STATE AND CONSUMER SERVICES AGENCY - GAVIN NEWSOM, GOVERNOR

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

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APPLICATION FOR KINESIOLOGICAL ELECTROMYOGRAPHY AND ELECTRONEUROMYOGRAPHY EXAMINATION AND CERTIFICATION

Read all instructions prior to completing this application. All questions on this application must be answered. If not applicable indicate N/A. Please type or print neatly. Attach additional sheets of paper if necessary.

1. **Applicant's Full Name:**		
First	Middle	Last
2. **Previous Names**: (include maiden name)		
3. **Official Mailing/Public Address of Record:** Street	**Residential Address** (if different from mailing; NO P.O. Boxes): Street	
City: State: Zip Code:	City: State: Zip Code:	
4. **Home Telephone Number:** ( )	**Mobile Telephone Number** (optional): ( )	
Work Telephone Number: ( )	**E-Mail Address** (optional):	
5. **Physical Therapist License Number:**	**Expiration Date:**	
6. Are you requesting reasonable accommodations for the examination(s)? If yes, complete the D1 Form.		☐No ☐Yes
7. Have you ever applied for a kinesiological electromyography certification? If yes, give date(s) of previous application(s), certification number if applicable.		☐ No ☐Yes
8. Have you ever applied for an electroneuromyography certification? If yes, give date(s) of previous application(s), certification number if applicable.		☐ No ☐Yes

9. List name and location of coursework pertinent to electromyography. (See instruction sheet for details.)

Name of College or University	Location (US State or Country)	Period of Attendance	
		From:	To:

10. Have you ever been issued a kinesiological electromyography or electroneuromyography certification in any state, district, or territory of the United States other than California? ☐No ☐ Yes

If yes, complete the section below listing all current and expired licenses. Attach additional sheets if necessary.

Type of License KEMG	EN	State, District, or Territory of U.S.	Certification Number	Date of Issuance	Date of Expiration

11. Has any disciplinary action ever been filed or taken against any healing arts license (including a certificate, approval, authorization, etc.) which you now hold or have ever held, including any California license? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, other federal government entity and any state or country.

If yes, provide details, certified copies of the discipline order and any documentation of rehabilitation. ☐ No ☐ Yes

State or Country	Date	Charge	Disposition

12. Have you ever voluntarily surrendered or been denied a license to practice any healing art, or been denied permission to take an examination in any state (including California), territory, or any country? ☐ No ☐ Yes

If yes, provide details, copies of any order and any documentation of rehabilitation.

State or Country	Date	Charge	Disposition

13. Have you ever had a professional privilege denied, restricted, suspended or revoked? ☐ No ☐ Yes
If yes, please attach your explanation on a separate sheet of paper.

14. Have you ever been convicted of, or pled nolo contendere to ANY offense in ANY state in the United States or foreign country, this includes a citation, misdemeanor and/or felony, etc?
(refer to the instructions for Applicants with Criminal History under the Application Instructions on the Board's website)

If you answer, **"YES"** then list each offense by dates, violation, and court of jurisdiction in appropriate column below. Matters in which you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4 MUST be disclosed. If you are awaiting sentencing following entry of a plea or jury verdict, you MUST disclose the conviction. You are entitled to submit evidence that you have been rehabilitated. Serious traffic convictions such as reckless driving, driving under the influence of alcohol and/or drugs, hit and run, evading a peace officer, failure to appear, driving while the license is suspended or revoked MUST be reported. This list is not all-inclusive. If in doubt as to a conviction it should be disclosed. It is better to disclose the conviction on the application.

For each conviction disclosed, you must submit with the application 1) certified copies of the arresting agency report; 2) certified copies of the courts documents; and 3)a descriptive explanation of the circumstances surrounding the conviction (i.e. dates and location and all surrounding circumstances). If documents were purged by the arresting agency and/or court, a letter of explanation from these agencies is required.

Failure to disclose a disciplinary action or conviction may result in the certification being denied or revoked for falsifying the application.

☐ **No** ☐ **Yes**

ARREST DATE	CONVICTION DATE	VIOLATION	COURT OF JURISDICTION (FULL NAME AND ADDRESS)

Are Documents Enclosed: ☐ No ☐ Yes (If No, include with your response the reason why documents are not enclosed?)

15. Are you required to register as a sex offender pursuant to section 290 of the Penal Code? ☐ No ☐ Yes

15A. If you answered "Yes" to Question 15, is the sole reason you are required to register because you were convicted of misdemeanor under section 314 of the Penal Code? ☐ No ☐ Yes
If you are required to register as a sex offender for any reason other than a misdemeanor conviction under section 314 of the Penal Code, the Board, pursuant to section 2660.5 of the Business and Professions Code, must deny your certification.

PHOTOGRAPH INSTRUCTIONS: ATTACH ONE (1) COLOR 2X2 PASSPORT STYLE PHOTO. (Group or cropped photos will not be accepted.) The photograph must have been taken within the last 60 days and must be vertically oriented.

This photograph was taken on or about _____, 20____.

Age	Color of Hair	**Color of Eyes**	Height Ft. & In.	Weight Lbs.	Identifying Marks

Notice: All items in this application are mandatory except for those items specified as optional. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 2620.5 of the Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State, or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

P1B

ALERT: Effective July 1, 2012, the PTBC is required to suspend a license if a licensee has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over $100,000. *(AB 1424, Perea, Chapter 455, Statutes of 2011)*

Once it has been determined a licensee is on a certified list, the licensee has 90 days from the issuance of a "Preliminary Notice of the Intent to Suspend" to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. If the licensee fails to come into compliance they will have their license suspended until the PTBC receives a release from the FTB or BOE.

The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: www.ftb.ca.gov/individuals/txdlnqnt.shtml or the BOE's certified list at: www.boe.ca.gov/cgi-bin/deliq.cgi. If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at 916-445-5167.

MANDATORY REPORTING OBLIGATIONS

REPORTS OF INJURIES

Penal Code section 11160, requires a health practitioner (including physical therapists and physical therapist assistants), who in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person suffering from a wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm or any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct, to immediately make a report to a local law enforcement agency. Assaultive or abusive conduct includes murder (violation of Penal Code section 187), manslaughter (violation of Section 192 or 192.5) and mayhem (violation of Section 203), aggravated mayhem (violation of Section 205), torture (violation of Section 206), assault with intent to commit mayhem, rape, sodomy, or oral copulation (violation of Section 220), battery (violation of Section 242), sexual battery (violation of Section 243.5), incest (violation of Section 285), throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure (violation of Section 244), assault with a stun gun or Taser (violation of Section 244.5), assault with a deadly weapon, firearm, assault weapon, or machine gun, or by means likely to produce great bodily injury (violation of Section 245), rape (violation of Section 261), spousal rape (violation of Section 262), procuring any female to have sex with another man (violation of Section 266, 266a, 266b, or 266c), child abuse or endangerment (violation of Section 273a or 273d), abuse of spouse or cohabitant (violation of Section 273.5), sodomy (violation of Section 286), lewd and lascivious acts with a child (violation of Section 288), oral copulation (violation of Section 288a), sexual penetration (violation of Section 289), elder abuse (violation of Section 368), and an attempt to commit any of the above crimes. "Injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

A report by telephone shall be made immediately or as soon as practically possible. A written report shall be prepared and sent to a local law enforcement agency within two working days of receiving the information regarding the person. A local law enforcement agency shall be notified and a written report shall be prepared and sent even if the person who suffered the wound, or other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

The report shall include, but shall not be limited to, the following:

(A) The name of the injured person, if known.
(B) The injured person's whereabouts.
(C) The character and extent of the person's injuries.
(D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a team member to make the required telephonic and written reports. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

REPORTING OF SUSPECTED INSTANCE OF CHILD ABUSE

Section 11166, Penal Code requires any health practitioner (including physical therapists and physical therapist assistants), who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning this incident.

Failure to comply with the requirements of Section 11160 or 11166 of the Penal Code is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars ($1,000) or by both.

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THE APPLICATION OR ANY ATTACHEMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND COPIES OF ALL DOCUMENTS SUBMITTED WITH THE APPLICATION ARE TRUE AND CORRECT AND THAT I HAVE READ THE ABOVE MANDATORY REPORTING OBLIGATIONS.

Please review “What Makes an Application Complete” prior to submitting your application.

_____ _____

SIGNATURE OF APPLICANT **(USE BLUE INK)** DATE

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