Print Form

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.

Type of licensure/certification you are requesting: Physical Therapist ☐ Physical Therapist Assistant ☐

Are you requesting a Temporary Permit? (Temporary Permits are not issued to applicants by endorsement). Y ☐ N ☐

1. 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 name change.

Full Name: _____
first middle last suffix

Other names used, including maiden name: _____

2. 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: _____

3. Daytime phone number (include area code): _____

4. 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.

Date of Birth: _____ Place of Birth: _____
city state/jurisdiction country Sex: M ☐ F ☐

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: _____

5. List all NPTE attempts. Transfer exam scores or register for exam.

I have not yet tested. ☐ Date scheduled to sit for the examination: _____

Date _____ Passed _____ Number of attempts for initial testing.

6. List ALL post secondary schools you have attended, even those from which you did not graduate in chronological order. Attach an additional sheet if necessary. Enclose or send only an official and final transcript showing the degree awarded required for licensure. Do not provide additional education transcripts.

School Name: _____

Address: _____
street city state zip country

Attendance Dates: _____ To _____ Degree: _____
month year month year

School Name: _____

Address: _____
street city state zip country

Attendance Dates: _____ To _____ Degree: _____
month year month year

7. List all employment/professional activity during the past five years. 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.

I have not been employed during the past five years. ☐

Employer: _____ Job description/Title _____

Address: _____ Dates: From _____ To _____
street city state mm/yy mm/yy

Employer: _____ Job description/Title _____

Address: _____ Dates: From _____ To _____
street city state mm/yy mm/yy

Employer: _____ Job description/Title _____

Address: _____ Dates: From _____ To _____
street city state mm/yy mm/yy

8. 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.

I have never been licensed, registered or certified in another state or jurisdiction. ☐

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

Applicant Name: _____
please print or type

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

I _____, a licensed and practicing in physical therapy in the state of _____
(name, please print) (state name)

affirms that _____ has been known to me for _____ year(s), and that applicant, to
(name of applicant)

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

10. Certificate of Professional School (Post Secondary School)

It is herby certified that _____ attended _____, in _____
(applicant's name) (school's name) (city and state)

beginning _____ with a completion or anticipated completion date of _____ during which time
(date - mmddyy) (date - mmddyy)
the applicant pursued and completed all requirements for the program of a Physical Therapist or Physical Therapist Assistant according to the standards of accreditation prevailing at the time. It is further certified that the applicant received or will receive the following degree: _____
(specify degree, certificate, letter of certification or other)

_____ _____
(signature of President, Registrar, Dean, Director of Course) date

_____
Name of School

School Seal here
(if no school seal, statement must be notarized by the school)

11. 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.

Photo here

Applicant Name: _____
please print or type

12. Please answer each of the following questions. **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 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 question, check the "yes" box and submit the appropriate documentation. Your responses on your application are evaluated as evidence of your candor and honesty. An 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. Please be advised that a false response to any of these questions may be grounds for denial of licensure. 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 ☐ Do you currently have any physical or mental health condition (including alcohol or substance use) that impairs your judgment or would otherwise adversely affect your ability to practice your profession in a competent, ethical, and professional manner?

(m) 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?

Applicant Name: _____
(please print or type)

(n) Yes ☐ No ☐ Have you ever surrendered your state or federal controlled substances registration or had it revoked, suspended, or restricted in any way?

(o) Yes ☐ No ☐ Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?

(p) 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.

(q) 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.

(r) Yes ☐ No ☐ Have you ever been court-martialed or discharged dishonorably from the armed services?

(s) 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?

(t) Yes ☐ No ☐ Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company?

(u) Yes ☐ No ☐ Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance company?

It is your continued duty to update the Board on any changes once the application has been submitted.

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

Applicant Name: _____
(please print or type)

13. 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 Kansas law. 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.

14. Practice Location. ☐ I am planning on practicing in Kansas ☐ I am NOT planning on practicing in Kansas

15. 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 _____

_____ Notary Public

SEAL here

_____ Commission Expires

16. Application fee of $80. NPDB report fee of $3 Temporary permit fee of $25 if applicable. Make the fee 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)

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

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

SEAL here

Sworn to before me this _____day of

_____ 20 _____

_____ Notary Public

_____ Commission Expires

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

LETTER OF COMPLETION

If applying for a temporary permit, a Letter of Completion will be accepted in lieu of an official transcript when all degree requirements have been met, and an official transcript is not yet available. The official transcript with final degree awarded must be received by the Kansas Board of Healing Arts ("Board") before a permanent license can be issued. The applicant should complete the top section. The school or program should complete the bottom portion and return directly to the Board. **This Letter of Completion must be received directly from the school or program and be completed in full.**

I, hereby authorize the school or program listed below to provide any and all information pertaining to my education at that institution to the Board. I request a designated official complete this form and email to KSBHA_Licensing@ks.gov or mail it directly to the Board.

Full Name: _____
Other Names Used (if applicable): _____ Date of Birth: _____ /_____/_____
Name of School or Program: _____
Signature: _____ Date: _____

It is hereby certified that _____ attended _____,
(Applicant Name) (School or Program Name)
in _____ beginning _____ with a completion date
(City, State) (mm/dd/yyyy)
of _____. The applicant pursued and completed all requirements for the program of
(mm/dd/yyyy)
Physical Therapy Assistant according to the standard of accreditations prevailing at the time. It is further certified that the applicant received or will receive the following degree.

_____
Degree or Certificate

_____ _____
Signature of President, Registrar, Dean, or Director of Course Date

GENERAL INFORMATION AND INSTRUCTIONS
Physical Therapist and Physical Therapist Assistant

Please visit the Statutes and Regulations Handbook
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 State 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 fore denial of our 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 that 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 State Board of Healing Arts. Some forms can be submitted to the Board by fax or as an attachment in an e-mail. Documents not accepted by fax or e-mail: NPTE scores, certification of school, oath, release, photo, transcripts, and verifications from other states.

Kansas application fee is $80.00 and a temporary permit fee is an additional $25.00. Kansas application fees must be submitted with the application, are **NOT** refundable and will be processed upon receipt. 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.

Temporary permits are available to those that have graduated but not yet taken the National Physical Therapy Examination (NPTE). Temporary permits are not issued to applicants by endorsement. One (1) temporary permit may be issued by the Board to applicants who meet all the requirement as required under K.A.R. 100-29-7 and amendments thereto. Temporary Permits expire three (3) months after the date of issue or certification.

Each person who received training from a non-approved school and who applies for licensure as a physical therapist shall submit with the application a credentialing evaluation prepared for the state of Kansas by a board approved credentialing agency. Approved Credentialing agencies: International Consultants Inc. of Delaware 215-349-6023; The Foreign Credentialing Commission on Physical Therapy 703-684-8562. For applicants who received training in a school at which English was not the language of instruction, an examination is required to demonstrate the ability to communicate in written and oral English. The test of English as a foreign language is developed and administered by the education testing agency (ETS). You can visit www.ets.org for more information.

Visit www.fsbpt.org to register for the NPTE or to request previous scores. Kansas may approve applicants for the NPTE prior to graduation if the student is in their last semester/trimester and is either currently enrolled in a Kansas program or attends an out of state program but plans on practicing in Kansas. For those in a program outside of Kansas and do not plan to practice in Kansas, the Board will not approve the applicant for testing till after graduation. For test approval and/or for a temporary license students will be required to provide all application documents expect for their NPTE scores and transcripts with the final degree posted. Students will need to submit a current school transcript at the time of application. Before a permanent license will be issued, passing NPTE scores and a final transcript with the degree posted will need to be submitted. To successfully pass the NPTE, a criterion-reference score of 600 on a scale ranging from 200 to 800 must be attained. For exams taken prior to July 1, 1994, a score based on the 1.5 standard deviation will be required.

Each person licensed by the Board as a physical therapist shall before rendering professional services within the state, submit to the Board evidence of professionally liability insurance coverage as required by K.S.A. 65-2920 for which the limit of the insurer's liability shall not be less than $100,000 per claim or subject to an annual aggregate of not less than $300,00 for all claims made during the period of coverage.

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

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.

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

CHECK LIST
Did you complete the following?

ALL questions answered on the application
Request official & final transcript submitted by the post secondary school
Request verification from states, countries, or jurisdictions, if applicable
Head & shoulder photograph (size: **2x3** taken within 90 days of application) #11
PTs must answer license designation #13
Notarize and sign release form
Fees
If foreign trained and not taught in English, TOEFL/TSE

Transfer exam scores or register for exam
Signature of recommendation #9
Post secondary school signature & seal #10
Documentation to any "YES" answers #12
Notarize and sign Oath #14
Jurisprudence exam for PTs only
If foreign trained, credentials for Kansas

revised 12/17/14, kl

Physical Therapist only

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. 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

Applicant Name:_____
(please print or type)

☐ 8. Supervision of a PTA by a PT includes all of the following EXCEPT:
- a. Notification by the PTA to the Board of Healing Arts of each supervising PT's name and license number
- b. On-site personal supervision of aides, technicians, or paraprofessionals by the PT, or PTA under the direction of the PT, being immediately available to support personnel.
- c. Support personnel may be delegated skilled professional care of patients beyond basic "tasks" if given on-site instructions
- d. 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. A minimum of every 30 days
- b. A minimum of every two weeks
- c. A minimum of weekly
- d. 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 a physical therapists for a first offense not to exceed:
- a. $100
- b. $5,000
- c. $10,000
- d. $500

☐ 11. Under the Kansas Physical Therapy Practice Act, which of the following are NOT within the scope of physical therapy practice?
- a. Laser surgery
- b. Anodyne treatment
- c. Electromyography
- d. Nerve conduction velocity testing

☐ 12. Physical therapists can evaluate and treat, without a referral from a licensed care professional, in all cases EXCEPT:
- a. Wound debridement
- b. Employees solely for the purpose of work-place injury prevention
- c. Special education students as part of an IEP or IFSP
- d. 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:
- a. Patient was provided written diagnosis that physical therapist cannot make "medical diagnosis"
- b. In a hospital outpatient physical therapy department
- c. Patient has demonstrated objective, measurable or functional improvement
- d. All of the above

☐ 14. Which statement is a description of an appropriate activity for a PTA?
- a. Interpretation of a referral, followed by performance and documentation of initial examination, testing, evaluation, diagnosis, and prognosis
- b. Provision of physical therapy treatment interventions following an established plan of care
- c. 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
- d. Documentation of the patient's discharge summary

Applicant Name:_____
(please print or type)

☐ 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

Applicant Name:_____
(please print or type)

CREDIT/DEBIT CARD PAYMENT AUTHORIZATION FORM

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

☐ DISCOVER NETWORK ☐ MasterCard ☐ AMERICAN EXPRESS ☐ VISA

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)

Applicant/Licensee Name: _____

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.

Kansas State Board of Healing Arts
800 SW Jackson - Lower Level, Suite A., Topeka, KS 66612
Phone: (785) 296-7413; Fax: (785) 296-0852; Email: KSBHA_Licensing@ks.gov
www.ksbha.org

Revised 9-4-19

Kansas

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 _____

(SEAL)

Signature _____

Title _____

State Board of _____

Date _____

revised 2/22/11, kl

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
Voice: 785-296-7413 Toll Free: 1-888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

Kansas

AUTHORIZATION AND RELEASE INFORMATION

Please complete if you would like for Board staff to talk with others concerning your application.

I, _____ (print name), hereby authorize the Kansas State Board of Healing Arts ("Board") to release and discuss any and all information pertaining to my application pending before the Board with the following **TWO** individual(s):

Name of Individual	Phone Number	E-mail Address	Relationship to Individual

☐ Application Information (Initial, Reinstatements, Renewals, etc.) ☐ Payment Information ☐ License Verifications

☐ Status Changes ☐ Address Changes ☐ Healthcare Stabilization Fund Information ☐ Continuing Education Information

☐ Audit Information ☐ Former and/or Current Legal Documents ☐ Former and/or Current Legal Issues

Name of Individual	Phone Number	E-mail Address	Relationship to Individual

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☐ Status Changes ☐ Address Changes ☐ Healthcare Stabilization Fund Information ☐ Continuing Education Information

☐ Audit Information ☐ Former and/or Current Legal Documents ☐ Former and/or Current Legal Issues

This Authorization and Release **expires one year** from date of signature reflected on this form. Prior to expiration, this Authorization and Release may be revoked in writing at any time. A reproduction of this Authorization and Release shall have the same effect as the original.

_____
Signature

_____
Date