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Policy #1 - General Application Information
(A) Applications and reinstatement applications will be approved administratively once all criteria as outlined in the law and board rules have been met.

- The staff will not administratively approve any applications with an affirmative answer to the conviction or board sanction question unless otherwise specified within this policy.

A “yes” response for failure of the examination may be administratively approved in compliance with the Board’s rules and other policies. All administratively issued licenses are considered for a vote to ratify at the next regularly scheduled board meeting. The average processing time for a complete application is approximately fifteen (15) working days.

(B) Applications with arrests will fall under the following grid:

<table>
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<tr>
<th>Category: Licensure</th>
<th>Procedure:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong> Staff Approval of Applications for Licensure and Renewal Related to Criminal Offenses</td>
<td><strong>Statutory Basis:</strong> O.C.G.A. § 43-33</td>
</tr>
<tr>
<td><strong>Date Adopted:</strong></td>
<td></td>
</tr>
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</table>

The Georgia State Board of Physical Therapy accepts the following guidelines for review of applications for licensure and renewal which indicate that the applicant has an arrest and/or conviction. Applications that do not fall within the parameters indicated below will be referred to the Board Cognizant and/or the Board for consideration.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Frequency</th>
<th>Other</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUI</td>
<td>One Time</td>
<td>No active probation / No active parole</td>
<td>If conviction is older than five years proceed with licensure. If conviction is less than five years license with a letter of concern Alcohol.</td>
</tr>
<tr>
<td>Bad Checks, Municipal Ordinance Violations, Driving with Suspended/Revoked License</td>
<td>One Time</td>
<td>No probation / No parole</td>
<td>If conviction is older than five years proceed with licensure with a letter of concern Criminal.</td>
</tr>
<tr>
<td>Petit Theft, Shoplifting, Non-Violent Property Crimes (not related to drugs)</td>
<td>Two Times</td>
<td>No probation / No parole</td>
<td>If conviction is older than five years proceed with licensure letter of concern Criminal.</td>
</tr>
<tr>
<td>Marijuana Possession of Less than One Ounce</td>
<td>One Time</td>
<td>No probation / No parole</td>
<td>If conviction is older than five years proceed with licensure letter of concern Criminal.</td>
</tr>
<tr>
<td>Misdemeanor Offenses with the Exception of Drug Related Misdemeanor Crimes</td>
<td>No Limit</td>
<td>No probation / No parole</td>
<td>If conviction is older than five years proceed with licensure letter of concern Criminal.</td>
</tr>
<tr>
<td>Any offenses of a sexual nature</td>
<td>No Limit</td>
<td>N/A</td>
<td>Must be presented to the Board.</td>
</tr>
<tr>
<td>Any felony offense</td>
<td>No Limit</td>
<td>N/A</td>
<td>Must be presented to the Board.</td>
</tr>
<tr>
<td>Applicants with multiple offenses</td>
<td>No Limit</td>
<td>N/A</td>
<td>Must be presented to the Board.</td>
</tr>
</tbody>
</table>

Policy approved at the March 16, 2004 meeting.
Policy reaffirmed at the January 2009 meeting.
Policy revised at June 19, 2010 meeting.
Policy revised at May 17, 2011 meeting.
Policy revised at the January 28, 2014 meeting.
Policy #2 - Examination applications (Board Rule 490-2-.02)

(A) Effective November 21, 2011, the Board will make eligible, applicants for licensure by examination upon receipt of proof from either the College / University Registrar, Dean, PT or PTA Program Director at the applicant’s CAPTE-accredited PT / PTA program stating that the applicant has successfully completed the Physical Therapist or Physical Therapist Assistant program but is awaiting degree conferment. The Board has provided, as part of the application, a form that must be completed by the appropriate school representative and submitted to the Board.

(B) The Board has designated a board member to review all non-CAPTE and all foreign educated examination applications for approval.

(C) An applicant that has not passed the national physical therapy examination or the Georgia Jurisprudence examination by the fourth (4th) time will not be allowed to sit for the examination for a 5th time without extensive further study, which may include completing a physical therapy educational program approved by CAPTE or additional coursework as deemed necessary by the Board.

(D) Applicants for initial licensure by exam must take and pass the electronic Georgia Jurisprudence Exam the Federation of State Boards of Physical Therapy (FSBPT).

(E) After extensive further study, the Board may grant an applicant approval to take the national examination a sixth (6) time in accordance with the lifetime limit eligibility criteria established by the Federation of State Boards of Physical Therapy (FSBPT).

Policy approved at the March 16, 2004 meeting.  
Policy reaffirmed at the January 2009 meeting.  
Policy amended at the November 15, 2011 meeting.  
Policy revised at the September 18, 2012 meeting.  
Policy amended at the July 21, 2015 meeting.  
Policy amended at the November 17, 2015 meeting.

Policy #3 - Endorsement applications

(A) The Board has designated a board member to review all non-CAPTE and all foreign educated examination applications for approval.

(B) Endorsement applicants who have passed the examination within one (1) year of graduation may apply by examination instead of endorsement and must submit verification of licensure from every state in which they have held a license.

(C) All endorsement applicants must take and pass the electronic Georgia Jurisprudence exam. Candidates must register for the exam through the Federation of State Boards of Physical Therapy (FSBPT). An applicant who has not passed the Georgia Jurisprudence exam by the 4th time will not be allowed to sit for the exam a 5th time without evidence of completion of additional Jurisprudence coursework as deemed necessary by the Board.

Policy approved at the September 18, 2007 meeting.  
Policy reaffirmed at the January 2009 meeting.  
Policy revised at June 19, 2010 meeting.  
Policy revised at November 18, 2014 meeting.  
Policy amended at the July 21, 2015 meeting.
**Policy #4 - Renewal Applications**
A renewal applicant who answers “no” to the continuing competency question must provide proof of completion of the continuing competency requirement.

*Policy approved at the March 16, 2004 meeting.*  
*Policy reaffirmed at the January 2009 meeting.*  
*Policy reaffirmed at the June 19, 2010 meeting.*  
*Policy revised at the November 18, 2014 meeting.*

**Policy #5 - Traineeship**
(A) The Board has designated a board member to review all non-CAPTE and all foreign educated examination applications for approval.

(B) Once Traineeship Supervision is approved, a letter will be sent to the physical therapist approved as the primary supervisor and alternate supervisor that all supervision must be in compliance with board rule 490-2-.04.

(C) Board voted to allow for early exit from traineeships once the individual passes the NPTE and the supervisors have submitted documentation showing successful practice under the traineeship.

*Policy approved at the March 16, 2004 meeting.*  
*Policy reaffirmed at the January 2009 meeting.*  
*Policy reaffirmed at the June 19, 2010 meeting.*  
*Policy revised added 5(c) May 17, 2011 meeting.*  
*Policy revised at the January 28, 2014 meeting.*  
*Policy revised at the November 18, 2014 meeting.*

**Policy #6 – Reinstatement**
All licensees who fail to renew their license by the established deadline are placed in “lapsed” status and must apply to reinstate his/her license. Upon discovering that a reinstatement applicant has practiced without a current license, reinstatement may be considered upon the issuance and docketing of a Public Consent Agreement or Public Reprimand including but not limited to the following:

(A) A $25 fine for each day of unlicensed practice;  
(B) Must take and pass the jurisprudence exam within 6 months of the docket date of the consent agreement or reprimand; and  
(C) Must report the period of unlicensed practice to their employer(s).

*Policy approved at the August 17, 2004 meeting.*  
*Policy revised at September 2008 meeting.*  
*Policy reaffirmed at January 2009 meeting.*  
*Policy revised at November 18, 2014 meeting.*
Policy #7 - Continuing Competence Policy

(A) The Georgia State Board of Physical Therapy requires each licensed physical therapist and physical therapist assistant to participate in a minimum number of thirty (30) clock hours of experience, not to exceed ten (10) credit hours per calendar day, to promote continuing competence (CC) per licensure period.

(B) The Board recommends the requirements for competence as planned learning experiences which have content beyond the licensee’s present level of knowledge and competence which may be subject to audit by the board. Content of the experience must relate to patient care in physical therapy whether the subject is research, treatment, documentation, education, management, or some other content area.

(C) The thirty (30) hours of continuing competence requirements per biennium shall include a minimum of four (4) contact hours specifically in ethics and jurisprudence as defined in the Georgia Physical Therapy Act or by passage of the Georgia Jurisprudence Examination. Passage of the examination is equivalent to the four (4) hour requirement provided that the individual has not already received credit for the examination when licensure was obtained.

(D) Continuing competence hours obtained from, but not limited to, the following programs or organizations are generally accepted by the Board provided that the experience meets the requirements of Board Rule 490-4-.02 and is related to the practice of physical therapy:
   (a) The American Physical Therapy Association (APTA) and its affiliate components;
   (b) The Physical Therapy Association of Georgia (PTAG) or any other state chapters;
   (c) The Federation of State Boards of Physical Therapy (FSBPT)(Procert);
   (d) Programs provided at CAPTE-Accredited colleges and universities with programs in physical therapy when the continuing competency course is held under the auspices of the school of physical therapy;
   (e) The American Occupational Therapy Association (AOTA);
   (f) The American Academy of Physical Therapy (AAPT)
   (g) Programs approved by another state board
   (h) JCAHO-accredited healthcare organizations
   (i) The American Academy of Orthopedic Surgeons (AAOS)
   (j) The National Athletic Trainers Association (NATA)
   (k) The American Dental Association (ADA)
   (l) The American Association of Nurses (AAN)
   (m) The American Association of Veterinary State Boards (AAVSB)
   (n) The Federation of Chiropractic Licensing Boards (FCLB)

Policy approved at October 31, 2007 meeting.
Policy reaffirmed at the January 2009 meeting.
Policy revised at June 19, 2010 meeting
Policy amended at the November 3, 2009 meeting (addressing on-line courses).
Policy amended at the March 2011 meeting (adding (s)).
Policy amended at the May 2011 meeting (amended (s)).
Policy revised at the September 18, 2012 meeting.
Policy amended at September 16, 2014 meeting (removing class designation.)
Policy amended at the November 18, 2014 meeting.
Policy amended at the March 17, 2015 meeting.
Policy amended at the July 21, 2015 meeting.
Policy #8 - COGNIZANT MATTERS/INVESTIGATIONS/DISCIPLINARY MATTERS

(A) In compliance with Georgia law, the Board maintains strict confidentiality of investigations of alleged violations of the Board’s Laws and Rules and the identity of the individuals involved. To this end the Board has adopted the use of a member of the Board to act as Cognizant. The Cognizant member shall have access to all records and documents relating to applications which fall outside of the established guidelines for administrative issuance, complaints and investigations. The Cognizant member shall not disclose information leading to the identity of the involved persons until such time as the Board votes to pursue formal disciplinary action. In addition, all complaints received alleging irregular insurance billing practices will automatically be referred to the Insurance Commissioner’s Office for investigation and to the appropriate agencies for Medicaid and Medicare fraud.

(B) Cognizant Review: The board staff shall receive all applications which fall outside of the established guidelines for administrative issuance and complaints of alleged violations of the Board’s laws and rules and present them to the cognizant member. The applicant and/or complainant will be notified in an appropriate timeframe of any deficiencies or complaints that have been received by the board office and forwarded to the cognizant member for review and action. The cognizant member shall have the following authority:
1. Review the application with any supporting documentation and issue the license if it is determined that all qualifications have been met.
2. Recommend that the application be reviewed by the full board.
3. Recommend to full board that a complaint be dismissed due to no alleged violation of the laws or rules.
4. Refer a complaint directly to the Enforcement Division for investigation.
5. Conduct an investigative interview.
6. After an investigation is complete, make a recommendation to the full Board for one of the following:
   a. Close – No violation
   b. Sanction if investigative findings are that a violation has occurred.

(C) In all situations, the Cognizant member shall report to the Board the actions taken regarding the application or investigation of the complaint.

(D) The Cognizant member timely receives and reviews copies of Enforcement Referrals and/or Dispositions to investigations in each case.

(E) All requests for additional information, from staff or Cognizant member shall be in writing.

(F) If a matter regarding a licensee is referred to the AG’s office for a consent order, the order will include the requirement that the disciplined licensee must take and receive a passing score on the jurisprudence examination within 3 months of the docket date of the order.

Policy approved at the March 16, 2004 meeting.
Policy revised at June 19, 2010 meeting
Policy revised September 16, 2014 meeting

Updated 12/08/2015
**Policy #9 - PEER REVIEW**

(A) Individuals working as peer reviewers for the board must have no disciplinary history, current clinical expertise with a minimum of five (5) years of experience and be capable of providing an expert opinion on the subject matter and to general questions of patient care, record keeping and billing. Peer reviewers are selected by the Board on a case-by-case basis.

Policy approved at the March 16, 2004 meeting.
Policy reaffirmed at the January 2009 meeting.
Policy reaffirmed at the January 2009 meeting.

**Policy #10 - Mental Physical Evaluations**

The Board will accept the guidelines for mental physical evaluations as provided by O.C.G.A § 43-33-18(a)(2).

Policy approved at the March 16, 2004 meeting.
Policy reaffirmed at the January 2009 meeting.
Policy reaffirmed at the January 2009 meeting.

**Policy #11 - MEETINGS/RECORDS**

(A) **Policy Review:** The Board will hold an annual policy review.

(B) **Minutes:** Draft minutes and the board agenda will be provided to the Board at least one (1) week prior to the Board meeting or conference call.

(C) **Meetings:** Meetings will be held as established by yearly calendar that is approved by the Board. Changes to the meeting dates and times may be called when necessary.

Policy approved at the March 16, 2004 meeting.
Policy revised at the January 2009 meeting.
Policy revised at the July 2010 meeting.
Policy revised at the September 18, 2012 meeting.

**Policy #12 – POSITION ON MEDICATIONS**

The Georgia State Board of Physical Therapy adopts the APTA position of Medications in the Provision of Physical Therapy which states:

The scope of practice of physical therapy often requires the use of medications in the course of patient/client management, such as in the administration of phonopheresis, iontophoresis, nebulized bronchodilators, and in integumentary repair and protection. The application and storage of medications used in physical therapy is within the scope of physical therapy practice.

Policy approved at the March 16, 2004 meeting.
Policy reaffirmed at the January 2009 meeting.
Policy reaffirmed at the July 2010 meeting.
Policy #13 – Georgia Jurisprudence

(A) In order to meet the minimum four (4) contact hour continuing competence requirement, A Georgia Ethics and Jurisprudence Continuing Competency Course must include a review of the Georgia General Provisions (Title 43 Chapter 1 - specifically 43-1-9 and 43-1-19 through 43-1-27), Georgia Physical Therapy Practice Act (Title 43 Chapter 33), Board Rules (Chapter 490), Board Policies and a general review of the Board’s web-site (http://sos.ga.gov/index.php/licensing/plb/39), including the Frequently Asked Questions (FAQ’s). A review of the Jurisprudence exam will occur when the laws and rules change.

(B) The requirement of (4) contact hours in Ethics and Jurisprudence can be met through coursework or may also be satisfied by taking and passing completion of the Georgia Jurisprudence Exam offered by FSBPT.

(C) Licensees will not receive credit towards the current continuing competency requirements for any passing score on a Georgia Jurisprudence Exam that was taken to satisfy the requirements for initial licensure in this State, prior renewal cycles or the terms and conditions of a Board Order.

Policy approved at the May 8, 2007 meeting.
Policy revised at the January 2009 meeting.
Policy revised at the July 2010 meeting.
Policy revised at the September 18, 2012 meeting.
Policy amended at the November 18, 2014 meeting.
Policy amended at the November 17, 2015, meeting.

Policy #14 Foreign Credentialing

(A) The Board requires sixty (60) hours of general education and ninety (90) hours of professional education for a total of 150 hours for foreign educated applicants. The Board further authorizes the use of the FSBPT Retro Tools for applicants educated prior to 1997.

(B) The Board approved foreign credentialing agencies are ICA, IERF and FCCPT.

Policy approved at the May 20, 2008 meeting. Policy revised at the January 2009 meeting. Policy revised at the July 2010 meeting.

Policy #15 Residency / Internship Programs

Pursuant to O.C.G.A. §43-33-1, the Board will consider for approval educational institutions for the purposes of offering programs to develop advanced physical therapy skills. All educational institutions that are providing such advanced training must petition the Board prior to allowing practice of residents/fellows per applicant that is unlicensed in Georgia and enrolled in said program.

Policy approved at the May 4, 2010 meeting.
Policy reaffirmed at the July 2010 meeting.
Policy #16 Telehealth
The purpose of this policy is to establish guidelines for the practice of telerehabilitation (telehealth) by the spectrum of technologies involving interactive telehealth.

Telehealth has been defined as the use of electronic communications to provide and deliver a host of health related information and health care services including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.

(A) All provisions of Physical Therapy utilizing telehealth mechanisms must conform to all statutes, rules and policies governing the practice of physical therapy in the State of Georgia.

(B) With the exception of part(c), individuals providing physical therapy via telehealth to a patient/client in the State of Georgia must be licensed in the State of Georgia.

(C) A physical therapist that is licensed in another jurisdiction of the United States may provide a consultation via telehealth to a physical therapist in the state of Georgia.

*Definition adapted with permission from APTA

Policy approved at the January 28, 2014 meeting.

Policy #17 Physical Therapist and Physical Therapist Assistant Relationship
Upon initiation of a physical therapy plan of intervention, physical therapists may, at their discretion, allow physical therapy treatments to be performed by physical therapist assistants to include the period in the 21 days or eight (8) visits, whichever comes first, prior to discharge or receipt of a referral from the patient’s provider. Ultimately the responsibility for the quality of care provided by supportive personnel resides with the Physical Therapist. While technology allows for supervision in new and expanded methods, the PTAs, Trainees, and Students should know who and how to contact the supervising PT.

(A) It is recommended that the PT supervise no more than three (3) other supportive clinicians at any given time. For the purposes of this policy, supportive clinicians are defined as PTAs, Trainees, and PT/PTA students.

(B) Care coordination discussions are expected in all settings. Such communication should be documented in the patients’ medical record. The frequency of the communication should be based on the patient condition, progression and setting.

Policy approved at the March 17, 2015 meeting.

Policy amended at the November 17, 2015 meeting.