

Directions for PT/PTA Re-Entry Mentoring Plan

Please read all information before beginning. Direct any questions to teverhart@ksbha.ks.gov or call 785-296-8824.

Physical Therapist/Therapy Assistant Re-Entry Mentoring Plan

1. The reinstatement candidate (mentoree) must find an active Kansas licensed physical therapist in good standing to be their mentor. The licensed physical therapist must work in or have adequate knowledge to remediate deficient areas.
2. The mentoree must then go to the FSBPT website (www.fsbpt.org) and complete the self-assessment tool. A physical therapist mentoree will complete the Practice Review Tool (PRT). A physical therapy assistant will complete the Practice Exam & Assessment Tool (PEAT). The mentor and mentoree will then use the information obtained from the self-assessments to design a plan to remediate deficit practice areas.
3. An **outline** for a mentor/mentoree contract is attached as a guideline. The contract must include the following information: mentor name and KS license number, mentoree name, length of contract and list of requirements for the mentoree to complete. Please include the necessary information as well as any other requirements needed to remediate mentoree's deficit areas.
4. The mentoree must complete a minimum of 60 on-site hours when out of practice for 5 years and an additional 20 hours of on-site hours for each additional year out of practice up to 10 years. A mentoring plan isn't acceptable for those individuals that have been out of practice for over 10 years.
5. If the mentoree is a physical therapist then reviews of assessments appropriate to the setting and completion of at least 2 practice evaluations with appropriate documentation are required.
6. The contract must be signed and dated by the mentor and mentoree.
7. The contract should be submitted for approval by the Physical Therapy Advisory Council prior to beginning the on-site hours. The Physical Therapy Advisory Council will review the contract and Board staff will notify the mentoree of any changes that need to be made or if the contract is acceptable.

Once completed mail a copy of the contract, the completed sign-in sheet listing of on-site hours and dates (sample form attached), and contract completion confirmation by the mentor to the Kansas State Board of Healing Arts to complete the reinstatement application.

Physical Therapy Mentor/Mentoree Contract

Mentor: _____ PT L, License # _____

Mentoree: _____ PT or PTA License Reinstatement Candidate

Date of Contract: _____

Responsibilities:

Mentor: Provide structured learning environment in **relevant clinical setting**, provide guidance and educational opportunities for mentoree to practice physical therapy skills. Mentor is to remain available in person for questions and provide constructive feedback on skill development.

Mentoree: Attend ___ hours of on-site learning in relevant clinical setting. Complete assignments and enter into discussions with mentor regarding observations treatment sessions and documentation.

Other Requirements: (list specific requirements here)

SAMPLE

This contract is entered into on the _____ by the parties listed above with a completion date of _____. This mentorship will assist _____ in completion of continuing education hours necessary for Kansas PT license or PTA certification reinstatement.

Mentor:

Mentoree:

PT

Date

Date

I am the mentor's supervisor/department head and I verify that the parties named above have completed the requirements listed above of this contract.

SIGN-IN SHEET FOR ON-SITE HOURS

MENTOREE: _____

CONTRACT DATES: _____

| DATE | TIME IN/OUT | MENTOR'S INITIALS | COMMENTS |
|------|-------------|-------------------|----------|
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SAMPLE

TOTAL HOURS COMPLETED:

MENTOR: _____ DATE _____

MENTOREE: _____ DATE _____