee shall indicate in writing at least 15 days prior to the letter's intended issuance date whether he or she agrees to the issuance of the letter. The board, at its option, may extend the time within which the licensee may respond to its notification. If the licensee does not agree to the issuance of the letter, the board shall not issue the letter and may proceed to file the accusation. The board may use a public letter of reprimand only for minor violations, as defined by the board, committed by the licensee. A public letter of reprimand issued pursuant to this section shall be disclosed by the board to an inquiring member of the public and shall be posted on the board's Internet Web site.

**SEC. 57.**

*Section 2660.4 is added to the Business and Professions Code, to read:*

**2660.4.**

*A licensee who fails or refuses to comply with a request from the board for the medical records of a patient, that is accompanied by that patient's written authorization for release of records to the board, within 15 days of receiving the request and authorization shall pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day that the records have not been produced after the 15th day, unless the licensee is unable to provide the records within this time period for good cause.*

**SEC. 58.**

Section 2660.5 of the Business and Professions Code is amended to read:

**2660.5.**

The board shall deny a physical therapist license or physical therapist assistant ~~approval~~ *license* to an applicant who is required to register pursuant to Section 290 of the Penal Code. This section does not apply to an applicant who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

**SEC. 59.**

*Section 2660.8 is added to the Business and Professions Code, to read:*

**2660.8.**

*A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:*

*(a) Have his or her license revoked upon order of the board.*

*(b) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.*

*(c) Be placed on probation and required to pay the costs of probation monitoring upon order of the board.*

*(d) Be publicly reprimanded by the board.*

*(e) Be required to surrender his or her license based on an order of the board.*

*(f) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.*

#### **SEC. 60.**

Section 2661 of the Business and Professions Code is amended to read:

#### **2661.**

A plea or verdict of guilty or a conviction following a plea of nolo contendere ~~made to a charge of a felony or of any offense which substantially relates to the qualifications, functions, or duties of a physical therapist~~ is deemed to be a conviction within the meaning of this article. The board may order ~~the license suspended or revoked, or may decline to issue a license,~~ *discipline of the licensee in accordance with Section 2660 or the board may take action as authorized in Section 2660.2 on an application* when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing that person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

#### **SEC. 61.**

Section 2661.7 of the Business and Professions Code is amended to read:

#### **2661.7.**

(a) A person whose license ~~or approval~~ has been revoked or suspended, or who has been placed on probation, may petition the ~~Physical Therapy Board of California~~ *board* for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum periods has elapsed from the effective date of the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license or approval revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination ~~of~~ *or one year for modification of a condition of* probation of three years or more.

(3) At least one year for ~~modification of a condition, or~~ reinstatement of a license ~~or approval~~ revoked for mental or physical illness, or *for modification of a condition, or* termination of probation of less than three years.

(b) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from physical therapists licensed by the board who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(c) The petition may be heard by the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the ~~committee~~ *board* that shall be acted upon in accordance with the Administrative Procedure Act.

(d) The board or the administrative law judge hearing the ~~petition,~~ *petition* may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued, as the *board or the* administrative law judge designated in Section 11371 of the Government Code finds necessary.

(e) The administrative law judge designated in Section 11371 of the Government Code when hearing a petition for reinstating a ~~license~~ *license*, or ~~approval,~~ *or* modifying a penalty, may recommend the imposition of any terms and conditions deemed necessary.

(f) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the ~~person,~~ *petitioner*. The board may deny, without a hearing or argument, any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(g) Nothing in this section shall be deemed to alter Sections 822 and 823.

## **SEC. 62.**

*The heading of Article 5.5 (commencing with Section 2662) of Chapter 5.7 of Division 2 of the Business and Professions Code is amended and renumbered to read:*

### **Article 7. Substance Abuse Rehabilitation Program**

**SEC. 63.**

Section 2663 of the Business and Professions Code is amended to read:

**2663.**

The board shall establish and administer a ~~diversion program~~ *substance abuse rehabilitation program, hereafter referred to as the rehabilitation program*, for the rehabilitation of physical therapists and physical therapist assistants whose competency is impaired due to the abuse of drugs or alcohol. The board may contract with any other state agency or a private organization to perform its duties under this article. The board may establish one or more ~~diversion~~ *rehabilitation* evaluation committees to assist it in carrying out its duties under this article. Any ~~diversion~~ *rehabilitation* evaluation committee established by the board shall operate under the direction of the ~~diversion~~ *rehabilitation* program manager, as designated by the executive officer of the board. The program manager has the primary responsibility to review and evaluate recommendations of the committee.

**SEC. 64.**

Section 2664 of the Business and Professions Code is amended to read:

**2664.**

(a) Any ~~diversion~~ *rehabilitation* evaluation committee established by the board shall have at least three members. In making appointments to a ~~diversion~~ *rehabilitation* evaluation committee, the board shall consider the appointment of persons who are either recovering from substance abuse and have been free from substance abuse for at least three years immediately prior to their appointment or who are knowledgeable in the treatment and recovery of substance abuse. The board also shall consider the appointment of a physician and surgeon who is board certified in psychiatry.

(b) Appointments to a ~~diversion~~ *rehabilitation* evaluation committee shall be by the affirmative vote of a majority of members appointed to the board. Each appointment shall be at the pleasure of the board for a term not to exceed four years. In its discretion, the board may stagger the terms of the initial members so appointed.

(c) A majority of the members of a ~~diversion~~ *rehabilitation* evaluation committee shall constitute a quorum for the transaction of business. Any action requires an affirmative vote of a majority of those members present at a meeting constituting at least a quorum. Each ~~diversion~~ *rehabilitation* evaluation committee shall elect from its membership a chairperson and a vice chairperson. Notwithstanding the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code), relating to public meetings, a ~~diversion~~ *rehabilitation* evaluation committee may convene in closed session to consider matters relating to any physical therapist or physical therapist assistant applying for or participating in a ~~diversion~~ *rehabilitation* program, and a meeting which will be convened entirely in closed session need not comply with Section 11125 of the Government Code. A ~~diversion~~ *rehabilitation* evaluation committee shall only convene in closed session to the extent it is necessary to protect the privacy of an applicant or

participant. Each member of a ~~diversion~~ *rehabilitation* evaluation committee shall receive a per diem and shall be reimbursed for expenses as provided in Section 103.

#### **SEC. 65.**

Section 2665 of the Business and Professions Code is amended to read:

#### **2665.**

Each ~~diversion~~ *rehabilitation* evaluation committee has the following duties and responsibilities:

(a) To evaluate physical therapists and physical therapist assistants who request participation in the *rehabilitation* program and to make recommendations. In making recommendations, the committee shall consider any recommendations from professional consultants on the admission of applicants to the ~~diversion~~ *rehabilitation* program.

(b) To review and ~~designation of~~ *designate* treatment facilities to which physical therapists and physical therapist assistants in the ~~diversion~~ *rehabilitation* program may be referred.

(c) To receive and review information concerning physical therapists and physical therapist assistants participating in the program.

(d) Calling meetings as necessary to consider the requests of physical therapists and physical therapist assistants to participate in the ~~diversion~~ *rehabilitation* program, to consider reports regarding participants in the program, and to consider any other matters referred to it by the board.

(e) To consider whether each participant in the ~~diversion~~ *rehabilitation* program may with safety continue or resume the practice of physical therapy.

(f) To set forth in writing the terms and conditions of the ~~diversion~~ *rehabilitation* agreement that is approved by the program manager for each physical therapist and physical therapist assistant participating in the program, including treatment, supervision, and monitoring requirements.

(g) ~~Holding~~ *To hold* a general meeting at least twice a year, which shall be open and public, to evaluate the ~~diversion~~ *rehabilitation* program's progress, to prepare reports to be submitted to the board, and to suggest proposals for changes in the ~~diversion~~ *rehabilitation* program.

(h) For the purposes of Division 3.6 (commencing with Section 810) of Title 1 of the Government Code, any member of a ~~diversion~~ *rehabilitation* evaluation committee shall be considered a public employee. No board or ~~diversion~~ *rehabilitation* evaluation committee member, contractor, or agent thereof, shall be liable for any civil damage because of acts or omissions which may occur while acting in good faith in a program established pursuant to this article.

#### **SEC. 66.**

Section 2666 of the Business and Professions Code is amended to read:

**2666.**

(a) Criteria for acceptance into the ~~diversion~~ *rehabilitation* program shall include all of the following:

(1) The applicant shall be licensed as a physical therapist or ~~approved~~ as a physical therapist assistant by the board and shall be a resident of California.

(2) The applicant shall be found to abuse dangerous drugs or alcoholic beverages in a manner ~~which~~ *that* may affect his or her ability to practice physical therapy safely or competently.

(3) The applicant shall have voluntarily requested admission to the program or shall be accepted into the program in accordance with terms and conditions resulting from a disciplinary action.

(4) The applicant shall agree to undertake any medical or psychiatric examination ordered to evaluate the applicant for participation in the program.

(5) The applicant shall cooperate with the program by providing medical information, disclosure authorizations, and releases of liability as may be necessary for participation in the program.

(6) The applicant shall agree in writing to cooperate with all elements of the treatment program designed for him or her.

Any applicant may be denied participation in the program if the board, the program manager, or a ~~diversion~~ *rehabilitation* evaluation committee determines that the applicant will not substantially benefit from participation in the program or that the applicant's participation in the program creates too great a risk to the public health, safety, or welfare.

(b) A participant may be terminated from the program for any of the following reasons:

(1) The participant has successfully completed the treatment program.

(2) The participant has failed to comply with the treatment program designated for him or her.

(3) The participant fails to meet any of the criteria set forth in subdivision (a) or (c).

(4) It is determined that the participant has not substantially benefited from participation in the program or that his or her continued participation in the program creates too great a risk to the public health, safety, or welfare. Whenever an applicant is denied participation in the program or a participant is terminated from the program for any reason other than the successful completion of the program, and it is determined that the continued practice of physical therapy by that individual creates too great a risk to the public health, safety, and welfare, that fact 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 therapy assistant who requests participation in a **diversion rehabilitation** program shall agree to cooperate with the recovery program designed for him or her. Any failure to comply with that program may result in termination of participation in the program.

The **diversion rehabilitation** evaluation committee shall inform each participant in the program of the procedures followed in the program, of the rights and responsibilities of a physical therapist or physical therapist assistant in the program, and the possible results of noncompliance with the program.

(c) In addition to the criteria and causes set forth in subdivision (a), the board may set forth in its regulations additional criteria for admission to the program or causes for termination from the program.

**SEC. 67.**

Section 2667 of the Business and Professions Code is amended to read:

**2667.**

All board and **diversion rehabilitation** evaluation committee records and records of proceedings and participation of a physical therapist or physical therapist assistant in a program shall be confidential and are not subject to discovery or subpoena.

**SEC. 68.**

Section 2668 of the Business and Professions Code is amended to read:

**2668.**

(a) A fee to cover the actual cost of administering the program shall be charged for participation in the program. If the board contracts with any other entity to carry out this article, at the discretion of the board, the fee may be collected and retained by that entity.

(b) If the board contracts with any other entity to carry out this section, the executive officer of the board, or his or her designee, shall review the activities and performance of the contractor on a biennial basis. As part of this review, the board shall review files of participants in the program. However, the names of participants who entered the program voluntarily shall remain confidential, except when the review reveals misdiagnosis, case mismanagement, or noncompliance by the participant.

(c) Subdivision (a) shall apply to all new participants entering into the board's **diversion rehabilitation** program on or after January 1, 2007. Subdivision (a) shall apply on and after January 1, 2008, to participants currently enrolled as of December 31, 2007.

**SEC. 69.**

Section 2669 of the Business and Professions Code is amended to read:

**2669.**

Participation in a ~~diversion~~ *rehabilitation* program shall not be a defense to any disciplinary action ~~which that~~ may be taken by the board. This section does not preclude the board from commencing disciplinary action against a physical therapist or physical therapist assistant who is terminated unsuccessfully from the ~~program under this section-~~ *program*. That disciplinary action may not include as evidence any confidential information.

**SEC. 70.**

*The heading of Article 6 (commencing with Section 2670) of Chapter 5.7 of Division 2 of the Business and Professions Code is amended and renumbered to read:*

**Article 8. Offenses Against this Chapter**

**SEC. 71.**

Section 2672 of the Business and Professions Code is amended to read:

**2672.**

Whenever any person has engaged or is about to engage in any acts or practices ~~which that~~ constitute or will constitute an offense against this chapter, the superior court of any county, on application of the ~~Medical Board of California,~~ ~~the~~ board, or 10 or more persons holding physical therapist licenses issued under this chapter, may issue an injunction or other appropriate order restraining the conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure.

**SEC. 72.**

*The heading of Article 6.5 (commencing with Section 2676) of Chapter 5.7 of Division 2 of the Business and Professions Code is repealed.*

**SEC. 73.**

Section 2676 of the Business and Professions Code is amended and renumbered to read:

**~~2676.~~ 2649.**

(a) A person renewing his or her license ~~or approval~~ shall submit proof satisfactory to the board that, during the preceding two years, he or she has completed the required number of continuing education hours established by regulation by the board, or such other proof of continuing competency as the board may establish by regulation. Required continuing education shall not exceed 30 hours every two years.

(b) 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. The board may establish different requirements for physical therapists and physical therapist assistants. The board may not require the completion of an additional postsecondary degree or successful completion of an examination as a condition of renewal, but may recognize these as demonstrative of continuing competency. This program shall include provisions

requiring random audits of licensees ~~and holders of approval~~ in order to ensure compliance.

(c) The administration of this section may be funded through professional license fees, continuing education provider *fees*, and ~~course approval fees, or both.~~ *recognized approval agency fees*. The fees shall not exceed the amounts necessary to cover the actual costs of administering this section.

**SEC. 74.**

*The heading of Article 7 (commencing with Section 2680) of Chapter 5.7 of Division 2 of the Business and Professions Code is amended and renumbered to read:*

**Article 9. Fiscal Administration**

**SEC. 75.**

Section 2682 of the Business and Professions Code is amended to read:

**2682.**

There is in the State Treasury the Physical Therapy Fund. All collections from persons licensed or ~~approved or~~ seeking to be licensed ~~or approved~~ shall be paid by the board into the fund after reporting to the Controller at the beginning of each month the amount and source of the collections. All money in the Physical Therapy Fund is appropriated ~~to carry out the purposes of~~ *for the exclusive purpose of executing* this chapter.

**SEC. 76.**

Section 2683 of the Business and Professions Code is repealed.

~~**2683.**~~

~~Except as provided in Section 2684, the provisions of Article 19 (commencing with Section 2420) of Chapter 5 apply to the issuance and govern the expiration and renewal of licenses issued under this chapter.~~

**SEC. 77.**

Section 2684 of the Business and Professions Code is repealed.

~~**2684.**~~

~~(a) Notwithstanding Section 2422, any license or approval for the practice of physical therapy shall expire at midnight on the last day of the birth month of the licensee or holder of the approval during the second year of a two-year term, if not renewed.~~

~~(b) To renew an unexpired license or approval, the licensee or the holder of the approval shall, on or before the dates on which it would otherwise expire, apply for renewal on a form prescribed by the board, pay the prescribed renewal fee, and submit proof of the completion of continuing education or competency required by the board pursuant to Article 6.5 (commencing with Section 2676). The licensee or holder of the approval shall disclose on his or her license renewal application any misdemeanor or other criminal offense for which he or she has been found guilty or to which he or she has pleaded guilty or no contest.~~

~~(c) A license or approval that has expired may be renewed within five years upon payment of all accrued and unpaid renewal fees and satisfaction of the requirements described in subdivision (b).~~

**SEC. 78.**

Section 2685 of the Business and Professions Code is repealed.

~~**2685.**~~

~~At least 60 days before the expiration of any license or approval, the board shall mail to each licensee under this chapter, at the latest address furnished by the licensee to the executive officer, a notice stating the amount of the renewal fee and the date on which it is due, and that failure to pay it on or before the due date will result in expiration of the license.~~

**SEC. 79.**

*The heading of Article 8 (commencing with Section 2690) of Chapter 5.7 of Division 2 of the Business and Professions Code is amended and renumbered to read:*

**Article 10. Physical Therapy Corporations**

**SEC. 80.**

Section 12529 of the Government Code, as amended by Section 113 of Chapter 332 of the Statutes of 2012, is amended to read:

**12529.**

(a) There is in the Department of Justice the Health Quality Enforcement Section. The primary responsibility of the section is to prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, *the Physical Therapy Board of California*, or any committee under the jurisdiction of the Medical Board of California, and to provide ongoing review of the investigative activities conducted in support of those prosecutions, as provided in subdivision (b) of Section 12529.5.

(b) The Attorney General shall appoint a Senior Assistant Attorney General of the Health Quality Enforcement Section. The Senior Assistant Attorney General of the Health Quality Enforcement Section shall be an attorney in good standing licensed to practice in the State of California, experienced in prosecutorial or administrative disciplinary proceedings and competent in the management and supervision of attorneys performing those functions.

(c) The Attorney General shall ensure that the Health Quality Enforcement Section is staffed with a sufficient number of experienced and able employees that are capable of handling the most complex and varied types of disciplinary actions against the licensees of the ~~board.~~ *boards.*

(d) Funding for the Health Quality Enforcement Section shall be budgeted in consultation with the Attorney General from the special funds financing the operations of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, *the Physical Therapy Board of California*, and the committees under the

jurisdiction of the Medical Board of California, with the intent that the expenses be proportionally shared as to services rendered.

(e) This section shall become operative *on* January 1, 2014.

#### **SEC. 81.**

Section 12529.5 of the Government Code, as amended by Section 115 of Chapter 332 of the Statutes of 2012, is amended to read:

#### **12529.5.**

(a) All complaints or relevant information concerning licensees that are within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, ~~or the Board of Psychology~~ *Psychology, or the Physical Therapy Board of California*, shall be made available to the Health Quality Enforcement Section.

(b) The Senior Assistant Attorney General of the Health Quality Enforcement Section shall assign attorneys to assist the boards in intake and investigations and to direct discipline-related prosecutions. Attorneys shall be assigned to work closely with each major intake and investigatory unit of the boards, to assist in the evaluation and screening of complaints from receipt through ~~disposition~~ *disposition*, and to assist in developing uniform standards and procedures for the handling of complaints and investigations.

A deputy attorney general of the Health Quality Enforcement Section shall frequently be available on location at each of the working offices at the major investigation centers of the boards, to provide consultation and related services and engage in case review with the boards' investigative, medical advisory, and intake staff. The Senior Assistant Attorney General and *his or her* deputy attorneys general working at his or her direction shall consult as appropriate with the investigators of the boards, medical advisors, and executive staff in the investigation and prosecution of disciplinary cases.

(c) The Senior Assistant Attorney General or his or her deputy attorneys general shall assist the boards ~~or committees~~ in designing and providing initial and in-service training programs for staff of the ~~boards or committees,~~ *boards*, including, but not limited to, information collection and investigation.

(d) The determination to bring a disciplinary proceeding against a licensee of the boards shall be made by the executive officer of the boards ~~or committees~~ as appropriate in consultation with the senior assistant.

(e) This section shall become operative *on* January 1, 2014.

#### **SEC. 82.**

*Section 54.5 of this bill incorporates amendments to Section 2660 of the Business and Professions Code proposed by both this bill and Assembly Bill 1000. It shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2014, (2) each bill amends Section 2660 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 1000, in which case Section 54 of this bill shall not become operative.*

**SEC. 83.**

*No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

## PHYSICAL THERAPY BOARD OF CALIFORNIA

### Legislative Analysis

<b>Bill Number</b>	SB 304	<b>Version</b>	Chaptered (Last Amd. 9/6/13)
<b>Author</b>	Lieu	<b>Sponsor</b>	Author Sponsored
<b>Subject</b>	Healing Arts: Boards	<b>Status</b>	Chaptered Chapter 515, Statutes of 2013
<b>Adopted Position</b>	N/A		

Desk	Policy	Fiscal	Floor		Desk	Policy	Fiscal	Floor	Enrolled	Vetoed	Chaptered	Effective 1/1/2014	2 yr./ Dead	
1 <sup>st</sup> House				2 <sup>nd</sup> House										

*Red: Current/completed status    Gray: Not applicable*

#### This Bill

1. Revises the Medical Practice Act to transfer inspectors and medical consultants from the Medical Board to the Division of Investigation (DOI) within the Department of Consumer Affairs (DCA).
2. Extends the Medical Board's sunset date until 2018 (BPC<sup>1</sup> § 2001).
3. Extends the Veterinary Medical Board until 2016 (BPC § 4800).
4. Makes various amendments to the Medical Practice Act and the Veterinary Practice Act.
5. Includes the Physical Therapy Board (Board) to the list of boards whose cases are within the jurisdiction of the Health Quality Enforcement Section of the Department of Justice (DOJ) (GOV<sup>2</sup> §§ 12529 & 12529.5).

#### Background (Specifically pertaining to the Board)

Since both SB 304 and SB 198 both contained amendments to Government Code sections 12529 & 12529.5, the sections were amended in SB 304 to include the Board's proposed amendments that were in the revisions to the Practice Act (SB 198) to ensure they would take effect.<sup>3</sup>

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<sup>1</sup> Business and Professions Code

<sup>2</sup> Government Code

<sup>3</sup> If a section is being amended by more than one bill, only the amendments contained in the bill that is chaptered last will take effect.

## SB 304 – Healing Arts: Boards

Chapter 515, Statutes of 2013

(Bill last amended 9/6/13)

Author: Lieu

### TODAY'S LAW AS AMENDED<sup>1,2,3</sup>

#### SEC. 30.

Section 12529 of the Government Code, as amended by Section 112 of Chapter 332 of the Statutes of 2012, is amended to read:

#### 12529.

(a) There is in the Department of Justice the Health Quality Enforcement Section. The primary responsibility of the section is to investigate and prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, *the Physical Therapy Board of California*, or any committee under the jurisdiction of the Medical Board of California.

(b) The Attorney General shall appoint a Senior Assistant Attorney General of the Health Quality Enforcement Section. The Senior Assistant Attorney General of the Health Quality Enforcement Section shall be an attorney in good standing licensed to practice in the State of California, experienced in prosecutorial or administrative disciplinary proceedings and competent in the management and supervision of attorneys performing those functions.

(c) The Attorney General shall ensure that the Health Quality Enforcement Section is staffed with a sufficient number of experienced and able employees that are capable of handling the most complex and varied types of disciplinary actions against the licensees of the ~~board.~~ *boards.*

(d) Funding for the Health Quality Enforcement Section shall be budgeted in consultation with the Attorney General from the special funds financing the operations of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, *the Physical Therapy Board of California*, and the committees under the jurisdiction of the Medical Board of California, with the intent that the expenses be proportionally shared as to services rendered.

~~(e) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.~~

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<sup>1</sup> Due to the size of the SB 304, only the sections that pertain to the Board have been included here

<sup>2</sup> The text in this document shows how existing law will change January 1, 2014

<sup>3</sup> Blue, italic text is added to existing law; and, red, strikethrough text is being repealed from existing law

## SEC. 31.

Section 12529 of the Government Code, as amended by Section 113 of Chapter 332 of the Statutes of 2012, is repealed.

### ~~12529.~~

~~(a) There is in the Department of Justice the Health Quality Enforcement Section. The primary responsibility of the section is to prosecute proceedings against licensees and applicants within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, or any committee under the jurisdiction of the Medical Board of California, and to provide ongoing review of the investigative activities conducted in support of those prosecutions, as provided in subdivision (b) of Section 12529.5.~~

~~(b) The Attorney General shall appoint a Senior Assistant Attorney General of the Health Quality Enforcement Section. The Senior Assistant Attorney General of the Health Quality Enforcement Section shall be an attorney in good standing licensed to practice in the State of California, experienced in prosecutorial or administrative disciplinary proceedings and competent in the management and supervision of attorneys performing those functions.~~

~~(c) The Attorney General shall ensure that the Health Quality Enforcement Section is staffed with a sufficient number of experienced and able employees that are capable of handling the most complex and varied types of disciplinary actions against the licensees of the board.~~

~~(d) Funding for the Health Quality Enforcement Section shall be budgeted in consultation with the Attorney General from the special funds financing the operations of the Medical Board of California, the California Board of Podiatric Medicine, the Board of Psychology, and the committees under the jurisdiction of the Medical Board of California, with the intent that the expenses be proportionally shared as to services rendered.~~

~~(e) This section shall become operative January 1, 2014.~~

## SEC. 32.

Section 12529.5 of the Government Code, as amended by Section 114 of Chapter 332 of the Statutes of 2012, is amended to read:

### 12529.5.

(a) All complaints or relevant information concerning licensees that are within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, ~~or the Board of Psychology~~ *Psychology, or the Physical Therapy Board of California* shall be made available to the Health Quality Enforcement Section.

(b) The Senior Assistant Attorney General of the Health Quality Enforcement Section shall assign attorneys to work on location at the intake unit of the boards described in subdivision ~~(d) of Section 12529~~ *(a)* to assist in evaluating and screening complaints

and to assist in developing uniform standards and procedures for processing complaints.

(c) The Senior Assistant Attorney General or his or her deputy attorneys general shall assist the boards ~~or committees~~ in designing and providing initial and in-service training programs for staff of the ~~boards or committees,~~ *boards*, including, but not limited to, information collection and investigation.

(d) The determination to bring a disciplinary proceeding against a licensee of the boards shall be made by the executive officer of the boards ~~or committees~~ as appropriate in consultation with the senior assistant.

~~(e) This section shall remain in effect only until January 1, 2014, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2014, deletes or extends that date.~~

### **SEC. 33.**

Section 12529.5 of the Government Code, as amended by Section 115 of Chapter 332 of the Statutes of 2012, is repealed.

### **~~12529.5.~~**

~~(a) All complaints or relevant information concerning licensees that are within the jurisdiction of the Medical Board of California, the California Board of Podiatric Medicine, or the Board of Psychology shall be made available to the Health Quality Enforcement Section.~~

~~(b) The Senior Assistant Attorney General of the Health Quality Enforcement Section shall assign attorneys to assist the boards in intake and investigations and to direct discipline-related prosecutions. Attorneys shall be assigned to work closely with each major intake and investigatory unit of the boards, to assist in the evaluation and screening of complaints from receipt through disposition and to assist in developing uniform standards and procedures for the handling of complaints and investigations.~~

~~A deputy attorney general of the Health Quality Enforcement Section shall frequently be available on location at each of the working offices at the major investigation centers of the boards, to provide consultation and related services and engage in case review with the boards' investigative, medical advisory, and intake staff. The Senior Assistant Attorney General and deputy attorneys general working at his or her direction shall consult as appropriate with the investigators of the boards, medical advisors, and executive staff in the investigation and prosecution of disciplinary cases.~~

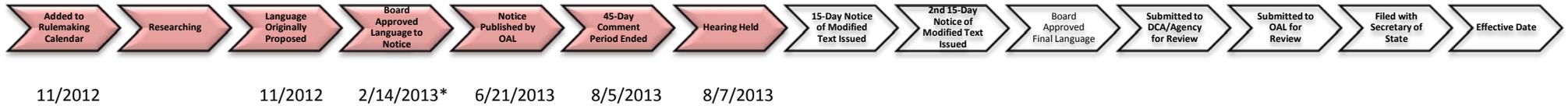
~~(c) The Senior Assistant Attorney General or his or her deputy attorneys general shall assist the boards or committees in designing and providing initial and in-service training programs for staff of the boards or committees, including, but not limited to, information collection and investigation.~~

~~(d) The determination to bring a disciplinary proceeding against a licensee of the boards shall be made by the executive officer of the boards or committees as appropriate in consultation with the senior assistant.~~

~~(e) This section shall become operative January 1, 2014.~~

## 2013

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



**OAL No.:** Notice File No. Z-2013-0611-02

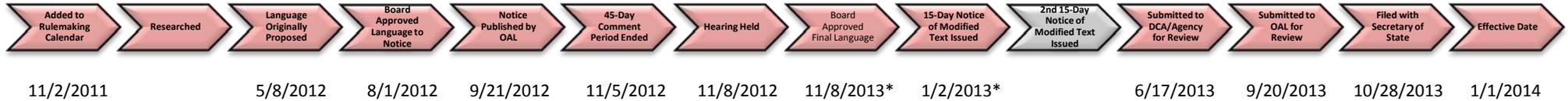
**Priority:** *Recommend 1*

**Notes:** \*The Board approved the proposed regulatory language to notice at the Nov. 2012 meeting; however, the terms implementing the Uniform Standards were not incorporated into the Guidelines at that time. In preparing the Guidelines, staff and legal counsel identified items for Board consideration; therefore, the Guidelines were presented, discussed and revised at the 5/2013 meeting.

In preparing the Guidelines to issue the Notice of Modified Text as directed by the Board as the August 2013 meeting, legal counsel identified additional items for Board consideration; therefore, the Notice of Modified Text has not been issued, and the Guidelines are being presented at this meeting for discussion. Please see agenda item 9(A).

## 2012

### Required E-mail Filing



**OAL No.:** Notice File No. Z-2012-0911-06

**Notes:** \*The Board modified the proposed language at the November 2012 meeting and authorized the Executive Officer to adopt the regulatory changes, as modified, if no adverse comments were received during the public comment period; no adverse comments were received.

Other Items on 2013 Rulemaking Calendar (No progress report)

- Review and/or Update of Application and Licensing Regulations
- Physical Therapy Business Requirements
- Continuing Competency
- Delegation Authority for Citation Informal Conferences (Cite and Fine)
- Telehealth

Processing Times

- The “Added to Rulemaking Calendar” date is the date the Board adopts the Rulemaking Calendar.
- A rulemaking file must be completed within one year of the publication date of the Notice of Proposed Action. The OAL issues the Notice File Number upon filing 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. The OAL issues the Regulatory Action Number upon submission of the rulemaking file for final review.
- Pursuant to Government Code section 11343.4, as amended by Section 2 of Chapter 295 of the Statutes 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 <sup>st</sup> – November 30 <sup>th</sup> .....	January 1 <sup>st</sup>
December 1 <sup>st</sup> – February 29 <sup>th</sup> .....	April 1 <sup>st</sup>
March 1 <sup>st</sup> – May 31 <sup>st</sup> .....	July 1 <sup>st</sup>
June 1 <sup>st</sup> – August 31 <sup>st</sup> .....	October 1st



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.

## Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

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### Briefing Paper

Date: October 22, 2013

Prepared for: PTBC Members

Prepared by: Sarah Conley

Subject: Proposed Regulation: Guidelines for Issuing Citations and Imposing Discipline (Guidelines)/Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (Uniform Standards)

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### **Purpose:**

To inform the Board of the status of the proposed changes to Title 16, California Code of Regulations (CCR), section 1399.15.

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### **Background:**

At the August 2013 meeting, a hearing was held for proposed language to amend CCR section 1399.15 regarding the Guidelines for Issuing Citations and Imposing Discipline, and the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees. No public comment was received.

After the hearing closed, the Board reviewed and amended the proposed language.

The Board approved the proposed language as amended for a 15-day public notice period; however, in preparing the Guidelines for a 15-day the public notice period, legal counsel identified additional items for Board consideration. Therefore, the modified text has not been noticed, and the Guidelines are being presented at this meeting for discussion.

Included with the Guidelines materials is a spreadsheet cross-referencing each Uniform Standard to the probationary term under which it was included in the Guidelines.

---

### **Action Requested:**

After the hearing, make one of the following motions:

(A) If the Board chooses to adopt the modified text as proposed:

Agenda Item # 9(A) – Guidelines/Uniform Standards Briefing Paper

*“I move that we approve the proposed modified text for a 15-day public comment period, delegate to the Executive Officer the authority to adopt the modified text if there are no adverse comments received during the public comment period; and, delegate to the Executive Officer the authority to make technical or non-substantive changes that may be required in completing the rulemaking file.”*

- (B) If the Board chooses to amend the modified text as proposed, approve the amended modified text, and direct staff to move forward with the rulemaking process, the following motion should be made:

*“I move that we approve the modified text as amended at this meeting for a 15-day public comment period; delegate to the Executive Officer the authority to adopt the modified text, if there are no adverse comments received during the public comment period; and, delegate to the Executive Officer the authority to make technical or non-substantive changes that may be required in completing the rulemaking file.”*

REVISIONS MADE AFTER AUGUST 2013 MEETING

(DRAFT REVISIONS FOR NOVEMBER 2013 MEETING-Highlighted Yellow)

(Revisions Made at August 2013 Meeting – Highlighted Blue)



## 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:

Debra Alviso, PT, DPT, President  
Marty Jewell, PT, PhD, Vice President  
~~Donald Chu, PT, PhD~~  
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Katarina Eleby

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.

~~November-August 2012~~ May 2013  
45<sup>th</sup> 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 45<sup>th</sup> 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 Applying the Uniform Standards 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)~~ “Guidelines for Issuing Citations and Imposing Discipline”, (Revised August 2012, May November 2013, 45<sup>th</sup> 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) ("Uniform Standards"), 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, if 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. Pursuant to section 315 of the Business and Professions Code, the Board uses the Substance Abuse Coordination Committee's Uniform Standards Regarding Substance Abusing Healing Arts Licensees (4/2011) ("Uniform Standards"). A clinical diagnostic evaluation will be ordered as a term of probation and the other Conditions Applying the Uniform Standards will also 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~~ Biological ~~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 Reproval 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 Reproval  
Maximum: Public Reproval

*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)<sup>1</sup>, 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

<sup>1</sup> 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) <sup>1</sup>*

## **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) <sup>1</sup>*

## **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) <sup>1</sup>*

## **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) <sup>1</sup>*

<sup>1</sup> 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)<sup>1</sup>*

**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

<sup>1</sup> 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)<sup>1</sup>*

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<sup>1</sup> 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)<sup>1</sup>

### Citation:

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

### Discipline:

Minimum: Public Reproval  
Maximum: Public Reproval

## GROSS NEGLIGENCE B&P CODE 2234(b), 2660(h)<sup>1</sup>

### 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, [K](#), 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)<sup>1</sup>

### Citation:

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

<sup>1</sup> 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)<sup>1</sup>**

**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)<sup>1</sup>**

**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)<sup>1</sup>**

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 conditions applying the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees " shall be imposed.

<sup>1</sup> 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)<sup>1</sup>

### 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 conditions applying 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)<sup>1</sup>

### 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 conditions applying the "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" shall be imposed.

<sup>1</sup> 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)<sup>1</sup>**

### **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 conditions applying 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)<sup>1</sup>**

### **Citation:**

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

### **Discipline:**

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

### Conditions of Probation:

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<sup>1</sup> 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, 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 810, 2262, 2660(h)<sup>1</sup>*

### **ALTERATION OF MEDICAL RECORDS B&P CODE 2262, 2660(h)<sup>1</sup>**

**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)<sup>1</sup>—*

### **VIOLATION OF PROFESSIONAL CONFIDENCE B&P CODE 2263, 2660(h)<sup>1</sup>**

**Citation:**

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

**Discipline:**

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

Conditions of Probation:

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<sup>1</sup> 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: V (course should include HIPPA requirements)

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

### **AIDING AND ABETTING UNLICENSED PRACTICE B&P CODE 2264, 2660(h)<sup>1</sup>**

**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)<sup>1</sup>**

**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)<sup>1</sup>**

**Citation:**

Minimum Fine: \$100

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

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: 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)<sup>1</sup>**

**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)<sup>1</sup>**

**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)<sup>1</sup>**

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

**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)<sup>1</sup>**

**Discipline:**

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 Repeval

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 Repeval

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 Reprimand  
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)<sup>1</sup>  
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)<sup>1</sup>  
(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:**

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

Minimum: Issue Initial Probationary License  
Maximum: Deny Application

*Refer to related regulation: CCR 1399.10*

**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 conditions applying 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) the conditions applying 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)<sup>1</sup>, 2661, CCR 1399.24

### **HABITUAL INTEMPERANCE B&P CODE 2660(e)**

The conditions applying the “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees” shall be imposed.

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

### **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 attributed to the use of a controlled substance or alcohol (i.e. disorderly conduct) the conditions applying 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)<sup>1</sup>

### **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)**

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

**Citation:**

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

**Discipline:**

Minimum: Public Reprimand  
Maximum: Revocation

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

**Citation:**

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

**Discipline:**

Minimum: Public Reprimand  
Maximum: Revocation

*Refer to related statutes: B&P Code 2264, 2660(h)*<sup>1</sup>

**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

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

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, E, I, J

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

**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)<sup>1</sup>,(i)(k)*

## **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*

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

**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, 2660*

### **ADVERTISING CCR 1398.10**

*Refer to statute(s) for appropriate penalties: B&P Code 651, 2271, 2660(a)(h)<sup>1</sup>, 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: \$5,000

#### **Discipline:**

Minimum: Public Reproval  
Maximum: Public Reproval

*Refer to related statute: B&P Code 2660*

### **APPLICATIONS OF FOREIGN GRADUATES CCR 1398.26**

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

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

**CLINICAL SERVICE REQUIREMENTS FOR FOREIGN EDUCATED APPLICANTS CCR 1398.26.5**

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

**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)<sup>1</sup>*

**SUPERVISION OF PHYSICAL THERAPISTS LICENSE APPLICANTS CCR 1399.10**

**Citation:**

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

**Discipline:**

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

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) 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 Reproval  
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. The Board or its designee may establish a payment plan for cost recovery; however, Respondent shall pay the full amount of cost recovery at least ninety (90) days prior to completion of the probation.~~ 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]: US # 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.

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. Passing of examination shall not satisfy the Continuing Competency requirements pursuant to B&P Code 2676 as a condition for renewal of license.

**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](http://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, must be used in cases where alcohol or a controlled substance was involved in the violation.

T. **Clinical Diagnostic Evaluation (CDE)**

Comment [EB2]: US # 1

Within thirty (30) days of the effective date of the Decision and Order, The Respondent shall undergo a CDE from a licensed practitioner who holds a valid, unrestricted license to conduct CDE's, has three (3) years of 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 CDE's.

Respondent shall undergo a CDE 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.

The Board may request Respondent to undergo additional CDE's at any time during the period of probation. Any subsequent CDE's are subject to the same reports as the first CDE.

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 full-time or part-time work if the Board determines he or she is fit to do so based upon consideration of the CDE report and the following criteria:

Comment [EB3]: US # 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 CDE, 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.

Comment [EB4]: US # 6

In the event Respondent has been limited from full-time practice on an ongoing basis under this term, Respondent shall meet the criteria as defined in Uniform Standard #11 prior to returning to full-time practice.

Comment [EB5]: US # 11

In the event that ~~any condition applying the Uniform Standards requires~~ interpretation or clarification of any of the Conditions Applying the Uniform Standards is necessary, the Uniform Standards shall be controlling.

#### **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.]

**TV. Abstain from Use of Controlled Substances and Dangerous Drugs**

If recommended by the CDE, 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 [EB6]: US #8

Comment [EB7]: US #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. Nothing prohibits the Board from increasing the number of random tests for any reason. The testing frequency is subject to other variations and exceptions contained in Uniform Standard #4.

Comment [EB8]: US #4

Comment [EB9]: US #4

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, may also result if, 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 upon notice, immediately 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 [EB10]: US #'s 8, 9

This condition may be waived or modified 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 [EB11]: US #'s 9, 10, 13

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 CDE;
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.

Minor violations, as defined in Uniform Standard #10, are subject to the consequences of that standard.

**Z. Facilitated Group Support Meetings**

Comment [EB12]: US #5

The Board or its designee may, in its discretion, require Respondent to participate in a facilitated group support meeting. If Respondent is also subject to a drug and alcohol recovery monitoring program, pursuant to this Decision and Order, that monitoring program will be considered the designee of the Board. Upon notification, Respondent shall submit to the Board or its designee for prior approval the name of one or more meeting facilitator(s). Respondent shall participate in facilitated group support meetings within fifteen (15) days after a notification of the Board's or designee's approval of the meeting facilitator. When determining the type and frequency of required facilitated group support meeting attendance, the Board or its designee shall give consideration to the following:

- The licensee's history
- The documented length of sobriety/time that has elapsed since substance abuse
- The recommendation of the clinical evaluator
- The scope and pattern of use
- The licensee's treatment history
- The nature, duration, and severity of substance abuse

Verified documentation of attendance shall be submitted by Respondent with each quarterly report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required.

If a facilitated group support meeting is ordered, the group facilitator shall meet the following qualifications and requirements:

1. The group meeting facilitator shall 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 group meeting facilitator shall not have a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years.
3. The group facilitator shall provide to the Board or its designee 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 group meeting facilitator shall report any unexcused absence to the Board or its designee within twenty-four (24) hours.

Comment [JTK13]: US #13

#### ZAA. Worksite Monitor

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

Comment [EB14]: US #'s 7, 13

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 or modified 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](http://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](http://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](http://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.

**Practice Monitor (Probation Condition Term B)** - The practice monitor is a licensed physical therapist that serves as a subject matter expert to review the probationer's current practice and to evaluate all aspects of the probationer's practice. The practice monitor is approved by the Board and reports to the Board's probation monitor. This monitor is used in lieu of a supervising physical therapist when probationer holds a vested interest in the physical therapy practice.

**Probation Monitor** - The probation monitor is an employee of the Physical Therapy Board that monitors probationers to ensure compliance with the terms and conditions of Respondent's 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 Reprimand** – A formal public reprimand, 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 reprimand 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.

**Supervising Physical Therapist (Probation Condition Term A)** - The supervising physical therapist ensures probationer adheres to the Physical Therapy Practice Act as well as the probationary conditions and practices in the same facility as the probationer. The supervising physical therapist has full and random access to probationer’s patient records and evaluates all aspects of probationer’s practice. The supervising physical therapist is approved by the Board and reports to the Board’s probation monitor. The role of the supervising physical therapist may vary depending on the level of supervision set forth in the Order.

**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.

**Uniform Standards Regarding Substance–Abusing Healing Arts Licensees (Uniform Standards)** - Addresses penalties established for licensees dealing with substance-abuse violations per SB 1441, developed by the Substance Abuse Coordination Committee, within the Department of Consumer Affairs.

**Worksite Monitor (Probation Condition Term AA)** - The worksite monitor is a person, usually a physical therapist, which observes for signs of substance abuse through face to face contact, interviews and attendance monitoring. The worksite monitor is approved by the Board’s drug and alcohol recovery monitoring program and reports to the Board’s drug and alcohol recovery monitoring program on the status of the probationer.

**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, randomicity, 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.

UNIFORM STANDARDS Re: SUBSTANCE-ABUSING HEALING ARTS LICENSEES			
US #	Uniform Standard Topic	Referenced in Term:	Probation Term Topic
1	CDE Standards & Req.	T	Clinical Diagnostic Evaluation (CDE)
2	Cease Practice	T	Clinical Diagnostic Evaluation (CDE)
3	Req. Notif. of Employer	10 (Standard Term)	Notification of Probationer Status to Employers
4	Testing Frequency	X	Biological Testing
5	Group Support Mtg. Req.	Z	Facilitated Group Support Meetings
6	In/Out Patient Criteria	T	Clinical Diagnostic Evaluation (CDE)
7	Worksite Monit. Stand. & Req.	AA	Worksite Monitor
8	Positive Testing/Cease Practice	V	-- Abstain from Use of Controlled Substance & Dangerous Drugs
		X	-- Biological Testing
9	Positive Testing/Refer to US 10	X	-- Biological Testing
		Y	-- Major Violations
10	Major/Minor Violation Conseq.	Y	Major Violations
11	Criteria to Return to F/T Wrk	T	Clinical Diagnostic Evaluation (CDE)
12	Criteria to Reinstate Full & Unrestricted Lic.	Internal Process	
13	Vendor Requirements & Worksite Monitor Qualif.	Y	-- Major Violations --
		Z	Facilitated Group Support Meetings --
		AA	Worksite Monitor
14	Public Disclosure Requirements	Board Requirement	
15	Audit Requirements for Monitoring	Board Requirement	
16	Board Requirements for Reporting to DCA & Legislature	Board Requirement	

**Physical Therapy Board of California**  
**Budget Expenditure Report**  
**FY 2012/13 (Year End/FM13)**

Description	Budget	Expended	% Budget	Balance
<b>Personnel Services</b>				
<b>Personnel Services Totals</b>	<b>1,312,556</b>	<b>1,432,593</b>	<b>109%</b>	<b>-120,037</b>
Civil Services Permanent	690,546	717,755	104%	(27,209)
Statutory Exempt	77,196	72,816	94%	4,380
Temp help	153,767	155,026	101%	(1,259)
Board Members	11,786	24,500	208%	(12,714)
Overtime	0	4,042	-	(4,042)
Staff Benefits	379,261	458,454	121%	(79,193)
<b>*TOTALS, PERSONNEL SERVICES</b>	<b>1,312,556</b>	<b>1,432,593</b>	<b>109%</b>	<b>(120,037)</b>
<b>Operating Expense &amp; Equipment</b>				
<b>General Services Totals</b>	<b>416,861</b>	<b>269,493</b>	<b>65%</b>	<b>147,368</b>
Fingerprints	99,090	30,160	30%	68,930
General Expense	18,085	15,102	84%	2,983
Minor Equipment	10,150	17,878	176%	(7,728)
Printing	16,892	14,292	85%	2,600
Communications	11,712	9,554	82%	2,158
Postage	28,926	29,905	103%	(979)
Travel in State	28,865	10,661	37%	18,204
Training	5,204	0	0%	5,204
Facilities Operations	118,121	112,982	96%	5,139
C&P Services Interdepartmental	2,000	40	2%	1,960
C&P Services External	77,816	28,919	37%	48,897
<b>Departmental Services Totals</b>	<b>606,919</b>	<b>512,991</b>	<b>85%</b>	<b>93,928</b>
OIS Pro Rata	248,855	226,956	91%	21,899
Indirect Dist. Cost	132,159	115,403	87%	16,756
Interagency Services	37,136	0	0%	37,136
DOI Pro Rata	5,371	5,370	100%	1
Public Affairs Pro Rata	7,530	6,606	88%	924
CCED Pro Rata	9,669	8,936	92%	733
Consolidated Data Center	2,882	1,045	36%	1,837
Data Processing	15,493	603	4%	14,890
Other Items of Expense	0	248	-	(248)
Central Admin Services Pro Rata	147,824	147,824	100%	0
<b>Exams Totals</b>	<b>12,616</b>	<b>4,035</b>	<b>32%</b>	<b>8,581</b>
Admin and C/P Services	0	0	-	0
Exam Contracts	9,931	4,035	41%	5,896
Exam Subject Matter Experts	2,685	0	0%	2,685
<b>Enforcement Totals</b>	<b>1,107,051</b>	<b>1,083,961</b>	<b>98%</b>	<b>23,090</b>
Attorney General	455,668	437,185	96%	18,483
Office of Admin Hearings	59,584	79,688	134%	(20,104)
Evidence/Witness	100,145	72,558	72%	27,587
Court Reporters	0	5,220	-	(5,220)
DOI Investigation	491,654	489,310	100%	2,344
<b>*TOTALS, OE &amp; E</b>	<b>2,143,447</b>	<b>1,870,480</b>	<b>87%</b>	<b>272,967</b>
<b>TOTALS, PERSONNEL SERVICES/OE&amp;E</b>	<b>3,456,003</b>	<b>3,303,071</b>	<b>196%</b>	<b>152,930</b>
Scheduled Reimbursements	(99,000)	(43,412)		(55,588)
Unsheduled Reimbursements		(44,295)		44,295
<b>**TOTALS</b>	<b>3,357,003</b>	<b>3,215,364</b>	<b>96%</b>	<b>141,637</b>

\* The total reflects by line items. \*\* Total reflects budget/expenditures in its entirety.

# DEPARTMENT OF CONSUMER AFFAIRS

## BUDGET REPORT

AS OF 6/30/2013

RUN DATE 8/3/2013

PHYSICAL THERAPY BOARD OF CALIFORNIA

Agenda Item # 10 (A-1)

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PHYSICAL THERAPY BOARD OF CALIFORNIA

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
<b>PERSONAL SERVICES</b>							
<b>SALARIES AND WAGES</b>							
003 00 CIVIL SERVICE-PERM	690,546	106	717,755	0	717,755	(27,209)	
033 04 TEMP HELP (907)	153,767	13,832	155,026	0	155,026	(1,259)	
063 00 STATUTORY-EXEMPT	77,196	0	72,816	0	72,816	4,380	
063 01 BD/COMMSN (901,920)	11,786	0	0	0	0	11,786	
063 03 COMM MEMBER (911)	0	0	24,500	0	24,500	(24,500)	
083 00 OVERTIME	0	0	4,042	0	4,042	(4,042)	
<b>TOTAL SALARIES AND WAGES</b>	<b>933,295</b>	<b>13,938</b>	<b>974,138</b>	<b>0</b>	<b>974,138</b>	<b>(40,843)</b>	<b>-4.38%</b>
<b>STAFF BENEFITS</b>							
101 00 STAFF BENEFITS	0	5,295	5,295	0	5,295	(5,295)	
103 00 OASDI	33,276	0	54,993	0	54,993	(21,717)	
104 00 DENTAL INSURANCE	48,014	0	11,391	0	11,391	36,623	
105 00 HEALTH/WELFARE INS	151,700	0	143,368	0	143,368	8,332	
106 01 RETIREMENT	130,356	0	180,612	0	180,612	(50,256)	
125 00 WORKERS' COMPENSAT	14,405	0	0	0	0	14,405	
125 15 SCIF ALLOCATION CO	0	0	5,746	0	5,746	(5,746)	
125 15 SCIF ALLOCATION CO	0	0	1,914	0	1,914	(1,914)	
133 00 UNEMPLOYMENT INSUR	0	0	40,009	0	40,009	(40,009)	
134 00 OTHER-STAFF BENEFI	0	0	195	0	195	(195)	
134 01 TRANSIT DISCOUNT	0	0	149	0	149	(149)	
135 00 LIFE INSURANCE	0	0	1,443	0	1,443	52	
136 00 VISION CARE	1,495	0	13,340	0	13,340	(13,325)	
137 00 MEDICARE TAXATION	15	0	458,454	0	458,454	(79,193)	-20.88%
<b>TOTAL STAFF BENEFITS</b>	<b>379,261</b>	<b>5,295</b>	<b>458,454</b>	<b>0</b>	<b>458,454</b>	<b>(79,193)</b>	<b>-20.88%</b>
<b>TOTAL PERSONAL SERVICES</b>	<b>1,312,556</b>	<b>19,232</b>	<b>1,432,593</b>	<b>0</b>	<b>1,432,593</b>	<b>(120,037)</b>	<b>-9.15%</b>
<b>OPERATING EXPENSES &amp; EQUIPMENT</b>							
<b>FINGERPRINTS</b>							
213 04 FINGERPRINT REPORT	99,090	3,822	30,160	0	30,160	68,930	
<b>TOTAL FINGERPRINTS</b>	<b>99,090</b>	<b>3,822</b>	<b>30,160</b>	<b>0</b>	<b>30,160</b>	<b>68,930</b>	<b>69.56%</b>
<b>GENERAL EXPENSE</b>							
201 00 GENERAL EXPENSE	18,085	0	0	0	0	18,085	
205 00 DUES & MEMBERSHIPS	0	0	2,500	0	2,500	(2,500)	
206 00 MISC OFFICE SUPPLI	0	1,707	6,889	0	6,889	(6,889)	
207 00 FREIGHT & DRAYAGE	0	400	934	0	934	(934)	

# DEPARTMENT OF CONSUMER AFFAIRS

## BUDGET REPORT

AS OF 6/30/2013

RUN DATE 8/3/2013

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PHYSICAL THERAPY BOARD OF CALIFORNIA

FM 13

Agenda Item # 10 (A-1)

PHYSICAL THERAPY BOARD OF CALIFORNIA

	DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
				615	0	615	(615)	
213 01	TRANSCRIPTION SVS	0	0					
213 02	ADMIN OVERHEAD-OTH	0	13	3,001	0	3,001	(3,001)	
223 00	LIBRARY PURCH/SUBS	0	0	890	0	890	(890)	
227 00	OFC EQPT RENT/MAIN	0	0	273	0	273	(273)	
<b>TOTAL GENERAL EXPENSE</b>		<b>18,085</b>	<b>2,120</b>	<b>15,102</b>	<b>0</b>	<b>15,102</b>	<b>2,983</b>	<b>16.50%</b>
<b>PRINTING</b>				0	0	0	16,892	
241 00	PRINTING	16,892	0	0	0	0	(674)	
242 00	PAMPHLT/LEAFLT/BRO	0	0	674	0	674	(1,003)	
242 02	REPRODUCTION SVS	0	0	1,003	0	1,003	(1,773)	
242 03	COPY COSTS ALLO	0	0	1,773	0	1,773	(3,472)	
242 04	EDD PRODUCTIONS	0	0	3,472	0	3,472	(3,773)	
242 05	METRO PRINT/MAIL	0	0	3,773	0	3,773	(3,197)	
244 00	OFFICE COPIER EXP	0	0	2,294	903	3,197	(400)	
245 00	PRINTED FORM/STATN	0	0	400	0	400	2,600	15.39%
<b>TOTAL PRINTING</b>		<b>16,892</b>	<b>0</b>	<b>13,389</b>	<b>903</b>	<b>14,292</b>		
<b>COMMUNICATIONS</b>				0	0	0	11,712	
251 00	COMMUNICATIONS	11,712	0	0	0	0	(1,260)	
252 00	CELL PHONES,PDA,PA	0	125	1,260	0	1,260	(8,294)	
257 01	TELEPHONE EXCHANGE	0	200	8,294	0	8,294	2,158	18.43%
<b>TOTAL COMMUNICATIONS</b>		<b>11,712</b>	<b>325</b>	<b>9,554</b>	<b>0</b>	<b>9,554</b>		
<b>POSTAGE</b>				0	0	0	28,926	
261 00	POSTAGE	28,926	0	0	0	0	(1,125)	
262 00	STAMPS, STAMP ENVE	0	0	1,125	0	1,125	(313)	
263 00	POSTAGE METER	0	0	313	0	313	(14,802)	
263 05	DCA POSTAGE ALLO	0	0	14,802	0	14,802	(13,665)	
263 06	EDD POSTAGE ALLO	0	0	13,665	0	13,665	(979)	-3.38%
<b>TOTAL POSTAGE</b>		<b>28,926</b>	<b>0</b>	<b>29,905</b>	<b>0</b>	<b>29,905</b>		
<b>TRAVEL: IN-STATE</b>				0	0	0	28,865	
291 00	TRAVEL: IN-STATE	28,865	0	0	0	0	(4,636)	
292 00	PER DIEM-I/S	0	639	4,636	0	4,636	(2,085)	
294 00	COMMERCIAL AIR-I/S	0	0	2,085	0	2,085	(1,181)	
296 00	PRIVATE CAR-I/S	0	0	1,181	0	1,181	(2,121)	
297 00	RENTAL CAR-I/S	0	244	2,121	0	2,121	(77)	
301 00	TAXI & SHUTTLE SER	0	0	77	0	77	(270)	
302 00	RAIL AND BUS-I/S	0	0	270	0	270		
305 00	MGMT/TRANS EFF-I/S	0	0	15	0	15		

**DEPARTMENT OF CONSUMER AFFAIRS**  
**BUDGET REPORT**  
AS OF 6/30/2013

RUN DATE 8/3/2013

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PHYSICAL THERAPY BOARD OF CALIFORNIA

FM 13

Agenda Item # 10 (A-1)

PHYSICAL THERAPY BOARD OF CALIFORNIA

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
	0	162	276	0	276	(276)	
305 01 CALATERS SERVICE F		162	276	0	276	(276)	63.06%
<u>TOTAL TRAVEL: IN-STATE</u>	28,865	1,045	10,661	0	10,661	18,204	
TRAINING		0	0	0	0	5,204	
331 00 TRAINING	5,204	0	0	0	0	5,204	100.00%
<u>TOTAL TRAINING</u>	5,204						
FACILITIES OPERATIONS		0	0	0	0	118,121	
341 00 FACILITIES OPERATI	118,121	0	0	0	0	(110,439)	
343 00 RENT-BLDG/GRND(NON	0	0	110,439	0	110,439	(110,439)	
347 00 FACILITY PLNG-DGS	0	0	2,043	0	2,043	(2,043)	
348 00 WASTE REMOVAL	0	0	200	300	500	(500)	
<u>TOTAL FACILITIES OPERATIONS</u>	118,121	0	112,682	300	112,982	5,139	4.35%
C/P SVS - INTERDEPARTMENTAL		0	40	0	40	1,960	
382 00 CONSULT/PROF-INTER	2,000	0	40	0	40	1,960	98.00%
<u>TOTAL C/P SVS - INTERDEPARTMENTAL</u>	2,000						
C/P SVS - EXTERNAL		0	0	0	0	77,816	
402 00 CONSULT/PROF SERV-	77,816	0	0	0	0	(26,804)	
404 05 C&P EXT ADMIN CR C	0	0	20,090	6,714	26,804	(26,804)	
409 00 INFO TECHNOLOGY-EX	0	0	1,203	0	1,203	(1,203)	
414 00 LEGAL-EXT SVS	0	0	600	0	600	(600)	
414 30 LEGAL SVS-NON ST A	0	0	312	0	312	(312)	
<u>TOTAL C/P SVS - EXTERNAL</u>	77,816	0	22,205	6,714	28,919	48,897	62.84%
DEPARTMENTAL SERVICES		(21,899)	226,956	0	226,956	21,899	
424 03 OIS PRO RATA	248,855	(21,899)	115,403	0	115,403	16,756	
427 00 INDIRECT DISTRB CO	132,159	0	0	0	0	37,136	
427 01 INTERAGENCY SERVS	37,136	0	5,370	0	5,370	1	
427 30 DOI - PRO RATA	5,371	(924)	6,606	0	6,606	924	
427 34 PUBLIC AFFAIRS PRO	7,530	(733)	8,936	0	8,936	733	
427 35 CCED PRO RATA	9,669	(40,312)	363,271	0	363,271	77,449	17.57%
<u>TOTAL DEPARTMENTAL SERVICES</u>	440,720						
CONSOLIDATED DATA CENTERS		118	1,045	0	1,045	1,837	
428 00 CONSOLIDATED DATA	2,882	118	1,045	0	1,045	1,837	63.74%
<u>TOTAL CONSOLIDATED DATA CENTERS</u>	2,882						
DATA PROCESSING		0	0	0	0	15,493	
431 00 INFORMATION TECHNO	15,493	0	0	0	0	15,493	

# DEPARTMENT OF CONSUMER AFFAIRS

## BUDGET REPORT AS OF 6/30/2013

RUN DATE 8/3/2013

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PHYSICAL THERAPY BOARD OF CALIFORNIA

FM 13

Agenda Item # 10 (A-1)

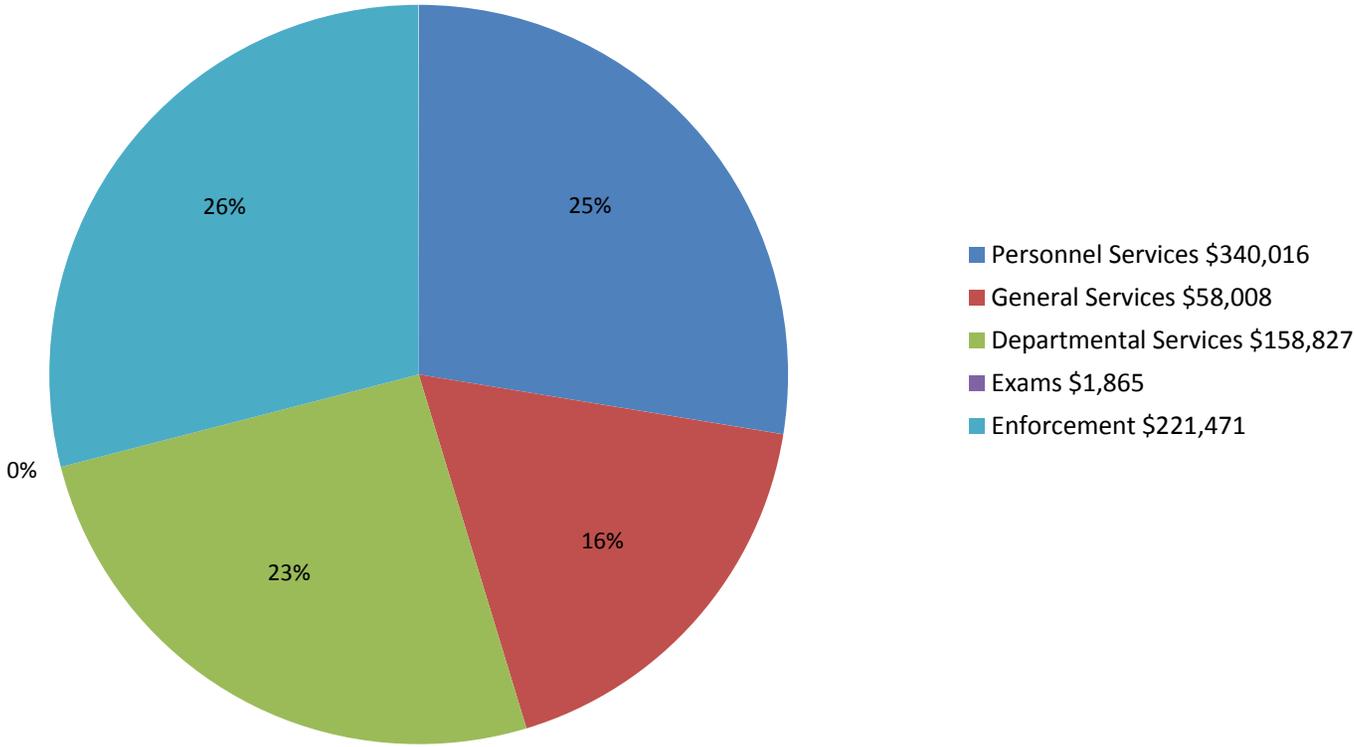
PHYSICAL THERAPY BOARD OF CALIFORNIA		BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
				0	585	0	585	(585)
436 00	SUPPLIES-IT (PAPER	0		0	18	18	(18)	
449 00	ELECT WASTE.RECYCL	0		585	18	603	14,890	96.11%
<u>TOTAL DATA PROCESSING</u>		15,493						
CENTRAL ADMINISTRATIVE SERVICES				0	147,824	0	147,824	0
438 00	PRO RATA	147,824		0	147,824	0	147,824	0
<u>TOTAL CENTRAL ADMINISTRATIVE SERVICES</u>		147,824						0.00%
EXAMINATIONS				0	4,035	0	4,035	5,896
404 00	ADMINISTRATIVE-EXT	9,931		0	0	0	2,685	
404 01	C/P SVS - EXPERT E	2,685		0	4,035	0	4,035	8,581
<u>TOTAL EXAMINATIONS</u>		12,616						68.02%
OTHER ITEMS OF EXPENSE				0	248	0	248	(248)
545 00	LATE PYMT PENALTIE	0		0	248	0	248	(248)
<u>TOTAL OTHER ITEMS OF EXPENSE</u>		0						0.00%
ENFORCEMENT				0	437,185	0	437,185	18,484
396 00	ATTORNEY GENL-INTE	455,668		942	79,688	0	79,688	(20,104)
397 00	OFC ADMIN HEARNG-I	59,584	8,553	72,558	0	72,558	27,587	
414 31	EVIDENCE/WITNESS F	100,145		500	5,220	0	5,220	(5,220)
418 97	COURT REPORTER SER	0		(2,344)	489,310	0	489,310	2,344
427 31	DOI - INVESTIGATIO	491,654	7,651	1,083,960	0	1,083,960	23,091	2.09%
<u>TOTAL ENFORCEMENT</u>		1,107,051						
MINOR EQUIPMENT				0	0	0	0	10,150
226 00	MINOR EQUIPMENT	10,150		0	2,324	3,192	5,516	(5,516)
226 10	MIN EQPMT-GEN-ADD'	0	(2,986)	2,986	0	2,986	2,986	(2,986)
226 40	MIN EQPMT-DP-ADD'L	0		0	9,376	9,376	9,376	(9,376)
226 45	MIN EQPMT-DP-REPL	0		(2,986)	5,310	12,568	17,878	(7,728)
<u>TOTAL MINOR EQUIPMENT</u>		10,150						-76.13%
<u>TOTAL OPERATING EXPENSES &amp; EQUIPMEN</u>		2,143,447	(28,218)	1,849,976	20,502	1,870,478	272,969	12.74%
PHYSICAL THERAPY BOARD OF CALIFORNIA		3,456,003	(8,985)	3,282,569	20,502	3,303,071	152,932	4.43%
		3,456,003	(8,985)	3,282,569	20,502	3,303,071	152,932	4.43%

**Physical Therapy Board of California**  
**Budget Expenditure Report**  
**FY 2013/14 (As of 9-30-2013)**

Description	Budget	Expended	% Budget	Balance
<b>Personnel Services</b>				
<b>Personnel Services Totals</b>	<b>1,365,591</b>	<b>340,016</b>	<b>25%</b>	<b>1,025,575</b>
Civil Services Permanent	832,978	179,243	22%	653,735
Statutory Exempt	77,196	18,891	24%	58,305
Temp help	0	25,957	-	(25,957)
Board Members	11,786	1,100	9%	10,686
Overtime	0	493	-	(493)
Staff Benefits	443,631	114,332	26%	329,299
<b>*TOTALS, PERSONNEL SERVICES</b>	<b>1,365,591</b>	<b>340,016</b>	<b>25%</b>	<b>1,025,575</b>
<b>Operating Expense &amp; Equipment</b>				
<b>General Services Totals</b>	<b>362,852</b>	<b>58,008</b>	<b>16%</b>	<b>304,844</b>
Fingerprints	99,090	4,949	5%	94,141
General Expense	608	5,064	833%	(4,456)
Minor Equipment	2,200	4,482	204%	(2,282)
Major Equipment	8,500	0	0%	8,500
Printing	1,472	143	10%	1,329
Communications	3,242	1,681	52%	1,561
Postage	2,148	8,528	397%	(6,380)
Travel in State	5,539	1,504	27%	4,035
Training	7,288	0	0%	7,288
Facilities Operations	118,121	27,508	23%	90,613
C&P Services Interdepartmental	11,828	0	0%	11,828
C&P Services External	102,816	4,149	4%	98,667
<b>Departmental Services Totals</b>	<b>684,862</b>	<b>158,827</b>	<b>23%</b>	<b>526,035</b>
OIS Pro Rata	301,121	75,280	25%	225,841
Indirect Dist. Cost	135,639	33,910	25%	101,729
Interagency Services	37,136	0	0%	37,136
DOI Pro Rata	4,339	1,085	25%	3,254
Public Affairs Pro Rata	6,097	1,524	25%	4,573
CCED Pro Rata	5,178	1,295	25%	3,883
Consolidated Data Center	6,397	262	4%	6,135
Data Processing	14,930	1,965	13%	12,965
Other Items of Expense	0	0	-	0
Central Admin Services Pro Rata	174,025	43,506	25%	130,519
<b>Exams Totals</b>	<b>0</b>	<b>1,865</b>	<b>-</b>	<b>-</b>
Admin and C/P Services	0	0	-	0
Exam Contracts	0	1,865	-	(1,865)
Exam Subject Matter Experts	0	0	-	0
<b>Enforcement Totals</b>	<b>845,695</b>	<b>221,471</b>	<b>26%</b>	<b>624,224</b>
Attorney General	285,668	107,636	38%	178,032
Office of Admin Hearings	59,584	0	0%	59,584
Evidence/Witness	100,145	13,610	14%	86,535
Court Reporters	0	150	-	(150)
DOI Investigation	400,298	100,075	25%	300,223
<b>*TOTALS, OE &amp; E</b>	<b>1,893,409</b>	<b>440,171</b>	<b>23%</b>	<b>1,453,238</b>
<b>TOTALS, PERSONNEL SERVICES/OE&amp;E</b>	<b>3,259,000</b>	<b>780,188</b>	<b>48%</b>	<b>2,478,813</b>
Scheduled Reimbursements	(99,000)	(9,994)		(89,006)
Unsheduled Reimbursements		(11,430)		11,430
<b>**TOTALS</b>	<b>3,160,000</b>	<b>758,764</b>	<b>24%</b>	<b>2,401,237</b>

\* The total reflects by line items. \*\* Total reflects budget/expenditures in its entirety.

**Physical Therapy Board of California  
Budget Expenditures  
FY 2013/14 (As of 9/30/13)**



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

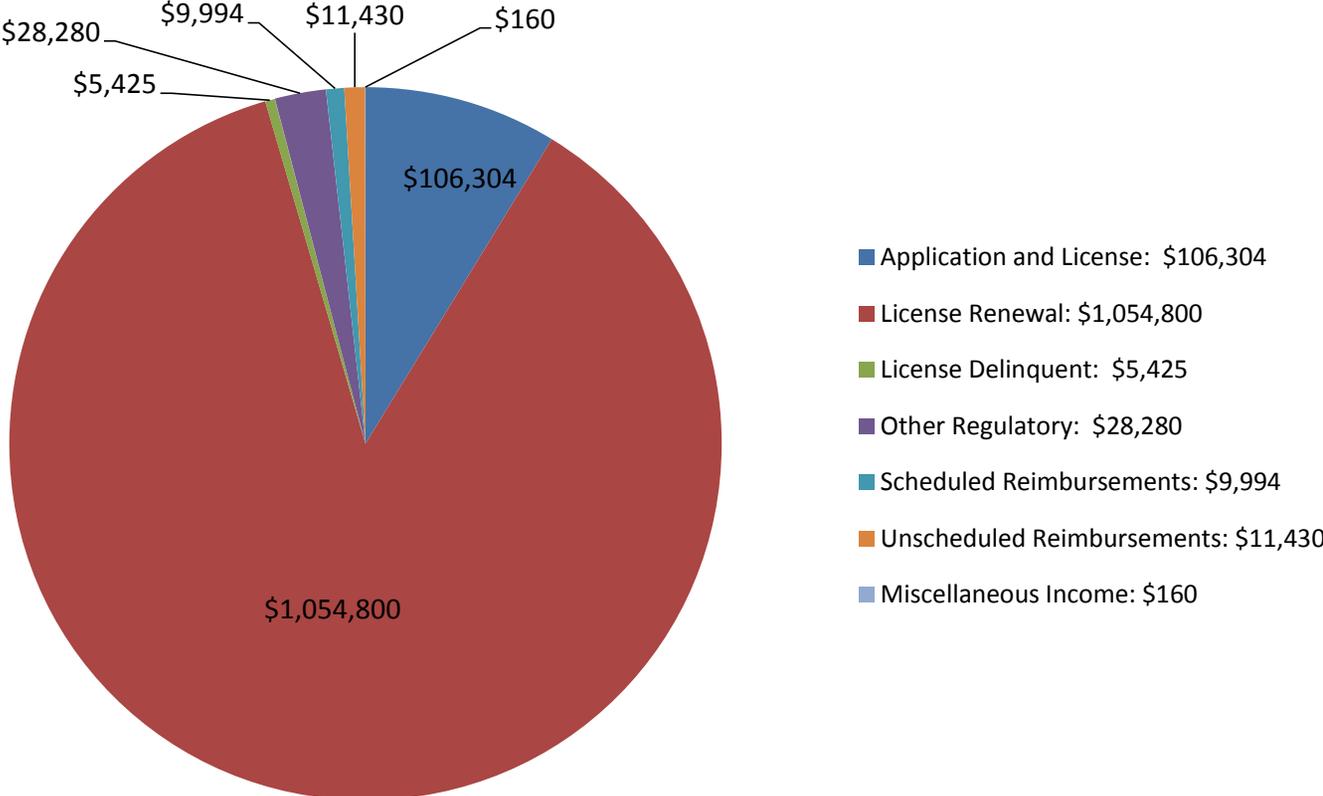
**General Services :** Fingerprint Reports, General Expense, Printing, Communication, Postage, Travel, Training, Facility, C&P Services, Equipment.

**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.

**Physical Therapy Board of California  
Budget Revenues  
FY 2013/14 (As of 9/30/2013)**



**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.

**Physical Therapy Board of California  
Web site, Twitter, and Facebook Statistics  
FY 2013-14 - 1<sup>st</sup> Quarter (7/1/13 – 9/30/13)**

<b>Web Hit Statistics</b>			
Category	Web Hits During 4/1/2013 – 6/30/2013	Web Hits During 7/1/2013 - 9/30/2013	% Increase/Decrease
Home	82,024	89,037	9% ↑
Consumers	353,707	346,590	2% ↓
Applicants	118,252	115,037	3% ↓
Licensees	50,461	53,755	7% ↑
Laws	68,486	105,301	54% ↑
Forms	69,785	66,919	4% ↓
Publications	4,368	4,794	10% ↑
About Us	78,528	89,531	14% ↑
Continuing Competency	8,328	8,476	2% ↑

<b>Twitter Statistics</b>			
Category	Data as of 7/3/2013	Data as of 10/2/2013	% Increase/Decrease
Number of Tweets	201	247	23% ↑
Number of Followers	146	160	10% ↑

\*Account opened on 2/27/2011

<b>Facebook Statistics</b>			
Category	Data During 4/1/2013-6/30/2013	Data During 7/1/2013 – 9/30/2013	% Increase/Decrease
Total Likes	1,334	1,404	5% ↑
Friend of Fans	475,463	477,733 ^	.50% ↑
People Talking About Page	168	175	4% ↑

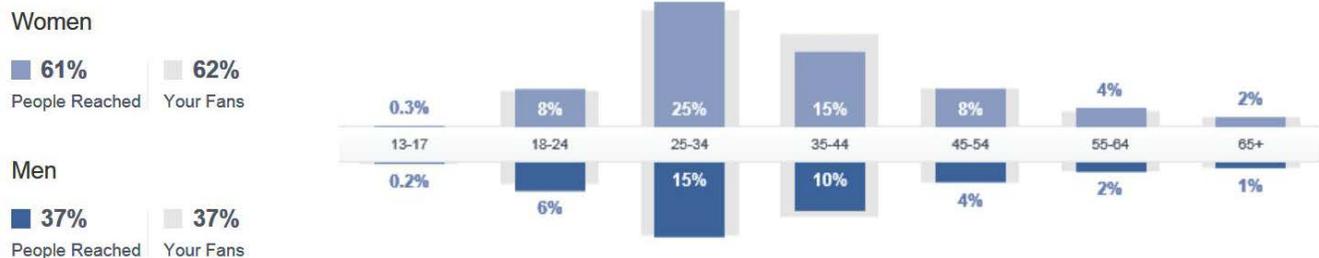
^ As of July 11, 2013 Facebook no longer captured this data.

**Facebook Page Total Reach: 7/18/2013 – 9/30/2013**

The number of people who saw any activity from your page including posts, posts by other people, Page like ads, mentions, and check-ins.



**Facebook Demographic Users In the Past 28 Days: Data captured on 10/14/13**



*Note: Effective April 2012, data reflects periods by quarters per fiscal year, with the exception of Twitter.  
Effective July 2013, Facebook enhanced the manner in which they capture data. Thus, information presented in Facebook's section reflects this change.*

# APPLICATION AND LICENSING SERVICES STATISTICS FY 2013/14

## Application Statistics

APPLICATIONS RECEIVED													
Application Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
PT	97	154	107										358
FOREIGN PT	21	36	21										78
FOREIGN PTA*	4	3	5										12
PTA	36	35	13										84
EQUIV PTA	0	0	1										1
EK	0	0	0										0
EN	0	0	0										0
<b>Total</b>	<b>158</b>	<b>228</b>	<b>147</b>	<b>0</b>	<b>533</b>								

\*2 Applicants downgraded from PT to PTA from July - September 2013.

## Licensing Statistics

LICENSES ISSUED*													
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
PT	78	260	57										395
PTA	44	28	14										86
EK	0	0	0										0
EN	0	0	0										0
<b>Total</b>	<b>122</b>	<b>288</b>	<b>71</b>	<b>0</b>	<b>481</b>								

\*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	45	27	33										105
PTA	7	9	5										21
EK	0	0	0										0
EN	0	0	0										0
<b>Total</b>	<b>52</b>	<b>36</b>	<b>38</b>	<b>0</b>	<b>126</b>								

# APPLICATION AND LICENSING SERVICES STATISTICS FY 2013/14

## License Status Statistics

ACTIVE LICENSES												
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PT	21,754	21,694	21,847									
PTA	5,267	5,275	5,282									
EK	30	29	29									
EN	21	20	21									
<b>Total</b>	<b>27,072</b>	<b>27,018</b>	<b>27,179</b>	<b>0</b>								

INACTIVE LICENSES												
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PT	1,418	1,439	1,462									
PTA	406	409	408									
<b>Total</b>	<b>1,824</b>	<b>1,848</b>	<b>1,870</b>	<b>0</b>								

*Licensees in inactive status are eligible for active/valid status upon fulfilling renewal requirements.*

DELINQUENT LICENSES												
License Type	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
PT	3,340	3,427	3,491									
PTA	941	961	978									
EK	3	4	4									
EN	5	6	5									
<b>Total</b>	<b>4,289</b>	<b>4,398</b>	<b>4,478</b>	<b>0</b>								

*Licensees in delinquent status are eligible to renew their license and may obtain active/valid status.*

# APPLICATION AND LICENSING SERVICES STATISTICS FY 2013/14

## 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	233												233
Fail	84												84
<b>Total</b>	<b>317</b>												<b>317</b>
<b>Pass Rate</b>	<b>74%</b>												<b>74%</b>

### Accredited PT Program Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	228												228
Fail	27												27
<b>Total</b>	<b>255</b>												<b>255</b>
<b>Pass Rate</b>	<b>89%</b>												<b>89%</b>

### Foreign Educated PT Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	5												5
Fail	57												57
<b>Total</b>	<b>62</b>												<b>62</b>
<b>Pass Rate</b>	<b>8%</b>												<b>8%</b>

\*No examination was given during this month.

# APPLICATION AND LICENSING SERVICES STATISTICS FY 2013/14

## 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	76												76
Fail	39												39
<b>Total</b>	<b>115</b>												<b>115</b>
<b>Pass Rate</b>	<b>66%</b>												<b>66%</b>

### Accredited PTA Program Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	71												71
Fail	28												28
<b>Total</b>	<b>99</b>												<b>99</b>
<b>Pass Rate</b>	<b>72%</b>												<b>72%</b>

### Foreign Educated PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	5												5
Fail	11												11
<b>Total</b>	<b>16</b>												<b>16</b>
<b>Pass Rate</b>	<b>31%</b>												<b>31%</b>

### Equivalency PTA Pass/Fail

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

\*No examination was given during this month.

# APPLICATION AND LICENSING SERVICES STATISTICS FY 2013/14

## 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	242	192	127										561
Fail	175	138	68										381
<b>Total</b>	<b>417</b>	<b>330</b>	<b>195</b>										<b>942</b>
<b>Pass Rate</b>	<b>58%</b>	<b>58%</b>	<b>65%</b>										<b>60%</b>

### Accredited Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	220	172	107										499
Fail	146	105	52										303
<b>Total</b>	<b>366</b>	<b>277</b>	<b>159</b>										<b>802</b>
<b>Pass Rate</b>	<b>60%</b>	<b>62%</b>	<b>67%</b>										<b>62%</b>

### Foreign Educated Pass/Fail

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	22	20	20										62
Fail	29	33	16										78
<b>Total</b>	<b>51</b>	<b>53</b>	<b>36</b>										<b>140</b>
<b>Pass Rate</b>	<b>43%</b>	<b>38%</b>	<b>56%</b>										<b>44%</b>

# APPLICATION AND LICENSING SERVICES STATISTICS FY 2013/14

## 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	4782	2											4784
Fail	1727	3											1730
<b>Total</b>	<b>6509</b>	<b>5</b>											<b>6514</b>
<b>Pass Rate</b>	<b>73%</b>	<b>40%</b>											<b>73%</b>

### Accredited PT Program Pass/Fail

	Jul	Aug	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	4526	2											4528
Fail	701	0											701
<b>Total</b>	<b>5227</b>	<b>2</b>											<b>5229</b>
<b>Pass Rate</b>	<b>87%</b>	<b>100%</b>											<b>87%</b>

### Foreign Educated PT Pass/Fail

	Jul	Aug	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	256	0											256
Fail	1026	3											1029
<b>Total</b>	<b>1282</b>	<b>3</b>											<b>1285</b>
<b>Pass Rate</b>	<b>20%</b>	<b>0%</b>											<b>20%</b>

\*No examination was given during this month.

# APPLICATION AND LICENSING SERVICES STATISTICS FY 2013/14

## 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	3134	0											3134
Fail	873	1											874
<b>Total</b>	<b>4007</b>	<b>1</b>											<b>4008</b>
<b>Pass Rate</b>	<b>78%</b>	<b>0%</b>											<b>78%</b>

### Accredited PTA Program Pass/Fail

	Jul	Aug	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	3078	0											3078
Fail	783	1											784
<b>Total</b>	<b>3861</b>	<b>1</b>											<b>3862</b>
<b>Pass Rate</b>	<b>80%</b>	<b>0%</b>											<b>80%</b>

### Foreign Educated PTA Pass/Fail

	Jul	Aug*	Sept*	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	56												56
Fail	90												90
<b>Total</b>	<b>146</b>												<b>146</b>
<b>Pass Rate</b>	<b>38%</b>												<b>38%</b>

### Equivalency PTA Pass/Fail

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

\* No examination was given during this month.

# APPLICATION AND LICENSING SERVICES STATISTICS FY 2013/14

## Law Examination - NATIONAL STATISTICS

### Law Examination Pass/Fail

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	906	616	504										2026
Fail	283	197	122										602
<b>Total</b>	<b>1189</b>	<b>813</b>	<b>626</b>										<b>2628</b>
<b>Pass Rate</b>	<b>76%</b>	<b>76%</b>	<b>81%</b>										<b>77%</b>

### Accredited Program Pass/Fail

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	871	577	464										1912
Fail	249	159	97										505
<b>Total</b>	<b>1120</b>	<b>736</b>	<b>561</b>										<b>2417</b>
<b>Pass Rate</b>	<b>78%</b>	<b>78%</b>	<b>83%</b>										<b>79%</b>

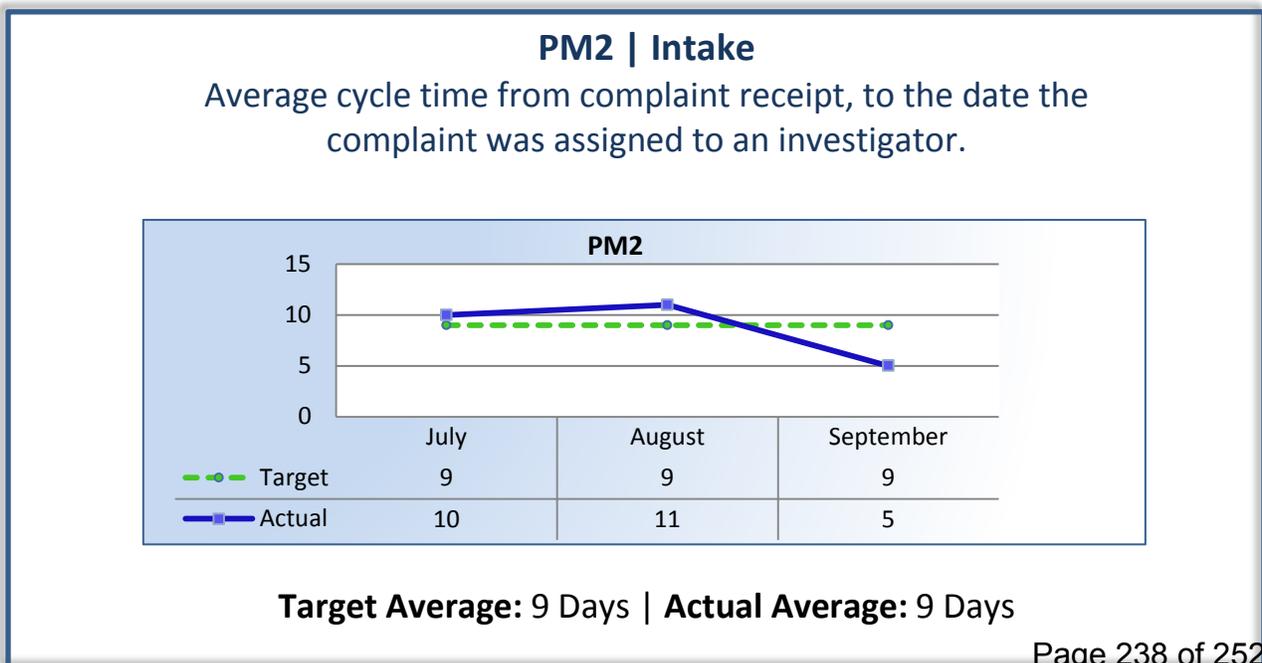
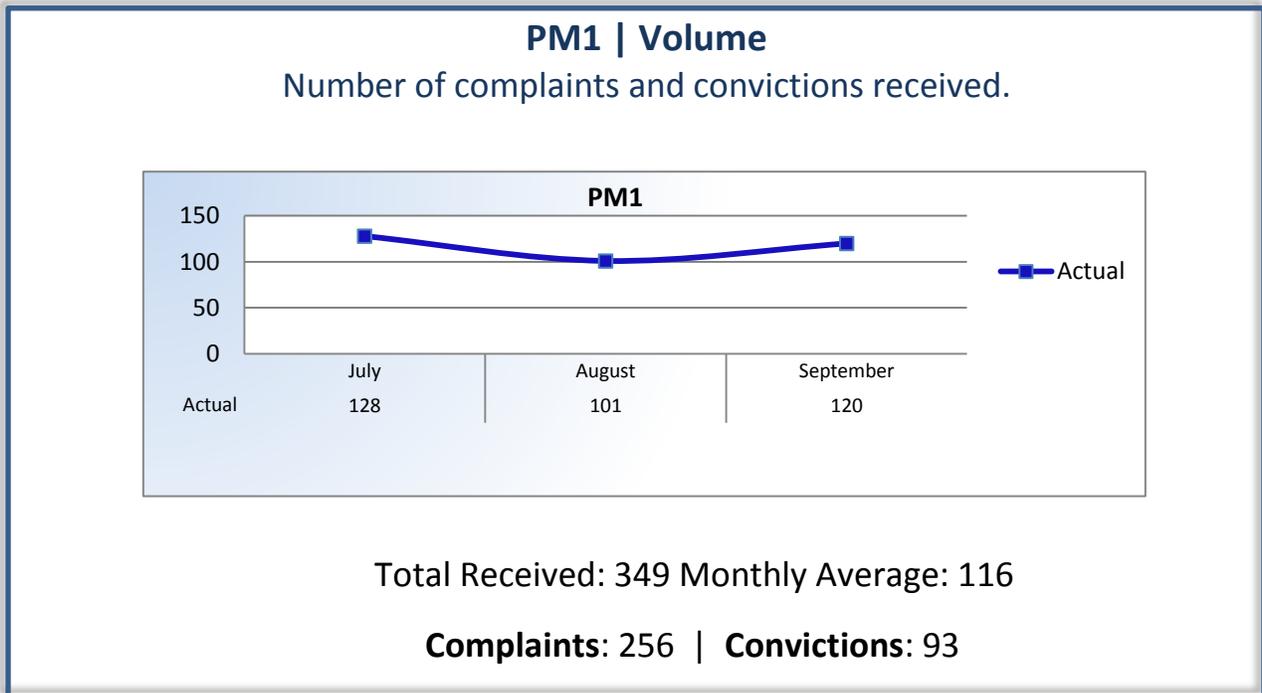
### Foreign Educated Pass/Fail

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Pass	35	39	40										114
Fail	34	38	25										97
<b>Total</b>	<b>69</b>	<b>77</b>	<b>65</b>										<b>211</b>
<b>Pass Rate</b>	<b>51%</b>	<b>51%</b>	<b>62%</b>										<b>54%</b>

## Performance Measures

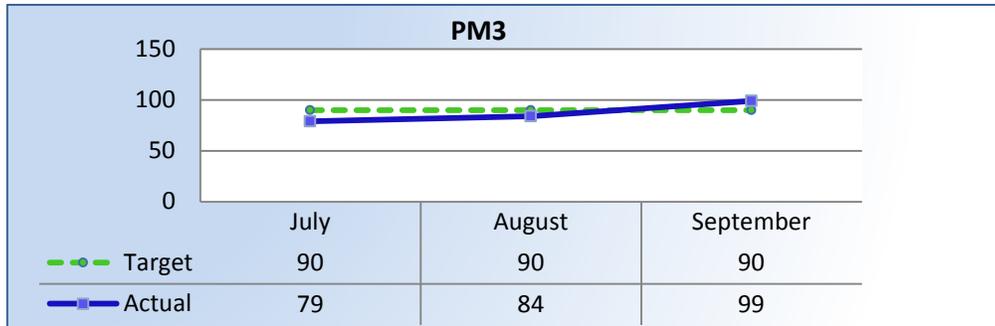
### Q1 Report (July - September 2013)

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.



### PM3 | Intake & Investigation

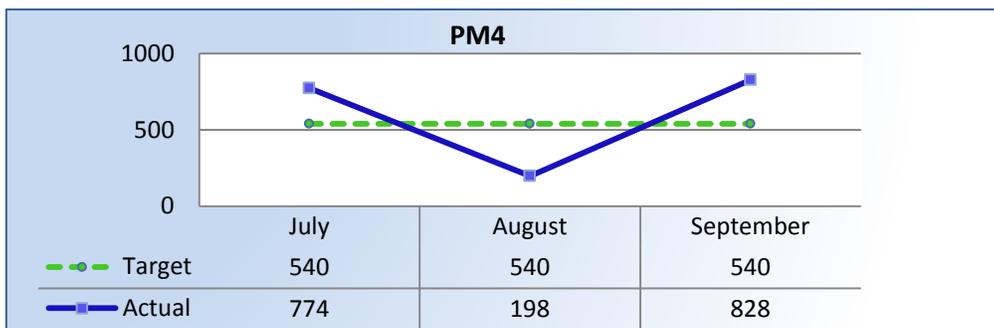
Average cycle time from complaint receipt to closure of the investigation process. Does not include cases sent to the Attorney General or other forms of formal discipline.



**Target Average: 90 Days | Actual Average: 88 Days**

### PM4 | 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 Average: 540 Days | Actual Average: 680 Days**

### **PM7 | Probation Intake**

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

*The Board did not contact any new probationers this quarter.*

**Target Average: 10 Days | Actual Average: N/A**

### **PM8 | 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.**

*The Board did not report any new probation violations this quarter.*

**Target Average: 7 Days | Actual Average: N/A**

## CONSUMER PROTECTION SERVICES REPORT FY 2013/2014

<b>Complaint Intake</b>													
<i>Complaints Received by the Board.</i>													
<i>Measured from date received to assignment for investigation or closure without action.</i>													
Complaints	Jul	Aug	Sept	Oct *	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Received	97	71	88	79									335
Closed without Assignment for Investigation	3	12	14	23									52
Assigned for Investigation - <i>Note: Number of assigned cases may include cases from previous month; therefore totals will not add up.</i>	97	66	58	81									302
Average Days to Close or Assigned for Investigation	11	12	5	11									9.75
Pending	9	6	22	7									

Convictions/Arrest Reports	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Received	31	30	31	8									100
Closed / Assigned for Investigation	39	25	36	10									110
Average Days to Close	6	11	6	5									7
Pending	0	7	4	2									

Total Intake	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Received	128	101	102	87									418
Closed w/o Inv. Assignment	4	13	14	24									55
Assigned for Investigation	135	90	94	90									409
Avg. Days to Close or Assign	10	11	5	10									9
Pending	9	13	26	9									57

Data is through October 28, 2013.

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

<b>Desk Investigation</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>FY Total</b>
Initial Assignment for Desk Investigation	135	90	94	89									408
Closed	98	110	116	110									434
Average Days to Close	77	86	93	64									80
Pending	480	463	435	413									

<b>Field Investigation (Non-Sworn)</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>FY Total</b>
Assignment for Non-Sworn Field Investigation	N/A												0
Closed													0
Average Days to Close													0
Pending													

<b>Field Investigation (Sworn)</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>FY Total</b>
Assignment for Sworn Field Investigation	18	5	7	5									35
Closed	3	3	9	5									20
Average Days to Close	403	373	293	395									366
Pending	110	112	110	111									

<b>All Investigations</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>FY Total</b>
First Assignments	135	90	94	90									409
Closed	101	113	125	115									454
Average Days to Close	87	94	108	78									91.75
Pending	590	575	545	524									

<b>All Investigations Aging/Closed</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>FY Total</b>
Up to 90 Days	89	67	78	81									315
91 to 180 Days	5	36	30	30									101
181 Days to 1 Year	3	4	12	1									20
1 to 2 Years	4	5	3	2									14
2 to 3 Years	0	1	2	1									4
Over 3 Years	0	0	0	0									0

<b>Disciplinary Actions</b>	<i>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.</i>												
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
AG Cases Initiated	2	5	4	7									18
AG Cases Pending	78	82	82	83									
SOIs Filed	0	0	1	0									1
Accusations Filed	5	3	3	6									17

<b>ACC Decisions/Stips</b>	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Prop/Default Decisions	2	0	0	0									2
Stipulations	1	0	0	2									3

<b>SOI Disciplinary Orders</b>	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
SOI Final Orders (Dec/Stips)	1	0	0	1									2
Average Days to Complete				1021									1021

<b>ACC Disciplinary Orders</b>	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
ACC Final Orders (Dec/Stips)	3	0	4	2									9
Average Days to Complete	709		828	457									664.67

<b>Total Disciplinary Orders</b>	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Total Final Orders (Dec/Stips)	4	0	4	3									11
Total Average Days to Complete	774		828	645									749

<b>Total Orders Aging/Final Decision</b>	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Up to 90 Days	0	0	0	0									0
91 to 180 Days	0	0	0	0									0
181 Days to 1 Year	0	0	0	0									0
1 to 2 Years	1	0	2	2									5
2 to 3 Years	3	0	1	1									5
Over 3 Years	0	0	1	0									1

<b>Citations</b>	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Final Citations	23	29	41	40									133
Average Days to Complete*	129	151	112	110									125.5

<b>Other Legal Actions</b>	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
Interim Suspension & PC 23 Ordered	0	0	0	0									0

<b>Probation</b>													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Entered Probationer	1	2	2	3									
Completed Probation	1	0	1	0									
Entered Maximus	1	0	0	1									
Completed Maximus	1	0	0	1									
Non-Compliant w/Probation	0	2	0	1									
Total Probationers	64	64	66	69									
Total Maximus Participants	11	10	10	11									

<b>Performance Measures</b>													
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY Total
<b>PM1 Volume</b> - Number of Complaints Received within the specified time period.	97	71	88	79									335
<b>PM1 Volume - Conviction/Arrest Reports Received</b>	31	30	32	8									101
<b>PM2 Cycle Time - Intake</b> Average number of complaint intake during the specified time period.	10	11	5	10									9
<b>PM3 Cycle Time-No Discipline</b> (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.	79	84	99	66									82
<b>PM 4 Cycle Time-Discipline</b> (Target 540 Days) Average number of days to complete the enforcement process (Complaint intake, Investigation, and Formal Discipline steps) for cases closed with Formal Discipline.	774	198	828	525									581.25

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

5  
6 Copies of Accusations, Decisions, or Citations may be obtained by visiting our website at [www.ptbc.ca.gov](http://www.ptbc.ca.gov). In  
7 addition to obtaining this information from our website, you may also request it by telephone, fax, or mail. Please  
8 address your request to:  
9

10 Physical Therapy Board of California  
11 2005 Evergreen Street, Suite 1350  
12 Sacramento, CA 95815  
13 (916) 561-8200/ FAX (916) 263-2560  
14

### 15 Physical Therapy Board of California Disciplinary Summary

16  
17 .....  
18  
19 **August 2013**

20  
21 **GONZALES, TRACY (AT 10193)**

22 Violation of B & P Code: 480 Grounds for Denial of License. Initial Probationary License Issued 08/29/13, 4 Yrs.  
23 Prob.  
24

25 **September 2013**

26  
27 **GEURTS, JAMES (PT 24044)**

28 Accusation Filed 04/13/12. Violation of B & P Codes: 2234(c) Unprofessional Conduct, 2609, 2620 Not Authorize  
29 to Diagnose, 2620.7 Patient Record Docum & Retention, 2660(g) Gross Negligence, 2660(h) Violating the Code,  
30 2660(i) Aiding and Abetting, 2660(j) Aiding/Abetting Unlicensed Practice. Violation of CCR: 1398.13 Patient  
31 Record Documentation, 1398.44 Supervision of PTA. Stipulated Settlement and Disciplinary Order Effective  
32 09/12/13, Revocation Stayed, 5 Yrs. Prob.  
33

34 **KORCEK, DOUGLAS (PT 9569)**

35 Accusation Filed 10/27/11. Violation of B & P Codes: 2620 Not Authorized PT to Diagnose, 2620.7 Patient Record  
36 Documentation & Retention, 2660(g) Gross Negligence. Stipulated Settlement and Disciplinary Order Effective  
37 09/27/13, Revocation Stayed, 4 Yrs. Prob.  
38

39 **MA, MANFONG (PT 22564)**

40 Accusation Filed 11/15/12. Violation of B & P Codes: 498 Licensure by Fraud, 2261 False Statements on  
41 Documents, 2660 Unprofessional Conduct, 2660(b) Procuring License by Fraud, 2660(k) Commit Fraud, Dishonest  
42 Act. Violation of CCR: 1399.91 Continuing Comp Required, 1399.92 Content Standards-Cont Comp, 1399.93 Cont  
43 Comp Requir & Limitations, 1399.97 Required Record Keeping for CC. Default Decision and Order Effective  
44 09/09/13, License Revoked.  
45

46 **MC FARLAND, JEFFREY (PT 27925)**

47 Accusation Filed 01/03/13. Violation of B & P Codes: 2660 Unprofessional Conduct, 2660(d) Convict of Criminal  
48 Offense. Violation of CCR: 1398.6 Filing of Address, 1399.20 Criminal Substantial Relation. Stipulated Settlement  
49 and Disciplinary Order Effective 09/09/13, revocation Stayed, 5 Yrs. Prob., or Completion of Drugs & Alcohol  
50 Program Plus 1 Yr., whichever is longer.  
51  
52  
53

54 **October 2013**

55  
56 **ARIETA, NOLAN (PT 33235)**  
57 Accusation Filed 04/04/13. Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of  
58 Criminal Offense, 2660(h) Violating the Code. Stipulated Settlement and Disciplinary Order Effective 10/14/13,  
59 Revocation Stayed, 4 Yrs. Prob., or completion of drug/alcohol program plus 1 year; whichever is longer.

60  
61 **PADILLA, DANIEL (AT 4462)**  
62 Accusation Filed 10/08/12. Amended Accusation Filed 06/27/13. Violation of B & P Codes: 2630 Unlawful  
63 Physical Therapist, 2660(g) Gross Negligence. Violation of CCR: 1398.44 Inadequate Supervision of Physical  
64 Therapist Assistants. Stipulated Settlement and Disciplinary Order Effective 10/25/13, revocation stayed, 3 yrs.  
65 prob.

66  
67 **PETERS, MICHAEL (PT 38871)**  
68 Violation of B & P Codes: 480 Grounds for Denial of License, 2660(d) Conviction of Criminal Offense, 2661  
69 Conviction of a Crime. Initial Probationary License Issued 03/20/12. Completion of the Board's drug and alcohol  
70 recovery monitoring program plus one year; or three years, whichever is longer. Accusation and Petition to Revoke  
71 Probation Filed 03/05/13. Stipulated Surrender of License and Order Effective 10/16/13, License Surrendered.

72  
73 **Administrative Citations and Fines Paid**



77 **August 2013**

78  
79 **FIANZA, PATRICK (PT 22587)**  
80 Violation of B & P Codes: 136 Chang of Address Notification, 2239 Self-Use of Drugs or Alcohol, 2660  
81 Unprofessional Conduct, 2660(h) Violating the Code. Violation of CCR: 1398.6 Filing of Addresses, 1399.24  
82 Unprofessional Conduct. Citation and Fine Ordered 07/03/13. Citation Paid in Full 08/08/13.

83  
84 **GOMEZ, ARACELY (AT 9823)**  
85 Violation of B & P Code: 2661 Conviction of a Crime. Citation and Fine Ordered 07/16/13. Citation Paid in Full  
86 08/13/13.

87  
88 **NISHINO, ASHLEY (PT 27534)**  
89 Violation of B & P Code: 2660 Unprofessional Conduct. Violation of CCR: 1399.91 Continuing Comp Required.  
90 Citation and Fine Ordered 07/16/13. Citation Paid in Full 08/14/13.

91  
92 Violation of CCR: 1398.6 Filing of Address & Violation of B & P Code: 136 Change of Address Notification  
93 Citations Paid in Full in August 2013

- 94  
95 ALCOY, DEXTER (PT 37860)  
96 ALTINAY, NATALI (AT 5692)  
97 CAMARADOR, ARLENE (PT 29124)  
98 CHAN, MICHAEL (PT 38391)  
99 DAVIS, KATHLEEN (AT 8592)  
100 ELDENBURG, TERI (PT 16369)  
101 GAUTHIER, RENEE (PT 10687)  
102 MOSAED, NEGEENE (PT 19638)  
103 POHLKAMP, JESSICA (PT 33663)  
104 PROWSE, MICHELLE (PT 36989)  
105 SAFRAN, LEE (PT 17842)  
106 SAGUM, MARLIZA (PT 39272)  
107 SHADROOZ, DORIS (PT 34634)  
108 SHUMWAY, BRADLEY (PT 36191)

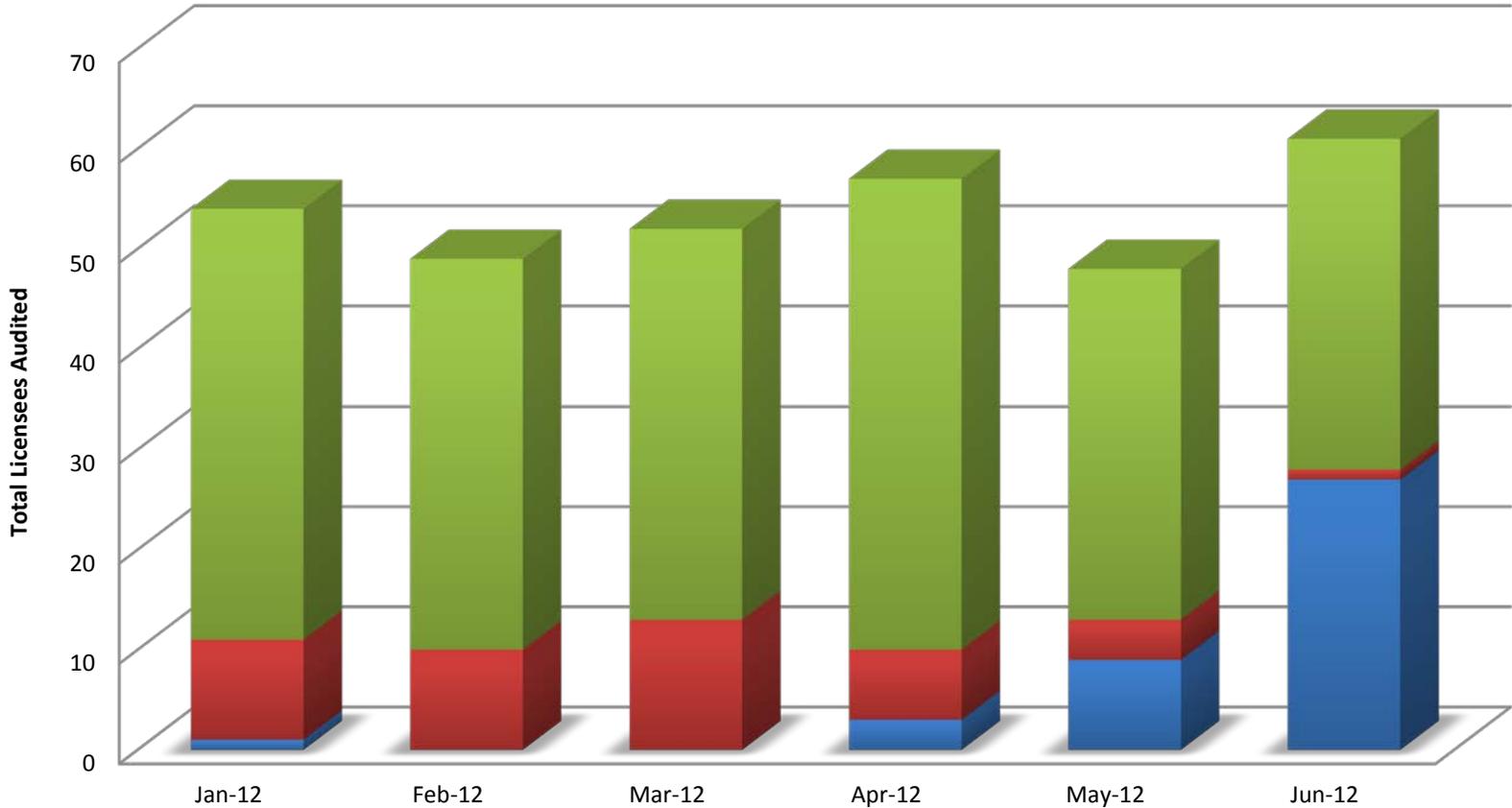
109 TINOCO, EDWIN (PT 30347)  
110 VINCENT, DEBBY (PT 9075)  
111 WALL, LOUISE (PT 38442)  
112 WEST, JENNIFER (PT 35760)  
113 WRAY, RICARDO (PT 30415)  
114  
115 **September 2013**  
116  
117 **BURTON, RICKY (AT 9451)**  
118 Violation of B & P Codes: 493 Convict of Crime, 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal  
119 Offense, 2660(e) Habitual Intemperance, 2661 Conviction of a Crime. Citation and Fine Ordered 08/20/13.  
120 Citation Paid in Full 09/04/13.  
121  
122 **ERABTI, ABDULKARIM (PT 29040)**  
123 Violation of B & P Code: 141(a) Discipline Action Taken by Others. Violation of CCR: 1399.24 Unprofessional  
124 Conduct. Citation and Fine Ordered 09/06/13. Citation Paid in Full 09/24/13.  
125  
126 **GRAY, KATHARINE (PT 37419)**  
127 Violation of B & P Code: 141(a) Discipline Action Taken by Others. Violation of CCR: 1399.24 Unprofessional  
128 Conduct. Citation and Fine Ordered 09/06/13. Citation Paid in Full 09/25/13.  
129  
130 **HARRING, KENDRA (PT 40481)**  
131 Violation of B & P Codes: 2239 Self-Use of Drugs or Alcohol, 2660(d) Convict of Criminal Offense, 2660(h)  
132 Violating the Code. Citation and Fine Ordered 08/22/13. Citation Paid in Full 09/04/13.  
133  
134 **HOULIHAN, KEVIN (AT 2779)**  
135 Violation of B & P Codes: 2052 Unlicensed Practice of Medicine, 2620.7 Patient Record Docum & Retention, 2630  
136 Unlawful Physical Therapy, 2660(h) Violating the Code. Violation of CCR: 1398.44 Supervision of PTA, 1399.85  
137 Patient Records. Citation and Fine Ordered 08/22/13. Citation Paid in Full 09/09/13.  
138  
139 **LIM, PHILIP (PT 25694)**  
140 Violation of B & P Code: 2661 Conviction of a Crime. Citation and Fine Ordered 08/20/13. Citation Paid in Full  
141 09/24/13.  
142  
143 Violation of CCR: 1398.6 Filing of Address & Violation of B & P Code: 136 Change of Address Notification  
144 Citations Paid in Full September 2013  
145  
146 ARCEO, DANE (PT 38071)  
147 BUTTERFIELD, PAMELA (PT 21299)  
148 BYERS, MATHEW (PT 37688)  
149 CARDENAS, SAM (PT 16289)  
150 CARNEVALE, JONI (PT 28107)  
151 CATAPUSAN, FELIX (PT 25257)  
152 FLEMING, CAROL (PT 1080)  
153 JARMAN, SHAWN (PT 23305)  
154 KIM, ESTHER (PT 38090)  
155 LERNER, TAMAR (PT 37127)  
156 MENDOZA, CHRISTINE (AT 6926)  
157 MORENO, CARLOS (PT 32769)  
158 RUBIN, JEFFREY (AT 4114)  
159 SANSON, ALBERT (AT 3347)  
160 SIPE, SANDRA (PT 23918)  
161 TAYANI, KATHY (PT 16331)  
162 WARREN, RICKY (PT 7307)  
163

164 **October 2013**  
 165  
 166 **LORREN III, TOM (PT 8815)**  
 167 Violation of B & P Code: 141(a) Discipline Action Taken by Others. Violation of CCR: 1399.24 Unprofessional  
 168 Conduct. Citation and Fined Ordered 09/06/13. Citation Paid in Full 10/01/13.  
 169  
 170 Violation of CCR: 1398.6 Filing of Address & Violation of B & P Code: 136 Change of Address Notification  
 171 Citations Paid in Full October 2013  
 172  
 173 COHEN, DEBORAH (PT 38884)  
 174 CRAWFORD, ANGELA (PT 27332)  
 175 BUNKER, JULIE (AT 5891)  
 176 FREEMAN, JANET (PT 26932)  
 177 KABBANI, HELEN (PT 36641)  
 178 MARTE, KATHERINE (AT 9832)  
 179 MCFADDEN, JILL (AT 6260)  
 180 MORENO, NANCY (AT 6596)  
 181 SILVA, ANTHONY (AT 9007)  
 182 STEPHENS, SUSAN (PT 32183)  
 183 TAGAMI, LORI (PT 21541)  
 184 TOLENTINO, AMADO (AT 9485)  
 185 TOLENTINO, ANNA (PT 34444)  
 186

187 **Glossary of Terms**  
 188

189 B & P Code – Business and Professions Code  
 190 H & S Code – Health and Safety Code  
 191 R & R – Rules and Regulations  
 192 CCR – California Code Regulations  
 193 Accusations: Charges and allegations, which still must undergo rigorous tests of proof at later administrative  
 194 hearings.  
 195 Citation & Fine: An alternative means to address relatively minor violations that are not discipline in order to  
 196 protect the public. Citations and Fine Orders are not disciplinary actions, but are matters of public record.  
 197  
 198 Petition to Revoke Probation: A Petition to Revoke Probation is filed when a licensee is charged with violation of a  
 199 prior disciplinary decision.  
 200  
 201 Probationary License: Where good cause exists to deny a license, the licensing agency has the option to issue a  
 202 conditional license subject to probationary terms and conditions.  
 203  
 204 Statement of Issues Filed: When an applicant for licensure is informed the license will be denied for cause, the  
 205 applicant has a right to demand a formal hearing, usually before an Administrative Law Judge. The process is  
 206 initiated by the filing of a Statement of Issues, which is similar to an accusation.  
 207  
 208 Surrender of License: License surrenders are accepted in lieu of further proceedings.  
 209  
 210 Statement of Issues Decision: These are decisions rendered after the filing of a Statement of Issues.  
 211  
 212 Stipulated Decision: Negotiated settlements waiving court appeals.

## Continuing Competency Audits 2011-2012 Current as of October 2013



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Pass	43	39	39	47	35	33
Fail	10	10	13	7	4	1
Pending	1	0	0	3	9	27



## Physical Therapy Board of California

2005 Evergreen Street, Suite 1350, Sacramento, California 95815

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

www.ptbc.ca.gov



## Briefing Paper

Date: October 16, 2013

Prepared for: PTBC Board Members

Prepared by: KJ Thompsen

SUBJECT: Recognized Continuing Competency Approval Agencies

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### Purpose:

To provide the Board members an update on the changes made to the Recognized Continuing Competency Approval Agencies website page.

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### Action Completed:

The Board's Recognized Continuing Competency Approval Agencies website page has been updated with legend symbols. This will assist vendors and licensees in locating the agencies that will review and approve applications for outside approved providers, individual licensee's application approval and provide retroactive approval.

Currently, there are 133 Recognized Continuing Competency Approval Agencies.

- ▲ Agency provides approval for outside providers – 59 agencies provide this service
- Agency provides approval for individual licensees – 39 agencies provide this service
- Agency provides retroactive approval – 35 agencies provide this service

The above legend utilizes both shape and color which complies with the American Disabilities Act (ADA).

The following two pages provide an example of what our stakeholders will find on the PTBC website.

[http://www.ptbc.ca.gov/licensees/cc\\_agency.shtml](http://www.ptbc.ca.gov/licensees/cc_agency.shtml)

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## Recognized Continuing Competency Approving Agencies



### Alert:

The following Approval Agencies have had their Recognition terminated.

**Clinicians Development Network  
Gateway International, LLC & Vital Spark, LLC**

The following are the Continuing Competency Approval Agencies that have been recognized by the PTBC to approve providers offering continuing competency courses.

If you have a complaint against a continuing competency course or provider of a course, please direct your complaint to the agency that has approved that provider or course.

### Legend Key to Services of Public Interest.

▲ Agency provides approval for outside providers.

■ Agency provides approval for individual licensees.

● Agency provides retroactive approval.

#### [ABA Physical Therapy Associates](#)

1670 South Amphlett Blvd, #123  
San Mateo, CA 94402

Agency Director/Contact:  
Karen Anderson, PT, OCS  
(650) 558-0247 X 104  
E-mail: [karenabapt@aol.com](mailto:karenabapt@aol.com)

#### [ABC Pilates](#)

27601 Forbes Road #21  
Laguna Niguel CA 92677

Agency Director/Contact:  
Amy Cady  
(949) 305-3310  
E-mail: [amy@abcpilates.com](mailto:amy@abcpilates.com)

#### [Academy Medical Systems](#)

PO Box 393  
Bend, OR 97709

Agency Director/Contact:  
Lezlie Putnam, RN  
(541) 306-3795  
E-mail: [Lezliep@academymedical.com](mailto:Lezliep@academymedical.com)

#### [ACEND](#) ▲ ■ ●

Approved Continuing Education Network & Database  
1856 Lincoln Ave.  
Steamboat Springs, CO 80487

Agency Directors/Contacts:  
Ryan Johnson and Pete Rumford  
(415) 702-0109  
Email: [info@acend.org](mailto:info@acend.org)

**ACIC Physical Therapy** ▲ ■  
16253 Laguna Canyon Road  
Suite 140  
Irvine, CA 92618

Agency Director/Contact:  
Ken Yoshino, DPT, ATC  
(949) 754-1344  
E-mail: [kyoshinodpt@gmail.com](mailto:kyoshinodpt@gmail.com)

**Advanced Healthcare Education** ▲ ■ ●  
17300 SE Bartell Road  
Boring OR 97009

Agency Director/Contact:  
Darla Torkelsen  
(503) 970-3846  
E-mail: [info@ahceduction.com](mailto:info@ahceduction.com)

**Advanced Training Specialists**  
PO Box 891443  
Temecula, CA 92589

Agency Director/Contact:  
Michelle Tyler  
(949) 842-6840  
E-mail: [mt Tyler@advancedtrainingspecialists.com](mailto:mt Tyler@advancedtrainingspecialists.com)

**Advantage CEUs.com** ▲  
PO Box 721808  
Oklahoma City OK 73172-1808

Agency Director/Contact:  
Mary R Smith PT  
(405) 974-0164  
E-mail: [info@advantageceus.com](mailto:info@advantageceus.com)

**Agile Physical Therapy** ▲  
2450 El Camino Real #101  
Palo Alto CA 94306

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