



### REINSTATEMENT APPLICATION FOR PHYSICAL THERAPY

Completion of this application form is necessary for consideration for licensure. Disclosure of this information is voluntary; however, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All candidates for licensure or renewal have an obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application may be subject to the public information laws of this state.

Please type or print. When space provided is insufficient, attach additional pages. You may reproduce these blank forms as needed. Please make sufficient copies of all forms before you begin.

1. Kansas License no: \_\_\_\_\_

2. Indicate your full legal name. If your name is different from that shown on your documentation you must submit a copy of the legal document of the name change. If your name is different on your Kansas license you will need to complete the *Name Change* form. You can download the form from our website or call to have mailed.

Full Name: \_\_\_\_\_  
first middle last suffix

Other names used, including maiden name: \_\_\_\_\_

3. Include residence, mailing and e-mail address. Residence address may *not* be a Post Office Box, except qualified participants under the Safe At Home Act, K.S.A. 75-451 *et seq.* may use substitute residential and mailing addresses.

Residence Address: \_\_\_\_\_  
street city county state zip

Mailing Address: \_\_\_\_\_  
public information street city county state zip

E-mail: \_\_\_\_\_

4. Daytime phone number (include area code): \_\_\_\_\_

5. Identification. Disclosure of your social security number is required by federal mandates set forth in 42 U.S.C.S. § 666(a)(13). K.S.A. 74-148(a) provides that every application by an individual for a professional license shall require the applicant's social security number. K.S.A. 74-139 requires disclosure of your social security number upon request to the Kansas director of taxation. Your social security number may be provided for child support enforcement actions, to the Kansas director of taxation, for reporting disciplinary actions to the National Practitioner Data Bank-Health Integrity and Protection Data Bank (NPDB-HIPDB) as required by 45 C.F.R. §§ 61.1 *et seq.* Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Such disclosure is for identification purposes only. Your social security number will not be released for any other purpose not permitted by law.

Social Security/Tax ID. No: \_\_\_\_\_

NPI (National Provider Identifier): \_\_\_\_\_ NPI Not Applicable:

Are you a U.S. Citizen? Y  N  If you answered NO, are you (check one):

A qualified alien (as defined in 8 U.S.C.A. § 1641).

A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 *et seq.*)

An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year.

A foreign national, not physically present in the United States.

Other: \_\_\_\_\_

**6. List ALL professional activities since the time of cancellation of your Kansas license.** Account for all time and explain all gaps in professional activity. Attach an additional sheet if necessary. Include actual work address, not corporate headquarter's address. Use month and year for date ranges.

Activity: \_\_\_\_\_ Employer (if applicable) \_\_\_\_\_

Location: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
city state mm/yy mm/yy

Activity: \_\_\_\_\_ Employer (if applicable) \_\_\_\_\_

Location: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
city state

Activity: \_\_\_\_\_ Employer (if applicable) \_\_\_\_\_

Location: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
city state

Activity: \_\_\_\_\_ Employer (if applicable) \_\_\_\_\_

Location: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
city state

**7. List all states or jurisdictions in which you are currently or have ever been licensed, registered or certified as a PT/PTA. Attach an additional sheet if necessary. KSBHA will verify your credentials except for any state that does not provide free and current verifications on their official state website. For those states, you may complete the attached *Licensure Verification* form and forward to all Boards or similar entities in which you have held a PT/PTA license, registration or certification. Some entities charge a fee for this information. Contact the entity to determine their requirements.**

| State/Jurisdiction | License, Registrant, Certificate no. | Status | Issue Date |
|--------------------|--------------------------------------|--------|------------|
| _____              | _____                                | _____  | _____      |
| _____              | _____                                | _____  | _____      |
| _____              | _____                                | _____  | _____      |

**8. Recommendation by a peer that has known the applicant for a minimum of 1 year.**

I \_\_\_\_\_, a licensed and practicing physical therapist/physical therapy assistant in the  
(name, please print)

state of \_\_\_\_\_ affirms that \_\_\_\_\_ has been known to me for \_\_\_\_\_ year(s),  
(state name) (name of applicant)

and that applicant, to the best of my knowledge is an ethical practitioner, is of good professional character, and not addicted to the use of alcohol or drugs.

\_\_\_\_\_  
signature

\_\_\_\_\_  
address

\_\_\_\_\_  
date

\_\_\_\_\_  
city, state and zip

Applicant Name: \_\_\_\_\_  
(please print or type)

9. Please answer each of the following questions by putting a check in the appropriate box. All “yes” answers MUST be thoroughly explained in detail on a separate signed page. You are required to furnish complete details including date, place, reason and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers. It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. If you are unsure of your response to a particular question, check the “yes” box and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. A honest “yes” answer to a question on your application is not definitive as to the Boards’ assessment of your present moral character and fitness, but a dishonest “no” answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks. If a question is not applicable, then check the “no” box.

- (a) Yes  No  Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program prior to completing the training?
- (b) Yes  No  Have you ever had any application for any professional license refused or denied by any licensing authority?
- (c) Yes  No  Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?
- (d) Yes  No  Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges?
- (e) Yes  No  Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?
- (f) Yes  No  Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?
- (g) Yes  No  Have you ever voluntarily surrendered any professional license?
- (h) Yes  No  Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation or had any other disciplinary action taken against any professional license you have held?
- (i) Yes  No  Have you ever been notified or requested to appear before a licensing or disciplinary agency?
- (j) Yes  No  To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility?
- (k) Yes  No  Has any professional association imposed any disciplinary action against you?
- (l) Yes  No  Within the past 2 years, have you used any alcohol, narcotic, barbiturate, or other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent?
- (m) Yes  No  Within the past 2 years, have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice the healing arts with reasonable skill and safety?
- (n) Yes  No  Within the past 2 years, have you used controlled substances, which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the directions of a licensed health care provider?

- (o) Yes  No  Have you ever practiced your profession while any physical or mental disability, loss of motor skill or use of drugs or alcohol, impaired your ability to practice with reasonable safety?
- (p) Yes  No  Do you presently have any physical or mental problems or disabilities which could affect your ability to competently practice your profession?
- (q) Yes  No  Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?
- (r) Yes  No  Have you ever surrendered your state or federal controlled substances registration or had it revoked, suspended, or restricted in any way?
- (s) Yes  No  Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?
- (t) Yes  No  Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.
- (u) Yes  No  Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.
- (v) Yes  No  Have you ever been court martialled or discharged dishonorably from the armed services?
- (w) Yes  No  Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself?
- (x) Yes  No  Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs in a private insurance company?
- (y) Yes  No  Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs private insurance company?

**Additional information, reference question letter and include date, place, reason and disposition of the matter. Attach all relevant legal documentation.**

---



---



---



---



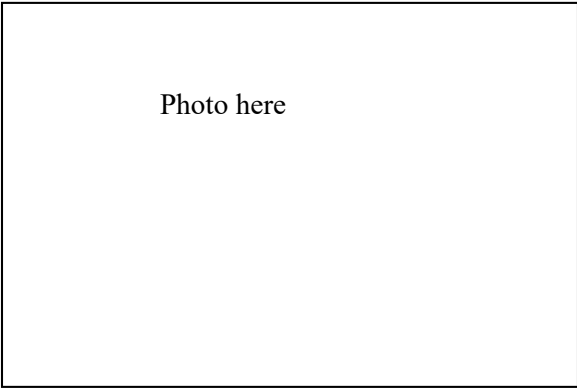
---



---

**10. Photo.**

Attach a **2"x 3" wallet size photograph** of applicant with head and shoulder areas only. The photograph must have been taken within 90 days prior to date of application. Proof photographs, negatives, copies of photographs, poor quality, photographs cut from books, newspaper articles or passport photos are **NOT** accepted.



**11. Continuing Education**

Include proof of completion of continuing education as required by K.A.R. 100-29-10, if applicable.

**12. License Designation. For PTs only.** Please select the license designation you are requesting.

- ACTIVE:** A license issued to a person engaged in the practice of physical therapy. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and are required to have professional liability insurance in compliance with KSA 65-2920 Each active license may be renewed annually.
- FEDERAL ACTIVE:** A license issued to a person who practices physical therapy solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies. A person issued a federally active license may engage in limited practice outside of the course of federal employment consistent with the scope of practice of an exempt licenses, except that the scope of practice of a federally active licensee shall be limited to providing direct patient care services gratuitously or providing supervision, direction or consultation for no compensation except a licensee may receive payment for subsistence allowances or actual and necessary expenses incurred in providing such services; and rendering professional services as a charitable health care provider as defined in K.S.A. 75-6102. The holder of an exempt license shall be required to submit evidence of satisfactory completing required continuing education. Each federal active license may be renewed annually.
- INACTIVE:** A license issued to a person who meets all the requirements for a license to practice as a physical therapist and who does not actively practice as a physical therapist in this state. An inactive license shall not entitle the holder to render professional services as a physical therapist. The holder of an inactive license shall be required to submit evidence of satisfactory completing required continuing education. The holder of an inactive license shall not be required to submit evidence of basic coverage or self-insurance. Each inactive license may be renewed annually.
- EXEMPT:** A license issued to a person who is not regularly engaged in the practice of physical therapy in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. The holder of an exempt license may serve as a paid employee or unpaid volunteer of a local health department as defined by K.S.A. 65-241, or an indigent health care clinic as defined by K.S.A. 75-6102. The holder of an exempt license shall be required to submit evidence of satisfactory completing required continuing education. Each exempt license may be renewed annually.

**13. Oath must be signed by applicant and notarized.**

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice physical therapy in the state of Kansas and may subject me to a fine not exceeding \$10,000 and term of imprisonment not exceeding 5 years of each violation (K.S. A. 21-3805).

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

SEAL here

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Commission Expires

**14. Application fee of \$80.00. NPDB report fee of \$3. Make the fees payable to: Kansas State Board of Healing Arts or charge by credit/debit card using the attached authorization form.**

Applicant Name: \_\_\_\_\_  
please print or type



**Third Party Authorization**

Must be signed by applicant and notarized.

I, \_\_\_\_\_, hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Kansas State Board of Healing Arts or its successors any information, files or records requested by the Board in connection with this application. I further authorize the Kansas State Board of Healing Arts or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ Notary Public

\_\_\_\_\_ Commission Expires

SEAL here



GENERAL INFORMATION AND INSTRUCTIONS  
Physical Therapist and Physical Therapist Assistant

Please visit <http://www.ksbha.org/statutes/booklets/physicaltherapy.pdf>  
for all information governing an Physical Therapist or Physical Therapist Assistant License

Thank you for your interest in becoming licensed in Kansas. Please read the following information very carefully. This information is vital to the successful completion of your application. Often your questions are covered in this form. Please allow two (2) weeks after the submission of the application before contacting our office. **Do not** commit to any work dates prior to being licensed.

It is highly recommended you make and keep copies, for your records, of all items submitted for review. In addition, when mailing you may want to request a delivery confirmation to confirm your application has been received at the Kansas Board of Healing Arts (KSBHA).

One of the missions of KSBHA is public protection through effective licensure and enforcement. One way the public is safeguarded is by issuing licenses to fully qualified, competent and ethical applicants. You will be asked a series of attestation questions. A "yes" answer is not an automatic disqualification from licensure. All applicants are considered on an individual basis. You may be requested to submit information or documents in addition to the requirements mentioned herein before the application will be deemed complete to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. Failure to fully disclose could constitute grounds alone for denial of your application. Please avoid some of the common excuses: "My attorney told me I don't have to disclose." or "I did not think the prior act had anything to do with my profession or that it was still on my record or it happened so long ago." There is no excuse for not disclosing.

Portions of the application may be copied and sent to the appropriate place to be completed and mailed directly to the Kansas Board of Healing Arts.

Kansas application fee is \$80.00 .Kansas application fees must be submitted with the application and are **NOT** refundable. Make checks payable to KSBHA. Checks returned for any reason by the payer's financial institution must be replaced by a money order, certified check, or credit card. To pay by debt or credit card please complete the credit card authorization form.

Each person applying for an active license must submit to the Board evidence of professional liability insurance as required by KSA 65-2920 for which the limit of insurers liability shall not be less than \$100,000 per claim or subject to an annual aggregate of not less than \$300,000 for all claims made during the period of coverage.

The National Practitioner Data Bank (NPDB) Report was mandated by Congress and tracks regulatory board disciplinary actions, certain actions resulting from peer review and malpractice payments. For all applications postdated on or after October 1, 2014 include a \$3.00 report fee for the Board to obtain the NPDB report.

You must submit any change of address to the Board. Please visit our website to complete the *Change of Address* form.

License/Certificates expire December 31 and are renewed annually. Licenses renewal will be required of all receiving a permanent license prior to September 1.

**CHECK LIST - Did you complete the following?**

|  |  |
|--|--|
| <b>ALL</b> questions answered on the application                               | Request verification from states, countries, or jurisdictions, if applicable |
| Signature of recommendation #8   | Documentation to any "YES" answers #9  |
| Head & shoulder photograph (size: 2x3 taken within 90 days of application) #10 | Notarize and sign Oath #13   |
| Select License designation for PTs only #12                                    | Fees   |
| Notarize and sign Release form   | Proof of continuing education, if required                                   |
| Jurisprudence exam for PTs only  |  |
| Proof of professional liability, if required                                   |  |



## CREDIT CARD PAYMENT AUTHORIZATION

Please enter required information, sign and date at the bottom. Mail or fax form.



### CARD NUMBER

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

### Verification Code

3-4 digit non-embossed number found on the card signature panel

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

### Expiration Date

MO  / YR

Name (as it appears on the credit card): \_\_\_\_\_

Billing Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Payment Amount \$ \_\_\_\_\_ Purpose of Payment: \_\_\_\_\_  
(e.g. renewal, application)

I agree to pay the above amount per the card issuer agreement.

\_\_\_\_\_  
Signature Date

Please Note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.

office use only

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|





**STATE VERIFICATION FORM**

Send to all states in which a license or registration has ever been issued. Verification fees may be applicable and are the applicant's responsibility. Please contact individual boards to confirm fees. The applicant should complete the top section. The official state board should complete the bottom section and return directly to the Kansas State Board of Healing Arts.

I, hereby authorize and request the state Board of \_\_\_\_\_ having control of any documents, records and other information pertaining to me to furnish to the Kansas State Board of Healing Arts information including documents and/or records regarding charges or complaints filed against me or my license/registration; formal, informal, pending, closed or any other pertinent information.

Full Name: \_\_\_\_\_

Other Names Used (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

License or Registration No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Profession: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of licensee or registrant: \_\_\_\_\_

License or Registration No.: \_\_\_\_\_ Status: \_\_\_\_\_

Issue Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

License Method: \_\_\_\_\_ School: \_\_\_\_\_

**DISCIPLINARY ACTIONS:**

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state?  Yes  No  Unable to Divulge

Have formal disciplinary proceedings been initiated against the applicant or applicant's license or registration by a disciplinary authority in your state?  Yes  No  Unable to

Comments \_\_\_\_\_

Signature \_\_\_\_\_

(SEAL)

Title \_\_\_\_\_

State Board of \_\_\_\_\_

Date \_\_\_\_\_



**KANSAS PHYSICAL THERAPIST JURISPRUDENCE EXAM**

Please complete by putting the corresponding letter to the correct answer on the box provided. Return the exam with your application. When answering, you may refer to the FAQs and the practice act on our website [www.ksbha.org](http://www.ksbha.org). Required for Physical Therapist only.

- 1. Which is NOT part of Kansas Statute 65-2901, (hereafter called the Kansas Physical Therapy Practice Act), definition of physical therapy?
  - a. Examining, evaluating and testing individuals
  - b. Alleviating impairments, functional limitations and disabilities
  - c. The practice of any branch of the healing arts
  - d. Fabrication of orthotics, debridement and wound care, manual therapy
  
- 2. Which professional designation is not legal for introductions or business cards/public address in Kansas?
  - a. Dr. Jane Doe, physical therapist
  - b. Jane Doe, PT DPT
  - c. Dr. Jane Doe, DPT
  - d. Dr. Jane Doe
  
- 3. Which is NOT part of obtaining a temporary permit to practice in Kansas?
  - a. Submission of an application on a form sent to the Board of Healing Arts
  - b. Meeting all requirements for licensure as a physical therapist (PT), or certification as a physical therapist assistant (PTA)
  - c. Payment of a temporary permit fee, which expires three months after date of issue
  - d. Obtaining additional temporary permits
  
- 4. Which is NOT one of the requirements for licensure renewal applications?
  - a. 20 continuing educational hours for PTs and 10 for PTAs every two years.
  - b. Notice of conviction of felony, fraud, incompetence, or unprofessional conduct.
  - c. Updates to the Board of Healing Arts on correct address and work setting within 30 days of change
  - d. Proof of professional liability insurance policy, except for inactive license
  
- 5. Which is NOT one of the reasons licenses may be refused or sanctioned, suspended or limited?
  - a. Failure to refer patients to other providers if symptoms are beyond physical therapy scope of practice
  - b. Addiction to, or distribution of, intoxicating liquors or drugs for other than lawful purposes
  - c. Knowingly submitting any deceptive or untrue claim, bill or statement
  - d. Treating human beings as authorized by the Kansas Physical Therapy Practice Act
  
- 6. Which would NOT be considered unprofessional conduct that results in a sanction of license?
  - a. Failing to provide adequate supervision to a PTA or other person who performs services pursuant to delegation by a physical therapist.
  - b. Promising a patient a permanent cure for an incurable disease, condition or injury.
  - c. Changing jobs too frequently.
  - d. Advertising a guarantee of any professional physical therapy service.
  
- 7. What is NOT part of the definition of unprofessional conduct?
  - a. Charging excessive fees for services performed
  - b. Treating two or more patients at one time
  - c. Providing treatment unwarranted by the patient's condition or continuing beyond reasonable benefit
  - d. Committing any act of sexual abuse or misconduct

8. Supervision of a PTA by a PT includes all of the following EXCEPT:
- Notification by the PTA to the Board of Healing Arts of each supervising PT's name and license number
  - Onsite personal supervision of aides, technicians, or paraprofessionals by the PT, or PTA under the direction of the PT, being immediately available to support personnel.
  - Support personnel may be delegated skilled professional care of patients beyond basic "tasks" if given onsite instructions
  - Consideration of the education, training, experience and skill level of the physical therapist assistant
9. The Kansas Physical Therapy Practice Act specifically states that the supervising physical therapist must supervise each physical therapist assistant working under his or her direction and supervision. How often must the physical therapist see each patient treated by the physical therapist assistant?
- A minimum of every 30 days
  - A minimum of every two weeks
  - A minimum of weekly
  - Neither the Statutes nor the Rules and Regulations specify a specific time frame, except when a PTA initiates treatment after phone consultation with the PT
10. The Kansas State Board of Healing Arts can now impose a fine on physical therapists for a first offense not to exceed:
- \$100
  - \$5,000
  - \$10,000
  - \$500
11. Under the Kansas Physical Therapy Practice Act, which of the following are NOT within the scope of physical therapy practice?
- Laser surgery
  - Anodyne treatment
  - Electromyography
  - Nerve conduction velocity testing
12. Physical therapists can evaluate and treat, without a referral from a licensed care professional, in all cases, EXCEPT:
- Wound debridement
  - Employees solely for the purpose of work-place injury prevention
  - Special education students as part of an IEP or IFSP
  - In a hospital outpatient PT department
13. Physical therapists may evaluate and treat a patient, without a referral from a licensed health care professional, for no more than 10 visits or 15 business days after initial treatment EXCEPT:
- Patient was provided written diagnosis that physical therapist cannot make "medical diagnosis"
  - In a hospital outpatient PT department
  - Patient has demonstrated objective, measurable or functional improvement
  - All of the above
14. Which statement is a description of an appropriate activity for a PTA?
- Interpretation of a referral, followed by performance and documentation of initial examination, testing, evaluation, diagnosis, and prognosis
  - Provision of physical therapy treatment interventions following an established plan of care
  - Development or modification of a plan of care that is based on a reexamination of the patient or client that includes the physical therapy goals for intervention
  - Documentation of the patient's discharge summary

15. Physical therapists are required to countersign notes written by physical therapists and physical therapist assistants who are working under a temporary permit.
- a. True
  - b. False
16. Physical therapists and physical therapist assistants who have temporary permits must have direct supervision by a licensed physical therapist until they pass the appropriate PT or PTA national examination.
- a. True
  - b. False
17. According to the Kansas Physical Therapy Practice Act, physical therapists are not allowed to delegate parts of the skilled physical therapy treatment to physical therapy aides.
- a. True
  - b. False
18. Physical therapist assistants can write the discharge summary for a patient (e.g., a summary of treatments, patient progress, goals met, prognosis for further increase in function, etc.).
- a. True
  - b. False
19. Physical therapists are required to carry malpractice insurance in the amount of 1 million/3 million.
- a. True
  - b. False
20. In a sports medicine clinic, it is appropriate for a physical therapist assistant who is also an athletic trainer to evaluate and treat a patient and bill for it as physical therapy.
- a. True
  - b. False
21. If I know a physical therapist or physical therapist assistant is practicing unethically or illegally, and do nothing about it, I am in violation of the Kansas Physical Therapy Practice Act.
- a. True
  - b. False
22. According to Kansas Rules and Regulations, it would be considered unprofessional conduct for a PTA to allow his/her patients to refer to him/her as “my physical therapist”.
- a. True
  - b. False
23. It is unprofessional conduct for a physical therapist or a physical therapist assistant to refer a patient or a client to a health care entity for services if the PT or PTA has a significant investment interest in the health care entity, unless the patient/client is informed in writing of the significant investment interest and that the patient/client can obtain services elsewhere.
- a. True
  - b. False
24. The PT Advisory Council currently consists of three PTs, a physician, and a member of the Kansas State Board of Healing Arts.
- a. True
  - b. False
25. Physical therapists may provide services without a referral to special education students who need physical therapy services to fulfill the provisions of their individualized education plan or individualized family service plan.
- a. True
  - b. False