

Physical Therapy Advisory Committee  
Minutes

The Physical Therapy Committee of the Board of Medical Licensure and Supervision met on August 6, 2024, at 9:00 a.m. at the office of the Board at 101 NE 51<sup>st</sup> Street, Oklahoma City, Oklahoma. This meeting is being held consistent with the Oklahoma Open Meeting Act. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023, and posted on the Board's website on July 26, 2024, at 1:59 p.m. in accordance with Title 25 O. S. § 311(A)(9).

Members present:

Deb Mason, PT, Chair  
Samantha Chamberlain, PT, DPT, Cert. MMOA  
Kyle Stanley, PT

Member(s) absent:

Sharon Lawrence, DHSc, PTA  
Public Member – Vacant

Others present:

Sandra Harrison, JD, Interim Executive Director  
Barbara J. Smith, Executive Secretary  
Valeska Barr, Assistant Director of Licensing

Having noted a quorum, Ms. Mason called the meeting to order at 9:02 a.m. Following introductions, Barbara Smith confirmed the quorum for purposes of the record via roll call.

Following Committee review, Ms. Chamberlain moved to approve the minutes of the April 30, 2024, special meeting as written. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee considered nominations for the roles of Committee Chair and Vice-Chair pursuant to Okla. Admin. Code 435:20-1-3. Ms. Mason self-nominated for the role of Chair. There were no other nominations. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative. Ms. Mason nominated Sharon Lawrence, DHSc, PTA, for the role of Vice-Chair. There were no other nominations. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

**JEANNIE BROWN** appeared personally in support of her application for Physical Therapist Assistant licensure. Her license lapsed on January 31, 2023, and she has not practiced since 2021. Her application is incomplete. Following review and discussion, Ms. Chamberlain moved to recommend approval of the application pending completion of the file to include completion of 35 days of direct supervision with an adequate performance evaluation from the supervising physical therapist at the conclusion thereof and proof of CEU requirements obtained

during the license lapse. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

**MATTHEW JACKSON** appeared virtually in support of his application for Physical Therapist licensure. His license lapsed on January 31, 2022, and he last practiced in June of 2020. Ms. Chamberlain moved to recommend approval of the application pending completion of the file to include completion of 57 days of direct supervision with an adequate performance evaluation from the supervising physical therapist at the conclusion thereof and proof of 80 CEU requirements obtained during the license lapse. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

**KRISTA NEELY** appeared virtually in support of her application for Physical Therapist Assistant licensure. She appeared in 2021 and the Committee recommended at that time that she retake the exam. Following review and discussion, Ms. Chamberlain moved to recommend approval of the application pending completion of the file to include completion of 167 days of direct supervision with an adequate performance evaluation from the supervising physical therapist at the conclusion thereof and proof of 150 CEU hours. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

**HANNAH STATON**, applicant, Physical Therapist, appeared personally in support of her request to sit for the Federation of State Boards of Physical Therapy exam for a third time. Following review and discussion, Ms. Chamberlain moved to recommend approval of the request to sit for the Federation of State Boards of Physical Therapy exam for a third time. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

**NOELANI CORBIN**, applicant, Physical Therapist Assistant, appeared virtually in support of her request for special accommodations while sitting for the Federation of State Boards of Physical Therapy exam. Following review and discussion, Ms. Chamberlain moved to approve the request for the special accommodation of a separate room while sitting for the Federation of State Boards of Physical Therapy exam. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

**PHILEMON NARTEY**, applicant, Physical Therapist, appeared virtually in support of his request for special accommodations while sitting for the Federation of State Boards of Physical Therapy exam. Following review and discussion, Ms. Chamberlain moved to approve the request for special accommodations of double time and a separate room while sitting for the Federation of State Boards of Physical Therapy exam. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

**CASSONDRA SMITH**, applicant, Physical Therapist Assistant, appeared virtually in support of her request for special accommodations while sitting for the Federation of State Boards of Physical Therapy exam. Following review and discussion, Ms. Chamberlain moved to approve the request for special accommodations of time and a half, zoom text, and a separate room while sitting for the Federation of State Boards of Physical Therapy exam. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications as indicated below:

1. Ms. Chamberlain moved to recommend approval of the incomplete application(s) for Physical Therapist Assistant licensure as shown on *Attachment #1* pending completion of the file(s). Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.
2. Ms. Chamberlain moved to recommend approval of the incomplete application(s) for reinstatement of Physical Therapist Assistant licensure as shown on *Attachment #1* pending completion of the file(s). Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.
3. Ms. Chamberlain moved to recommend approval of the complete application(s) for Physical Therapist Assistant licensure as shown on *Attachment #1*. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.
4. Ms. Chamberlain moved to recommend approval of the incomplete application(s) for Physical Therapist licensure pending completion of the file(s) as shown on *Attachment #1*. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.
5. Ms. Chamberlain moved to recommend approval of the complete application(s) for Physical Therapist licensure as shown on *Attachment #1*. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

Ms. Chamberlain moved to recommend ratification of the continuing education courses and providers previously reviewed and recommended for approval by the CEU/PDU Review Subcommittee from April 1, 2024 through July 31, 2024, pursuant to applicable rule. Mr. Stanley seconded the motion and the vote was unanimous in the affirmative.

In closing, committee introductions were made and Mr. Stanley was welcomed to the Committee.

There being no further business, Ms. Chamberlain moved to adjourn the meeting. The time was 10:05 a.m.

**PHYSICAL THERAPY ADVISORY COMMITTEE  
AUGUST 6, 2024****INCOMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATIONS**

TA 3769	NIXON, TAYLOR
TA 3772	PLUNK, MACEY FAYE
TA 3834	KENNICUTT, TANNER RAY
TA 3837	UDDIN, WASIM
TA 3841	CRAWFORD, LYDIA JANE
TA 3842	PERKINS, KARI JEAN
TA 3843	KELLY, JAYCE MICHELLE
TA 3844	SIMMONS, TATE AUSTIN
TA 3845	VEACH, TRINITY LYNN
TA 3846	HOWARD, MIA MARIE
TA 3847	EVANS, ALEXANDER CHASE
TA 3848	BRIIX, OLIVIA AIMEE
TA 3849	POLAND, FAITH ELAINE
TA 3850	RITCHEY, DELILA JO
TA 3851	BIFFLE, BRENDAN K
TA 3852	FRITZ, BRANDON M
TA 3853	SMITH, CASSONDRA LYNN
TA 3854	COOPER, REAGAN
TA 3855	STRICKLER, MARIE JEANETTE
TA 3856	KNAPSKI, CYNTHIA
TA 3857	BUSH, LOGAN
TA 3858	REEVES, KES
TA 3859	BRINLEE, CHLOE ELIZABETH
TA 3860	CALLAHAN, MARY KATE
TA 3861	MILLER, MALORIE MARIE
TA 3862	WILLIS, ALLI MARIE
TA 3863	HERNANDEZ MADRID, JENNIFER RASHEL
TA 3864	KOTT, BRALEY RAE
TA 3865	TURNER, MAKAYLA ROSE
TA 3866	TRAVIS, LESLIE LOUELLA GAYNELLE
TA 3867	LOWE, CARISSA JEAN
TA 3868	NICKLES, ALLISON J
TA 3869	BOWLING, REBECCA MARIE
TA 3870	STEWART, SARAH MELISSA

**INCOMPLETE PHYSICAL THERAPIST ASSISTANT REINSTATEMENT APPLICATIONS**

TA 3310	SELF, KADY
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**COMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATIONS**

TA 3494	BLANCHARD, ASHLEE NICHOLE
TA 3835	JONES, ANITA JEANETTE
TA 3836	MATTHEWS, TRAE LYNN
TA 3838	GILLESPIE, HEATHER ANN
TA 3839	BROWN, LAUREN NICOLE
TA 3840	PORTER, BRIONNA LEIGH



**PHYSICAL THERAPY ADVISORY COMMITTEE  
AUGUST 6, 2024****INCOMPLETE PHYSICAL THERAPIST APPLICATIONS**

PT 6382	STATON, HANNAH LYNN
PT 6429	BARRON, MARIA SALVACION
PT 6584	KELFER, BRITTA JOY
PT 6585	LOUDERBACK, BAILE
PT 6586	MORGANO, NICOLE MARIE
PT 6587	SCHULTE, KENDALL NICOLE
PT 6590	LITTLE, SHELBY GRACE
PT 6591	SEVILLA, ASHLEY CHEYENNE
PT 6594	STEWART, KENNEDY ELISE
PT 6595	KENNEDY, JORDAN
PT 6597	OSMUS, ERIN CRABB
PT 6598	DUVERGER, ELISE DANIELLE
PT 6599	LEWIS, LILLIAN
PT 6600	WORLEY, KATHERINE MARIE
PT 6601	ROSE, MADELINE KATE
PT 6602	ANDERSON, BRIANA MARIE
PT 6603	GUILLOT, JUSTIN DONOVAN
PT 6604	VALKOUN, JACLYN MARIE
PT 6605	MATHIEN, ZACHARY
PT 6606	ROGERS, HANNAH KHRISTINE
PT 6607	PHILLIPS, ABIGAIL LEE
PT 6608	MOECKEL, KRISTOPHER NEAL
PT 6609	WIRES, CHRISTOPHER MICHAEL ROBERT
PT 6610	BLACKBURN, LEXIS ANN LEARMONTH
PT 6611	DUBLER, TARIN
PT 6612	PARROTT, JORDAN
PT 6613	GUIDRY, MITCHELL HAYDEN
PT 6614	MARTIN, SYDNEY RAEANN
PT 6615	TRAN, HOAI AN TRONG
PT 6616	HEINTZMAN, DONOVAN
PT 6617	YOHANAN, RACHEL ANNA
PT 6618	MCFARLAND, JACOB ALLEN DEAN
PT 6619	MOONEY, DAKOTA BLANE
PT 6620	JOHNSON, GREGORY LYLE
PT 6621	LOCKHART, ERIN ELIZABETH
PT 6622	PARKS, ALEXZANDER JACOB

**COMPLETE PHYSICAL THERAPIST APPLICATIONS**

PT 6588	PHILIPP, TAYLOR MARIE
PT 6589	PLETT, LEANN
PT 6592	AITKEN, DEREK JOHN
PT 6593	GUILLOT, JULIA GRACE



State of Oklahoma  
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

September 9, 2024

**TABLED FOR PERSONAL APPEARANCE  
APRIL 9, 2024**

Corliss Collins, Applicant TA 2896  
[REDACTED]

**NOTICE OF COMMITTEE APPEARANCE**

Your application for *Re-Entry of your Physical Therapist Assistant Licensure* has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **October 22, 2024, at 9:00 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:20-3-6(b)* provided below).

Information provided on your application reflects:

- (a) Your Oklahoma license lapsed on **January 31, 2022**; and
- (b) You last practiced as a Physical Therapist Assistant on **August 2021**; and
- (c) You are **not currently licensed as a Physical Therapist Assistant in another state**.

**Oklahoma Administrative Code § 435:20-3-6(b)**

(b) Re-entry requirements. Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses lapsed more than three months wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. ***Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:***

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.

***Please confirm your attendance at this meeting either in person or virtually.***

Sincerely,

Lisa K. Cullen  
Director of Licensing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA            2896      CORLISS FRANCIS COLLINS  
 Physical Therapist Assistant

**Practice Address:**  
 June 09, 2022

NOT OKLAHOMA

**Status:** I  
**Res:** RI  
**Received:** 03/08/2024  
**Entered:** 03/08/2024  
**Temp Issued:** 02/27/2018  
**Temp Expires:** 03/08/2018  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:** TB  
**License #:** 2896  
**Sex:** M  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT EXAMINATION  
**Orig Issued:** 03/05/2018      **Orig. Lic. Exp:** 01/31/2022

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		643			

PRE-MED EDUCATION			
<b>School Name:</b> LAKE AREA TECHNICAL INSTITUTE		<b>State:</b> SD	<b>Country:</b> UNITED STATES
<b>City:</b> WATERTOWN		<b>From:</b> 8/2010	<b>To:</b> 5/2013 <b>Verified:</b>
<b>Degree:</b> PHYSICAL THERAPIST ASSISTANT			
<b>School Name:</b> MITCHELL HIGH SCHOOL		<b>State:</b> SD	<b>Country:</b> UNITED STATES
<b>City:</b> MITCHELL		<b>From:</b> 8/2006	<b>To:</b> 5/2010 <b>Verified:</b>
<b>Degree:</b>			

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA              2896      CORLISS FRANCIS COLLINS  
 Physical Therapist Assistant

### PRACTICE HISTORY

**Employed:** WHITE RIVER MARINE GROUP      **Supervisor:**  
**City:** MIAMI      **State:** OK      **Country:** UNITED STATES  
**Specialty:** HUMAN RESOURCES      **From:** 8 / 2021      **To:** 2 / 2024      **Verified:**  
**Comments:**

**Employed:** REDBUD PHYSICAL THERAPY      **Supervisor:**  
**City:** TULSA      **State:** OK      **Country:**  
**Specialty:** TA      **From:** 2 / 2019      **To:** 8 / 2021      **Verified:**  
**Comments:**

**Employed:** REDBUD PHYSICAL THERAPY      **Supervisor:**  
**City:** TULSA      **State:** OK      **Country:**  
**Specialty:** TA      **From:** 3 / 2018      **To:** 12 / 2018      **Verified:**  
**Comments:**

**Employed:** Delta healthcare partners      **Supervisor:**  
**City:** MITCHELL      **State:** SD      **Country:** UNITED STATES  
**Specialty:** TRAVELING PTA      **From:** 7 / 2017      **To:** 3 / 2018      **Verified:**  
**Comments:**

**Employed:** Dakota physical therapy      **Supervisor:**  
**City:** MITCHELL      **State:** SD      **Country:** UNITED STATES  
**Specialty:** PTA      **From:** 12 / 2014      **To:** 7 / 2017      **Verified:**  
**Comments:** PHYSICAL THERAPIST ASSISTANT AND FITNESS EQUIPMENT MAINTENANCE

**Employed:** United Blood Services      **Supervisor:**  
**City:** MITCHELL      **State:** SD      **Country:** UNITED STATES  
**Specialty:** PHLEBOTOMIST TECH I&II      **From:** 12 / 2013      **To:** 12 / 2014      **Verified:**  
**Comments:**

**Employed:** Bob Johnson construction      **Supervisor:**  
**City:** MITCHELL      **State:** SD      **Country:** UNITED STATES  
**Specialty:** GENERAL LABORER I      **From:** 5 / 2013      **To:** 10 / 2013      **Verified:**  
**Comments:**

**Employed:** Dakota physical therapy      **Supervisor:**  
**City:** MITCHELL      **State:** SD      **Country:** UNITED STATES  
**Specialty:** PT TECH      **From:** 5 / 2007      **To:** 5 / 2012      **Verified:**  
**Comments:** WORKED AS A PHYSICAL THERAPY TECH AND GENERAL MAINTENANCE

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA              2896      CORLISS FRANCIS COLLINS  
 Physical Therapist Assistant

<b>Other Licenses</b>						
<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>	
SD	TA- CERTIFICATE 0390	I	1/29/14	1/1/18	5/29/24	
KS	TA 1403208	I	6/23/17	12/31/17	3/21/24	
OK	TA 2896	I	3/5/18	1/31/22	3/12/24	

**DEFICIENCIES**  
 OTHER DEFICIENCIES: COMMITTEE TABLED PENDING PERSONAL APPEARANCE



State of Oklahoma  
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

September 9, 2024

Olie Duncan, Applicant TA 1273  
[REDACTED]

**NOTICE OF COMMITTEE APPEARANCE**

Your application for *Re-Entry of your Physical Therapist Assistant Licensure* has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **October 22, 2024, at 9:00 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:20-3-6(b)* provided below).

Information provided on your application reflects:

- (a) Your Oklahoma license lapsed on **January 31, 2024**; and
- (b) You last practiced as a Physical Therapist Assistant on **December 2022**; and
- (c) You are **not currently licensed as a Physical Therapist Assistant in another state**.

**Oklahoma Administrative Code § 435:20-3-6(b)**

(b) Re-entry requirements. Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses lapsed more than three months wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. ***Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:***

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.

***Please confirm your attendance at this meeting either in person or virtually.***

Sincerely,

Lisa K. Cullen  
Director of Licensing



**Seema Jayachand**

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**From:** Melane Duncan [REDACTED]  
**Sent:** Wednesday, September 4, 2024 9:58 AM  
**To:** Seema Jayachand  
**Subject:** [EXTERNAL] Re: Oklahoma TA Application #1273 Deficiencies

Thank You! I will work on those things and get them to you, but I have a question. I did not have any CEU's from 22-24 because I was not working as a PTA. That is the reason I could not renew 2024 license in the first place. So what do I do about that?

On Wednesday, September 4, 2024 at 08:54:13 AM CDT, Seema Jayachand <sjayachand@okmedicalboard.org> wrote:

We have received your Oklahoma TA License Application. Attached is a letter listing the required items we have not yet processed. If you have already sent these items to the Medical Board, please allow 30 days for your deficiency list to be updated. The letter also includes a Username, Password, and instructions for checking the status of your application online.

If you have any questions about the licensing process or any listed deficiencies, please direct them to: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)

RECEIVED  
SEP 04 2024  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

TA 1273  
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## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA            1273      OLIE MELANE DUNCAN  
 Physical Therapist Assistant

**Practice Address:**  
 September 04, 2024

NOT OKLAHOMA

**Status:** I  
**Res:** RI  
**Received:** 08/06/2024  
**Entered:** 08/06/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 1273  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT EXAMINATION  
**Orig Issued:** 09/17/2003      **Orig. Lic. Exp:** 01/31/2024

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		640			

PRE-MED EDUCATION					
<b>School Name:</b> MID AMERICA CHRISTIAN UNIVERSITY					
<b>City:</b> OKLAHOMA CITY		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> MBA		<b>From:</b> 6/2020		<b>To:</b> 7/2024 <b>Verified:</b>	
<b>School Name:</b> ASHFORD UNIVERSITY					
<b>City:</b> CLINTON		<b>State:</b> IA		<b>Country:</b> UNITED STATES	
<b>Degree:</b> BA PSYCHOLOGY		<b>From:</b> 5/2011		<b>To:</b> 8/2012 <b>Verified:</b>	
<b>School Name:</b> CARL ALBERT STATE COLLEGE					
<b>City:</b> POTEAU		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> PTA		<b>From:</b> 8/2001		<b>To:</b> 7/2003 <b>Verified:</b>	
<b>School Name:</b> KIAMICHI VOTECH					
<b>City:</b> POTEAU		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> CAN/HHA		<b>From:</b> 5/1995		<b>To:</b> 7/1995 <b>Verified:</b>	
<b>School Name:</b> PANAMA HIGH SCHOOL					
<b>City:</b> PANAMA		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 8/1989		<b>To:</b> 5/1992 <b>Verified:</b>	



## Oklahoma State Board of Medical Licensure and Supervision

### Application Summary

**Type**      **Number**      **Name**  
 TA            1273      OLIE MELANE DUNCAN  
 Physical Therapist Assistant

#### PRACTICE HISTORY

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<b>Employed:</b> SPIRO NURSING HOME	<b>Supervisor:</b>
<b>City:</b> SPIRO	<b>State:</b> OK <b>Country:</b> UNITED STATES
<b>Specialty:</b> TA	<b>From:</b> 6 / 2018 <b>To:</b> 12 / 2022 <b>Verified:</b>
<b>Comments:</b>	

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<b>Employed:</b> HEALTHFLEX	<b>Supervisor:</b>
<b>City:</b> STIGLER	<b>State:</b> OK <b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 3 / 2016 <b>To:</b> 4 / 2018 <b>Verified:</b>
<b>Comments:</b>	

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<b>Employed:</b> HASKELL COUNTY COMMUNITY HOSPITAL	<b>Supervisor:</b>
<b>City:</b> STIGLER	<b>State:</b> OK <b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 5 / 2014 <b>To:</b> 8 / 2014 <b>Verified:</b>
<b>Comments:</b>	

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<b>Employed:</b> PHYSICAL THERAPY INC	<b>Supervisor:</b>
<b>City:</b> POTEAU	<b>State:</b> OK <b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 3 / 2014 <b>To:</b> 9 / 2015 <b>Verified:</b>
<b>Comments:</b>	

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<b>Employed:</b> VIACARE	<b>Supervisor:</b>
<b>City:</b> VAN BUREN	<b>State:</b> AR <b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 5 / 2009 <b>To:</b> / <b>Verified:</b>
<b>Comments:</b>	

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<b>Employed:</b> STEIN ANCILLARY SERVICES	<b>Supervisor:</b>
<b>City:</b> WILBURTON	<b>State:</b> OK <b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 11 / 2008 <b>To:</b> 1 / 2012 <b>Verified:</b>
<b>Comments:</b>	

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<b>Employed:</b> PHYSICAL THERAPY INC	<b>Supervisor:</b>
<b>City:</b> POTEAU	<b>State:</b> OK <b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 12 / 2007 <b>To:</b> 11 / 2008 <b>Verified:</b>
<b>Comments:</b>	

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<b>Employed:</b> RESTORE THERAPY SERVICES	<b>Supervisor:</b>
<b>City:</b> FORT SMITH	<b>State:</b> AR <b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 8 / 2007 <b>To:</b> 1 / 2008 <b>Verified:</b>
<b>Comments:</b>	

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<b>Employed:</b> REGIONAL HEALTHCARE	<b>Supervisor:</b>
<b>City:</b> FORT SMITH	<b>State:</b> AR <b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 3 / 2007 <b>To:</b> 8 / 2007 <b>Verified:</b>
<b>Comments:</b>	

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<b>Employed:</b> REHABCARE	<b>Supervisor:</b>
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## Oklahoma State Board of Medical Licensure and Supervision

### Application Summary

**Type**      **Number**      **Name**  
 TA              1273      OLIE MELANE DUNCAN

Physical Therapist Assistant

<b>City:</b> ST LOUIS	<b>State:</b> MO	<b>Country:</b> UNITED STATES
<b>Specialty:</b> REHAB	<b>From:</b> 1 / 2006	<b>To:</b> 3 / 2007
<b>Verified:</b>		
<b>Comments:</b>		
<hr/>		
<b>Employed:</b> STEIN ANCILLARY SERVICES	<b>Supervisor:</b>	
<b>City:</b> VAN BUREN	<b>State:</b> AR	<b>Country:</b> UNITED STATES
<b>Specialty:</b> TA	<b>From:</b> 4 / 2004	<b>To:</b> 1 / 2007
<b>Verified:</b>		
<b>Comments:</b>		
<hr/>		
<b>Employed:</b> SKILLED NURSING FACILITY	<b>Supervisor:</b>	
<b>City:</b> POCOLA	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 3 / 2004	<b>To:</b> 4 / 2004
<b>Verified:</b>		
<b>Comments:</b>		
<hr/>		
<b>Employed:</b> REHABSOURCE	<b>Supervisor:</b>	
<b>City:</b> OKLAHOMA CITY	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 10 / 2003	<b>To:</b> 3 / 2004
<b>Verified:</b>		
<b>Comments:</b>		
<hr/>		
<b>Employed:</b> HOME HEALTH	<b>Supervisor:</b>	
<b>City:</b> POTEAU, WISTER	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> CNA/HHA	<b>From:</b> 10 / 2000	<b>To:</b> 5 / 2001
<b>Verified:</b>		
<b>Comments:</b>		
<hr/>		
<b>Employed:</b> H & R BLOCK	<b>Supervisor:</b>	
<b>City:</b> POTEAU	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> NOT SPECIFIED	<b>From:</b> 1 / 1997	<b>To:</b> 5 / 2001
<b>Verified:</b>		
<b>Comments:</b>		
<hr/>		
<b>Employed:</b> VARIOUS HEALTH FACILITIES	<b>Supervisor:</b>	
<b>City:</b> HEAVENER, POTEAU, SPIRO	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> CNA/HHA	<b>From:</b> 8 / 1995	<b>To:</b> 8 / 1998
<b>Verified:</b>		
<b>Comments:</b>		
<hr/>		
<b>Employed:</b> NONE	<b>Supervisor:</b>	
<b>City:</b> POTEAU	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> STAY AT HOME MOM FOR A FEW YEARS.	<b>From:</b> 4 / 1992	<b>To:</b> 5 / 1995
<b>Verified:</b>		
<b>Comments:</b>		
<hr/>		
<b>Employed:</b> SONIC/OAKS HEALTHCARE	<b>Supervisor:</b>	
<b>City:</b> POTEAU	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> FOOD SERVICE/NURSING HOME	<b>From:</b> 10 / 1990	<b>To:</b> 12 / 1992
<b>Verified:</b>		
<b>Comments:</b>		

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA            1273      OLIE MELANE DUNCAN  
 Physical Therapist Assistant

<b>Other Licenses</b>						
<b>State</b>	<b>Lic Type and Number</b>		<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>
OK	TA 1273		I	9/17/03	1/31/24	9/3/24
AR	TA PTA1970		I	9/9/03	1/3/15	9/3/24

**DEFICIENCIES**  
 Time Deficiency Form for: 9/2015-3/2016, 12/2022- PRESENT MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS  
 OTHER DEFICIENCIES: WHEN DID YOU STOP WORKING FOR VIACARE?/ WHEN IS THE LAST TIME YOU WORKED AS A PTA?



State of Oklahoma  
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email: [REDACTED]

September 27, 2024

Myshal Jones, TA Applicant 2185  
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Re-Entry of your Physical Therapist Assistant Licensure** has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **October 22, 2024, at 9:00 a.m.** You may appear at the office of the Oklahoma State Board of Medical Licensure and Supervision, 101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See *Okla. Admin. Code* 435:20-3-6(b) provided below).

Information provided on your application reflects:

- a. Your Oklahoma Physical Therapist Assistant license lapsed on **January 31, 2018**; and
- b. Your **last practice** as a Physical Therapist Assistant occurred in **March 2016**; and
- c. You are **not currently licensed** as a Physical Therapist Assistant in any other state.

Our records indicate that you appeared before the Physical Therapy Advisory Committee on **December 6, 2019**. The excerpt from the minutes is reflected below.

**MYSHAL OLIVE** appeared via web video in support of her application for re-entry of Physical Therapist Assistant licensure. Her license lapsed January 31 of 2018 and she last practiced in March of 2016. She is not currently licensed in another state. She quit practice to start a family and is now ready to return to the practice of physical therapy. Ms. Hinkle moved to recommend approval of the application of **MYSHAL OLIVE** for re-entry of Physical Therapist Assistant licensure pending completion of two months (44 days) of direct, on-site supervision with a report provided from her supervisor at the completion thereof and 60 continuing education units. Ms. Hincke seconded the motion and the vote was unanimous in the affirmative..

Our records indicate that you did not comply with the committee's recommendations and your application went into no response.

**OAC § 435:20-3-6(b)**

(b) Re-entry requirements.

Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with **licenses lapsed more than three months** wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. **Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:**

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;

Please confirm attendance either in person or virtually.

Sincerely,

*Lisa K Cullen*

Lisa K. Cullen  
Director of Licensing

Physical Therapy Advisory Committee

Minutes

The Physical Therapy Committee of the Board of Medical Licensure and Supervision met on December 6, 2019, in accordance with the Open Meeting Act. The meeting was held at the office of the Board, 101 NE 51st Street, Oklahoma City, Oklahoma. Advance notice of this regularly scheduled meeting was transmitted to the Oklahoma Secretary of State on October 10, 2018, and posted on the Board's website on December 4, 2019 at 12:50 p.m. in accordance with Title 25 O.S. § 311.9.

Members Present:

Jennifer Ball, PT/ATC, MHR, Chair  
Carla Hinkle, MS, PTA, Vice-Chair  
Kelly Berry, PT, MPH, Cert. MDT  
Mitsy Martin-Davis, PT  
Kristin Hincke, Public Member

Others present:

Reji Varghese, Deputy Director  
Barbara J. Smith, Executive Secretary  
Lisa Cullen, Director of Licensing  
Kenna Shaw, Application Analyst  
Rachel Herbert, CEU Processor  
Elisa Luman, Administrative Technician (Licensing)  
Thomas Schneider, Assistant Attorney General, Committee Advisor

Having noted a quorum, Ms. Ball called the meeting to order at 9:00 a.m.

Following Committee review, Ms. Martin-Davis moved to approve the minutes of September 27, 2019, as written. Ms. Hinkle seconded the motion and the vote was unanimous in the affirmative.

**MYSHAL OLIVE** appeared via web video in support of her application for re-entry of Physical Therapist Assistant licensure. Her license lapsed January 31 of 2018 and she last practiced in March of 2016. She is not currently licensed in another state. She quit practice to start a family and is now ready to return to the practice of physical therapy. Ms. Hinkle moved to recommend approval of the application of **MYSHAL OLIVE** for re-entry of Physical Therapist Assistant licensure pending completion of two months (44 days) of direct, on-site supervision with a report provided from her supervisor at the completion thereof and 60 continuing education units. Ms. Hincke seconded the motion and the vote was unanimous in the affirmative.

**MECHELLE PETTY** appeared in support of her application for re-entry of Physical Therapist licensure. Her license lapsed January 31 of 2016 and she last practiced in January of 2016. She is not licensed in another state. She quit practice to open a seafood restaurant and now wishes to return to the practice of physical therapy. Her application is incomplete. Ms. Berry moved to recommend approval of the application of **MECHELLE PETTY** for re-entry of



**From:** [REDACTED]  
**To:** [Licensing](#)  
**Subject:** [EXTERNAL] PTA License Application for Reinstatement- #2185  
**Date:** Tuesday, September 17, 2024 5:02:23 PM  
**Attachments:** [Time Deficiency Form.pdf](#)  
[Letter to Board.pdf](#)  
[Application Instructions- Signed.pdf](#)

---

Hello my name is Myshal Olive (Myshal Jones),  
I wanted to respond with follow up to the email to reinstate my physical therapist assistant license:

Last time I practiced as a PTA was March 29th 2016. (I became a mom on March 30th, 2016 and have been a stay at home parent since)

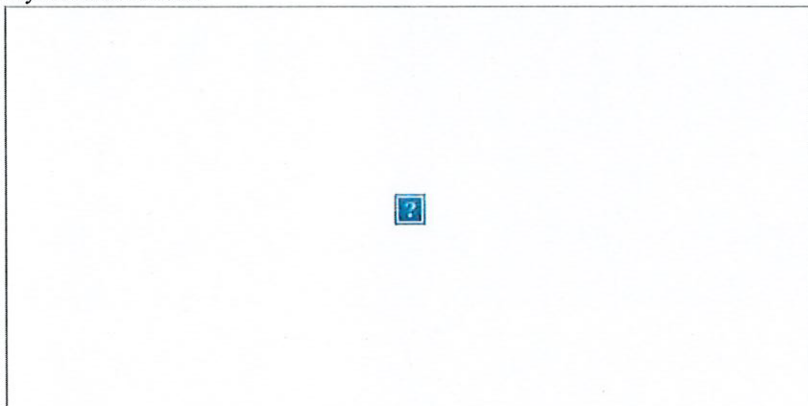
From 7/2012-11/2012- I was finishing requirements and clinicals post graduation.

I have no other PTA licenses.

Below, I have submitted my signed \*Application Instructions and my \*Time Deficiency Form, as well as a letter to the board.

I have an appointment for a background check on 9/18/2024 and will complete my Oath and Photo Page on 9/18/2024. I will mail that back after completion.

Thank you for your consideration,  
Myshal Leanne Olive



- WHEN WAS THE LAST TIME YOU PRACTICED AS A PTA?  
- DO YOU HAVE ANY OTHER PTA LICENSES?



MYSHAL OLIVE



WOODWARD, OKLAHOMA

## PTA LICENSE REINSTATEMENT

PENDING LICENSE #2185

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To whom it may concern,

My name is Myshal Olive, and I am writing in regards to the reinstatement of my Physical Therapist Assistant license. I graduated in 2012 and had the privilege of practicing in the OKC metro and Norman, OK from 2012 through 2016 while my husband was in dental school at OU. After his graduation, we moved to NW Oklahoma and welcomed our first baby in March of 2016. At this time, I chose to stay at home with our little one. Since having our first child, we had our second baby in 2018 and then by His grace we were able to adopt our 3rd little girl in August of 2021. Being a mom was and has been the greatest joy of my life, but while doing so my license was not kept up to date. After becoming a mother, I could not see myself ever giving up that time or missing the sweet milestones of their lives. I have loved every moment and at the same time I have come to realize my passion for therapy is still very much alive.

After having the privilege of being a full-time mom for the past 8+ years, I am realizing that I need something to help give me purpose outside of just being "mom". That title will always be my favorite for sure, but I am eager to start again with a new passion to help my community and be able to work in the field that I fell in love with so long ago. Not only do I long to do therapy again and reignite that passion, but I also live in an underserved community in which I feel I can have a real impact and help many people. I look forward to the next chapter and am excited to see my mind grow and be able to adapt to new things. I hope to one day, very soon, practice as a PTA again. Thank you for your time and consideration.

WARM REGARDS,

*myshal l. olive*

MYSHAL OLIVE

RCVD 9/17/2024  
TA 2185  
MT

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA              2185      MYSHAL LEANNE OLIVE  
 Physical Therapist Assistant

**Practice Address:**  
 January 07, 2019

, OK  
 NOT OKLAHOMA

**Status:** I  
**Res:** RI  
**Received:** 08/20/2024  
**Entered:** 08/20/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 2185  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT EXAM  
**Orig Issued:** 11/08/2012      **Orig. Lic. Exp:** 01/31/2018

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		680			

PRE-MED EDUCATION			
<hr/>			
<b>School Name:</b> MURRAY STATE COLLEGE	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> TISHOMINGO	<b>From:</b> 6/2009	<b>To:</b> 7/2012	<b>Verified:</b>
<b>Degree:</b> ASSOCIATE APPLIED SCIENCE-PTA			
<hr/>			
<b>School Name:</b> DICKSON HIGH SCHOOL	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> ARDMORE	<b>From:</b> 7/2007	<b>To:</b> 5/2011	<b>Verified:</b>
<b>Degree:</b>			



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA            2185      MYSHAL LEANNE OLIVE  
 Physical Therapist Assistant

### PRACTICE HISTORY

<b>Employed:</b> NONE		<b>Supervisor:</b>		
<b>City:</b> WOODWARD		<b>State:</b> OK	<b>Country:</b>	
<b>Specialty:</b> STAY AT HOME MOM	<b>From:</b> 3 / 2016	<b>To:</b> /		<b>Verified:</b>
<b>Comments:</b> 9/17/24MT- CURRENT STATUS				

<b>Employed:</b> ERNC		<b>Supervisor:</b>		
<b>City:</b> OKLAHOMA CITY		<b>State:</b> OK	<b>Country:</b>	
<b>Specialty:</b> PTA	<b>From:</b> 3 / 2014	<b>To:</b> 11 / 2015		<b>Verified:</b>
<b>Comments:</b>				

<b>Employed:</b> ERNC		<b>Supervisor:</b>		
<b>City:</b> OKLAHOMA CITY		<b>State:</b> OK	<b>Country:</b>	
<b>Specialty:</b> PTA	<b>From:</b> 1 / 2014	<b>To:</b> 2 / 2014		<b>Verified:</b>
<b>Comments:</b>				

<b>Employed:</b> BROOKHAVEN EXTENSIVE CARE FACILITY		<b>Supervisor:</b>		
<b>City:</b> NORMAN		<b>State:</b> OK	<b>Country:</b>	
<b>Specialty:</b> PTA	<b>From:</b> 12 / 2013	<b>To:</b> 3 / 2016		<b>Verified:</b>
<b>Comments:</b>				

<b>Employed:</b> RELIANT REHAB SOUTH		<b>Supervisor:</b>		
<b>City:</b>		<b>State:</b> OK	<b>Country:</b>	
<b>Specialty:</b> PTA	<b>From:</b> 11 / 2012	<b>To:</b> 11 / 2014		<b>Verified:</b>
<b>Comments:</b>				

#### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	TA 2185	I	11/8/12	1/31/18	9/17/24

#### DEFICIENCIES

Time Deficiency Form for: 7/2012- 11/2012- MUST USE TIME DEFICIENCY FORM



# State of Oklahoma

## Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

September 9, 2024

Danielle Smith, TA Applicant 3827  
[REDACTED]

### NOTICE OF COMMITTEE APPEARANCE

Our offices are in receipt of your request to reapply for the *FSBPT examination for the third time*. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **October 22, 2024, at 9:00 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:20-3-5(d)(3)* provided below)

**Your study guide must be received prior to Wednesday, October 2, 2024. You should be prepared to discuss this with the committee. The study guide should be in calendar format and should contain a detailed plan of study including, but not limited to, your area(s) of weakness reflected on previous examination. The study guide should list what resources you are using (i.e., textbooks, study materials, PEAT, NPTE performance feedback, etc.). If the study guide is not received by the deadline, your request will be removed from the agenda.**

Information provided on your FSPBT Examination Score Reports reflects:

- (a) You attended and graduated from Carl Albert State College in May 2024; and
- (b) Your first attempt of the FSBPT examination occurred on April 4, 2024, which reflects a score of **587**; and
- (c) Your second attempt of the FSBPT examination occurred on July 3, 2024, which reflects a score of **563**.

Oklahoma Administrative Code § 435:20-3-5(d)(3)

(d) Passing score.

In the event the examination used, for either Physical Therapists or Physical Therapist Assistants, is provided by the recognized examination service providing a nationally accepted standardized examination, the candidate will pass based on criterion referenced standards as established by the recognized examination service. This passing point will be set equal to a scaled score of 600 based on a scale ranging from 200 to 800. Prior to March 1993 no criterion referenced scoring system existed; examinations taken prior to March 1993 shall be considered to have passed if his/her raw score on the total examination fell within 1.50 standard deviation below the National Average for the particular examination.

**(3) In the event of failure to pass the second examination, the applicant:**

- (A) may not practice; and**
- (B) must meet with the Committee; and**
- (C) must submit a new application.**

**(4) In the event of failure to pass the third examination, an applicant will not be eligible to re-apply for examination in Oklahoma.**

Please confirm your attendance at this meeting either in person or virtually.

Sincerely,

*Lisa K. Cullen*

Lisa K. Cullen  
Director of Licensing

## NPTAE Plan of Study Schedule

Sunday	Monday	Tuesday	Wed	Thursday	Friday	Sat
Read <b>Ch4</b> and create outline. Highlight the areas in your outline that you feel you are least prepared for and give each 15-20 minutes	Perform Blind Attempt at Proficiencies from <b>Ch4</b>	Assess Blind Attempt from <b>Ch4</b> and create a QRS	Off, no formal study	Perform 2 <sup>nd</sup> Blind attempt at Proficiencies from <b>Ch4</b> . <b>Record Score here</b>	Review <b>Musculoskeletal Notecards</b> . Track notecards that were incorrect. Repeat process until 90% or greater are correct.	Send formal <b>Email</b> to PTA Faculty with <u>Self-Assessment</u> including what areas from <b>Chapter 4</b> you are weak in.
Read <b>Ch5</b> and create outline. Highlight the areas in your outline that you feel you are least prepared for and give each 15-20 minutes	Perform Blind Attempt at Proficiencies from <b>Ch5</b>	Assess Blind Attempt from <b>Ch5</b> and create a QRS	Off, no formal study	Perform 2 <sup>nd</sup> Blind attempt at Proficiencies from <b>Ch5</b> <b>Record Score here</b>	Review <b>Neurological Notecards</b> . Track notecards that were incorrect. Repeat process until 90% or greater are correct.	Send formal <b>Email</b> to PTA Faculty with <u>Self-Assessment</u> including what areas from Chapter 5 you are weak in.
Construct 5 <b>sample test questions</b> from <b>chapter 4 and 5</b> . Be sure you have never seen the question before and supply four answer options.	<b>Discuss</b> sample questions you created with a peer, instructor, clinical instructor or clinician.	<b>Review and Re-write ALL Practice Test QRS forms. No Less than 60 minutes here.</b>	<b>Note cards</b> from Chapter 4 and 5. Complete as many times necessary to score 90 % or higher	Perform Blind Attempts at <b>Ch4/Ch5 Proficiencies</b> <b>Complete at 90% or higher in 90 minutes</b>	Review Blind Attempts at <b>Ch4/Ch5 Proficiencies</b>	Send formal <b>Email</b> to PTA Faculty with <u>Self-Assessment</u> Discuss outcomes of <b>90% or higher in 90 minutes</b>
Read <b>Ch6</b> and create outline. Highlight the areas in your outline that you feel you are least prepared for and give each 15-20 minutes	Perform Blind Attempt at Proficiencies from <b>Ch6</b>	Assess Blind Attempt from <b>Ch6</b> and create a QRS	<b>Scorebuilder's Test 1 Re-Attempt</b>  <b>Review Performance Analysis on this Attempt and/ or QRS</b>	Perform 2 <sup>nd</sup> Blind attempt at Proficiencies from <b>Ch6</b>	Review <b>Cardiopulm. Notecards</b> . Track notecards that were incorrect. Repeat process until 90% or greater are correct.	Send formal <b>Email</b> to PTA Faculty with <u>Self-Assessment</u> including what areas from Chapter 5 you are weak in.

Read <b>Ch7</b> and create outline. Highlight the areas in your outline that you feel you are least prepared for and give each 15-20 minutes	Perform Blind Attempt at Proficiencies from <b>Ch7</b>	Assess Blind Attempt from <b>Ch7</b> and create a QRS	<b>Scorebuilder's Test 2</b>  <b>Re-Attempt Review Performance Analysis on this Attempt and/ or QRS</b>	Perform 2 <sup>nd</sup> Blind attempt at Proficiencies from <b>Ch7</b>	Review <b>Other Systems Notecards</b> . Track notecards that were incorrect. Repeat process until 90% or greater are correct.	Send formal <b>Email</b> to PTA Faculty with <u>Self-Assessment</u> including what areas from <b>Chapter 7</b> you are weak in.
Read <b>Ch8</b> and create outline. Highlight the areas in your outline that you feel you are least prepared for and give each 15-20 minutes	Perform Blind Attempt at Proficiencies from <b>Ch8</b>	Assess Blind Attempt from <b>Ch8</b> and create a QRS	<b>Scorebuilder's Test 3</b> <b>Re-Attempt Review Performance Analysis on this Attempt and/ or QRS</b>	Review <b>NON Systems Notecards</b> . Track notecards that were incorrect. Repeat process until 90% or greater are correct.	Perform Blind Attempts at <b>Ch6/Ch7 Proficiencies Complete at 90% or higher in 90 minutes</b>	Send formal <b>Email</b> to PTA Faculty with <u>Self-Assessment</u> including what areas from <b>Chapter 8</b> you are weak in.
Read <b>Ch9</b> and create outline. Highlight the areas in your outline that you feel you are least prepared for and give each 15-20 minutes	Perform Blind Attempt at Proficiencies from <b>Ch9</b>	Assess Blind Attempt from <b>Ch9</b> and correct	Perform 2 <sup>nd</sup> Blind attempt at Proficiencies from <b>Ch8/9</b>	Off, no formal study	Perform Blind Attempts at <b>Chapters 4/5/6/7/8/9 Proficiencies Complete at 90% or higher on 3.5 hours or less</b>	Send formal <b>Email</b> to PTA Faculty with <u>Self-Assessment</u> including what areas from <b>Chapter 8</b> you are weak in.
<b>Complete PEAT Attempt 1</b>	Perform Analysis on PEAT Attempt 1. Identify and rank systems from best to worst 20-30 minutes	Perform a QRS on PEAT Attempt 1	Off, no formal study	<b>Airway Clearance Technique Assignment</b>	<b>Muscle Action Assignment</b>	Send formal Email to PTA Faculty with <u>Self-Assessment</u> including what areas from <b>PEAT ATTEMPT 1</b> you are weak in.

<b>Scorebuilder's Test 1 Re-Attempt</b>  <b>Review Performance Analysis on this Attempt</b>	Perform a new QRS for Scorebuilders Practice test 1	<b>Lymphedema Assignment</b>	<b>Respiratory Values Assignment</b>	Off, no formal study	Perform Blind Attempts at <b>Chapters 4/5/6/7/8/9 Proficiencies</b>  <b>Complete at 90% or higher on 3.5 hours or less</b>	Send formal Email to PTA Faculty with Self-Assessment including what has improved from Scorebuilders practice exam 1
<b>Complete PEAT Attempt 2</b>	Perform Analysis on PEAT Attempt 2. Identify and rank systems from best to worst	Perform a QRS on PEAT Attempt 2	Off, no formal study	<b>Gait Assignment</b>	<b>Pediatric Assignment</b>	Send formal Email to PTA Faculty with <u>Self-Assessment</u> including what areas from <b>PEAT ATTEMPT 2</b> you are weak in.
<b>Scorebuilder's Test 2 Re-Attempt</b>  <b>Review Performance Analysis on this Attempt</b>	Perform a new QRS for Scorebuilders Practice test 2	Off, no formal study	<b>Amputee/ Prosthetics Assignment</b>	<b>Normative Values Assignment</b> Chapters 4-8	<b>Medications Assignment</b>	Send formal Email to PTA Faculty with Self-Assessment including what has improved from Scorebuilders <b>practice exam 2</b>
<b>Scorebuilder's Test 3 Re-Attempt</b>  <b>Review Performance Analysis on this Attempt</b>	Review ALL Assignments (Airway, muscle action, lymphedema, respiratory, gait, pediatric amputee, normative values, medications)	<b>NPTAE Attempt</b>		<b>REST!!!!</b>		

**Airway Clearance Assignment**

Answer the following questions without using the resources you have. If a word comes up that is foreign, please take the time to stop and look it up! After first attempt, grade and repeat the process using any and all resources you have.

1. List the indications for airway clearance?
2. What is the active cycle of breathing?
3. What is autogenic drainage?
4. What is Huffing and why is it used?
5. What is the procedure for postural drainage?
6. What are the contraindications for all positions of postural drainage?
7. What is the Trendelenburg position AND what is it contraindicated for?
8. What is the procedure for percussion and vibration?
9. What postural drainage occurs with the patient leaning back at 30-40 degrees (what lobes?)
10. What postural drainage occurs with the patient  $\frac{1}{4}$  from prone and the left side (what lobes?)
11. What postural drainage occurs with the patient  $\frac{1}{4}$  from prone and the right side (what lobes?)
12. What postural drainage occurs with the patient  $\frac{1}{4}$  from supine on the right side and in Trendelenburg (what lobes?)
13. What postural drainage occurs with the patient  $\frac{1}{4}$  from supine on the left side and in Trendelenburg (what lobes?)
14. What postural drainage occurs with the patient is in prone with the bed horizontal? (What lobes?)
15. What postural drainage occurs with the patient is in supine and in Trendelenburg (what lobes?)
16. What postural drainage occurs with the patient is in prone and in Trendelenburg (what lobes?)
17. What postural drainage occurs with the patient is in side lying and in Trendelenburg (what lobes?)
18. What is Pursed Lip Breathing and its indications?

**Muscle Action Assignment**

Answer the following questions without using the resources you have. If a word comes up that is foreign, please take the time to stop and look it up! After first attempt, grade and repeat the process using any and all resources you have.

1. List the muscles and their nerve innervation that perform cervical flexion
2. List the muscles and their nerve innervation that perform cervical lateral flexion
3. List the muscles and their nerve innervation that perform cervical extension
4. List the muscles and their nerve innervation that perform scapular elevation
5. List the muscles and their nerve innervation that perform scapular retraction
6. List the muscles and their nerve innervation that perform scapular protraction
7. List the muscles and their nerve innervation that perform shoulder abduction
8. List the muscles and their nerve innervation that perform shoulder adduction
9. List the muscles and their nerve innervation that perform shoulder external/ lateral rotation
10. List the muscles and their nerve innervation that perform shoulder internal/ medial rotation
11. List the muscles and their nerve innervation that perform shoulder flexion
12. List the muscles and their nerve innervation that perform shoulder extension
13. List the muscles and their nerve innervation that perform elbow flexion
14. List the muscles and their nerve innervation that perform elbow extension
15. List the muscles and their nerve innervation that perform wrist flexion
16. List the muscles and their nerve innervation that perform wrist extension
17. List the muscles and their nerve innervation that perform lumbar flexion
18. List the muscles and their nerve innervation that perform lumbar extension
19. List the muscles and their nerve innervation that perform hip flexion
20. List the muscles and their nerve innervation that perform hip extension
21. List the muscles and their nerve innervation that perform hip abduction
22. List the muscles and their nerve innervation that perform hip adduction
23. List the muscles and their nerve innervation that perform knee flexion
24. List the muscles and their nerve innervation that perform knee extension
25. List the muscles and their nerve innervation that perform ankle dorsiflexion
26. List the muscles and their nerve innervation that perform ankle plantarflexion
27. List the muscles and their nerve innervation that perform ankle inversion
28. List the muscles and their nerve innervation that perform ankle eversion

### **Lymphedema Assignment**

Answer the following questions without using the resources you have. If a word comes up that is foreign, please take the time to stop and look it up! After first attempt, grade and repeat the process using any and all resources you have.

1. Define lymphedema and its primary signs
2. When measuring limb circumferences for lymphedema, what device should be used to measure with?
3. When measuring limb circumferences for lymphedema, what is the recommendation for the standard point of reference in a specified distance?
4. When measuring limb circumferences for lymphedema, how many measurements should be taken?
5. When measuring limb circumferences for lymphedema, what constitutes Mild?
6. When measuring limb circumferences for lymphedema, what constitutes Moderate?
7. When measuring limb circumferences for lymphedema, what constitutes Severe?
8. Describe the manual lymphatic drainage technique for treating lymphedema
9. Describe the manual compression therapy technique for treating lymphedema
10. Describe the manual exercise technique for treating lymphedema and it's precautions
11. Why should the lymphedema patient avoid injury to the skin?
12. Why should the lymphedema patient avoid constrictive clothing?
13. Why should the lymphedema patient avoid being overweight?
14. Why should the lymphedema patient carefully observe changes in the size of a limb during exercise?
15. Why should the lymphedema patient avoid extreme hot and cold temps?
16. Why should the lymphedema patient wear compression garments during activity?
17. What is hyperkeratosis?
18. What is non-pitting edema and when does it occur?
19. What is a papilloma?
20. What is pitting edema and when does it occur?
21. What is stemmer's sign?



### **Gait Assignment**

Answer the following questions without using the resources you have. If a word comes up that is foreign, please take the time to stop and look it up! After first attempt, grade and repeat the process using any and all resources you have.

1. List the stance phase in traditional terminology
2. List the swing phase in traditional terminology
3. List the stance phase in Ranchos Los Amigos Terminology
4. List the swing phase in Ranchos Los Amigos
5. What are the main differences between traditional and RLA terminology?
6. What is the name of the phase between heel strike and toe off?
7. At what period of stance phase is the person's overall height the greatest?
8. What happens to step length and cadence when a person increases walking speed?
9. If foot drop is present, which parts of the swing and stance phase will be altered?
10. If plantar flexor paralysis exists, what part of the stance and wing phase would be altered?
11. If plantar flexor spasticity exists, what part of the stance and swing phase will be altered?
12. If knee flexion is locked and the knee remains in 0 degrees, what part of the stance and swing phase will be altered?
13. What gait pattern would be expected of a patient using a KAFO?
14. What gait pattern would be expected of a patient using a leg prosthesis that is too long?
15. If a person has impaired balance or is unsteady, what adjustments will be made to their gait?
16. If a person has weak glute max muscles, what adjustments are made to their gait?
17. If a person has hip flexor and knee flexor contractures, what adjustments are made to their gait?
18. When a person has weak glute med on the right side, what occurs at the left pelvis during gait?
19. When a person needs normal pelvic rotation for normal gait, what is the required degrees of ROM?
20. When a person needs normal hip extension for normal gait, what is the required degrees of ROM?
21. When a person needs normal hip flexion for normal gait, what is the required degrees of ROM?
22. What is normal vertical displacement during the gait cycle?
23. What is normal horizontal displacement during the gait cycle?
24. What is normal toe out at the end of the swing phase?
25. How many single support period occur during a single gait cycle?

**Amputee/ Prosthetic Assignment**

Answer the following questions without using the resources you have. If a word comes up that is foreign, please take the time to stop and look it up! After first attempt, grade and repeat the process using any and all resources you have.

1. Define a Syme's amputation.
2. Define a chop art's amputation
3. Define a Lis franc amputation
4. What amputation would receive a prosthesis with a ischial containment socket?
5. What amputation would receive a prosthesis with a patella tendon bearing socket?
6. What amputation would receive a prosthesis with a quadrilateral socket?
7. What amputation would receive a prosthesis with a supracondylar patella tendon socket?
8. What are five types of suspension in a prosthesis for a transfemoral amputation?
9. What are five types of suspension in a prosthesis for a transtibial amputation?
10. What are three advantages of rigid (plaster of Paris) post-operative dressing after amputation?
11. What are three DIS-advantages of rigid (plaster of Paris) post-operative dressing after amputation?
12. What are three advantages of semi-rigid (Unna paste) post-operative dressing after amputation?
13. What are three DIS-advantages of semi-rigid (Unna paste) post-operative dressing after amputation?
14. What are three advantages of Soft (Ace wrap) post-operative dressing after amputation?
15. What are three DIS-advantages of Soft (Ace wrap) post-operative dressing after amputation?
16. List four pressure tolerant areas of a transtibial residual limb:
17. List nine pressure sensitive areas of a transtibial residual limb:
18. List two pressure tolerant areas of a transfemoral residual limb:
19. List pressure sensitive areas of a transfemoral residual limb:
20. Where should you anchor the wrap for a transtibial amputation?
21. Where should you anchor the wrap for a transfemoral amputation?
22. What wrap size (width) is best for upper extremity amputations?
23. What wrap size (width) is best for transtibial amputations?
24. What wrap size (width) is best for transfemoral amputations?
25. What joint position is best for wrapping after a transradial amputation?
26. What is the difference between phantom limb and phantom pain?
27. What is the most common contracture associated with a Syme's amputation?
28. What is the most common contracture associated with a transfemoral amputation?
29. What is the most common contracture associated with a transtibial amputation?
30. What is a prosthetic cause for lateral bending as a gait deviation?
31. What is an amputee cause for lateral bending as a gait deviation?
32. What is a prosthetic cause for abducted gait as a gait deviation?
33. What is an amputee cause for abducted gait as a gait deviation?
34. What is a prosthetic cause for circumducted gait as a gait deviation?
35. What is an amputee cause for circumducted gait as a gait deviation?
36. What is a prosthetic cause for excessive knee flexion as a gait deviation?
37. What is an amputee cause for excessive knee flexion as a gait deviation?
38. What is a prosthetic cause for vaulting as a gait deviation?
39. What is an amputee cause for vaulting as a gait deviation?
40. What is a prosthetic cause for rotation of the forefoot as a gait deviation?
41. What is an amputee cause for rotation of the forefoot as a gait deviation?
42. What is a prosthetic cause for forward trunk flexion as a gait deviation?
43. What is an amputee cause for forward trunk flexion as a gait deviation?
44. What is a prosthetic cause for medial or lateral whip as a gait deviation?
45. What is an amputee cause for medial or lateral whip as a gait deviation?
46. Define pistoning:
47. Define Extension Assist:
48. List reasons why you would add sock layers
49. What is the purpose of a pylon?
50. Define and give the purpose of a shrinker

**Respiratory Values Assignment**

Answer the following questions without using the resources you have. If a word comes up that is foreign, please take the time to stop and look it up! After first attempt, grade and repeat the process using any and all resources you have.

1. The volume of air expired in one minute: \_\_\_\_\_
2. The volume of air in the lungs after maximal inspiration (the sum of all lung volumes)
3. The volume of air occupying NON-Respiratory conducting airways
4. The volume of air expired with forced maximal expiration AFTER forced maximal inspiration
5. The volume of air that can be exhaled AFTER normal exhalation
6. The volume of air the CAN BE inspired AFTER normal exhalation
7. The volume of air inspired and expired with quiet breathing
8. The volume change between max inspiration and max expiration
9. The volume of air in the lungs after normal exhalation
10. The volume of GAS remaining in the lungs after maximal expiration

Word Bank

Vital capacity  
Total lung capacity  
Inspiratory Capacity  
Forced Vital Capacity  
Tidal Volume  
Residual Volume  
Minute Volume Ventilation  
Forced Expiratory Volume  
Expiratory Reserve Volume  
Anatomic Dead Space

**Meds Assignment**

Answer the following questions without using the resources you have. If a word comes up that is foreign, please take the time to stop and look it up! After first attempt, grade and repeat the process using any and all resources you have.

1. Swallowing a medication so that it passes through the stomach and is eventually absorbed in the intestines: \_\_\_\_\_
2. A drug used to treat nasal congestion, common cold, sinusitis, and allergies: \_\_\_\_\_
3. These TWO drugs that will inhibit platelet aggregation, and thrombus and can cause a patient to bleed excessively when trauma occurs: \_\_\_\_\_ AND \_\_\_\_\_
4. Administration of a drug in a vein for circulation to get drug quickly and more accurate: \_\_\_\_\_
5. A drug used to loosen mucus and sputum to improve cough productivity
6. A drug that facilitates clot breakdown and increase blood flow: \_\_\_\_\_
7. A drug that can slow the rheumatic process and can have a high toxicity: \_\_\_\_\_
8. A drug that decreases blood pressure by decreasing heart rate but leads the PTA to look at other measures for exercise intensity: \_\_\_\_\_
9. A drug used to decrease spasm in a muscle: \_\_\_\_\_
10. A drug used to increase sodium excretion and urine to treat high blood pressure but can cause dehydration and low blood pressure: \_\_\_\_\_
11. A drug that provides a hormonal anti-inflammatory and metabolic effect that can suppress a systemic disease And can suppress immunity and the PTA should wear a mask when treating: \_\_\_\_\_
12. A drug that can decrease ischemia of coronary smooth muscle by dilation of the peripheral vessels but may lead to orthostatic hypotension: \_\_\_\_\_
13. A drug that is absorbed under the tongue: \_\_\_\_\_
14. A drug used to treat bronchospasm, asthma, but can also cause cardiac or vision problems if used to toxicity: \_\_\_\_\_
15. A drug that can transform to dopamine in the brain but can cause orthostatic hypotension: \_\_\_\_\_
16. A drug that can promote relaxation of an exaggerated stretch reflex: \_\_\_\_\_
17. These TWO drugs both decrease blood pressure and the patient should be watched for orthostatic hypotension and CHF: \_\_\_\_\_ and \_\_\_\_\_
18. A drug that provides analgesia, treats fever and can mask pain from the PTA: \_\_\_\_\_
19. A drug used to reduce or eliminate seizure activity and patients who are sensitive to light, sound, sleep deprivation: \_\_\_\_\_
20. A drug that can break down low density lipoproteins, decrease triglycerides, and increase high density lipoproteins: \_\_\_\_\_
21. A drug that provides analgesia to severe pain, stimulates opioid receptors and may cause bradypnea. \_\_\_\_\_
22. When using the gastrointestinal tract for administration of a drug: \_\_\_\_\_

**Word Bank**

- |                          |   |
|--------------------------|---|
| 1. Oral                  | 12. Diuretic                                |
| 2. Bronchodilator        | 13. Nitrate                                 |
| 3. Sublingual            | 14. Antihyperlipidemia                      |
| 4. Intra-venous          | 15. Anticoagulant                           |
| 5. DMARD                 | 16. Alpha Adrenergic Antagonist Agent       |
| 6. Corticosteroid        | 17. Angiotensin Converting Enzyme Inhibitor |
| 7. Non-opioid            | 18. Thrombolytic                            |
| 8. Opioid                | 19. Antihistamine                           |
| 9. Antiepileptic drug    | 20. Dopamine Replacement                    |
| 10. Antithrombotic agent | 21. Antispasticity agent                    |
| 11. Beta blocker         | 22. Antispasm agent                         |



State of Oklahoma  
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

September 9, 2024

Erica Taylor, TA Applicant 3509  
[REDACTED]

**NOTICE OF COMMITTEE APPEARANCE**

Our offices are in receipt of your request to reapply for the **FSBPT examination for the third time**. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **October 22, 2024, at 9:00 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:20-3-5(d)(3)* provided below)

**Your study guide must be received prior to Wednesday, October 2, 2024. You should be prepared to discuss this with the committee. The study guide should be in calendar format and should contain a detailed plan of study including, but not limited to, your area(s) of weakness reflected on previous examination. The study guide should list what resources you are using (i.e., textbooks, study materials, PEAT, NPTE performance feedback, etc.). If the study guide is not received by the deadline, your request will be removed from the agenda.**

Information provided on your FSBPT Examination Score Reports reflects:

- (a) You attended and graduated from Connors State College-Indian Capital Technology Center in December 2021; and
- (b) Your first attempt of the FSBPT examination occurred on July 6, 2022, which reflects a score of **546**; and
- (c) Your second attempt of the FSBPT examination occurred on April 4, 2023, which reflects a score of **579**.

**Oklahoma Administrative Code § 435:20-3-5(d)(3)**

**(d) Passing score.**

In the event the examination used, for either Physical Therapists or Physical Therapist Assistants, is provided by the recognized examination service providing a nationally accepted standardized examination, the candidate will pass based on criterion referenced standards as established by the recognized examination service. This passing point will be set equal to a scaled score of 600 based on a scale ranging from 200 to 800. Prior to March 1993 no criterion referenced scoring system existed; examinations taken prior to March 1993 shall be considered to have passed if his/her raw score on the total examination fell within 1.50 standard deviation below the National Average for the particular examination.

**(3) In the event of failure to pass the second examination, the applicant:**

- (A) may not practice; and**
- (B) must meet with the Committee; and**
- (C) must submit a new application.**

**(4) In the event of failure to pass the third examination, an applicant will not be eligible to re-apply for examination in Oklahoma.**

**Please confirm your attendance at this meeting either in person or virtually.**

Sincerely,

*Lisa K. Cullen*

Lisa K. Cullen  
Director of Licensing

## Highlights for October

# October 2024

MON	TUE	WED	THU	FRI	SAT	SUN
	1	2	3	4	5	6
	Neuro- Anatomy and Physiology (organization of the nervous system, structural components, and physiology)	Neuro- Anatomy and Physiology (organization of the nervous system, structural components, and physiology)	Neuro- Anatomy and physiology (Brain and spinal cord)	Neuro- Anatomy and physiology (Brain and spinal cord)	Review Learned Material	Rest
7	8	9	10	11	12	13
Neuro- Examination and Data Collection	Neuro- Intervention strategies for patients with neurological dysfunctions	Neuro- Intervention strategies for patients with neurological dysfunctions	Review Learned Material	Neuro- conditions/ pathologies, diseases with intervention	Neuro- conditions/ pathologies, diseases with intervention	Rest
14	15	16	17	18	19	20
Review Learned Material	Cardio- Anatomy and Physiology of the cardiac, vascular, and lymphatic systems	Cardio- Anatomy and Physiology of the cardiac, vascular, and lymphatic systems	Cardio- cardiovascular disease: evaluation, diagnosis, prognosis	Cardio- cardiovascular disease: evaluation, diagnosis, prognosis	Review Learned Material	Rest
21	22	23	24	25	26	27
Cardio- intervention strategies for patients with cardiac conditions	Cardio- intervention strategies for patients with cardiac conditions	Cardio- Intervention: peripheral vascular disease	Cardio- Lymphatic System	Cardio- Lymphatic System	Review Learned Material/ Board Preppers Course Begins	Rest

28	29	30	31		<b>Page 35 of 171</b>	
Pulmonary- Pulmonary anatomy and Physiology	Pulmonary- Physical Therapy Examination and data collection	Pulmonary- Physical Dysfunction/ Impairments	Pulmonary- Physical Dysfunction/ Impairments			

# November 2024

MON	TUE	WED	THU	FRI	SAT	SUN
				1	2	3
				Pulmonary-Physical Therapy Interventions	Pulmonary-intensive care unit management	Rest
4	5	6	7	8	9	10
Review Learned Material	Systems- Immune system	Systems- infectious Disease Control and Prevention (CDC) standard Precautions	Systems- hematological system and cancer	Systems- Gastrointestinal system and genital/reproductive system	Systems- Renal and urological systems, endocrine and metabolic systems, and Psychiatric conditions	Rest
11	12	13	14	15	16	17
Review Learned material	Integumentary- Integumentary system and conditions/pathology/diseases with intervention	Integumentary- Integumentary system and conditions/pathology/diseases with intervention	Integumentary- Physical therapy intervention for impaired integumentary integrity; burns; and skin ulcers	Therapeutic Exercise Foundations- training programs	Review Learned material	Rest
18	19	20	21	22	23	24



Musculo- Anatomy and Physiology of the musculoskeletal system; Principles of kinesiology and biomechanics	Musculo- Intervention strategies for patients with musculoskeletal system dysfunction	Musculo- Physical Therapy Examination and Data collection	Review Learned material	Musculo- conditions/Pathology/diseases with intervention	Musculo- conditions/ Pathology/d iseases with interventio n	Rest
25	26	27	28	29	30	
Musculo- conditions/Pathology/diseases with intervention	Musculo- Interventions for patients/clients with musculoskeletal conditions	Review learned Material	Thanksgiving (Rest Day)	Geriatric- Definitions and theories of aging; demographics and socioeconomic costs; patient care concepts; Physiological changes and adaptations associated with aging	Geriatric- Definitions and theories of aging; demographics and socioeconomic costs; patient care concepts; Physiologic al changes and adaptations associated with aging	

# December 2024

MON	TUE	WED	THU	FRI	SAT	SUN
						1 Rest
2 Review Learned material	3 Geriatrics- musculoskeletal conditions associated with aging adult; neurological disorders and diseases affecting aging adult; cognitive disorders affecting aging adults; Frequent problem areas for aging adults	4 Geriatrics- musculoskeletal conditions associated with aging adult; neurological disorders and diseases affecting aging adult; cognitive disorders affecting aging adults; Frequent problem areas for aging adults	5 Review Learned Material	6 Pediatric- The typically developing child; physical therapy examination and data collection; interventions; conditions/pathology, diseases: orthopedic disorders	7 Pediatric- The typically developing child; physical therapy examination and data collection; interventions; conditions/pathology, diseases: orthopedic disorders	8 Rest
9 Pediatric- The typically developing child; physical therapy examination and data collection; interventions;	10 Review Learned Material	11 Pediatric- conditions/pathology/diseases with intervention: pediatric neurological and genetic disorders;	12 Pediatric- conditions/pathology/diseases with intervention: pediatric neurological and genetic disorders;	13 Pediatric Review	14 Modalities- Physical agents; deep thermotherapy; mechanical agents and	15 Rest

conditions/pathology, diseases: orthopedic disorders		special considerations when working with pediatric population	special considerations when working with pediatric population		massage; concepts of electricity for treatment; specific electrical stimulation treatments	
16	17	18	19	20	21	22
Modalities-Physical agents; deep thermotherapy; mechanical agents and massage; concepts of electricity for treatment; specific electrical stimulation treatments	Modalities-Physical agents; deep thermotherapy; mechanical agents and massage; concepts of electricity for treatment; specific electrical stimulation treatments	Modalities Review	Functional Training, Equipment, and Devices: gait; ambulatory aids; orthotics; adhesive taping; prosthetics; wheelchairs; transfer training, bariatric specific equipment; environmental considerations; ergonomics	Functional Training, Equipment, and Devices: gait; ambulatory aids; orthotics; adhesive taping; prosthetics; wheelchairs; transfer training, bariatric specific equipment; environmental considerations; ergonomics	Functional Training, Equipment, and Devices: gait; ambulatory aids; orthotics; adhesive taping; prosthetics; wheelchair s; transfer training, bariatric specific equipment; environmental considerations; ergonomics	Rest
23	24	25	26	27	28	29
Review Learned Material	Teaching and Learning: educational theories: instruction; motor	Christmas Break	Management, safety, and professional roles: facility department management;	Research and evidence-based practice: roles and responsibilities; research design;	Research and evidence-based practice:	Rest

	learning; communication		patient safety and protection	evaluating the evidence; levels of evidence and grades of recommendation	roles and responsibili- ties; research design; evaluating the evidence; levels of evidence and grades of recommend- ation	
30	31	Jan 1, 2025	Jan 2, 2025	Jan 3, 2025	Rest	Rest
Review Learned Material	Review Material Struggling with	Review Material Struggling with	Review Material Struggling with	Review Material Struggling with		

I will also be taking the Board Preppers Course beginning October 26, 2024. I have enrolled in every course he offers and bought one-on-one study sessions. I am unsure of his course study schedule so this calendar will change a little for his testing days and practice testing.



State of Oklahoma  
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

July 23, 2024

Megan Thomas, Applicant TA 819  
[REDACTED]

**NOTICE OF COMMITTEE APPEARANCE**

Your application for *Re-Entry of your Physical Therapist Assistant Licensure* has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **October 22, 2024, at 9:00 a.m.** You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51<sup>st</sup> Street, Oklahoma City, OK 73105 or via Zoom. (See: *Okla. Admin. Code 435:20-3-6(b)* provided below).

Information provided on your application reflects:

- (a) Your Oklahoma license lapsed on **January 31, 2023**; and
- (b) You last practiced as a Physical Therapist Assistant on **Unknown per incomplete application**; and
- (c) You are **not currently licensed as a Physical Therapist Assistant in another state**.

**OAC § 435:20-3-6(b)**

(b) Re-entry requirements. Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses lapsed more than three months wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. **Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:**

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.

**Please confirm your attendance at this meeting either in person or virtually.**

Sincerely,

*Lisa K Cullen*

Lisa K. Cullen  
Director of Licensing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA              819      MEGAN MICHELLE THOMAS  
 Physical Therapist Assistant

**Practice Address:**

July 16, 2024  
 GREAT PLAINS REGIONAL MEDICAL CENTER  
 PO BOX 2339  
  
 ELK CITY, OK 73648  
 BECKHAM

**Status:** I  
**Res:** RI  
**Received:** 06/21/2024  
**Entered:** 06/21/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 819  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT  
**Orig Issued:** 10/07/1999      **Orig. Lic. Exp:** 01/31/2023

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		626			

PRE-MED EDUCATION					
<b>School Name:</b> SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
<b>City:</b> WEATHERFORD		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> BS/ATHLETIC TRAINING		<b>From:</b> 8/2000		<b>To:</b> 12/2002 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> S.W.O.S.U.					
<b>City:</b> WEATHERFORD		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> AAS PTA		<b>From:</b> 1/1995		<b>To:</b> 6/1999 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> SAYRE HIGH SCHOOL					
<b>City:</b> SAYRE		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> DIPLOMA		<b>From:</b> 8/1993		<b>To:</b> 5/1995 <b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA              819      MEGAN MICHELLE THOMAS  
 Physical Therapist Assistant

### PRACTICE HISTORY

---

**Employed:** WESTERN OKLAHOMA CHRISTIAN SCHOOL  
**City:** ELK CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** NEED JOB TITLE      **From:** 8 / 2015      **To:** /      **Verified:**  
**Comments:** 8/7/24MT- CURRENTLY WORKING

---

**Employed:** GREAT PLAINS REGIONAL MEDICAL CENTER  
**City:** ELK CITY      **State:** OK      **Country:** USA  
**Specialty:** AT      **From:** 12 / 2002      **To:** 7 / 2015      **Verified:**  
**Comments:**

---

**Employed:** GREAT PLAINS REGIONAL MEDICAL CENTER  
**City:** ELK CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** PTA      **From:** 5 / 2001      **To:** 7 / 2015      **Verified:**  
**Comments:**

---

**Employed:** GREAT PLAINS REGIONAL MEDICAL CENTER  
**City:** ELK CITY      **State:** OK      **Country:** USA  
**Specialty:** PTA      **From:** 2 / 2001      **To:** 5 / 2001      **Verified:**  
**Comments:**

---

**Employed:** GREAT PLAINS REG MED CTR  
**City:** ELK CITY      **State:** OK      **Country:** USA  
**Specialty:** PTA      **From:** 8 / 1999      **To:** 2 / 2001      **Verified:**  
**Comments:**

---

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Licensed Athletic Trainer 352	I	2/11/03	8/31/22	7/10/24
OK	TA 819	I	10/7/99	1/31/23	7/10/24

### DEFICIENCIES

Time Deficiency Form for: NEED JOB TITLE FOR WESTERN OKLA CHRISTIAN SCHOOL- RECEIVED TIME DEFICIENCY DID NOT ADDRESS THIS



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
TA	3509	ERICA LYNN TAYLOR
Physical Therapist Assistant		

**Practice Address:**  
August 27, 2024

,  
NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 07/27/2024  
**Entered:** 07/27/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 3509  
**Sex:** F  
**Ethnic Origin:** 3

**Endorsed By:**  
**Orig Issued:** **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	<b>Total Possible:</b>				
	<b>Okla Passing:</b>				
	<b>Total Score:</b>	3			

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA          3509          ERICA LYNN TAYLOR  
 Physical Therapist Assistant

<b>PRE-MED EDUCATION</b>			
<b>School Name:</b> CONNORS STATE COLLEGE/ICTC <b>City:</b> MUSKOGEE <b>Degree:</b> AAS-PTA	<b>State:</b> OK <b>From:</b> 1/2021	<b>Country:</b> UNITED STATES <b>To:</b> 12/ 2021	<b>Verified:</b>
<b>School Name:</b> CARL ALBERT STATE COLLEGE <b>City:</b> POTEAU <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 8/2018	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2020	<b>Verified:</b>
<b>School Name:</b> CARL ALBERT STATE COLLEGE <b>City:</b> POTEAU <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 8/2017	<b>Country:</b> UNITED STATES <b>To:</b> 12/ 2017	<b>Verified:</b>
<b>School Name:</b> CARL ALBERT STATE COLLEGE <b>City:</b> SALLISAW <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 8/2016	<b>Country:</b> UNITED STATES <b>To:</b> 12/ 2016	<b>Verified:</b>
<b>School Name:</b> CARL ALBERT STATE COLLEGE <b>City:</b> SALLISAW <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 5/2014	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2015	<b>Verified:</b>
<b>School Name:</b> CLOUD COUNTY COMMUNITY COLLEGE <b>City:</b> JUNCTION CITY <b>Degree:</b>	<b>State:</b> KS <b>From:</b> 1/2014	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2014	<b>Verified:</b>
<b>School Name:</b> CLOUD COUNTY COMMUNITY COLLEGE <b>City:</b> JUNCTION CITY <b>Degree:</b>	<b>State:</b> KS <b>From:</b> 8/2012	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2013	<b>Verified:</b>
<b>School Name:</b> CLOUD COUNTY COMMUNITY COLLEGE <b>City:</b> JUNCTION CITY <b>Degree:</b>	<b>State:</b> KS <b>From:</b> 5/2011	<b>Country:</b> UNITED STATES <b>To:</b> 7/ 2011	<b>Verified:</b>
<b>School Name:</b> CARL ALBERT STATE COLLEGE <b>City:</b> SALLISAW <b>Degree:</b>	<b>State:</b> OK <b>From:</b> 8/2008	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2011	<b>Verified:</b>
<b>School Name:</b> VIAN HIGH SCHOOL <b>City:</b> VIAN <b>Degree:</b> GED	<b>State:</b> OK <b>From:</b> 3/2008	<b>Country:</b> UNITED STATES <b>To:</b> 3/ 2008	<b>Verified:</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA            3509            ERICA LYNN TAYLOR  
 Physical Therapist Assistant

PRACTICE HISTORY					
<b>Employed:</b> NONE <b>City:</b> VIAN <b>Specialty:</b> UNEMPLOYED <b>Comments:</b> STAY AT HOME MOM.	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 5 /2020 <b>To:</b> 1 /2021 <b>Verified:</b>				
<b>Employed:</b> NONE <b>City:</b> VIAN <b>Specialty:</b> UNEMPLOYED <b>Comments:</b> STAY AT HOME MOM.	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 5 /2019 <b>To:</b> 8 /2019 <b>Verified:</b>				
<b>Employed:</b> NONE <b>City:</b> VIAN <b>Specialty:</b> UNEMPLOYED <b>Comments:</b> STAY AT HOME MOM	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2018 <b>To:</b> 8 /2018 <b>Verified:</b>				
<b>Employed:</b> NONE <b>City:</b> VIAN <b>Specialty:</b> UNEMPLOYED <b>Comments:</b> STAY AT HOME MOM	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 1 /2017 <b>To:</b> 8 /2017 <b>Verified:</b>				
<b>Employed:</b> NONE <b>City:</b> VIAN <b>Specialty:</b> UNEMPLOYED <b>Comments:</b> STAY AT HOME MOM	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 5 /2015 <b>To:</b> 8 /2016 <b>Verified:</b>				
<b>Employed:</b> NONE <b>City:</b> FORT RILEY <b>Specialty:</b> UNEMPLOYED <b>Comments:</b> STAY AT HOME MOM	<b>Supervisor:</b> <b>State:</b> KS <b>Country:</b> UNITED STATES <b>From:</b> 5 /2013 <b>To:</b> 1 /2014 <b>Verified:</b>				
<b>Employed:</b> NONE <b>City:</b> JUNCTION CITY <b>Specialty:</b> UNEMPLOYED <b>Comments:</b> STAY AT HOME MOM	<b>Supervisor:</b> <b>State:</b> KS <b>Country:</b> UNITED STATES <b>From:</b> 8 /2011 <b>To:</b> 8 /2012 <b>Verified:</b>				
<b>Employed:</b> Cherokee Nation Casino <b>City:</b> VIAN <b>Specialty:</b> WAITRESS <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 11 /2008 <b>To:</b> 2 /2009 <b>Verified:</b>				
<b>Employed:</b> NONE <b>City:</b> VIAN <b>Specialty:</b> UNEMPLOYED <b>Comments:</b> STAY AT HOME MOM.	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 3 /2008 <b>To:</b> 8 /2008 <b>Verified:</b>				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3509	ERICA LYNN TAYLOR

Physical Therapist Assistant

**DEFICIENCIES**

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 9/2007-3/2008; 12/2021- PRESENT- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: BOARD SECRETARY REQUESTING STATEMENT TO WHY YOU ANSWERED

"NO" TO EVER FAILING A LICENSURE-CERTIFICATION-REGISTRATION EXAM/ CANNOT PROCESS

RECEIVED TRAK-1 BACKGROUND CHECK- MUST BE SUBMITTED THROUGH IDENTOGO

Exam score missing



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3827	DANIELLE NICOLE SMITH

Physical Therapist Assistant

**DEFICIENCIES**

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 4/2019-8/2022; 5/2024 - PRESENT- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: \$30 REPROCESSING FEE

Form 1

Transcript

Exam score missing





## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA            3871            HAILEY VONN PRYOR  
 Physical Therapist Assistant

<b>PRACTICE HISTORY</b>					
<b>Employed:</b>	PHYSICAL THERAPY CENTRAL - SHAWNEE	<b>Supervisor:</b>	GROUP		
	<b>City:</b> SHAWNEE	<b>State:</b> OK	<b>Country:</b>		
	<b>Specialty:</b> TA	<b>From:</b> 9 / 2024	<b>To:</b> /	<b>Verified:</b>	
<b>Comments:</b>	3930 NORTH KICKAPOO, STE 4 SHAWNEE, OK 74801 405-585-0037				
<b>Employed:</b>	Heritage Royalties	<b>Supervisor:</b>			
	<b>City:</b> WETUMKA	<b>State:</b> OK	<b>Country:</b>	UNITED STATES	
	<b>Specialty:</b> PART TIME DATA ENTRY.	<b>From:</b> 5 / 2023	<b>To:</b> 7 / 2024	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b>	Chili's Grill and Bar	<b>Supervisor:</b>			
	<b>City:</b> ADA	<b>State:</b> OK	<b>Country:</b>	UNITED STATES	
	<b>Specialty:</b> SERVER/WAITRESS	<b>From:</b> 9 / 2019	<b>To:</b> 6 / 2023	<b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b>	Holdenville Public Pool	<b>Supervisor:</b>			
	<b>City:</b> HOLDENVILLE	<b>State:</b> OK	<b>Country:</b>	UNITED STATES	
	<b>Specialty:</b> LIFEGUARD	<b>From:</b> 5 / 2018	<b>To:</b> 8 / 2019	<b>Verified:</b>	
<b>Comments:</b>					

<b>Other Licenses</b>					
State	Lic Type and Number	Status	Issued	Exp	Verif

<b>DEFICIENCIES</b>
Exam score missing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA              3873      MARTIN JOSE  
 Physical Therapist Assistant

**Practice Address:**

July 23, 2024  
 COMPLETE CARE AT MIDDLEBURY  
 778 MIDDLEBURY RD  
  
 MIDDLEBURY, CT 06762-2401  
 NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 07/23/2024  
**Entered:** 07/23/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 3873  
**Sex:** M  
**Ethnic Origin:** 6

**Endorsed By:** FSBPT

**Orig Issued:**

**Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		664			

PRE-MED EDUCATION					
<b>School Name:</b> NORWALK COMMUNITY					
<b>City:</b> NORWALK		<b>State:</b> CT	<b>Country:</b> UNITED STATES		
<b>Degree:</b> ASSOCIATES -PTA		<b>From:</b> 8/2017	<b>To:</b> 5/2019	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> HOUSATONIC					
<b>City:</b> BRIDGEPORT		<b>State:</b> CT	<b>Country:</b> UNITED STATES		
<b>Degree:</b> GENERAL STUDIES		<b>From:</b> 8/2010	<b>To:</b> 5/2014	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> MASUK					
<b>City:</b> MONROE		<b>State:</b> CT	<b>Country:</b> UNITED STATES		
<b>Degree:</b> HIGH SCHOOL		<b>From:</b> 9/2006	<b>To:</b> 6/2010	<b>Verified:</b>	





## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA            3874            JESSICA AVERY BARNARD  
 Physical Therapist Assistant

PRACTICE HISTORY					
<b>Employed:</b> GLORY THERAPY HOME HEALTH		<b>Supervisor:</b>			
<b>City:</b> SHREVEPORT		<b>State:</b> LA		<b>Country:</b> UNITED STATES	
<b>Specialty:</b> PTA		<b>From:</b> 5 /2024		<b>To:</b> / <b>Verified:</b>	
<b>Comments:</b> 8/30/24MT- CURRENTLY PRACTICING PRN					
<b>Employed:</b> FULTZ PHYSICAL THERAPY		<b>Supervisor:</b>			
<b>City:</b> SHREVEPORT		<b>State:</b> LA		<b>Country:</b> UNITED STATES	
<b>Specialty:</b> PTA		<b>From:</b> 11 /2023		<b>To:</b> / <b>Verified:</b>	
<b>Comments:</b> 8/30/24MT- CURRENTLY PRACTICING PRN					
<b>Employed:</b> TRINITY GUTTERS AND EXTERIORS		<b>Supervisor:</b>			
<b>City:</b> NEED PRIMARY CITY		<b>State:</b> LA		<b>Country:</b> UNITED STATES	
<b>Specialty:</b> RECEPTIONIST		<b>From:</b> 10 /2021		<b>To:</b> 10 /2023 <b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> SPECIALIST HOSPITAL OF LA		<b>Supervisor:</b>			
<b>City:</b> SHREVEPORT		<b>State:</b> LA		<b>Country:</b> UNITED STATES	
<b>Specialty:</b> PTA		<b>From:</b> 8 /2019		<b>To:</b> 9 /2021 <b>Verified:</b>	
<b>Comments:</b>					
<b>Employed:</b> BREWER PHYSICAL THERAPY		<b>Supervisor:</b>			
<b>City:</b> SHREVEPORT		<b>State:</b> LA		<b>Country:</b> UNITED STATES	
<b>Specialty:</b> PTA		<b>From:</b> 8 /2017		<b>To:</b> 7 /2019 <b>Verified:</b>	
<b>Comments:</b>					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
LA	TA A09756R	A	8/1/17	4/30/26	8/27/24
AR	TA PTA 4901	A	10/31/23	3/1/25	8/28/24
TX	TA 2133188	I	7/18/17	8/31/19	9/30/24

**DEFICIENCIES**  
 Application Instructions  
 Time Deficiency Form for: NEED PRIMARY CITY FOR TRINITY GUTTERS IN LA; NEED START MONTH AND END MONTH FOR TIME AT PROMISE HOSPITAL (2015- 2016)- RECEIVED TIME DEFICIENCY FORM WAS NOT CLEAR

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA          3875          AUSTIN LEE CARLISLE  
 Physical Therapist Assistant

**Practice Address:**  
 September 23, 2024

**Status:**  
**Res:**  
**Received:** 09/01/2024  
**Entered:** 09/01/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 3875  
**Sex:** M  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>					

PRE-MED EDUCATION			
<b>School Name:</b> HOUSTON COMMUNITY COLLEGE		<b>State:</b> TX	<b>Country:</b> UNITED STATES
<b>City:</b> HOUSTON		<b>From:</b> 8/2017	<b>To:</b> 5/2019 <b>Verified:</b>
<b>Degree:</b> PHYSICAL THERAPIST ASSISTANT			

PRACTICE HISTORY			
<b>Employed:</b> NONE		<b>Supervisor:</b>	
<b>City:</b> KATY		<b>State:</b> TX	<b>Country:</b> UNITED STATES
<b>Specialty:</b> UNEMPLOYED		<b>From:</b> 12/2022	<b>To:</b> 7/2024 <b>Verified:</b>
<b>Comments:</b> PERSONAL CAREGIVER FOR ELDERLY PATIENT			
<b>Employed:</b> Houston Methodist		<b>Supervisor:</b>	
<b>City:</b> HOUSTON		<b>State:</b> TX	<b>Country:</b> UNITED STATES
<b>Specialty:</b> NEED JOB TITLE		<b>From:</b> 11/2019	<b>To:</b> 11/2021 <b>Verified:</b>
<b>Comments:</b> INPATIENT ACUTE CARE PHYSICAL THERAPY			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	TA 2148236	I	7/17/19	3/31/24	9/23/24

**Oklahoma State Board of Medical Licensure and Supervision**  
**Application Summary**

Type	Number	Name
TA	3875	AUSTIN LEE CARLISLE

Physical Therapist Assistant

**DEFICIENCIES**

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 3/2013- 8/2017; 5/2019- 11/2019; 11/2021- 12/2022; NEED JOB TITLE FOR HOUSTON METHODIST- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS A PTA?

Form 1

Exam score missing



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
TA	3876	ENIOLA PRECIOUS AKINJOBI
Physical Therapist Assistant		

**Practice Address:**  
September 25, 2024

NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 09/11/2024  
**Entered:** 09/11/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 3876  
**Sex:** F  
**Ethnic Origin:** 2

**Endorsed By:** FSBPT  
**Orig Issued:** **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		720			

PRE-MED EDUCATION			
<b>School Name:</b> HOUSTON COMMUNITY COLLEGE			
<b>City:</b> HOUSTON		<b>State:</b> TX <b>Country:</b> UNITED STATES	
<b>Degree:</b> AAS- PHYSICAL THERAPIST ASSISTANT		<b>From:</b> 8/2018 <b>To:</b> 5/ 2020 <b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA            3876            ENIOLA PRECIOUS AKINJOBI  
 Physical Therapist Assistant

### PRACTICE HISTORY

**Employed:** Reliant therapy group-Landmark of OKC and      **Supervisor:**  
 Insire h  
**City:** MIDWEST CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** NEED JOB TITLE      **From:** 6 /2024      **To:** /      **Verified:**  
**Comments:** PROVIDE PHYSICAL THERAPY IN BOTH SKILLED NURSING FACILITY AND LONG TERM CARE FACILITT

**Employed:** OKC Speech LLC      **Supervisor:**  
**City:** OKLAHOMA CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** NEED JOB TITLE      **From:** 1 /2023      **To:** /      **Verified:**  
**Comments:** PROVIDE PEDIATRIC PT UNDER SUPERVISION OF DPT IN OUT PATIENT AND HOME HEALTH SETTINGS.

**Employed:** Reliant Pediatric Therapy Services      **Supervisor:**  
**City:** KATY      **State:** TX      **Country:** UNITED STATES  
**Specialty:** NEED JOB TITLE      **From:** 9 /2020      **To:** 11 /2022      **Verified:**  
**Comments:** IMPLEMENT PEDIATRIC PATIENT CARE IN HOME HEALTH SETTINGS WHILE REPORTING TO A SUPERVISING DPT

**Employed:** Direct Anchor Rehab      **Supervisor:**  
**City:** HOUSTON      **State:** TX      **Country:** UNITED STATES  
**Specialty:** NEED JOB TITLE      **From:** 8 /2020      **To:** 12 /2022      **Verified:**  
**Comments:** PRVIDE PRN GERIATRIC PT, TRAINED 50+ PATIENTS IN ADJUSTING TO THE USE OF ASSISTIVE DEVICES

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	TA 2154911	A	7/15/20		
OK	TAC 117557	A	1/5/23	10/31/26	9/25/24

### DEFICIENCIES

Evidence of Status  
 Visa Type (if non-US citizen)  
 Visa Expiration Date (if non-US citizen)  
 OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS A PTA?/ NEED CLARIFICATION ON BUSINESS NAME FOR RELIANT/LANDMARK/ INSIRE- ARE THESE ALL THE SAME ENTITY OR DIFFERANT BUSINESS ENTITIES?  
 Transcript  
 Application Instructions  
 OATH  
 Extended Background Check (use Service Code 2B7NYB)  
 Time Deficiency Form for: 10/2016- 8/2018; NEED JOB TITLES FOR ALL PROFESSIONS LISTED ON APPLICATION; ARE YOU CURRENTLY WORKING AT OKC SPEECH & RELIANT?- MUST USE TIME DEFICIENCY FORM  
 PHOTO  
 Verify License from TX 2154911

# Oklahoma State Board of Medical Licensure and Supervision

## Application Summary

**Type**      **Number**      **Name**  
TA            3877            CHANCE HENSLEY  
Physical Therapist Assistant

**Practice Address:**  
September 26, 2024

**Status:**  
**Res:**  
**Received:** 09/19/2024  
**Entered:** 09/19/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 3877  
**Sex:** M  
**Ethnic Origin:** 3

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION	
<b>School Name:</b> CARL ALBERT STATE COLLEE	
<b>City:</b> POTEAU	<b>State:</b> OK <b>Country:</b> UNITED STATES
<b>Degree:</b> AAS/PTA	<b>From:</b> 9/2009 <b>To:</b> 5/ 2013 <b>Verified:</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA          3877          CHANCE HENSLEY  
 Physical Therapist Assistant

### PRACTICE HISTORY

**Employed:** Hensley Physical Therapy      **Supervisor:**  
**City:** PARIS      **State:** TX      **Country:** UNITED STATES  
**Specialty:** OWNER/PTA OUTPATIENT PT AND      **From:** 8 /2019      **To:** 11 /2022      **Verified:**  
 HOME HEALTH  
**Comments:**

**Employed:** Mays Home Health      **Supervisor:**  
**City:** PARIS      **State:** TX      **Country:** UNITED STATES  
**Specialty:** HOME HEALTH      **From:** 7 /2018      **To:** 8 /2019      **Verified:**  
**Comments:**

**Employed:** Rehab Solutions      **Supervisor:**  
**City:** WINNNSBORO      **State:** TX      **Country:** UNITED STATES  
**Specialty:** HOME HEALTH      **From:** 12 /2016      **To:** 7 /2018      **Verified:**  
**Comments:**

**Employed:** Xzact Therapy and Aquatics      **Supervisor:**  
**City:** PARIS      **State:** TX      **Country:** UNITED STATES  
**Specialty:** HOME HEALTH      **From:** 12 /2014      **To:** 12 /2016      **Verified:**  
**Comments:**

**Employed:** Brentwood Terrace      **Supervisor:**  
**City:** PARIS      **State:** TX      **Country:** UNITED STATES  
**Specialty:** SKILLED NURSING FACILITY      **From:** 10 /2013      **To:** 12 /2014      **Verified:**  
**Comments:**

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	PTA 2100265	I	10/17/13	4/30/22	9/26/24

### DEFICIENCIES

PHOTO

OATH

OTHER DEFICIENCIES: WHEN IS THE LAST TIME YOU PRACTICED AS A PTA?

Time Deficiency Form for: 5/2013-10/2013, 11/2022-PRESENT, --- MUST USE TIME DEFICIENCY FORM

Exam score missing

Form 1

Transcript

Evidence of Status

Application Instructions

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA          3878          COURTNEY ALISABETH HOWARD  
 Physical Therapist Assistant

**Practice Address:**  
 September 20, 2024  
 ENHABIT  
 300 NORTH HIGHLAND AVE  
 SUITE 500  
 SHERMAN, TX 75092  
 NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 09/20/2024  
**Entered:** 09/20/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 3878  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
<b>School Name:</b> GREEN RIVER COLLEGE <b>City:</b> AUBURN <b>Degree:</b> AAS- PHYSICAL THERAPIST ASSISTANT	<b>State:</b> WA <b>Country:</b> UNITED STATES <b>From:</b> 9/2013 <b>To:</b> 6/ 2015 <b>Verified:</b>		
<b>School Name:</b> THOMAS JEFFERSON HIGH SCHOOL <b>City:</b> AUBURN <b>Degree:</b>	<b>State:</b> WA <b>Country:</b> UNITED STATES <b>From:</b> 8/2003 <b>To:</b> 6/ 2006 <b>Verified:</b>		

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
TA	3878	COURTNAY ALISABETH HOWARD

Physical Therapist Assistant

### PRACTICE HISTORY

<b>Employed:</b> Enhabit	<b>Supervisor:</b>		
<b>City:</b> SHERMAN	<b>State:</b> TX	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> PHYSICAL THERAPIST ASSISTANT. HOME HEALTH SETTING.	<b>From:</b> 3 /2024	<b>To:</b> /	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> Legacy Healthcare Services	<b>Supervisor:</b>		
<b>City:</b> MCKINNEY	<b>State:</b> TX	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> PHYSICAL THERAPIST ASSISTANT	<b>From:</b> 6 /2022	<b>To:</b> 3 /2024	<b>Verified:</b>
<b>Comments:</b> PHYSICAL THERAPIST ASSISTANT AND REHAB DIRECTOR. OUTPATIENT SETTING.			

<b>Employed:</b> Accentcare	<b>Supervisor:</b>		
<b>City:</b> MCKINNEY	<b>State:</b> TX	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> PHYSICAL THERAPIST ASSISTANT-HOME HEALTH SETTING	<b>From:</b> 5 /2021	<b>To:</b> 6 /2022	<b>Verified:</b>
<b>Comments:</b>			

<b>Employed:</b> Elite Physical Therapy	<b>Supervisor:</b>		
<b>City:</b> TACOMA	<b>State:</b> WA	<b>Country:</b> UNITED STATES	
<b>Specialty:</b> PHYSICAL THERAPIST ASSISTANT	<b>From:</b> 10 /2015	<b>To:</b> 10 /2020	<b>Verified:</b>
<b>Comments:</b> PHYSICAL THERAPIST ASSISTANT AND ADMINITRATIVE ASSISTANT. OUTPATIENT SETTING.			

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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### DEFICIENCIES

Transcript

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 6/2006-9/2013, 6/2015-10/2015, 10/2020-5/2021, 3/2024-PRESENT , -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: MUST LIST ALL STATES YOU HAVE EVER HAD A PTA LICENSE IN, LICENSE VERIFICATIONS MUST COME FROM STATE BOARDS. / ARE YOU CURRENTLY PRACTICING AT ENHABIT?

OATH

Form 1

Evidence of Status

Application Instructions

Exam score missing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
TA	2387	JAMIE ANN FESLER
Physical Therapist Assistant		

**Practice Address:**

September 19, 2024  
SSM HEALTH ST ANTHONY MIDWEST  
9060 HARMONY DRIVE STE A

MIDWEST CITY, OK 73130  
OKLAHOMA

UNITED STATES

**Status:**

**Res:**  
**Received:** 06/30/2024  
**Entered:** 06/30/2024  
**Temp Issued:** 09/19/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 2387  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT

**Orig Issued:**

**Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		644			

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
TA            2387            JAMIE ANN FESLER

Physical Therapist Assistant

PRE-MED EDUCATION			
<b>School Name:</b> SSC/GCTC PTA PROGRAM	<b>City:</b> SEMINOLE	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> ASSOCIATE OF APPLIED SCIENCE-PTA	<b>From:</b> 8/2023	<b>To:</b> 6/ 2024	<b>Verified:</b>
<b>School Name:</b> OCCC	<b>City:</b> OKLAHOMA CITY	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> ASSOCIATE OF APPLIED SCIENCE DEGREE	<b>From:</b> 8/2012	<b>To:</b> 5/ 2014	<b>Verified:</b>
<b>School Name:</b> ROSE STATE COLLEGE	<b>City:</b> MIDWEST CITY	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b>	<b>From:</b> 8/2009	<b>To:</b> 12/ 2009	<b>Verified:</b>
<b>School Name:</b> UNIVERSITY OF OKLAHOMA	<b>City:</b> NORMAN	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> BACHELOR'S DEGREE IN HEALTH AND EXERCISE SCIENCE	<b>From:</b> 1/2009	<b>To:</b> 5/ 2011	<b>Verified:</b>
<b>School Name:</b> SEMINOLE STATE COLLEGE	<b>City:</b> SEMINOLE	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> ASSOCIATES DEGREE IN APPLIED SCIENCE	<b>From:</b> 8/2006	<b>To:</b> 5/ 2009	<b>Verified:</b>
<b>School Name:</b> GORDON COOPER TECHNOLOGY CENTER	<b>City:</b> SHAWNEE	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> OFFICE MANAGEMENT TECHNOLOGY	<b>From:</b> 8/2004	<b>To:</b> 5/ 2006	<b>Verified:</b>
<b>School Name:</b> PRAGUE HIGH SCHOOL	<b>City:</b> PRAGUE	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> HIGH SCHOOL DIPLOMA	<b>From:</b> 8/2002	<b>To:</b> 5/ 2006	<b>Verified:</b>



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
TA            2387            JAMIE ANN FESLER

Physical Therapist Assistant

### PRACTICE HISTORY

**Employed:** SSM HEALTH ST ANTHONY MIDWEST      **Supervisor:** GROUP  
**City:** MIDWEST CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** TA      **From:** 9 /2024      **To:** /      **Verified:**  
**Comments:** 9060 HARMONY DRIVE, STE A  
MIDWEST CITY, OK 73130  
405-610-8090

**Employed:** SSM Health      **Supervisor:**  
**City:** SHAWNEE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** THERAPY SERVICES TECHNICIAN      **From:** 5 /2021      **To:** /      **Verified:**  
**Comments:** 7/22/2024 CURRENTLY EMPLOYED HERE, TS  
THERAPY SERVICES TECHNICIAN FOR A PHYSICAL THERAPY CLINIC IN SHAWNEE.

**Employed:** NONE      **Supervisor:**  
**City:** PRAGUE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** UNEMPLOYED      **From:** 12 /2020      **To:** 5 /2021      **Verified:**  
**Comments:** IN-BETWEEN JOBS DURING COVID AND TAKING CARE OF SICK GRANDFATHER.

**Employed:** Precision Physical Therapy      **Supervisor:**  
**City:** MIDWEST CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** PT TECH      **From:** 3 /2015      **To:** 12 /2020      **Verified:**  
**Comments:** PT TECH, MARKETING ASSISTANT, GENERAL MANAGER OF 3 PT CLINICS.

**Employed:** NONE      **Supervisor:**  
**City:** SHAWNEE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** UNEMPLOYED      **From:** 3 /2013      **To:** 12 /2013      **Verified:**  
**Comments:** MY BOSS MADE ME CHOOSE BETWEEN PTA SCHOOL OR WORKING THERE. SHE SAID  
HOURS CONFLICTED W/SCHEDULE.

**Employed:** Action Physical Therapy      **Supervisor:**  
**City:** SHAWNEE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** I WAS A PHYSICAL THERAPY TECH.      **From:** 6 /2011      **To:** 1 /2013      **Verified:**  
**Comments:**

**Employed:** Curves      **Supervisor:**  
**City:** SEMINOLE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** I SCHEDULED APPOINTMENTS AND  
WORKOUT MOTIVATOR.      **From:** 7 /2007      **To:** 11 /2007      **Verified:**  
**Comments:**

**Employed:** Dr. Dichter's Office      **Supervisor:**  
**City:** SEMINOLE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** I WAS A FILE CLERK AND OFFICE  
ASSISTANT.      **From:** 7 /2006      **To:** 8 /2008      **Verified:**  
**Comments:**

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	PTA 14-04240	A	9/4/24	12/31/24	9/19/24

Oklahoma State Board of Medical Licensure and Supervision  
Application Summary

Type	Number	Name
TA	2387	JAMIE ANN FESLER

Physical Therapist Assistant

DEFICIENCIES

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA          3872          TIFFANY MICHELLE MUTCH  
 Physical Therapist Assistant

**Practice Address:**  
 August 30, 2024  
 VALIR OURPATIENT CLINICS  
 700 NW NW 7TH ST  
  
 OKLAHOMA CITY, OK 73102  
 OKLAHOMA

**Status:**  
**Res:**  
**Received:** 07/20/2024  
**Entered:** 07/20/2024  
**Temp Issued:** 09/03/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 3872  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:**                                  **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
<b>Total Possible:</b>	800			
<b>Okla Passing:</b>	600			
<b>Total Score:</b>	622			

PRE-MED EDUCATION			
<b>School Name:</b> GUILFORD COUNTY COMMUNITY COLLEGE		<b>State:</b> NC	<b>Country:</b> UNITED STATES
<b>City:</b> JAMESTOWN		<b>From:</b> 8/2022	<b>To:</b> 12/ 2023 <b>Verified:</b>
<b>Degree:</b> ASSOCIATES-PTA			
<b>School Name:</b> GUILFORD COUNTY COMMUNITY COLLEGE		<b>State:</b> NC	<b>Country:</b> UNITED STATES
<b>City:</b> JAMESTOWN		<b>From:</b> 8/2021	<b>To:</b> 8/ 2022 <b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> BAKER UNIVERSITY		<b>State:</b> KS	<b>Country:</b> UNITED STATES
<b>City:</b> TOPEKA		<b>From:</b> 8/2010	<b>To:</b> 5/ 2013 <b>Verified:</b>
<b>Degree:</b> BACHELOR'S			
<b>School Name:</b> WASHBURN UNIVERSITY		<b>State:</b> KS	<b>Country:</b> UNITED STATES
<b>City:</b> TOPEKA		<b>From:</b> 8/2002	<b>To:</b> 5/ 2005 <b>Verified:</b>
<b>Degree:</b> ASSOCIATES			
<b>School Name:</b> TOPEKA WEST HIGH SCHOOL		<b>State:</b> KS	<b>Country:</b> UNITED STATES
<b>City:</b> TOPEKA		<b>From:</b> 8/1993	<b>To:</b> 5/ 1997 <b>Verified:</b>
<b>Degree:</b> GENERAL			

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 TA            3872            TIFFANY MICHELLE MUTCH  
 Physical Therapist Assistant

<b>PRACTICE HISTORY</b>					
<b>Employed:</b> VALIR OUTPATIENT CLINICS <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> TA <b>Comments:</b> 700 NW 7TH ST OKLAHOMA CITY, OK 73102 918-833-0371	<b>Supervisor:</b> GROUP <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 9 /2024 <b>To:</b> / <b>Verified:</b>				
<b>Employed:</b> NONE <b>City:</b> LAWTON <b>Specialty:</b> RELOCATION FORM NC TO OK <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 4 /2024 <b>To:</b> 8 /2024 <b>Verified:</b>				
<b>Employed:</b> Stewart Physical Therapy <b>City:</b> BURLINGTON <b>Specialty:</b> PHYSICAL THERAPIST ASSISTANT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> NC <b>Country:</b> UNITED STATES <b>From:</b> 11 /2023 <b>To:</b> 4 /2024 <b>Verified:</b>				
<b>Employed:</b> Home Schooling <b>City:</b> FAYETTEVILLE <b>Specialty:</b> HOMESCHOOL MIDDLE AND HIGH SCHOOL STUDENTS <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> NC <b>Country:</b> UNITED STATES <b>From:</b> 9 /2017 <b>To:</b> 5 /2021 <b>Verified:</b>				
<b>Employed:</b> Goodyear Tire and Rubber Co. <b>City:</b> TOPEKA <b>Specialty:</b> PLANT SYSTEMS AUDITOR <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> KS <b>Country:</b> UNITED STATES <b>From:</b> 11 /2006 <b>To:</b> 9 /2017 <b>Verified:</b>				
<b>Employed:</b> Jostens' Printing and Publishing <b>City:</b> TOPEKA <b>Specialty:</b> PRESSROOM SCHEDULE AND MANAGER <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> KS <b>Country:</b> UNITED STATES <b>From:</b> 11 /2003 <b>To:</b> 11 /2006 <b>Verified:</b>				
<b>Employed:</b> Payless Shoesource Distribution Center <b>City:</b> TOPEKA <b>Specialty:</b> GENERAL WAREHOUSE EMPLOYEE <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> KS <b>Country:</b> UNITED STATES <b>From:</b> 6 /1997 <b>To:</b> 11 /2003 <b>Verified:</b>				

<b>Other Licenses</b>					
State	Lic Type and Number	Status	Issued	Exp	Verif
NC	Physical Therapist Assistant A8317	A	2/1/24	1/31/25	8/16/24

<b>DEFICIENCIES</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6471          KYLEE MARIE FIEBIGER  
 Physical Therapist

**Practice Address:**  
 August 07, 2024

, OK  
 NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 08/06/2024  
**Entered:** 09/21/2023  
**Temp Issued:** 05/17/2024  
**Temp Expires:** 08/02/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6471  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
<b>City:</b> OKLAHOMA CITY		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> DOCTOR OF PHYSICAL THERAPY		<b>From:</b> 6/2021		<b>To:</b> 5/ 2024 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> OKLAHOMA STATE UNIVERSITY					
<b>City:</b> STILLWATER		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> B.S. APPLIED EXERCISE SCIENCE		<b>From:</b> 8/2017		<b>To:</b> 5/ 2021 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> EDMOND SANTA FE HIGH SCHOOL					
<b>City:</b> EDMOND		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 8/2012		<b>To:</b> 5/ 2017 <b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6471          KYLEE MARIE FIEBIGER  
 Physical Therapist

### PRACTICE HISTORY

<b>Employed:</b> EPWORTH VILLA <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> PT <b>Comments:</b> 8/2/24 - DELETED DUE TO EXAM (VB) 14901 N PENNSYLVANIA AVE OKC, OK 73134 405-752-1200	<b>Supervisor:</b> KIRT BEEBY, PT 1974 <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 7 /2024 <b>To:</b> 8 /2024 <b>Verified:</b>
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<b>Employed:</b> EPWORTH VILLA <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> TA <b>Comments:</b> 6/20/24 - DELETED BY SUPERVISEE (KB) 14901 N PENNSYLVANIA AVE OKC, OK 73134 405-752-1200	<b>Supervisor:</b> TONYA BALON, PT 5615 <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2024 <b>To:</b> 6 /2024 <b>Verified:</b>
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#### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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#### DEFICIENCIES

OTHER DEFICIENCIES: PENDING COMMITTEE MEETING  
 Exam verification date  
 Exam score missing

**Oklahoma State Board of Medical Licensure and Supervision  
Application Summary**

<b>Type</b>	<b>Number</b>	<b>Name</b>
PT	6483	COURTNEY MAREE KELL
Physical Therapist		

**Practice Address:**

May 23, 2024

PHYSICAL THERAPY CENTRAL - MUSTANG OK  
433 SH-152, UNIT 101MUSTANG, OK 73064  
CANADIAN

UNITED STATES

**Status:****Res:****Received:** 08/06/2024**Entered:** 10/04/2023**Temp Issued:** 06/06/2024**Temp Expires:** 08/02/2024**Train Issued:****Train Expires:****Fed Rec:****AMA Rec:****Board Action:****License #:** 6483**Sex:** F**Ethnic Origin:** 1**Endorsed By:****Orig Issued:****Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>				
<b>Test 2:</b>				
<b>Test 3:</b>				
<b>Test AV:</b>				
<b>Total Possible:</b>				
<b>Okla Passing:</b>				
<b>Total Score:</b>				

**PRE-MED EDUCATION****School Name:** UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER**City:** OKLAHOMA CITY**State:** OK**Country:** UNITED STATES**Degree:** DOCTORATE OF PHYSICAL THERAPY**From:** 6/2021**To:** 5/ 2024**Verified:****School Name:** DALLAS COLLEGE**City:** FARMERS BRANCH**State:** TX**Country:** UNITED STATES**Degree:****From:** 6/2017**To:** 5/ 2021**Verified:****School Name:** UNIVERSITY OF OKLAHOMA**City:** NORMAN**State:** OK**Country:** UNITED STATES**Degree:** BS HEALTH AND EXERCISE SCIENCE**From:** 8/2015**To:** 5/ 2019**Verified:****School Name:** PRESTONWOOD CHRISTIAN ACADEMY**City:** PLANO**State:** TX**Country:** UNITED STATES**Degree:****From:** 8/2011**To:** 5/ 2015**Verified:**

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6483          COURTNEY MAREE KELL  
 Physical Therapist

### PRACTICE HISTORY

<b>Employed:</b> PHYSICAL THERAPY CENTRAL - MUSTANG, OK <b>City:</b> MUSTANG <b>Specialty:</b> PT <b>Comments:</b> 8/2/24 - DELETED DUE TO EXAM (VB) 433 SH 152, UNIT 101 MUSTANG, OK 73064 405-353-2159	<b>Supervisor:</b> JAMES HAYDEN DAUGHTERY, PT 4965 <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 6 /2024 <b>To:</b> 8 /2024 <b>Verified:</b>
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<b>Employed:</b> Frisco Therapy Center <b>City:</b> FRISCO <b>Specialty:</b> PHYSICAL THERAPY TECHNICIAN <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 12 /2019 <b>To:</b> 4 /2021 <b>Verified:</b>
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<b>Employed:</b> Carrell Clinic Institute for Orthopaedics & Sp <b>City:</b> DALLAS <b>Specialty:</b> PHYSICAL THERAPY TECHNICIAN <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 7 /2019 <b>To:</b> 8 /2019 <b>Verified:</b>
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<b>Employed:</b> Plano Therapy Center <b>City:</b> PLANO <b>Specialty:</b> PHYSICAL THERAPY TECHNICIAN <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 5 /2017 <b>To:</b> 7 /2017 <b>Verified:</b>
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<b>Employed:</b> Plano Therapy Center <b>City:</b> PLANO <b>Specialty:</b> PHYSICAL THERAPY TECHNICIAN <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 6 /2014 <b>To:</b> 8 /2014 <b>Verified:</b>
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#### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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#### DEFICIENCIES

Exam verification date  
 OTHER DEFICIENCIES: PENDING COMMITTEE APPEARANCE  
 Exam score missing



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
PT          6518          BROOKE AUTUMN-MARIE SCOTT  
Physical Therapist

**Practice Address:**

May 23, 2024

INTEGRIS SOUTHWEST MEDICAL CENTER  
4401 S WESTERNOKLAHOMA CITY, OK 73109  
OKLAHOMA

**Status:**  
**Res:**  
**Received:** 08/20/2024  
**Entered:** 11/03/2023  
**Temp Issued:** 05/23/2024  
**Temp Expires:** 08/02/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6518  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:****Orig Issued:****Orig. Lic. Exp:**

	<b>Test</b>	<b>Score</b>	<b>Date Taken</b>	<b>Date Verified</b>	<b>Attempts</b>
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

**PRE-MED EDUCATION**

**School Name:** UNIVERSITY OF OKLAHOMA-HEALTH SCIENCES CENTER  
**City:** OKLAHOMA CITY      **State:** OK      **Country:** UNITED STATES  
**Degree:** DOCTORATE OF PHYSICAL THERAPY      **From:** 6/2021      **To:** 5/ 2024      **Verified:**

**School Name:** SOUTHWESTERN OKLAHOMA STATE UNIVERSITY  
**City:** WEATHERFORD      **State:** OK      **Country:** UNITED STATES  
**Degree:** BACHELORS DEGREE      **From:** 8/2019      **To:** 5/ 2021      **Verified:**

**School Name:** RED OAK HIGH SCHOOL  
**City:** RED OAK      **State:** TX      **Country:** UNITED STATES  
**Degree:**      **From:** 8/2015      **To:** 5/ 2019      **Verified:**

**School Name:** NAVARRO COLLEGE  
**City:** CORSICANA      **State:** TX      **Country:** UNITED STATES  
**Degree:** ASSOCIATE DEGREE      **From:** 8/2015      **To:** 5/ 2019      **Verified:**

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6518          BROOKE AUTUMN-MARIE SCOTT  
 Physical Therapist

### PRACTICE HISTORY

**Employed:** INTEGRIS SOUTHWEST MEDICAL CENTER      **Supervisor:** GROUP  
**City:** OKLAHOMA CITY      **State:** OK      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 6 /2024      **To:** 8 /2024      **Verified:**  
**Comments:** 8/2/24 - DELETED DUE TO EXAM (VB)  
 4401 S WESTERN  
 OKLAHOMA CITY, OK 73109  
 405-636-7000

**Employed:** Fuel shakes and supplements      **Supervisor:**  
**City:** YUKON      **State:** OK      **Country:** UNITED STATES  
**Specialty:** CUSTOMER SERVICE      **From:** 11 /2022      **To:** 9 /2023      **Verified:**  
**Comments:** MADE AND SOLD FOOD AND SHAKES, AND SOLD SUPPLEMENTS

**Employed:** Fundamental Physical therapy      **Supervisor:**  
**City:** EDMOND      **State:** OK      **Country:** UNITED STATES  
**Specialty:** PHYSICAL THERAPY TECHNICIAN      **From:** 12 /2021      **To:** 5 /2022      **Verified:**  
**Comments:** PHYSICAL THERAPY TECHNICIAN HELPING THE PHYSICAL THERAPISTS AND  
 CLEANING

**Employed:** Southwestern Oklahoma State Univeristy      **Supervisor:**  
**City:** WEATHERFORD      **State:** OK      **Country:** UNITED STATES  
**Specialty:** AIDE      **From:** 9 /2020      **To:** 1 /2021      **Verified:**  
**Comments:** DID PAPERWORK, GRADED AND MADE EXAMS AND QUIZZES FOR THE PSYCHOLOGY  
 DEPARTMENT AT SWOSU

**Employed:** Ollie Cakes bakery      **Supervisor:**  
**City:** WAXAHACHIE      **State:** TX      **Country:** UNITED STATES  
**Specialty:** BAKED DESSERTS, CLEANED, AND      **From:** 12 /2018      **To:** 8 /2019      **Verified:**  
 SOLD ITEMS  
**Comments:**

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

### DEFICIENCIES

OTHER DEFICIENCIES: PENDING COMMITTEE MEETING  
 Exam verification date  
 Exam score missing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
PT	6627	JAC RANDALL DORAN
Physical Therapist		

**Practice Address:**  
July 30, 2024

**Status:**  
**Res:**  
**Received:** 07/27/2024  
**Entered:** 07/27/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6627  
**Sex:** M  
**Ethnic Origin:** 3

**Endorsed By:**  
**Orig Issued:** **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION			
<b>School Name:</b> UNIVERSITY OF IOWA		<b>State:</b> IA	<b>Country:</b> UNITED STATES
<b>City:</b> IOWA CITY		<b>From:</b> 8/1987	<b>To:</b> 12/ 1989 <b>Verified:</b>
<b>Degree:</b> MASTERS DEGREE PHYSICAL THERAPY			

PRACTICE HISTORY			
<b>Employed:</b> Humboldt County Memorial Hospital		<b>Supervisor:</b>	
<b>City:</b> HUMBOLDT		<b>State:</b> IA	<b>Country:</b> UNITED STATES
<b>Specialty:</b> STAFF PHYSICAL THERAPIST PAST 12 YEARS HERE		<b>From:</b> 1 /2012	<b>To:</b> 7 /2024 <b>Verified:</b>
<b>Comments:</b>			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
IA	PT 01600	A	1/4/90	10/15/25	7/31/24

**Oklahoma State Board of Medical Licensure and Supervision**  
**Application Summary**

Type	Number	Name
PT	6627	JAC RANDALL DORAN

Physical Therapist

**DEFICIENCIES**

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 10/1981-8/1987, 11/1989-1/2012 MUST USE TIME DEFICIENCY FORM FOR

EXPLANATIONS

Transcript

Exam verification date

Exam score missing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6629          HOLLY ELIZABETH JONELY  
 Physical Therapist

**Practice Address:**  
 September 05, 2024

**Status:**  
**Res:**  
**Received:** 08/08/2024  
**Entered:** 08/08/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6629  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		617			

PRE-MED EDUCATION					
<b>School Name:</b> TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER					
<b>City:</b> LUBBOCK		<b>State:</b> TX		<b>Country:</b> UNITED STATES	
<b>Degree:</b> DOCTOR OF SCIENCE IN PHYSICAL THERAPY		<b>From:</b> 8/2002		<b>To:</b> 5/ 2006 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER					
<b>City:</b> LUBBOCK		<b>State:</b> TX		<b>Country:</b> UNITED STATES	
<b>Degree:</b> MASTERS OF PHYSICAL THERAPY		<b>From:</b> 5/1996		<b>To:</b> 5/ 1999 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> MIDWAY COLLEGE					
<b>City:</b> MIDWAY		<b>State:</b> KY		<b>Country:</b> UNITED STATES	
<b>Degree:</b> B.A. NATURAL SCIENCES		<b>From:</b> 8/1992		<b>To:</b> 5/ 1996 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> WOODBRIDGE SR HS					
<b>City:</b> WOODBRIDGE		<b>State:</b> VA		<b>Country:</b> UNITED STATES	
<b>Degree:</b> HIGH SCHOOL DIPLOMA		<b>From:</b> 8/1990		<b>To:</b> 5/ 1992 <b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
PT          6629          HOLLY ELIZABETH JONELY  
Physical Therapist

PRACTICE HISTORY			
<b>Employed:</b> The University of Oklahoma Health Sciences <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> DPT PROGRAM DIRECTOR <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 5 / 2024 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> International Spine Pain & Performance Center <b>City:</b> WASHINGTON <b>Specialty:</b> PER DIEM PT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> DC <b>Country:</b> UNITED STATES <b>From:</b> 1 / 2019 <b>To:</b> 5 / 2024 <b>Verified:</b>		
<b>Employed:</b> The George Washington University <b>City:</b> WASHINGTON <b>Specialty:</b> ASSISTANT AND THEN ASSOCIATE PROFESSOR <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> DC <b>Country:</b> UNITED STATES <b>From:</b> 8 / 2011 <b>To:</b> 5 / 2024 <b>Verified:</b>		
<b>Employed:</b> Sports Therapy & Rehabilitation <b>City:</b> WASHINGTON <b>Specialty:</b> STAFF PT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> DC <b>Country:</b> UNITED STATES <b>From:</b> 6 / 2009 <b>To:</b> 8 / 2011 <b>Verified:</b>		
<b>Employed:</b> The University of Texas Southwestern School of All <b>City:</b> DALLAS <b>Specialty:</b> ASSISTANT CLINICAL PROFESSOR <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 10 / 2007 <b>To:</b> 5 / 2009 <b>Verified:</b>		
<b>Employed:</b> Advanced Physical Therapy of Alaska <b>City:</b> ANCHORAGE <b>Specialty:</b> STAFF PT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> AK <b>Country:</b> UNITED STATES <b>From:</b> 9 / 2005 <b>To:</b> 5 / 2007 <b>Verified:</b>		
<b>Employed:</b> Amarillo Sports Medicine and Orthopedic Group <b>City:</b> AMARILLO <b>Specialty:</b> PER DIEM PT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 1 / 2004 <b>To:</b> 6 / 2011 <b>Verified:</b>		
<b>Employed:</b> Department of Criminal Justice, Clements Unit <b>City:</b> AMARILLO <b>Specialty:</b> PER DIEM PT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 11 / 2002 <b>To:</b> 10 / 2004 <b>Verified:</b>		
<b>Employed:</b> Texas Tech University Health Sciences Center <b>City:</b> AMARILLO <b>Specialty:</b> ASSISTANT CLINICAL PROFESSOR <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 8 / 2002 <b>To:</b> 8 / 2005 <b>Verified:</b>		
<b>Employed:</b> Tennessee Sports Medicine Group <b>City:</b> KNOXVILLE <b>Specialty:</b> STAFF PT <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> TN <b>Country:</b> UNITED STATES <b>From:</b> 6 / 2000 <b>To:</b> 8 / 2002 <b>Verified:</b>		
<b>Employed:</b> Tusculum College	<b>Supervisor:</b>		

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6629          HOLLY ELIZABETH JONELY  
 Physical Therapist

**City:** GREENEVILLE      **State:** TN      **Country:** UNITED STATES  
**Specialty:** ASSISTANT SOCCER COACH      **From:** 8 / 1999      **To:** 5 / 2000      **Verified:**  
**Comments:** ASSISTANT SOCCER COACH AND ASSIST IN ATHLETIC TRAINING ROOM

<b>Other Licenses</b>					
State	Lic Type and Number	Status	Issued	Exp	Verif
VA	Physical Therapy 2305209180				
DC	Physical Therapy 871036	A	7/6/09	1/31/25	6/25/24
TX	Physical Therapy 1148248	I	10/29/02	10/31/14	9/6/24
AK	Physical Therapy				
TN	Physical Therapy 5979		10/20/99		

**DEFICIENCIES**  
 OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR OUHSC?/ PLEASE HAVE YOUR PROGRAM SEND US THE FORM1 JUST FOR YOUR DPT PROGRAM. THE FORM 1 THAT WE RECEIVED SHOWS THAT FROM 5/96-5/2012 YOU WERE DOING MASTERS AND DPT  
 Verify License from VA 2305209180  
 Verify License from AK  
 Verify License from TN 5979

**Oklahoma State Board of Medical Licensure and Supervision**  
**Application Summary**

**Type**      **Number**      **Name**  
PT          6630          OLUTAYO AKINBOBOYE  
Physical Therapist

**Practice Address:**  
August 14, 2024  
OKLAHOMA CITY THUNDER  
100 W RENO AVE  
  
OKLAHOMA CITY, OK 73102  
OKLAHOMA

**Status:**  
**Res:**  
**Received:** 08/14/2024  
**Entered:** 08/14/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6630  
**Sex:** M  
**Ethnic Origin:** 2

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

<b>PRE-MED EDUCATION</b>			
<b>School Name:</b> ITHACA COLLEGE		<b>State:</b> NY	<b>Country:</b> UNITED STATES
<b>City:</b> ITHACA		<b>From:</b> 8/2019	<b>To:</b> 8/ 2022 <b>Verified:</b>
<b>Degree:</b> DOCTOR OF PHYSICAL THERAPY			
<b>School Name:</b> ITHACA COLLEGE		<b>State:</b> NY	<b>Country:</b> UNITED STATES
<b>City:</b> ITHACA		<b>From:</b> 8/2016	<b>To:</b> 5/ 2020 <b>Verified:</b>
<b>Degree:</b> B.S. CLINICAL HEALTH STUDIES, B.A. SPANISH			
<b>School Name:</b> MARLBORO HIGH SCHOOL		<b>State:</b> NY	<b>Country:</b> UNITED STATES
<b>City:</b> MARLBORO		<b>From:</b> 9/2012	<b>To:</b> 6/ 2016 <b>Verified:</b>
<b>Degree:</b>			

<b>PRACTICE HISTORY</b>			
<b>Employed:</b> Memorial Hermann		<b>Supervisor:</b>	
<b>City:</b> HOUSTON		<b>State:</b> TX	<b>Country:</b> UNITED STATES
<b>Specialty:</b> SPORTS PHYSICAL THERAPY RESIDENT		<b>From:</b> 8 /2023	<b>To:</b> / <b>Verified:</b>
<b>Comments:</b>			



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6630          OLUTAYO AKINBOBOYE  
 Physical Therapist

<b>Other Licenses</b>					
<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>
TX	Physical Therapy 1379221	A	8/3/23	4/30/26	9/10/24

**DEFICIENCIES**  
 Time Deficiency Form for: 8/2022-8/2023 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS  
 PHOTO  
 OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR MEMORIAL HERMANN?  
 OATH  
 Exam verification date  
 Exam score missing  
 Evidence of Status  
 Application Instructions  
 Extended Background Check (use Service Code 2B7NYB)  
 Form 1  
 Transcript

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6631          PAYTON ELIZABETH PRICE  
 Physical Therapist

**Practice Address:**  
 September 26, 2024  
 ASCENSION ST JOHN MEDICAL CENTER - ACUTE R  
 1923 S UTICA AVE  
  
 TULSA, OK 74104  
 TULSA

**Status:**  
**Res:**  
**Received:** 08/15/2024  
**Entered:** 08/15/2024  
**Temp Issued:** 10/01/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6631  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		686			

PRE-MED EDUCATION					
<b>School Name:</b> WASHINGTON UNIVERSITY IN ST. LOUIS SCHOOL OF MED					
<b>City:</b> SAINT LOUIS		<b>State:</b> MO		<b>Country:</b> UNITED STATES	
<b>Degree:</b> DPT		<b>From:</b> 8/2021		<b>To:</b> 5/ 2024 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> OKLAHOMA STATE UNIVERSITY					
<b>City:</b> STILLWATER		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> BS		<b>From:</b> 8/2017		<b>To:</b> 5/ 2021 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> STILLWATER HIGH SCHOOL					
<b>City:</b> STILLWATER		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> HIGH SCHOOL DIPLOMA		<b>From:</b> 8/2012		<b>To:</b> 5/ 2017 <b>Verified:</b>	
<hr/>					
PRACTICE HISTORY					
<b>Employed:</b> ASCENSION ST JOHN MEDICAL CENTER - ACUTE REHAB			<b>Supervisor:</b> GROUP		
<b>City:</b> TULSA		<b>State:</b> OK		<b>Country:</b>	
<b>Specialty:</b> PT		<b>From:</b> 10 /2024		<b>To:</b> / <b>Verified:</b>	
<b>Comments:</b> 1923 S UTICA AVE TULSA, OK 74104 918-744-2350					

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
PT          6631          PAYTON ELIZABETH PRICE  
Physical Therapist

<b>Other Licenses</b>					
<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>
TX	PT 1397817	A	8/13/24	6/30/27	9/11/24

<b><u>DEFICIENCIES</u></b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6632          SANDRA R SCHRICK-WULLER  
 Physical Therapist

**Practice Address:**

August 16, 2024  
 SCHRICK-WULLER ASSOCIATES LLC  
 3101 W 72ND ST  
 3101 WEST 72ND STREET  
 PRAIRIE VILLAGE, KS 66208  
 NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 08/16/2024  
**Entered:** 08/16/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6632  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		300			
<b>Okla Passing:</b>		164			
<b>Total Score:</b>		206			

PRE-MED EDUCATION					
<hr/>					
<b>School Name:</b> UNIVERSITY OF CENTRAL MISSOURI					
<b>City:</b> WARRANSBURG	<b>State:</b> MO	<b>Country:</b> UNITED STATES			
<b>Degree:</b> MASTERS DEGREE IN SOCIAL GERONTOLOGY	<b>From:</b> 4/1994	<b>To:</b> 9/ 1996	<b>Verified:</b>		
<hr/>					
<b>School Name:</b> UNIVERSITY OF KANSAS					
<b>City:</b> KANSAS CITY	<b>State:</b> KS	<b>Country:</b> UNITED STATES			
<b>Degree:</b> BACHELORS DEGREE IN PHYSICAL THERAPY	<b>From:</b> 8/1984	<b>To:</b> 5/ 1987	<b>Verified:</b>		
<hr/>					

# Oklahoma State Board of Medical Licensure and Supervision

## Application Summary

**Type**      **Number**      **Name**  
PT          6632          SANDRA R SCHRICK-WULLER  
Physical Therapist

### PRACTICE HISTORY

**Employed:** Reliant Rehab      **Supervisor:**  
**City:** PRAIRIE VILAGE      **State:** KS      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 6 /2022      **To:** /      **Verified:**  
**Comments:** PT EVAL AND TREAT AS WELL AS SUPERVISION OF 3-4 PTA'S IN SUB-ACUTE AND LONG TERM CARE SETTING

**Employed:** Heritage Health Pro      **Supervisor:**  
**City:** PRAIRIE VILAGE      **State:** KS      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 6 /2015      **To:** 6 /2023      **Verified:**  
**Comments:** PT EVAL AND TREAT AND SUPERVISION OF PTA'S IN HOME HEALTH SETTING

**Employed:** Brookdale Rehab      **Supervisor:**  
**City:** PRAIRIE VILAGE      **State:** KS      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 2 /2015      **To:** 2 /2016      **Verified:**  
**Comments:** PT EVAL AND TREAT IN SUB-ACUTE AND LONG TERM CARE SETTING

**Employed:** Bates Co Memorial Hosp      **Supervisor:**  
**City:** BUTLER MO      **State:** MO      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 6 /2010      **To:** 1 /2015      **Verified:**  
**Comments:** PT EVAL AND TREAT IN COMMUNITY HOSP SETTING FOR ACUTE, SUBACUTE AND HOME HEALTH PATIENTS

**Employed:** MISC 10 PT jobs 06/2009 to 05/1987      **Supervisor:**  
**City:** PRAIRIE VILAGE      **State:** KS      **Country:** UNITED STATES  
**Specialty:**      **From:** 6 /2009      **To:** 5 /1987      **Verified:**  
**Comments:** PT EVAL AND TREAT IN SUB-ACUTE, LONGTERM CARE & & HOME HEALTH SETTINGS

**Employed:** Schrick-Wuller Associates LLC      **Supervisor:**  
**City:** PRAIRIE VILAGE      **State:** KS      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 1 /2009      **To:** /      **Verified:**  
**Comments:** PT EVAL AND TREAT IN HOME HEALTH, SUB-ACUTE REHAB AND LONG-TERM CARE SETTINGS

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Physical Therapy 11-01384	A	12/4/87	12/31/24	9/11/24
MO	Physical Therapy R0984	A	4/5/88	1/31/26	9/11/24

### DEFICIENCIES

Evidence of Status  
Extended Background Check (use Service Code 2B7NYB)  
Time Deficiency Form for: 6/1981-8/1984, 5/1987-4/1994, 9/1996-1/2009 . ALSO PLEASE LIST YOUR JOBS THAT YOU SAID MISC 10 PT JOBS FROM 6/2009-5/1987? MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS  
OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR RELIANT REHAB AND ALSO SELF EMPLOYED?/ RECEIVED EVIDENCE OF STATUS FORM, NEED COPY OF YOUR US PASSPORT OR BIRTH CERTIFICATE  
Form 1

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6633          RADHA ANAND KUMAR  
 Physical Therapist

**Practice Address:**  
 September 17, 2024

**Status:**  
**Res:**  
**Received:** 08/20/2024  
**Entered:** 08/20/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6633  
**Sex:** F  
**Ethnic Origin:** 6

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		606			

PRE-MED EDUCATION					
<b>School Name:</b> DOMINICAN COLLEGE					
<b>City:</b> ORANGEBURG		<b>State:</b> NY		<b>Country:</b> UNITED STATES	
<b>Degree:</b> DOCTORATE OF PHYSICAL THERAPY		<b>From:</b> 8/2018	<b>To:</b> 5/ 2022	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> UNIVERSITY OF INDIANAPOLIS					
<b>City:</b> INDIANAPOLIS		<b>State:</b> IN		<b>Country:</b> UNITED STATES	
<b>Degree:</b> MASTER IN HEALTH SCIENCES		<b>From:</b> 8/2009	<b>To:</b> 5/ 2012	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> CMF COLLEGE OF PHYSIOTHERAPY					
<b>City:</b> PUNE		<b>State:</b>		<b>Country:</b> INDIA	
<b>Degree:</b> BACHELOR OF PHYSIOTHERAPY		<b>From:</b> 10/2003	<b>To:</b> 3/ 2008	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> SP COLLEGE					
<b>City:</b> PUNE		<b>State:</b>		<b>Country:</b> INDIA	
<b>Degree:</b>		<b>From:</b> 6/2001	<b>To:</b> 6/ 2003	<b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6633          RADHA ANAND KUMAR  
 Physical Therapist

### PRACTICE HISTORY

**Employed:** Cedars Sinai Medical Center      **Supervisor:**  
**City:** LOS ANGELES      **State:** CA      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 9 / 2023      **To:** 7 / 2024      **Verified:**  
**Comments:** FULL TIME PT IN ACUTE CARE SETTING

**Employed:** Montefiore Medical Center      **Supervisor:**  
**City:** BRONX      **State:** NY      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 9 / 2012      **To:** 7 / 2023      **Verified:**  
**Comments:** FULL TIME PT- EVAL, DIAGNOSIS, TREATMENT IN OPD, INPATIENT AND REHAB

**Employed:** Portchester Nursing and Rehab      **Supervisor:**  
**City:** PORTCHESTER      **State:** NY      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 6 / 2012      **To:** 9 / 2012      **Verified:**  
**Comments:** FULL TIME PT, SUPERVISED PTA, PERFORM EVAL, DIAGNOSIS OF CONDITIONS,  
 RECORD DATA IN EMR

**Employed:** blossom south nursing and rehab facility      **Supervisor:**  
**City:** ROCHESTER      **State:** NY      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 1 / 2012      **To:** 5 / 2012      **Verified:**  
**Comments:** WORKED AS A FULL TIME PT, PERFORMED EVALUATIONS, MANAGEMENT, TREATMENT  
 OF ADULT AND GERI POPULATION

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NY	PT 034668	A	12/30/11	12/31/25	9/9/24
CA	PT 304223	A	6/16/23	1/31/25	8/26/24

### DEFICIENCIES

Transcript

Application Instructions

Time Deficiency Form for: 6/2003- 10/2003; 3/2008- 8/2009- MUST USE TIME DEFICIENCY FORM

Form 1

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6634          LUKE ANTHONY MOORMAN  
 Physical Therapist

**Practice Address:**  
 September 04, 2024

**Status:**  
**Res:**  
**Received:** 08/31/2024  
**Entered:** 08/31/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6634  
**Sex:** M  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> BOILING GREEN STATE UNIVERSITY					
<b>City:</b> BOWLING GREEN		<b>State:</b> OH		<b>Country:</b> UNITED STATES	
<b>Degree:</b> DOCTORATE OF PHYSICAL THERAPY		<b>From:</b> 8/2022		<b>To:</b> 8/ 2024 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> LANGSTON UNIVERSITY					
<b>City:</b> LANGSTON		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b> BACHELORS IN HEALTH SCIENCE		<b>From:</b> 8/2014		<b>To:</b> 5/ 2018 <b>Verified:</b>	
<hr/>					
<b>School Name:</b> PERKINS-TRYON					
<b>City:</b> PERKINS		<b>State:</b> OK		<b>Country:</b> UNITED STATES	
<b>Degree:</b>		<b>From:</b> 8/2006		<b>To:</b> 5/ 2010 <b>Verified:</b>	

PRACTICE HISTORY					
<b>Employed:</b>		<b>Supervisor:</b>			
<b>City:</b>		<b>State:</b>		<b>Country:</b>	
<b>Specialty:</b>		<b>From:</b> /		<b>To:</b> / <b>Verified:</b>	
<b>Comments:</b>					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif



Oklahoma State Board of Medical Licensure and Supervision  
Application Summary

Type	Number	Name
PT	6634	LUKE ANTHONY MOORMAN

Physical Therapist

**DEFICIENCIES**

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 5/2010- 6/2014; 5/2018- 8/2022- MUST USE TIME DEFICIENCY FORM

PHOTO

Transcript

Exam verification date

Exam score missing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6636          HALEY SARAH WILSON  
 Physical Therapist

**Practice Address:**  
 September 13, 2024  
 PHYSICAL THERAPY CENTRAL - VILLAGE  
 10908-C NORTH MAY  
  
 OKLAHOMA CITY, OK 73120  
 OKLAHOMA

**Status:**  
**Res:**  
**Received:** 09/04/2024  
**Entered:** 09/04/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6636  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> ARCADIA UNIVERSITY					
<b>City:</b> GLENSIDE		<b>State:</b> PA	<b>Country:</b> UNITED STATES		
<b>Degree:</b> DOCTORATE OF PHYSICAL THERAPY		<b>From:</b> 8/2022	<b>To:</b> 9/ 2024	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> ORAL ROBERTS UNIVERSITY					
<b>City:</b> TULSA		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Degree:</b> BACHELORS OF SCIENCE		<b>From:</b> 8/2016	<b>To:</b> 5/ 2018	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> THE KINGS UNIVERSITY					
<b>City:</b> SOUTH LAKE		<b>State:</b> TX	<b>Country:</b> UNITED STATES		
<b>Degree:</b> TRANSFERED TO ORU		<b>From:</b> 8/2014	<b>To:</b> 5/ 2016	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> CENTENNIAL HIGH SCHOOL					
<b>City:</b> FRISCO		<b>State:</b> TX	<b>Country:</b> UNITED STATES		
<b>Degree:</b> HIGH SCHOOL DIPLOMA		<b>From:</b> 8/2010	<b>To:</b> 6/ 2014	<b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6636          HALEY SARAH WILSON  
 Physical Therapist

### PRACTICE HISTORY

**Employed:** PHYSICAL THERAPY CENTRAL - VILLAGE      **Supervisor:** BEN BUCHANAN, PT 4944  
**City:** OKLAHOMA CITY      **State:** OK      **Country:**  
**Specialty:** PT      **From:** 9 /2024      **To:** /      **Verified:**  
**Comments:** 9/7/24 - TEMP NOT ISSUED, APP INCOMPLETE - KB  
 10908-C NORTH MAY  
 OKLAHOMA CITY, OK 73120  
 405-297-4500

**Employed:** New Song People Inc      **Supervisor:**  
**City:** EDMOND      **State:** OK      **Country:** UNITED STATES  
**Specialty:** MARKETING DIRECTOR      **From:** 6 /2018      **To:** 7 /2021      **Verified:**  
**Comments:** I WORKED AS MARKETING DIRECTOR FOR 3 YEARS AT THIS LOCATION PRIOR TO PT  
 SCHOOL.

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

### DEFICIENCIES

Exam verification date  
 Exam score missing  
 Time Deficiency Form for: 7/2021- 8/2022- MUST USE TIME DEFICIENCY FORM  
 Form 1  
 Transcript

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6637          ALEXUS PAIGE THOMAS  
 Physical Therapist

**Practice Address:**  
 September 05, 2024  
 PHYSICAL THERAPY CENTRAL - SHAWNEE  
 3930 NORTH KICKAPOO, STE 4  
  
 SHAWNEE, OK 74804  
 POTTAWATOMIE

**Status:**  
**Res:**  
**Received:** 09/05/2024  
**Entered:** 09/05/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6637  
**Sex:** F  
**Ethnic Origin:** 4

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<hr/>					
<b>School Name:</b> HANOVER COLLEGE		<b>State:</b> IN	<b>Country:</b> UNITED STATES		
<b>City:</b> HANOVER		<b>From:</b> 8/2022	<b>To:</b> 8/ 2024	<b>Verified:</b>	
<b>Degree:</b> DOCTOR OF PHYSICAL THERAPY					
<hr/>					
<b>School Name:</b> HUTCHINSON COMMUNITY COLLEGE		<b>State:</b> KS	<b>Country:</b> UNITED STATES		
<b>City:</b> HUTCHINSON		<b>From:</b> 8/2014	<b>To:</b> 7/ 2018	<b>Verified:</b>	
<b>Degree:</b> AAS - PHYSICAL THERAPIST ASSISTANT					
<hr/>					
<b>School Name:</b> BURRTON HIGH SCHOOL		<b>State:</b> KS	<b>Country:</b> UNITED STATES		
<b>City:</b> BURRTON		<b>From:</b> 8/2010	<b>To:</b> 5/ 2014	<b>Verified:</b>	
<b>Degree:</b> HIGH SCHOOL DIPLOMA					
<hr/>					

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6637          ALEXUS PAIGE THOMAS  
 Physical Therapist

### PRACTICE HISTORY

**Employed:** Physical Therapy Central - Shawnee      **Supervisor:**  
**City:** SHAWNEE      **State:** OK      **Country:** UNITED STATES  
**Specialty:** TA      **From:** 3 /2023      **To:** /      **Verified:**  
**Comments:** OUTPATIENT SETTING

**Employed:** Advanced Physical Therapy      **Supervisor:**  
**City:** WELLINGTON      **State:** KS      **Country:** UNITED STATES  
**Specialty:** TA      **From:** 7 /2019      **To:** 3 /2023      **Verified:**  
**Comments:** PHYSICAL THERAPIST ASSISTANT AND PELVIC FLOOR REHABILITATION THERAPIST.

**Employed:** Centra healthcare      **Supervisor:**  
**City:** WINFIELD      **State:** KS      **Country:** UNITED STATES  
**Specialty:** TA      **From:** 3 /2019      **To:** 7 /2019      **Verified:**  
**Comments:** TRAVELING PHYSICAL THERAPIST ASSISTANT AROUND KS.

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	TA 14-03503	I	3/6/19	12/31/23	9/23/24
OK	TA 3704	A	7/25/23	1/31/25	9/23/24

### DEFICIENCIES

Application Instructions  
 OATH  
 Extended Background Check (use Service Code 2B7NYB)  
 Time Deficiency Form for: 7/2018- 3/2019; ARE YOU CURRENTLY PRACTICING AS A PTA?- MUST USE TIME DEFICIENCY FORM  
 PHOTO  
 Transcript  
 Exam verification date  
 Exam score missing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6638          KELSIE SCHWARTZ  
 Physical Therapist

**Practice Address:**  
 September 06, 2024

NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 09/06/2024  
**Entered:** 09/06/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6638  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> THE UNIVERSITY OF KANSAS MEDICAL CENTER					
<b>City:</b> KANSAS CITY		<b>State:</b> KS	<b>Country:</b> UNITED STATES		
<b>Degree:</b> DOCTORATE OF PHYSICAL THERAPY		<b>From:</b> 6/2013	<b>To:</b> 5/ 2016	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> UNIVERSITY OF CENTRAL MISSOURI					
<b>City:</b> WARRENSBURG		<b>State:</b> MO	<b>Country:</b> UNITED STATES		
<b>Degree:</b> BACHELOR OF HEALTH STUDIES - PRE PT/OT		<b>From:</b> 8/2009	<b>To:</b> 5/ 2013	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> OLATHE SOUTH HIGH SCHOOL					
<b>City:</b> OLATHE		<b>State:</b> KS	<b>Country:</b> UNITED STATES		
<b>Degree:</b>		<b>From:</b> 8/2006	<b>To:</b> 5/ 2009	<b>Verified:</b>	

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6638          KELSIE SCHWARTZ  
 Physical Therapist

PRACTICE HISTORY			
<b>Employed:</b> PT Associates of Emporia <b>City:</b> EMPORIA <b>Specialty:</b> PT <b>Comments:</b> PHYSICAL THERAPIST IN OUTPATIENT ORTHOPEDIC SETTING	<b>Supervisor:</b> <b>State:</b> KS <b>Country:</b> UNITED STATES <b>From:</b> 8 /2019 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> Erickson Living Services - Outpatient Rehabilitati <b>City:</b> OVERLAND PARK <b>Specialty:</b> PHYSICAL THERAPIST <b>Comments:</b> IN OUTPATIENT SETTING.	<b>Supervisor:</b> <b>State:</b> KS <b>Country:</b> UNITED STATES <b>From:</b> 6 /2016 <b>To:</b> 8 /2019 <b>Verified:</b>		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
KS	PT 11-05379	A	6/6/16	12/31/24	9/10/24

**DEFICIENCIES**  
 Evidence of Status  
 Application Instructions  
 OATH  
 Extended Background Check (use Service Code 2B7NYB)  
 Time Deficiency Form for: ARE YOU CURRENTLY PRACTICING AT PT ASSOCIATES?  
 PHOTO  
 OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS A PT?  
 Form 1  
 Transcript  
 Exam verification date  
 Exam score missing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6639          CHRISTIAN HEATHER HALE  
 Physical Therapist

**Practice Address:**  
 September 25, 2024

NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 09/10/2024  
**Entered:** 09/10/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6639  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> SOUTH COLLEGE - KNOXVILLE					
<b>City:</b> KNOXVILLE		<b>State:</b> TN	<b>Country:</b> UNITED STATES		
<b>Degree:</b> DOCTOR OF PHYSICAL THERAPY		<b>From:</b> 1/2023	<b>To:</b> 12/ 2024	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> NORTHEASTERN STATE UNIVERSITY					
<b>City:</b> TAHLEQUAH		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Degree:</b> BACHELOR OF SCIENCE		<b>From:</b> 1/2020	<b>To:</b> 12/ 2021	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> NORTHEASTERN OKLAHOMA A & M COLLEGE					
<b>City:</b> MIAMI		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Degree:</b> ASSOCIATE IN APPLIED SCIENCE/PTA		<b>From:</b> 8/2010	<b>To:</b> 7/ 2014	<b>Verified:</b>	
<hr/>					
<b>School Name:</b> JAY HIGH SCHOOL					
<b>City:</b> JAY		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Degree:</b>		<b>From:</b> 8/2007	<b>To:</b> 5/ 2011	<b>Verified:</b>	



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6639          CHRISTIAN HEATHER HALE  
 Physical Therapist

PRACTICE HISTORY					
<b>Employed:</b> ADAPTABLE PHYSICAL THERAPY <b>City:</b> GROVE <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> <b>Country:</b> UNITED STATES <b>From:</b> 5 /2023 <b>To:</b> / <b>Verified:</b>				
<b>Employed:</b> CHEROKEE NATION REHABILITATION SERVICES <b>City:</b> TAHLEQUAH <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 3 /2021 <b>To:</b> 1 /2023 <b>Verified:</b>				
<b>Employed:</b> CHEROKEE NATION CLINICS <b>City:</b> STILWELL <b>Specialty:</b> TA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2019 <b>To:</b> 12 /2022 <b>Verified:</b>				
<b>Employed:</b> CHEROKEE NATION PT SAM HIDER CLINIC <b>City:</b> JAY <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 10 /2017 <b>To:</b> 12 /2019 <b>Verified:</b>				
<b>Employed:</b> SUMMIT PHYSICAL THERAPY AND REHAB <b>City:</b> CLAREMORE <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 4 /2015 <b>To:</b> 12 /2017 <b>Verified:</b>				
<b>Employed:</b> RELIANT SOUTH <b>City:</b> SHAWNEE <b>Specialty:</b> PTA <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 4 /2015 <b>To:</b> 11 /2015 <b>Verified:</b>				
<b>Employed:</b> Grand Lake Family Y <b>City:</b> GROVE <b>Specialty:</b> NEED JOB TITLE <b>Comments:</b>	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 2 /2012 <b>To:</b> 4 /2015 <b>Verified:</b>				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	TA 2426	A	2/25/15	1/31/25	9/25/24

Oklahoma State Board of Medical Licensure and Supervision  
Application Summary

Type	Number	Name
PT	6639	CHRISTIAN HEATHER HALE

Physical Therapist

**DEFICIENCIES**

Exam score missing

Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT RE: "YES" ANSWER ON APPLICATION

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: NEED JOB TITLE FOR GRAND LAKE; ARE YOU CURRENTLY PRACTICING AS A PTA WITH ADAPTABLE PHYSICAL THERAPY?; NEED PRIMARY STATE FOR ADAPTABLE PT- MUST USE TIME DEFICIENCY FORM

Form 1

Transcript

Exam verification date

# Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
PT          6640      BROOKE CHRISTEN BUTLER  
Physical Therapist

**Practice Address:**  
September 25, 2024

**Status:**  
**Res:**  
**Received:** 09/19/2024  
**Entered:** 09/19/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6640  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	<b>Test</b>	<b>Score</b>	<b>Date Taken</b>	<b>Date Verified</b>	<b>Attempts</b>
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	<b>Total Possible:</b>				
	<b>Okla Passing:</b>				
	<b>Total Score:</b>				

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6640          BROOKE CHRISTEN BUTLER  
 Physical Therapist

PRE-MED EDUCATION			
<b>School Name:</b> TUFTS SCHOOL OF MEDICINE	<b>City:</b> PHOENIX	<b>State:</b> AZ	<b>Country:</b> UNITED STATES
<b>Degree:</b> DOCTORATE OF PHYSICAL THERAPY	<b>From:</b> 6/2022	<b>To:</b> 8/ 2024	<b>Verified:</b>
<b>School Name:</b> OSU IT	<b>City:</b> OKMULGEE	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> ASSOCIATE'S	<b>From:</b> 1/2021	<b>To:</b> 12/ 2021	<b>Verified:</b>
<b>School Name:</b> TULSA COMMUNITY COLLEGE	<b>City:</b> TULSA	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> ASSOCIATE'S	<b>From:</b> 1/2021	<b>To:</b> 12/ 2021	<b>Verified:</b>
<b>School Name:</b> CONNORS STATE COLLEGE	<b>City:</b> MUSKOGEE	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> ASSOCIATES OF APPLIED SCIENCE PTA	<b>From:</b> 8/2018	<b>To:</b> 12/ 2019	<b>Verified:</b>
<b>School Name:</b> CONNORS STATE COLLEGE	<b>City:</b> MUSKOGEE/ WARNER	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b>	<b>From:</b> 6/2018	<b>To:</b> 7/ 2018	<b>Verified:</b>
<b>School Name:</b> CONNORS STATE COLLEGE	<b>City:</b> MUSKOGEE/ WARNER	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> NONE	<b>From:</b> 6/2016	<b>To:</b> 7/ 2016	<b>Verified:</b>
<b>School Name:</b> UNIVERSITY OF CENTRAL OKLAHOMA	<b>City:</b> EDMOND	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> NONE	<b>From:</b> 8/2015	<b>To:</b> 5/ 2018	<b>Verified:</b>
<b>School Name:</b> CHECOTAH HIGH SCHOOL	<b>City:</b> CHECOTAH	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Degree:</b> DIPLOMA	<b>From:</b> 8/2011	<b>To:</b> 5/ 2015	<b>Verified:</b>
PRACTICE HISTORY			
<b>Employed:</b> Excel Therapy	<b>City:</b> MCALESTER	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> PTA	<b>From:</b> 1 /2020	<b>To:</b> 6 / 2022	<b>Verified:</b>
<b>Comments:</b>	<b>Supervisor:</b>		
<b>Employed:</b> Shimmer's SnoCone	<b>City:</b> EDMOND	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> EMPLOYEE MANAGER	<b>From:</b> 8 /2016	<b>To:</b> 7 / 2018	<b>Verified:</b>
<b>Comments:</b>	<b>Supervisor:</b>		
<b>Employed:</b> June's Resuraunt	<b>City:</b> CHECOTAH	<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> WAITRESS	<b>From:</b> 11 /2012	<b>To:</b> 8 / 2015	<b>Verified:</b>
<b>Comments:</b>	<b>Supervisor:</b>		

**Oklahoma State Board of Medical Licensure and Supervision  
Application Summary**

**Type**      **Number**      **Name**  
 PT          6640          BROOKE CHRISTEN BUTLER  
 Physical Therapist

<b>Other Licenses</b>					
<b>State</b>	<b>Lic Type and Number</b>	<b>Status</b>	<b>Issued</b>	<b>Exp</b>	<b>Verif</b>
OK	PTA 3215	I	1/21/20	1/31/23	9/25/24

**DEFICIENCIES**  
 Application Instructions  
 OATH  
 Extended Background Check (use Service Code 2B7NYB)  
 PHOTO  
 Exam verification date  
 Exam score missing

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6641          JILLIAN MARIE MILLER  
 Physical Therapist

**Practice Address:**  
 September 26, 2024

**Status:**  
**Res:**  
**Received:** 09/20/2024  
**Entered:** 09/20/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6641  
**Sex:** F  
**Ethnic Origin:** 3

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<b>School Name:</b> OKLAHOMA CITY UNIVERSITY			<b>State:</b> OK	<b>Country:</b> UNITED STATES	
City: OKLAHOMA CITY					
<b>Degree:</b>	<b>From:</b> 5/2022	<b>To:</b> /	<b>Verified:</b>		
<b>School Name:</b> ROGERS STATE UNIVERSITY			<b>State:</b> OK	<b>Country:</b> UNITED STATES	
City: CLAREMORE					
<b>Degree:</b>	<b>From:</b> 8/2018	<b>To:</b> 5/ 2022	<b>Verified:</b>		
<b>School Name:</b> OWASSO HIGH SCHOOL			<b>State:</b> OK	<b>Country:</b> UNITED STATES	
City: OWASSO					
<b>Degree:</b>	<b>From:</b> 8/2014	<b>To:</b> 5/ 2018	<b>Verified:</b>		

PRACTICE HISTORY					
<b>Employed:</b>			<b>Supervisor:</b>		
City:			<b>State:</b>	<b>Country:</b>	
<b>Specialty:</b>	<b>From:</b> /	<b>To:</b> /	<b>Verified:</b>		
<b>Comments:</b>					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6641	JILLIAN MARIE MILLER

Physical Therapist

**DEFICIENCIES**

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OKLAHOMA CITY UNIVERSITY?

Form 1

Transcript

Exam verification date

Exam score missing

**Oklahoma State Board of Medical Licensure and Supervision  
Application Summary**

**Type**      **Number**      **Name**  
PT          6642          ANDERS ELLE BROUSSARD  
Physical Therapist

**Practice Address:**  
September 22, 2024  
OUTBACK PHYSICAL THERAPY  
149A HIGHLAND AVE  
  
SOMERVILLE, MA 02143-1650  
NOT OKLAHOMA

**Status:**  
**Res:**  
**Received:** 09/22/2024  
**Entered:** 09/22/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6642  
**Sex:** F  
**Ethnic Origin:** 2

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:	.			
	Test 2:	.			
	Test 3:	.			
	Test AV:	.			
	<b>Total Possible:</b>	800			
	<b>Okla Passing:</b>	600			
	<b>Total Score:</b>	652			

PRE-MED EDUCATION					
<b>School Name:</b> NORTHEASTERN UNIVERSITY					
<b>City:</b> BOSTON		<b>State:</b> MA	<b>Country:</b> UNITED STATES		
<b>Degree:</b> DOCTOR OF PHYSICAL THERAPY		<b>From:</b> 5/2020	<b>To:</b> 5/2021	<b>Verified:</b>	
<b>School Name:</b> NORTHEASTERN UNIVERSITY					
<b>City:</b> BOSTON		<b>State:</b> MA	<b>Country:</b> UNITED STATES		
<b>Degree:</b> BS IN REHABILITATION SCIENCE		<b>From:</b> 9/2015	<b>To:</b> 5/2020	<b>Verified:</b>	
<b>School Name:</b> BOOKER T WASHINGTON					
<b>City:</b> TULSA		<b>State:</b> OK	<b>Country:</b> UNITED STATES		
<b>Degree:</b> HIGH SCHOOL DIPLOMA		<b>From:</b> 8/2011	<b>To:</b> 6/2015	<b>Verified:</b>	



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6642          ANDERS ELLE BROUSSARD  
 Physical Therapist

### PRACTICE HISTORY

**Employed:** Outback Physical Therapy      **Supervisor:**  
**City:** SOMERVILLE      **State:** MA      **Country:** UNITED STATES  
**Specialty:** CLINIC MANAGER      **From:** 10 /2022      **To:** /      **Verified:**  
**Comments:** CLINIC MANAGER OF OUTPATIENT ORTHOPEDIC PHYSICAL THERAPY CLINIC.

**Employed:** Bay State Physical Therapy      **Supervisor:**  
**City:** BOSTON      **State:** MA      **Country:** UNITED STATES  
**Specialty:** STAFF PHYSICAL THERAPIST      **From:** 6 /2021      **To:** 10 /2022      **Verified:**  
**Comments:** REHAB AIDE AND TRANSITIONED TO STAFF PHYSICAL THERAPIST AT OUTPATIENT ORTHOPEDIC CLINIC

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
MA	Physical Therapist 25697	A	8/19/21	1/22/25	9/26/24

### DEFICIENCIES

PHOTO  
 OATH  
 Extended Background Check (use Service Code 2B7NYB)  
 OTHER DEFICIENCIES: ARE YOU CURRENTLY PRACTICING AS A PT AT OUTBACK PHYSICAL THERAPY?  
 Form 1  
 Time Deficiency Form for: 10/2022-PRESENT  
 Evidence of Status  
 Application Instructions

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6643          TY ROBERTS  
 Physical Therapist

**Practice Address:**  
 September 26, 2024

**Status:**  
**Res:**  
**Received:** 09/23/2024  
**Entered:** 09/23/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6643  
**Sex:** M  
**Ethnic Origin:** 3

**Endorsed By:**  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
<b>School Name:</b> BAYLOR UNIVERSITY		<b>State:</b> TX	<b>Country:</b> UNITED STATES
<b>City:</b> WACO		<b>From:</b> 1/2023	<b>To:</b> / <b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> ORAL ROBERTS UNIVERSITY		<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>City:</b> TULSA		<b>From:</b> 6/2015	<b>To:</b> 5/ 2020 <b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> VICTORY CHRISTIAN HIGH SCHOOL		<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>City:</b> TULSA		<b>From:</b> 8/2011	<b>To:</b> 5/ 2015 <b>Verified:</b>
<b>Degree:</b>			

PRACTICE HISTORY			
<b>Employed:</b> Fitness Together		<b>Supervisor:</b>	
<b>City:</b> JENKS		<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> PERSONAL TRAINER		<b>From:</b> 3 /2019	<b>To:</b> 5 / 2022 <b>Verified:</b>
<b>Comments:</b>			
<b>Employed:</b> Hideaway Pizza		<b>Supervisor:</b>	
<b>City:</b> JENKS		<b>State:</b> OK	<b>Country:</b> UNITED STATES
<b>Specialty:</b> SERVER		<b>From:</b> 8 /2015	<b>To:</b> 1 /2019 <b>Verified:</b>
<b>Comments:</b>			

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
PT	6643	TY ROBERTS
Physical Therapist		

<b>Other Licenses</b>					
State	Lic Type and Number	Status	Issued	Exp	Verif

<b><u>DEFICIENCIES</u></b>
Form 1 Transcript Exam verification date Evidence of Status Application Instructions PHOTO OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM BAYLOR UNIVERSITY? WHERE ARE YOU OBTAINING YOUR PT DEGREE? Exam score missing OATH Extended Background Check (use Service Code 2B7NYB) Time Deficiency Form for: 5/2022-1/2023, -- MUST USE TIME DEFICIENCY FORM

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

<b>Type</b>	<b>Number</b>	<b>Name</b>
PT	6624	CAILEY DAVIS
Physical Therapist		

**Practice Address:**  
 August 15, 2024  
 SELECT PHYSICAL THERAPY  
 200 NW 66TH ST  
  
 OKLAHOMA CITY, OK 73116  
 OKLAHOMA

**Status:**  
**Res:**  
**Received:** 07/11/2024  
**Entered:** 07/11/2024  
**Temp Issued:** 08/16/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6624  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSPBT  
**Orig Issued:** **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>		800			
<b>Okla Passing:</b>		600			
<b>Total Score:</b>		751			

**Oklahoma State Board of Medical Licensure and Supervision**  
**Application Summary**

**Type**      **Number**      **Name**  
PT            6624          CAILEY DAVIS  
Physical Therapist

<b>PRE-MED EDUCATION</b>			
<b>School Name:</b> TEXAS WOMAN'S UNIVERSITY	<b>State:</b> TX	<b>Country:</b> UNITED STATES	
<b>City:</b> DALLAS	<b>From:</b> 8/2021	<b>To:</b> 5/ 2024	<b>Verified:</b>
<b>Degree:</b> DPT			
<b>School Name:</b> DALLAS COLLEGE MOUNTAIN VIEW CAMPUS	<b>State:</b> TX	<b>Country:</b> UNITED STATES	
<b>City:</b> DALLAS	<b>From:</b> 5/2019	<b>To:</b> 5/ 2019	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> NAVARRO COLLEGE	<b>State:</b> TX	<b>Country:</b> UNITED STATES	
<b>City:</b> WAXAHACHIE	<b>From:</b> 5/2018	<b>To:</b> 5/ 2018	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> OKLAHOMA STATE UNIVERSITY	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> STILLWATER	<b>From:</b> 8/2017	<b>To:</b> 12/ 2020	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> UNIVERSITY OF CENTRAL OKLAHOMA	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> EDMOND	<b>From:</b> 8/2016	<b>To:</b> 5/ 2017	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> DEER CREEK HIGH SCHOOL	<b>State:</b> OK	<b>Country:</b> UNITED STATES	
<b>City:</b> EDMOND	<b>From:</b> 8/2014	<b>To:</b> 5/ 2017	<b>Verified:</b>
<b>Degree:</b>			
<b>School Name:</b> CEDAR CREEK HIGH SCHOOL	<b>State:</b> TX	<b>Country:</b> UNITED STATES	
<b>City:</b> CEDAR CREEK	<b>From:</b> 8/2013	<b>To:</b> 5/ 2014	<b>Verified:</b>
<b>Degree:</b>			

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 PT          6624          CAILEY DAVIS  
 Physical Therapist

PRACTICE HISTORY			
<b>Employed:</b> SELECT PHYSICAL THERAPY <b>City:</b> OKC <b>Specialty:</b> PT <b>Comments:</b> 200 NW 66TH ST OKLAHOMA CITY, OK 73116 405-840-1957	<b>Supervisor:</b> GROUP <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2024 <b>To:</b> / <b>Verified:</b>		
<b>Employed:</b> Stillwater Medical Center <b>City:</b> STILLWATER <b>Specialty:</b> REHAB TECH <b>Comments:</b> REHABILITATION TECHNICIAN AND FITNESS ASSOCIATE	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2019 <b>To:</b> 7 /2021 <b>Verified:</b>		
<b>Employed:</b> Oklahoma State University <b>City:</b> STILLWATER <b>Specialty:</b> FIITNESS INSTRUCTOR <b>Comments:</b> FITNESS ASSOCIATE AND GROUP FITNESS INSTRUCTOR	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 8 /2018 <b>To:</b> 8 /2020 <b>Verified:</b>		
<b>Employed:</b> Ennis ISD <b>City:</b> ENNIS <b>Specialty:</b> DATA CLERK <b>Comments:</b> ORGANIZE AND SCAN PAPERWORK FOR THE SCHOOL DISTRICT	<b>Supervisor:</b> <b>State:</b> TX <b>Country:</b> UNITED STATES <b>From:</b> 5 /2018 <b>To:</b> 8 /2018 <b>Verified:</b>		
<b>Employed:</b> World Wide Photography <b>City:</b> OKLAHOMA CITY <b>Specialty:</b> PHOTOGRAPHER <b>Comments:</b> TOOK PICTURES AT THE MALL WITH SANTA AND EASTER BUNNY	<b>Supervisor:</b> <b>State:</b> OK <b>Country:</b> UNITED STATES <b>From:</b> 12 /2015 <b>To:</b> 4 /2017 <b>Verified:</b>		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision  
Application Summary

**Type**      **Number**      **Name**  
PT          6628          MARIA D MILHOUS  
Physical Therapist

**Practice Address:**

August 14, 2024  
ERGONOMIC CONSULTANTS, LLC - DBA TOTAL REH  
1029 E WASHINGTON AVE  
  
MCALESTER, OK 74501  
PITTSBURG

**Status:**  
**Res:**  
**Received:** 08/01/2024  
**Entered:** 08/01/2024  
**Temp Issued:** 09/12/2024  
**Temp Expires:** 11/21/2024  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 6628  
**Sex:** F  
**Ethnic Origin:** 1

**Endorsed By:** FSBPT  
**Orig Issued:**                      **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
<b>Total Possible:</b>	800			
<b>Okla Passing:</b>	600			
<b>Total Score:</b>	675			

PRE-MED EDUCATION			
<b>School Name:</b> LYNCHBURG COLLEGE <b>City:</b> LYNCHBURG <b>Degree:</b> DOCTORATE OF PHYSICAL THERAPY	<b>State:</b> VA <b>From:</b> 8/2010	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2013	<b>Verified:</b>
<b>School Name:</b> VIRGINIA TECH <b>City:</b> BLACKSBURG <b>Degree:</b> BACHELOR'S OF SCIENCE: HNFE	<b>State:</b> VA <b>From:</b> 8/2006	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2010	<b>Verified:</b>
<b>School Name:</b> GROVE AVENUE CHRISTIAN SCHOOL <b>City:</b> RICHMOND <b>Degree:</b> HIGH SCHOOL DIPLOMA WITH HONORS	<b>State:</b> VA <b>From:</b> 8/2005	<b>Country:</b> UNITED STATES <b>To:</b> 5/ 2006	<b>Verified:</b>

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
PT            6628            MARIA D MILHOUS  
Physical Therapist

### PRACTICE HISTORY

**Employed:** ERGONOMIC CONSULTANTS, LLC - DBA      **Supervisor:** GROUP  
TOTAL REHAB  
**City:** MCALESTER      **State:** OK      **Country:**  
**Specialty:** PT      **From:** 9 / 2024      **To:** /      **Verified:**  
**Comments:** 1029 E WASHINGTON AVE  
MCALESTER, OK 74501  
918-423-2220 X 298

**Employed:** Independent Contractor with Vocovision      **Supervisor:**  
**City:** TUCKER      **State:** GA      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 2 / 2024      **To:** 5 / 2024      **Verified:**  
**Comments:** I WORKED FOR THIS COMPANY AS AN IC PT DELIVERING SCHOOL-BASED  
TELE-PHYSICAL THERAPY SERVICES TO MO.

**Employed:** Stepping Stones Group      **Supervisor:**  
**City:** BOSTON      **State:** MA      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 10 / 2022      **To:** 5 / 2023      **Verified:**  
**Comments:** I WORKED AS A PT FOR THIS COMPANY AS A CONTRACTOR IN HENRICO COUNTY  
PUBLIC SCHOOLS IN VA.

**Employed:** Milhous Physical Therapy LLC      **Supervisor:**  
**City:** SAINT AUGUSTINE      **State:** FL      **Country:** UNITED STATES  
**Specialty:** OWNER/PHYSICAL THERAPIST      **From:** 2 / 2020      **To:** /      **Verified:**  
**Comments:** 8/28/24 - STILL WORKING HERE (KS)

**Employed:** Physical Therapy Solutions      **Supervisor:**  
**City:** MECHANICSVILLE      **State:** VA      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 7 / 2019      **To:** 1 / 2020      **Verified:**  
**Comments:** I WORKED AS A PART TIME THERAPIST AT THIS OUTPATIENT CLINIC.

**Employed:** Children's Hospital of Richmond at VCU      **Supervisor:**  
**City:** RICHMOND      **State:** VA      **Country:** UNITED STATES  
**Specialty:** PRN PHYSICAL THERAPIST DOING      **From:** 5 / 2018      **To:** 3 / 2024      **Verified:**  
OUTPATIENT PT  
**Comments:**

**Employed:** NONE      **Supervisor:**  
**City:** HENRICO      **State:** VA      **Country:** UNITED STATES  
**Specialty:** NOT WORKING; HAD BABY      **From:** 8 / 2017      **To:** 5 / 2018      **Verified:**  
**Comments:**

**Employed:** Tidewater Physical Therapy      **Supervisor:**  
**City:** GLEN ALLEN      **State:** VA      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 9 / 2016      **To:** 8 / 2017      **Verified:**  
**Comments:** I WORKED PART TIME AS AN ORTHOPEDIC PHYSICAL THERAPIST AT THIS OUTPATIENT  
CLINIC.

**Employed:** Wolfson Children's Hospital      **Supervisor:**  
**City:** JACKSONVILLE      **State:** FL      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 7 / 2015      **To:** 9 / 2016      **Verified:**  
**Comments:** I WORKED AS A PRN PHYSICAL THERAPIST AT THE OUTPATIENT CLINICS FOR THIS  
CHILDREN'S HOSPITAL.

**Employed:** Coltman and Baughman Physical Therapy      **Supervisor:**  
**City:** JACKSONVILLE BEACH      **State:** FL      **Country:** UNITED STATES  
**Specialty:** PT      **From:** 7 / 2015      **To:** 9 / 2016      **Verified:**



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
PT            6628            MARIA D MILHOUS

Physical Therapist

**Comments:** I WORKED AS A PRN THERAPIST FOR THIS ORTHOPEDIC AND SPORTS PHYSICAL THERAPY PRACTICE.

<b>Employed:</b> NONE	<b>Supervisor:</b>	
<b>City:</b> JACKSONVILLE	<b>State:</b> FL	<b>Country:</b> UNITED STATES
<b>Specialty:</b> NOT WORKING; HAD BABY	<b>From:</b> 1 / 2015	<b>To:</b> 7 / 2015 <b>Verified:</b>
<b>Comments:</b>		

<b>Employed:</b> Heartland Rehabilitation	<b>Supervisor:</b>	
<b>City:</b> JACKSONVILLE	<b>State:</b> FL	<b>Country:</b> UNITED STATES
<b>Specialty:</b> PT	<b>From:</b> 4 / 2014	<b>To:</b> 1 / 2015 <b>Verified:</b>
<b>Comments:</b> I WORKED FULL TIME AS A PHYSICAL THERAPIST AT A SKILLED NURSING FACILITY IN JACKSONVILLE.		

<b>Employed:</b> Select Physical Therapy	<b>Supervisor:</b>	
<b>City:</b> JACKSONVILLE	<b>State:</b> FL	<b>Country:</b> UNITED STATES
<b>Specialty:</b> PT	<b>From:</b> 11 / 2013	<b>To:</b> 1 / 2015 <b>Verified:</b>
<b>Comments:</b> I WORKED PRN AS A PHYSICAL THERAPIST FOR THIS COMPANY FROM 2013 TO 2015.		

<b>Employed:</b> NONE	<b>Supervisor:</b>	
<b>City:</b> POINTE VEDRA	<b>State:</b> FL	<b>Country:</b>
<b>Specialty:</b> SEEKING WORK	<b>From:</b> 9 / 2013	<b>To:</b> 11 / 2013 <b>Verified:</b>
<b>Comments:</b>		

<b>Employed:</b> NONE	<b>Supervisor:</b>	
<b>City:</b> SARATOGA SPRINGS	<b>State:</b> NY	<b>Country:</b> UNITED STATES
<b>Specialty:</b> UNEMPLOYED, STUDYING, BOARDS	<b>From:</b> 5 / 2013	<b>To:</b> 9 / 2013 <b>Verified:</b>
<b>Comments:</b>		

<b>Employed:</b> Kelly's Services	<b>Supervisor:</b>	
<b>City:</b> LYNCHBURG	<b>State:</b> VA	<b>Country:</b> UNITED STATES
<b>Specialty:</b> SECRETARY/ADMIN ASSISTANT	<b>From:</b> 6 / 2010	<b>To:</b> 8 / 2010 <b>Verified:</b>
<b>Comments:</b> I WORKED AS A SECRETARY / ADMIN ASSISTANT BEFORE STARTING GRADUATE SCHOOL.		

<b>Employed:</b> Ukrop's Grocery Store	<b>Supervisor:</b>	
<b>City:</b> GLEN ALLEN	<b>State:</b> VA	<b>Country:</b> UNITED STATES
<b>Specialty:</b> CASHIER AND CLERK	<b>From:</b> 5 / 2004	<b>To:</b> 5 / 2007 <b>Verified:</b>
<b>Comments:</b> I WORKED AS A CASHIER AND STORE CLERK AT A HIGH END GROCERY STORE.		

### Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
VA	Physical Therapist 2305208126	A	8/1/13	12/31/24	8/1/24
FL	Physical Therapist PT28831	A	11/15/13	11/30/25	7/26/24

### DEFICIENCIES

*Amended: November 1, 2021*

**STATE OF OKLAHOMA  
PHYSICAL THERAPY PRACTICE ACT  
Title 59 O.S., Sections 887.1 - 887.19**

**INDEX**

- 887.1. Short title
- 887.2. Definitions
- 887.3. Licensing requirements
- 887.4. Physical Therapy Committee - membership - powers and duties
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**887.1. Short Title**

This act shall be known as the "Physical Therapy Practice Act".

Laws 1965, c. 153, § 1, emerg. eff. May 26, 1965.

**887.2. Definitions**

As used in the Physical Therapy Practice Act:

1. "Physical therapy" means the care and services provided by or under the direction and supervision of a physical therapist who is licensed pursuant to the Physical Therapy Practice Act;

2. "Practice of physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry or podiatry, or a physician assistant, and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy. Physical therapy includes screening or evaluations performed to determine the degree of impairment of relevant aspects such as, but not limited to, nerve and muscle function including transcutaneous bioelectrical potentials, motor development, functional capacity and respiratory or circulatory efficiency. Physical therapy also includes physical therapy treatment performed including, but not limited to, exercises for increasing or restoring strength, endurance, coordination and range of motion, stimuli to facilitate motor activity and learning, instruction in activities of daily living and the use of assistive devices and the application of physical agents to relieve pain or alter physiological status. Physical therapy services may be provided in person or remotely, via telehealth, to individuals or groups. The use of roentgen rays and radium for diagnostic or therapeutic purposes, the use of electricity for surgical purposes, including cauterization and colonic irrigations are not authorized under the term "physical therapy" as used in this chapter;

3. "Physical therapist assistant" means a person who assists in the practice of physical therapy subject to the direction and supervision of a licensed physical therapist, who meets all the educational requirements, and who is licensed pursuant to the provisions of the Physical Therapy Practice Act;

4. "Licensed physical therapist" means a person who is licensed as required in the Physical Therapy Practice Act and who regularly practices physical therapy;

5. "Board" means the State Board of Medical Licensure and Supervision;

6. "Committee" means the Physical Therapy Committee;

7. "Telehealth" means the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration; and

8. "Telecommunication" means the use of audio, video or other electronic media to deliver health care in real-time or through the use of store-and-forward technology.

### **887.3. License requirements**

No person shall designate himself as a physical therapist or physical therapist assistant, nor practice, nor hold himself out to the public as being able to practice physical therapy in this state, unless licensed in accordance with the provisions of the Physical Therapy Practice Act. The Physical Therapy Practice Act shall not prohibit or prevent any person licensed in the healing arts in this state from engaging in the practice for which he is duly licensed.

Laws 1965, c. 153, § 3 eff. May 26, 1965. Laws 1969, c. 345, § 2; amended by Laws 1987, c. 13, § 2, eff. July 1, 1987.

### **887.4. Physical Therapy Committee - Membership - Powers and duties**

A. There is hereby established a Physical Therapy Committee to assist the State Board of Medical Licensure and Supervision in conducting examinations for applicants and to advise the Board on all matters pertaining to the licensure, education, and continuing education of physical therapists and physical therapist assistants and the practice of physical therapy.

B. 1. The Physical Therapy Committee shall consist of five (5) members who shall be appointed by the State Board of Medical Licensure and Supervision as follows:

- a. three members shall be licensed physical therapists,
- b. one member shall be a licensed physical therapist assistant, and
- c. one member shall be a lay person.

2. Except for the lay appointee, each appointee shall be selected from a list of three persons submitted for each vacancy by the Oklahoma Chapter of the American Physical Therapy Association.

- a. Members serving on the Committee on the effective date of this act may continue serving until expiration of their terms of office and may be reappointed if eligible pursuant to the provisions of this act. Members of the original Physical Therapy Committee shall have been appointed for staggered terms of one (1), two (2), and three (3) years, respectively. Terms of office of each appointed member shall expire July 1 of that year in which they expire regardless of the calendar date when such appointments were made. Subsequent appointments shall be made for a term of three (3) years or until their successors are appointed and qualified.
- b. The lay member and physical therapist assistant member initially appointed to fill the

two new positions created pursuant to this act shall be appointed for staggered terms of office which will expire July 1, 1998, and July 1, 1999. Thereafter, members appointed to these positions shall serve for terms of three (3) years or until their successors are appointed and qualified.

c. Vacancies shall be filled by the Board in the same manner as the original appointment.

3. Each member of the Committee shall be a resident of this state. The physical therapist and physical therapist assistant members shall be licensed pursuant to the Physical Therapy Practice Act for at least three (3) years prior to appointment to the Committee. The lay member shall not be a physical therapist or a licensed health care professional or be related by adoption, blood, or marriage within the third degree of consanguinity to a physical therapist or a licensed health care professional.

4. Members of the Committee shall be reimbursed for all actual and necessary expenses incurred in the performance of duties required by the Physical Therapy Practice Act in accordance with the provisions of the State Travel Reimbursement Act.

C. The Committee shall have the power and duty to:

1. Assist in selecting and conducting examinations for licensure, and in determining which applicants successfully passed such examination;

2. Advise the Board on all matters pertaining to the licensure, education, and continuing education requirements for, and practice of physical therapy in this state;

3. Maintain a current list of approved schools of physical therapy and physical therapist assistants; and

4. Assist and advise in all hearings involving physical therapists or physical therapist assistants who are deemed to be in violation of the Physical Therapy Practice Act.

Laws 1965, c. 153, § 4, emerg. eff. May 26, 1965; Laws 1969, c. 345, § 3; Laws 1985, c. 178, § 37, operative July 1, 1985; Laws 1987, c. 13, § 3, eff. July 1, 1987; Laws 1987, c. 118, § 45, operative July 1, 1987; Laws 1997, c. 126, § 1.

### **887.5. Powers and duties of Board**

A. The State Board of Medical Licensure and Supervision shall have the power and duty to:

1. Promulgate rules necessary to implement the provisions of the Physical Therapy Practice Act;

2. Determine, as recommended by the Committee, the qualifications of applicants for licensure, conduct all examinations, and determine which applicants successfully passed such

examinations;

3. Issue a license to each applicant who passes the examination in accordance with standards promulgated by the Board pursuant to the Physical Therapy Practice Act, and who is otherwise in compliance with the Physical Therapy Practice Act. A license shall also be issued to persons who qualify for such license pursuant to the provisions of Sections 887.9 and 887.10 of this title. Said licenses shall be subject to annual renewal as provided by the Physical Therapy Practice Act;

4. Make such investigations and inspections as are necessary to ensure compliance with the Physical Therapy Practice Act and the rules and regulations of the Board promulgated pursuant to the act;

5. Conduct hearings as required by the provisions of the Administrative Procedures Act, Section 301 et seq. of Title 75 of the Oklahoma Statutes;

6. Report to the district attorney having jurisdiction or the Attorney General any act committed by any person which may constitute a misdemeanor pursuant to the provisions of the Physical Therapy Practice Act;

7. Initiate prosecution and civil proceedings;

8. Suspend, revoke or deny the license of any physical therapist and physical therapist assistant for violation of any provisions of the Physical Therapy Practice Act or rules and regulations promulgated by the Board pursuant to this act;

9. Maintain a record listing the name of each physical therapist and physical therapist assistant licensed in this state;

10. Compile a list of physical therapists and physical therapist assistants licensed to practice in this state. Said list shall be available to any person upon application to the Board and the payment of such fee as determined by the Board for the reasonable expense thereof pursuant to the provisions of the Physical Therapy Practice Act;

11. Make such expenditures and employ such personnel as it may deem necessary for the administration of the provisions of the Physical Therapy Practice Act; and

12. Conduct state and national criminal history record checks as determined by the Board through the Oklahoma State Bureau of Investigation pursuant to Section 150.9 of Title 74 of the Oklahoma Statutes and Federal Bureau of Investigation in accordance with 28 U.S.C., Section 534 and 34 U.S. C., Section 40316; provided, however, that reports from such record checks shall not be shared with entities outside of this state.

Laws 1965, c. 153, § 5, eff. May 26, 1965. Laws 1969, c. 345, § 4; amended by Laws 1987, c. 13, § 4, eff. July 1, 1987.

## 887.6. Qualifications for license

A. Except as otherwise provided by law, to be eligible for licensure as a physical therapist or physical therapist assistant pursuant to the provisions of the Physical Therapy Practice Act an applicant shall pass an examination based on standards promulgated by the State Board of Medical Licensure and Supervision pursuant to the Physical Therapy Practice Act which shall include a written examination testing the knowledge of the applicant on:

1. The basic and clinical sciences as they relate to physical therapy theory and physical therapy procedures; and

2. Such other subjects as the Board may deem necessary to test the applicant's fitness to practice physical therapy or as a physical therapist assistant. Examinations shall be held within this state at least once per year, at such time and place as the Board shall determine.

B. 1. In addition to the requirements provided by subsection A of this section, and except as provided in paragraph 2 of this subsection or subsection D of this section, an applicant for a license to practice as a physical therapist shall have graduated from a school of physical therapy approved by a national accrediting body which has been recognized by the Board.

2. An applicant for a license to practice as a physical therapist who has been educated through a program or school of physical therapy which is or has been sponsored by a branch of the armed forces of the United States may be licensed as a physical therapist if the Board determines that the education of the applicant is substantially equivalent to, or exceeds, the requirements of accredited educational program.

C. 1. In addition to the requirements provided by subsection A of this section, and except as provided in paragraph 2 of this subsection, an applicant for a license to practice as a physical therapist assistant shall have graduated from an approved program for physical therapist assistants consisting of at least a two-year program approved by a national accrediting body which has been recognized by the Board. An approved course of study shall include such elementary and intermediate courses in the anatomical, biological, and physical sciences as may be determined by the Board.

2. An applicant for a license to practice as a physical therapist assistant who has been educated through a program for physical therapist assistants which is or has been sponsored by a branch of the armed forces of the United States may be licensed as a physical therapist assistant if the Board determines that the education of the applicant is substantially equivalent to, or exceeds, the requirements of accredited educational programs.

D. 1. Except as otherwise provided by paragraph 2 of this subsection, an applicant for licensure as a physical therapist who has been educated in physical therapy outside the United States shall meet the following qualifications:

- a. have completed the application process,
- b. provide satisfactory evidence that their education is substantially equivalent to the

requirements of physical therapists educated in accredited educational programs as determined by the Board. If the Board determines that a foreign-educated applicant's education is not substantially equivalent, it may require completion of additional course work before proceeding with the application process,

- c. provide written proof that the school of physical therapy education is recognized by its own ministry of education,
- d. provide written proof of authorization to practice as a physical therapist without limitations in the country where the professional education occurred,
- e. provide proof of legal authorization to reside and seek employment in the United States or its territories,
- f. have their educational credentials evaluated by a Board-approved credential evaluation agency,
- g. have passed the Board-approved English proficiency examinations if their native language is not English,
- h. have participated in an interim supervised clinical practice period prior to licensure, which may be waived at the discretion of the Board, if:

- (1) the applicant for licensure is able to verify the successful completion of one (1) year of clinical practice in the United States or the District of Columbia, or
- (2) the applicant is able to document exceptional expertise acceptable to the Board in the fields of research, education, or clinical practice, and
- i. have successfully passed the national examination approved by the Board.

2. If the foreign-educated physical therapist applicant is a graduate of a CAPTE-accredited physical therapy education program, requirements in subparagraphs c, d, g and i of paragraph 1 of this subsection may be waived.

E. When a foreign-educated applicant satisfies the qualifications for licensure set forth in subparagraphs a through h of paragraph 1 of subsection D of this section, prior to licensure the Board shall issue an interim permit to the applicant for the purpose of participating in a supervised clinical practice period. The time period of an interim permit shall not be less than ninety (90) days nor more than six (6) months. An interim permit holder, to the satisfaction of the Board, shall complete a period of clinical practice under the continuous and immediate supervision of a physical therapist who holds an unrestricted license issued pursuant to the Physical Therapy Practice Act in a facility approved by the Board.

F. 1. In addition to the requirements provided by subsection A of this section, the Board may require an applicant for licensure as a physical therapist or physical therapist assistant pursuant to the provisions of the Physical Therapy Practice Act, as a condition for eligibility for initial licensure, to submit a full set of fingerprints in a form and manner prescribed by the Board.

2. The Board is authorized to obtain state and national criminal history record information on the applicant.



3. The Board shall not disseminate criminal history record information resulting from the background check outside of this state.

Laws 1965, c. 153, § 6, eff. May 26, 1965. Laws 1969, c. 345, § 5; amended by Laws 1987, c. 13, § 5, eff. July 1, 1987; Amended by Laws 1997, c. 126, § 2, eff. April 17, 1997.

#### **887.7. Application for licenses - Fees**

Any person intending to practice as a physical therapist or physical therapist assistant in this state shall apply to the Board in writing. Such application shall be on a form and in a manner prescribed by the Board and shall request such information from the applicant as will indicate to the Board the applicant's qualifications to take the required examination or otherwise comply with the provisions of the Physical Therapy Practice Act. An application to the Board to practice as a physical therapist or physical therapist assistant shall be accompanied by a fee as required by the provisions of the Physical Therapy Practice Act. Said fee shall not be refundable.

Laws 1965, c. 153, § 7, eff. May 26, 1965. Laws 1969, c. 345, § 6; amended by Laws 1987, c. 13, § 6, eff. July 1, 1987.

#### **887.8. Issuance of license - Reexamination**

The Board shall issue an appropriate license to each applicant who successfully passes the examination in accordance with standards promulgated by the Board and who otherwise complies with the provisions of the Physical Therapy Practice Act.

Any applicant who fails to pass the examination may request to retake the examination in accordance with standards established by the Board.

Laws 1965, c. 153, § 8. Amended by Laws 1987, c. 13, § 7, eff. July 1, 1987.

#### **887.9. License without examination**

Upon payment to the Board of a fee as provided by the Physical Therapy Practice Act, and submission of a written application on forms provided by the Board, the Board may issue a license without examination to any person who is licensed or otherwise registered as a physical therapist by another state or any territory of the United States which has substantially the same standards for licensure as are required by this state pursuant to the provisions of the Physical Therapy Practice Act.

Laws 1965, c. 153, § 9. Amended by Laws 1987, c. 13, § 8, eff. July 1, 1987.

#### **887.10. Temporary permit without examination**

A. Upon proper application to the Board, and payment of the fee required by the provisions of the Physical Therapy Practice Act, the Board shall issue without examination a temporary permit to practice physical therapy or to practice as a physical therapist assistant in this state for a period of not to exceed one (1) year to any person who meets the qualifications required for applicants to take the examination and who submits satisfactory evidence to the Board that such applicant is in this state on a temporary basis to assist in a case of medical emergency or to engage in a special physical therapy project. The Board may shorten the term of the temporary permit for less than one (1) year.

B. Upon proper application and payment of fees, the Board may issue a temporary permit to a person who has applied for a license pursuant to the provisions of Section 887.7 of this title, and who is eligible to take the examination pursuant to the provisions of the Physical Therapy Practice Act. Such temporary permit shall be available to an applicant only with respect to his first application for licensure. Such permit shall expire upon notice that the applicant has or has not passed the examination.

Laws 1965, c. 153, § 10 eff. May 26, 1965. Laws 1969, c. 345, § 7; amended by Laws 1987, c. 13, § 9, eff. July 1, 1987.

#### **887.11. Repealed**

#### **887.12. Renewal of licenses**

A. 1. Except as otherwise provided by the Physical Therapy Practice Act, all licenses shall expire on January 31 of each year. A license may be renewed during the month of January of each year upon:

- a. application,
- b. evidence of satisfactory completion of a program of continuing education or of alternative requirements, as required by the State Board of Medical Licensure and Supervision pursuant to subsection B of this section, and
- c. payment of fees.

2. Applications for renewal of licensure shall be sent by the Board to all licensed physical therapists and physical therapist assistants at their last-known address. Failure to renew a license three (3) months after notification shall effect a forfeiture of the license granted pursuant to the provisions of the Physical Therapy Practice Act. Upon recommendation of the Board, a lapsed license may be revived upon the payment of all unpaid registration fees and pursuant to such rules as may be promulgated by the Board.

3. A physical therapist or physical therapist assistant who fails to apply for a renewal of a license for five (5) years may renew the license by complying with the provisions of the Physical Therapy Practice Act relating to the issuance of an original license.

B. For physical therapists and physical therapist assistants, the Board shall establish by

rule the requirements for:

1. A program of continuing education; and
2. Alternative requirements to establish continuing competence to practice.

The Board shall also establish by rule the minimum hours of continuing education needed to satisfy these requirements. In establishing these requirements, the Board shall consider any existing programs of continuing education currently being offered to licensed physical therapists or physical therapist assistants.

Laws 1965, SB 143, c. 153, § 12, emerg. eff. May 26, 1965; Amended by Laws 1969, HB 1078, c. 345, § 8; Amended by Laws 1987, HB 1401, c. 13, § 10, emerg. eff. July 1, 1987; Amended by Laws 1997, HB 1248, c. 126, § 3.

### **887.13. Refusal, suspension or revocation of license**

1. The State Board of Medical Licensure and Supervision may refuse to issue or renew, or may suspend or revoke a license to any person, after notice and hearing in accordance with rules and regulations promulgated pursuant to the Physical Therapy Practice Act and the provisions of the Administrative Procedures Act of the Oklahoma Statutes who has:

1. Practiced physical therapy for workers' compensation claims other than under the referral of a physician, surgeon, dentist, chiropractor or podiatrist duly licensed to practice medicine or surgery , a physician assistant or in the case of practice as a physical therapist assistant, has practiced other than under the direction of a licensed physical therapist;

2. Treated or attempted to treat ailments or other health conditions of human beings other than by physical therapy as authorized by the Physical Therapy Practice Act;

3. Failed to refer patients to other health care providers if symptoms are known to be present for which physical therapy treatment is inadvisable or if symptoms indicate conditions for which treatment is outside the standards of practice as specified in the rules and regulations promulgated by the Board pursuant to the provisions of the Physical Therapy Practice Act;

4. Used drugs, narcotics, medication, or intoxicating liquors to an extent which affects the professional competency of the applicant or licensee;

5. Been convicted of a felony crime that substantially relates to the occupation of physical therapy and poses a reasonable threat to public safety;

6. Obtained or attempted to obtain a license as a physical therapist or physical therapist assistant by fraud or deception;

7. Been grossly negligent in the practice of physical therapy or in acting as a physical

therapist assistant;

8. Been adjudged mentally incompetent by a court of competent jurisdiction and has not subsequently been lawfully declared sane;

9. Been guilty of conduct unbecoming a person licensed as a physical therapist or physical therapist assistant or guilty of conduct detrimental to the best interests of the public or the profession;

10. Been guilty of any act in conflict with the ethics of the profession of physical therapy; or

11. Had a license suspended or revoked in another state.

B. As used in this section:

1. "Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation; and

2. "Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

Amended by Laws 1987, HB 1401, c. 13, § 11, emerg. eff. July 1, 1987; Amended by Laws 2008, HB 2760, c. 26, § 1, emerg. eff. April 11, 2008; Amended by Laws 2014, SB1020, c. , eff November 1, 2014.

#### **887.14. Titles and abbreviations**

Any person holding a license pursuant to the provisions of the Physical Therapy Practice Act as a physical therapist may use the title "Physical Therapist", "Registered Physical Therapist", or "Licensed Physical Therapist", or the letters "P.T.", "R.P.T.", or "L.P.T.", as authorized by the license obtained from the Board.

Laws 1965, SB 143, c. 153, § 14; Amended by Laws 1987, HB 1401, c. 13, § 12, emerg. eff. July 1, 1987.

#### **887.15. Obtaining license by misrepresentations - Penalty**

Any person who obtains, or attempts to obtain, licensure as a physical therapist or physical therapist assistant by any willful misrepresentation, grossly negligent misrepresentation, or any fraudulent misrepresentation, upon conviction, shall be guilty of a misdemeanor and shall be punished as required by the provisions of the Physical Therapy Practice Act.

Laws 1965, SB 143, c. 153, § 15, emerg. eff. May 26, 1965; Amended by Laws 1969, HB 1333, c. 345, § 10; Amended by Laws 1987, HB 1401, c. 13, § 13, emerg. eff. July 1, 1987.

### **887.16. Misrepresentations - Penalties and actions**

A. No person shall advertise, in any manner, or otherwise represent himself as a physical therapist or physical therapist assistant or as a provider of physical therapy services unless such person is licensed pursuant to the provisions of the Physical Therapy Practice Act.

B. Any person who violates any provision of the Physical Therapy Practice Act shall be found guilty of a misdemeanor and upon conviction shall be subject to punishment pursuant to the provisions of Section 491 of this title and to one or more of the following actions which may be taken by the State Board of Medical Licensure and Supervision in consultation with the Physical Therapy Committee:

1. Revocation of license;
2. Suspension of license not to exceed six (6) months from the date of hearing;
3. Invocation of restrictions in the form of probation as defined by the Board; or
4. For emergency situations where the question of continued right to practice is a threat to public welfare, utilization of procedures as outlined in Section 481 et seq. of this title regarding physicians.

Laws 1965, SB 143, c. 153, § 16, emerg. eff. May 26, 1965; Amended by Laws 1987, HB 1401, c. 13, § 14, emerg. eff. July 1, 1987.

### **887.17. Referrals by physicians and surgeons - Agents - Exceptions**

A. 1. Except for workers compensation claims, any person licensed under the Physical Therapy Practice Act as a physical therapist shall be able to evaluate and treat human ailments by physical therapy on a patient without a referral from a licensed health care practitioner for a period not to exceed thirty (30) days. Treatment may be provided by a physical therapist assistant under the supervision of a physical therapist. Any treatment provided beyond the thirty-day period shall be only under the referral of a person licensed as a physician or surgeon with unlimited license, or the physician assistant of the person so licensed, and Doctors of Dentistry, Chiropractic and Podiatry and an Advanced Practice Registered Nurse, with those referrals being limited to their respective areas of training and practice.

2. A physical therapist may provide services within the scope of physical therapy practice without a physician referral to children who receive physical therapy services pursuant to the Individuals with Disabilities Education Improvement Act of 2004, as may be amended, and Section 504 of the Rehabilitation Act of 1973, as may be amended. Provided further, a plan of care developed by a person authorized to provide services within the scope of the Physical

Therapy Practice Act shall be deemed to be a prescription for purposes of providing services pursuant to the provisions of the Individuals with Disabilities Education Improvement Act of 2004, as may be amended, and Section 504 of the Rehabilitation Act of 1973, as may be amended.

3. Nothing in the Physical Therapy Practice Act shall prevent a physical therapist from performing screening and educational procedures within the scope of physical therapy practice without a physician referral.

4. Nothing in the Physical Therapy Practice Act shall prevent a physical therapist from performing services that are provided for the purpose of fitness, wellness, or prevention that is not related to the treatment of an injury or ailment.

5. Nothing in the Physical Therapy Practice Act shall be construed as authorization for a physical therapist or physical therapist assistant to practice any branch of the healing art.

6. Any person violating the provisions of the Physical Therapy Practice Act shall be guilty of a misdemeanor as per Section 887.16 of this title.

B. 1. The provisions of the Physical Therapy Practice Act are not intended to limit the activities of persons legitimately engaged in the nontherapeutic administration of baths, massage, and normal exercise.

2. The Physical Therapy Practice Act shall not prohibit students who are enrolled in schools of physical therapy approved by the State Board of Medical Licensure and Supervision from performing such work as is incidental to their course of study; nor shall it prevent any student in any recognized school of the healing art in carrying out prescribed courses of study; provided such school is a recognized institution by the statutes of Oklahoma, and its practitioners are duly licensed as prescribed by law.

3. Nothing in the Physical Therapy Practice Act shall apply to any person employed by an agency, bureau, or division of the federal government while in the discharge of official duties, however, if such individual engages in the practice of physical therapy outside the line of official duty, the individual must be licensed as herein provided.

Laws 1965, SB 143, c. 153, § 17, emerg. eff. May 26, 1965; Amended by Laws 1969, HB 1333, c. 345, § 11; Amended by Laws 1987, HB 1401, c. 13, § 16, emerg. eff. July 1, 1987; Amended by Laws 1987, HB 1473, c. 236, § 196, emerg. eff. July 20, 1987; Amended by Laws 2003, SB 561, c. 135, § 1, eff. November 1, 2003; Amended by Laws 2004, SB 1280, c. 543, § 6, emerg. eff. July 1, 2004; Amended by Laws 2005, SB 647, c. 84, § 1, eff. November 1, 2005; Amended by Laws 2008, HB 2760, c. 26, § 2, emerg. eff. April 11, 2008; Amended by Laws 2012, SB 1592, c. 29, § 2, eff. November 1, 2012; Amended by Laws 2014, SB1020, c. , eff. November 1, 2014.

### **887.18. Fees**

The Board shall prescribe and publish, in the manner established by its rules and regulations, fees in the amounts determined by the Board but not exceeding the following

maximum amounts unless cost justification is present:

Physical Therapist Examination	\$150.00
Physical Therapist Assistant Examination	\$100.00
Physical Therapist License and renewal thereof	\$ 50.00
Physical Therapist Assistant License and renewal thereof	\$ 35.00
Temporary Permit	\$ 25.00

### **887.19 Physical Therapy Licensure Compact**

#### ARTICLE I

##### Findings and Declaration of Purpose

A. The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient/client is located at the time of the patient/client encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

B. This Compact is designed to achieve the following objectives:

1. Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;
2. Enhance the states' ability to protect the public's health and safety;
3. Encourage the cooperation of member states in regulating multistate physical therapy practice;
4. Support spouses of relocating military members;
5. Enhance the exchange of licensure, investigative and disciplinary information between member states; and
6. Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

#### ARTICLE II

##### Definitions

As used in this Compact:

1. "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C., Sections 1209 and 1211;
2. "Adverse action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both;
3. "Alternative program" means a nondisciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes, but is not limited to, substance abuse issues;
4. "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient/client is located at the time of the patient/client encounter;
5. "Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work;
6. "Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege and adverse action;
7. "Encumbered license" means a license that a physical therapy licensing board has limited in any way;
8. "Executive Board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission;
9. "Home state" means the member state that is the licensee's primary state of residence;
10. "Investigative information" means information, records and documents received or generated by a physical therapy licensing board pursuant to an investigation;
11. "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state;
12. "Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant;
13. "Member state" means a state that has enacted the Compact;



14. "Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege;

15. "Physical therapist" means an individual who is licensed by a state to practice physical therapy;

16. "Physical therapist assistant" means an individual who is licensed/certified by a state and who assists the physical therapist in selected components of physical therapy;

17. "Physical therapy", "physical therapy practice", and "the practice of physical therapy" mean the care and services provided by or under the direction and supervision of a licensed physical therapist;

18. "Physical Therapy Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact;

19. "Physical therapy licensing board" or "licensing board" means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants;

20. "Remote state" means a member state other than the home state, where a licensee is exercising or seeking to exercise the compact privilege; and

21. "Rule" means a regulation, principle or directive promulgated by the Commission that has the force of law.

### ARTICLE III

#### State Participation in the Compact

A. To participate in the Compact, a state shall:

1. Participate fully in the Commission's data system, including using the Commission's unique identifier as defined in rules;

2. Have a mechanism in place for receiving and investigating complaints about licensees;

3. Notify the Commission, in compliance with the terms of the Compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

4. Fully implement a state and national criminal background check requirement. The physical therapy licensing board shall forward fingerprints of each applicant for licensure to the Oklahoma State Bureau of Investigation. The Bureau shall conduct a state and national background check pursuant to Section 150.9 of Title 74 of the Oklahoma Statutes and shall

provide the results of the background check to the licensing board. The licensing board shall use the results in making licensure decisions in accordance with this Compact;

5. Comply with the rules of the Commission;
6. Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the Commission; and
7. Have continuing competence requirements as a condition for license renewal.

B. Upon adoption of this statute, the member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and submit this information to the Federal Bureau of Investigation for a criminal background check in accordance with 28 U.S.C., Section 534 and 42 U.S.C., Section 14616.

C. A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the Compact and rules.

D. Member states may charge a fee for granting a compact privilege.

#### ARTICLE IV

##### Compact Privilege

A. To exercise the compact privilege under the terms and provisions of the Compact, the licensee shall:

1. Hold a license in the home state;
2. Have no encumbrance on any state license;
3. Be eligible for a compact privilege in any member state in accordance with this Compact;
4. Have not had any adverse action against any license or compact privilege within the previous two (2) years;
5. Notify the Commission that the licensee is seeking the compact privilege within a remote state(s);
6. Pay any applicable fees, including any state fee, for the compact privilege;
7. Meet any jurisprudence requirements established by the remote state(s) in which the licensee is seeking a compact privilege; and

8. Report to the Commission adverse action taken by any nonmember state within thirty (30) days from the date the adverse action is taken.

B. The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of this Compact to maintain the compact privilege in the remote state.

C. A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

D. A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines and/or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

E. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

1. The home state license is no longer encumbered; and
2. Two (2) years have elapsed from the date of the adverse action.

F. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of this Compact to obtain a compact privilege in any remote state.

G. If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

1. The specific period of time for which the compact privilege was removed has ended;
2. All fines have been paid; and
3. Two (2) years have elapsed from the date of the adverse action.

H. Once the requirements of this Compact have been met, the license must meet the applicable requirements in this Compact to obtain a compact privilege in a remote state.

## ARTICLE V

### Active Duty Military Personnel or their Spouses

A licensee who is active duty military or is the spouse of an individual who is active duty

military may designate one of the following as the home state:

1. Home of record;
2. Permanent Change of Station (PCS); or
3. State of current residence if it is different than the PCS state or home of record.

## ARTICLE VI

### Adverse Actions

A. A home state shall have exclusive power to impose adverse action against a license issued by the home state.

B. A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.

C. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states shall require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

D. Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.

E. A remote state shall have the authority to:

1. Take adverse actions as set forth in this Compact against a licensee's compact privilege in the state;

2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence is located; and

3. If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

F. In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.

G. Member states shall share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

## ARTICLE VII

### Establishment of the Physical Therapy Compact Commission

A. The Compact member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission.

1. The Commission shall be an instrumentality of the Compact states.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Each member state shall have and be limited to one delegate selected by that member state's licensing board.

1. The delegate shall be a current member of the licensing board, who is a physical therapist, physical therapist assistant, public member or the board administrator.

2. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

3. The member state board shall fill any vacancy occurring in the Commission.

4. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

5. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

6. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;
2. Establish bylaws;
3. Maintain its financial records in accordance with the bylaws;
4. Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;
5. Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;
6. Bring and prosecute legal proceedings or actions in the name of the Commission; provided, that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;
7. Purchase and maintain insurance and bonds;
8. Borrow, accept or contract for services of personnel, including, but not limited to, employees of a member state;
9. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;
10. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided, that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;
11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided, that at all times the Commission shall avoid any appearance of impropriety;
12. Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
13. Establish a budget and make expenditures;
14. Borrow money;

15. Appoint committees, including standing committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;

16. Provide and receive information from, and cooperate with, law enforcement agencies;

17. Establish and elect an Executive Board; and

18. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of physical therapy licensure and practice.

D. The Executive Board shall have the power to act on behalf of the Commission according to the terms of this Compact.

1. The Executive Board shall be comprised of nine (9) members:
  - a. seven voting members who are elected by the Commission from the current membership of the Commission,
  - b. one ex officio, nonvoting member from the recognized national physical therapy professional association, and
  - c. one ex officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.
2. The ex officio members shall be selected by their respective organizations.
3. The Commission may remove any member of the Executive Board as provided in bylaws.
4. The Executive Board shall meet at least annually.
5. The Executive Board shall have the following duties and responsibilities:
  - a. recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege,
  - b. ensure Compact administration services are appropriately provided, contractual or otherwise,
  - c. prepare and recommend the budget,

- d. maintain financial records on behalf of the Commission,
- e. monitor Compact compliance of member states and provide compliance reports to the Commission,
- f. establish additional committees as necessary, and
- g. other duties as provided in rules or bylaws.

E. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in this Compact.

1. The Commission or the Executive Board or other committees of the Commission may convene in a closed, nonpublic meeting if the Commission or Executive Board or other committees of the Commission must discuss:

- a. noncompliance of a member state with its obligations under the Compact,
- b. the employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures,
- c. current, threatened or reasonably anticipated litigation,
- d. negotiation of contracts for the purchase, lease or sale of goods, services or real estate,
- e. accusing any person of a crime or formally censuring any person,
- f. disclosure of trade secrets or commercial or financial information that is privileged or confidential,
- g. disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy,
- h. disclosure of investigative records compiled for law enforcement purposes,
- i. disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact, or
- j. matters specifically exempted from disclosure by federal or member state statute.



2. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

3. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

F. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.

1. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials and services.

2. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

G. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided, that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.

1. The Commission shall defend any member, officer, executive director, employee or

representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided, that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

2. The Commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

## ARTICLE VIII

### Data System

A. The Commission shall provide for the development, maintenance and utilization of a coordinated database and reporting system containing licensure, adverse action and investigative information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or compact privilege;
4. Nonconfidential information related to alternative program participation;
5. Any denial of application for licensure, and the reason(s) for such denial; and
6. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. Investigative information pertaining to a licensee in any member state will only be available to other party states.

D. The Commission shall promptly notify all member states of any adverse action taken

against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

F. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

## ARTICLE IX

### Rulemaking

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four (4) years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least thirty (30) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission or other publicly accessible platform; and
2. On the website of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and

4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five persons;
2. A state or federal governmental subdivision or agency; or
3. An association having at least twenty-five members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings will be recorded. A copy of the recording will be made available on request.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

K. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided, that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, and in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety or welfare;
2. Prevent a loss of Commission or member state funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

## ARTICLE X

### Oversight, Dispute Resolution, and Enforcement

A. The executive, legislative and judicial branches of state government in each member state shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.

B. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.

C. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

D. 1. If the Commission determines that a member state has defaulted in the performance

of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

- a. provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission, and
- b. provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

E. 1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and nonmember states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

F. 1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the United States District

Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

## ARTICLE XI

### Date of Implementation, Associated Rules, Withdrawal or Amendment

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

## ARTICLE XII

### Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any party state, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

This act shall become effective November 1, 2018.



*Effective: September 11, 2020*

**\*OKLAHOMA ADMINISTRATIVE CODE  
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION  
CHAPTER 20. PHYSICAL THERAPISTS AND ASSISTANTS**

**SUBCHAPTER**

1. General Provisions
3. Licensure of Physical Therapists and Assistants
5. Regulation of Practice
7. Supervision of Physical Therapist Assistants
9. Professional Development

\*This is an unofficial copy of Chapter 20 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

## CHAPTER 20. PHYSICAL THERAPISTS AND ASSISTANTS

Subchapter	Section
1. General Provisions	435:20-1-1
3. Licensure of Physical Therapists and Assistants	435:20-3-1
5. Regulation of Practice	435:20-5-1
7. Supervision of Physical Therapist Assistants	435:20-7-1

[*Authority: Title 59 O.S., Section 887.5*]

[*Source: Codified 12-30-91*]

### SUBCHAPTER 1. GENERAL PROVISIONS

#### Section

- 435:20-1-1. Purpose
- 435:20-1-1.1. Definitions
- 435:20-1-2. Interpretation of rules and regulations
- 435:20-1-3. Removal from Committee - quorum

#### **435:20-1-1. Purpose**

The rules in this Chapter provide requirements for licensure as a physical therapist/physical therapy assistant and regulation of practice.

#### **435:20-1-1.1. Definitions**

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

**"Alternate Supervising Physical Therapist"** means the physical therapist who temporarily provides direct or general supervision of a physical therapist assistant or applicant for licensure in the absence of the supervising physical therapist and who will be identified in the medical record as the therapist of record.

**"CAPTE"** means the Commission on Accreditation of Physical Therapy Education.

**"Examination/Evaluation"** means a comprehensive visit by the physical therapist, in the presence of the patient, to determine the plan of care, based on the physical therapist's clinical judgments, which are supported by the data gathered during the examination.

**"Foreign-educated physical therapist"** means a physical therapist who graduated from any physical therapy education program outside the United States.

**"General supervision"** means the responsible supervision and control of the practice of the licensed physical therapist assistant by the supervising physical therapist. The supervising therapist is regularly and routinely on-site, and every three months will provide a minimum of one (1) co-treatment of face to face, real time interaction with each physical therapist assistant providing services with his/her patients. These co-treatments will be documented in the medical record and on a supervision log, which is subject to inspection. When not on-site, the supervising therapist is on call and readily available physically or through direct telecommunication for consultation.

**"Group Setting"** means two or more physical therapists providing supervision to physical therapist assistants in the same practice setting or physical facility.

**"Immediate Supervision"** means the supervising physical therapist or physical therapist assistant is on the premises and in attendance when patient care is being delivered.

**"On-site supervision" or "Direct supervision"** means the supervising physical therapist is continuously on-site and present in the department or facility where services are provided, is immediately available to the person being supervised and maintains continued involvement in appropriate aspects of each treatment session in which assistive personnel are involved in components of care.

**"Physical Therapist"** means a licensed professional health care worker who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who provides physical therapy services including evaluation, treatment program design/management/ modification, and supervision of delegated portions of a treatment program.

**"Physical Therapist Assistant"** means a licensed technically educated health care provider who is a graduate of a program accredited by an agency recognized by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who performs selected physical therapy procedures and related tasks under the direction and supervision of a Physical Therapist.

**"Physical Therapist of Record"** means the physical therapist who assumes the responsibility for the provision and /or supervision of physical therapy services for a patient, and is held accountable for the coordination, continuation and progression of the plan of care.

**"Physical Therapy Aide"** means a person on-the-job trained and working under the immediate supervision of a physical therapist or physical therapist assistant who performs designated and supervised routine tasks as outlined in 435:20-7-1.

**"Poses a reasonable threat"** means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

**"Practice Setting"** means the type of service delivery such as acute care, outpatient, inpatient rehabilitation, long term care, home health, educational settings or DDS.

**"Re-examination/Re-evaluation/Assessment"** means visits by the physical therapist, in the presence of the patient, to assess the patient's current status, gather additional data, and update the plan of care.

**"Substantially relates"** means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation.

**"Supervision"** means the physical therapist is delegating portions of the patient's care to licensed personnel or applicants for licensure but remains accountable for the coordination, continuation and progression of the care of the patient.

**"Supervising Physical Therapist"** means the physical therapist of record who provides either direct or general supervision for a physical therapist assistant or applicant for licensure and delegates components of patient care to that person.

**435:20-1-2. Interpretation of rules and regulations**

(a) The rules and modes of procedures contained in this Chapter are adopted for the purpose of simplifying procedure, avoiding delays, saving expenses and facilitating the administration of the Medical Practice Act and the Physical Therapy Act. To that end, the rules of this Chapter shall be given a fair and impartial construction.

(b) Effective date of the rules of this Chapter shall be the 4th day of February, 1980. These rules shall apply to all proceedings after the effective date and all previous rules are re-pealed.

(c) If any section, sentence, clause, or phrase of this Chapter shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of the rules shall not be affected thereby, it being the intention of the Oklahoma State Board of Medical Licensure and Supervision in adopting the rules that no portion or provision herein shall become inoperative or fail by reason of the unconstitutionality or invalidity of any portion or provision, and the Oklahoma State Board of Medical Licensure and Supervision does hereby declare it would have severally passed and adopted the provisions contained in this Chapter separately and apart one from another.

**435:20-1-3. Removal from Committee - quorum**

(a) The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of duty, for incompetency, or for unethical or dishonorable conduct.

(b) Three members of the Committee shall constitute a quorum and a majority of the required quorum shall be sufficient for the Committee to take action by vote.

(c) At the first meeting held after July 1 of each year, the advisory committee shall elect by a majority vote of those members present a chair and vice-chair.

**SUBCHAPTER 3. LICENSURE OF PHYSICAL THERAPISTS AND ASSISTANTS**

## Section

435:20-3-1. Qualifications of applicants

435:20-3-1.1 Training outside the U.S.

435:20-3-2. Criteria for disqualification as a physical therapist

435:20-3-3. Criteria for disqualification as a physical therapy assistant

435:20-3-4. Licensure by endorsement

435:20-3-5. Licensure by examination

435:20-3-6. Requirements for renewal and re-entry

**435:20-3-1. Qualifications of applicants**

(a) **Physical therapy school.** A qualified physical therapist must have graduated from a school of physical therapy accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization.

(b) **Evaluation of credentials for applicants trained outside the U.S.** The credentials of an individual who has received training outside the United States of America will be evaluated on individual merits for the purposes of:

- (1) Issuance of a Letter Granting Permission to Practice Temporarily
- (2) Permission to take the licensure examination
- (3) Being issued a permanent license contingent upon meeting the experience requirements set out in (b) of 435:20-3-1 and all qualifications for licensure as cited in 59 O.S. ss 887.6.

(c) **Physical therapist assistant program.** A qualified Physical Therapist Assistant must have graduated from a program for Physical Therapist Assistants accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization. Such a program shall have been completed in a college which is accredited by the regional accrediting agency for higher education. In no event shall the requirements for training of Physical Therapist Assistants be less than those required by 59 O.S. 1971, Section 887.6, as amended.

(d) **Statutory requirements.** Any person making application to the State Board of Medical Licensure and Supervision for a license as a Physical Therapist or a Physical Therapist Assistant shall be eligible for the appropriate license if he/she meets the requirements as provided in the Oklahoma law relating to the practice of Physical Therapy, 59 O.S. 1971, Sections 887.5 through 887.11, as amended.

#### **435:20-3-1.1. Training outside the U.S.**

(a) Pursuant to requirements set out in Title 59 O.S. § 887.6, a foreign-educated physical therapist whose native language is not English shall submit evidence of having passed the:

- (1) Test of:
  - (A) English as a Foreign Language (TOEFL) with a score of at least 560 or 220 computer equivalent; and
  - (B) Spoken English (TSE) with a score of at least 50; and
  - (C) Written English (TWE) with a score of at least 4.5 or
- (2) Test of English as a Foreign Language Internet-based Test (TOEFL iBT) with a total score of at least 89 and:
  - (A) a score of at least 24 on the Writing section
  - (B) a score of at least 26 on the Speaking section
  - (C) a score of at least 21 on the Reading section
  - (D) a score of at least 18 on the Listening section.

(b) A foreign-educated physical therapist applying for licensure in the State of Oklahoma shall submit verification of the equivalency of the applicant's education to that attained by entry-level graduates training the United States at the time of graduation.

(c) Assessment of equivalency may be performed by a professional education credentials service approved by the Board using the following standards:

##### **(1) Graduation on or before May 31, 2001:**

- (A) The minimum equivalent education credentials of a foreign educated physical therapist should be a bachelor's degree in physical therapy with all credits being earned at an institution of higher learning that confers at least a bachelor's degree in physical therapy which is approved by the country's Ministry of Education/Health.
- (B) The minimum number of semester hour credits should be one-hundred-

twenty (120). A semester hour credit is equal to fifteen (15) hours of classroom instruction per semester. For courses with laboratory component, a semester hour credit is also equal to thirty (30) hours of laboratory instruction per semester. For clinical courses, a semester hour credit is equal to forty-eight (48) hours of clinical instruction per semester.

- (i) Fifty (50) semester hour credits shall be the minimum number required in general education.
- (ii) The applicant has the opportunity to meet the objective of one hundred twenty (120) semester hour credits by utilizing additional elective credits in either general or professional education beyond the minimal requirements.
- (iii) Sixty (60) semester hour credits shall be the minimum required in professional education. A grade of "C" or better will be required in each professional education course.

**(2) Graduation after May 31, 2001:**

(A) The minimum equivalent education credentials of a foreign educated physical therapist should be a master's degree in physical therapy with all credits being earned at an institution of higher learning that confers at least a master's degree in physical therapy which is approved by the country's Ministry of Education/Health.

(B) The minimum number of semester hour credits should one-hundred-seventy (170). A semester hour credit is equal to fifteen (15) hours of classroom instruction per semester. For courses with laboratory component, a semester hour credit is also equal to thirty (30) hours of laboratory instruction per semester. For clinical courses, a semester hour credit is equal to forty-eight (48) hours of clinical instruction per semester.

- (i) Ninety (90) semester hour credits shall be the minimum number required in general education.
- (ii) The applicant has the opportunity to meet the objective of one-hundred-seventy (170) semester hour credits by utilizing additional elective credits in either general or professional education beyond the minimal requirements.
- (iii) Eighty (80) semester hour credits shall be the minimum required in professional education. A grade of "C" or better will be required in each professional education course.

**(3) Minimum course requirements.**

(A) **General education.** A minimum of one semester course must be successfully completed in each category of general education unless otherwise noted.

- (i) Humanities
  - (I) English
  - (II) English composition
  - (III) Speech or oral communication
  - (IV) Foreign language (other than native language)

- (V) Literature
  - (VI) Art
  - (VII) Music
  - (ii) Physical science: A one semester course in chemistry and a one semester course in physics must be successfully completed.
    - (I) Chemistry with laboratory (Organic or Inorganic)
    - (II) Physics with laboratory
    - (III) Geology
    - (IV) Astronomy
  - (iii) Biological science
    - (I) Biology
    - (II) Anatomy
    - (III) Physiology
    - (IV) Zoology
    - (V) Kinesiology
    - (VI) Neuroscience
    - (VII) Genetics
  - (iv) Social science
    - (I) History
    - (II) Geography
    - (III) Sociology
    - (IV) Economics
    - (V) Government
    - (VI) Religion
  - (v) Behavioral science
    - (I) Psychology
    - (II) Anthropology
    - (III) Philosophy
    - (IV) Ethics
  - (vi) Mathematics
    - (I) Statistics
    - (II) Algebra
    - (III) Pre-calculus
    - (IV) Calculus
    - (V) Trigonometry
    - (VI) Geometry
- (B) **Professional education.**
- (i) Basic health sciences: A minimum of one semester course is required in each of the following topics.
    - (I) Human anatomy (specific to physical therapy)
    - (II) Human physiology (specific to physical therapy)
    - (III) Neurological science
    - (IV) Kinesiology or functional anatomy

(V) Psychology

(VI) Pathology

(ii) Clinical sciences: The essential element of physical therapy education is teaching the student to assess and treat appropriately across the spectrum of age. Therefore any education course work should contain all of the following:

(I) Clinical medicine pertinent to physical therapy. This should include but not be limited to: neurology, orthopedics, pediatrics, geriatrics.

(II) Physical therapy course work to include but not limited to: physical agents, musculoskeletal assessment and treatment, neuromuscular assessment and treatment, cardiopulmonary assessment and treatment.

(iii) Clinical education: Clinical education must include physical therapist-supervised demonstrated application of physical therapy theories, techniques, and procedures. The applicant must have a minimum of two (2) clinical affiliations of no less the 800 hours total which are supervised by a physical therapist.

(iv) Related professional course work: A minimum of three (3) semester courses are required from the following topics in related professional course work - professional ethics, administration, community health, research, education techniques, and medical terminology.

(d) Pursuant to 59 O.S. § 887.6, foreign-educated physical therapists applying for licensure must submit verification of having successfully completed an eight-hundred (800) hour (at least 120 days) interim supervised clinical practice period under the continuous and immediate supervision of an Oklahoma licensed physical therapist. The Board will issue an interim permit to the applicant for the purpose of participating in the supervised clinical practice period. The time period of an initial interim permit shall not exceed six (6) months.

(1) The interim supervised clinical practice period must be completed in Oklahoma at a facility that serves as a clinical education facility for students enrolled in an accredited program education physical therapists or physical therapist assistants in Oklahoma.

(2) The supervising physical therapist shall submit an evaluation of the applicant's performance at the end of four-hundred (400) hours of supervision. A final report will be submitted at the end of the second four-hundred (400) hours of supervision. These reports will be submitted on forms or evaluation tools determined by the Board.

(3) If the applicant's performance is unsatisfactory during the supervision period, or the applicant ceases working at the training facility for any reason, the supervising physical therapist must notify the Board in writing within five (5) working days.

(4) If the interim supervised clinical practice period is not satisfactorily completed within a six-month period, the Board may issue a second interim permit for an additional six month period. A third permit will not be issued.

(e) The interim supervised clinical practice period may be waived for foreign-educated physical therapists at the discretion of the Board, if:

(1) the applicant for licensure is able to verify the successful completion of one (1) year



of clinical practice in the United States or the District of Columbia, or

(2) the applicant is able to document exceptional expertise acceptable to the Board in the fields of research, education, or clinical practice.

(f) The interim supervised clinical practice period may be shortened for foreign-educated physical therapists at the discretion of the Board.

**435:20-3-2. Criteria for disqualification as a physical therapist**

No license will be issued to a Physical Therapist who has:

(1) Provided Physical Therapy treatment other than upon referral of a duly licensed physician or surgeon, dentist, chiropractor or podiatrist.

(2) Used drugs or alcohol excessively, affecting competence or judgment, unless is able to provide satisfactory evidence of rehabilitation and participation efforts;

(3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude;

(4) Been adjudged mentally incompetent unless competency has been legally re-established;

(5) Conducted himself/herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct.

**435:20-3-3. Criteria for disqualification as a physical therapy assistant**

No license will be issued to a Physical Therapy Assistant who has:

(1) Practiced other than under the direction and supervision of a licensed Physical Therapist;

(2) Used drugs or alcohol excessively, affecting competence or judgment, unless is able to provide satisfactory evidence of rehabilitation and participation efforts;

(3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude;

(4) Been adjudged mentally incompetent unless competency has been legally re-established;

(5) Conducted himself/herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct.

**435:20-3-4. Licensure by endorsement**

(a) Any person who is currently registered or licensed by examination as a Physical Therapist or Physical Therapy Assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided by the written examination and grade standard, upon which such license is based, is acceptable to the Board. In the event the examination was that of the recognized examination service providing a nationally accepted standardized examination, scores must be submitted through the Interstate Reporting Service, or other recognized reporting service. All such applicants must have Oklahoma passing score on the examination or they must re-take the examination. Failure to achieve Oklahoma passing score on a re-take of the examination, in Oklahoma or elsewhere, shall be considered as

an additional failure. If the applicant has not been employed as a Physical Therapist during the year prior to application, such applicant may be required to present himself/herself for a personal interview with a member or members of the Board or Committee.

(b) Applications for licensure by endorsement from another state must be on file in the office of the State Board of Medical Licensure and Supervision at least 30 days prior to an examination or prior to a meeting of the Physical Therapy Committee for consideration of applications.

(c) A temporary License may be granted to an out of state licensee to conduct continuing education instruction within the State of Oklahoma under the supervision of a Physical Therapist who is a holder of a current and unrestricted license to practice as a Physical Therapist in the State of Oklahoma. The temporary license may be issued by the Board Secretary after verification that the licentiate is the holder of a current and unrestricted license from another state of the United States of American, District of Columbia or Puerto Rico. The Temporary License may be granted for a period not to exceed ninety (90) days.

#### **435:20-3-5. Licensure by examination**

##### **(a) Qualifications.**

(1) Any applicant for licensure as a Physical Therapist by examination must meet the criteria of qualifications outlined in (a) through (c) of 435:20-3-1.

(2) Any applicant for licensure as a Physical Therapist Assistant by examination must be a graduate of a program for education of Physical Therapy Assistants accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, provided in no event shall the qualifications for licensure be less than those required by 59 O.S. 1971, Section 887.6, as amended.

(b) **Admittance.** No person shall be admitted to the examination until satisfactory evidence is submitted to the Board of his/her qualifications to be admitted to such examination.

(c) **Examination dates.** Examinations must be taken by the applicant within sixty (60) days of receiving written notice of eligibility to sit for the examination.

(d) **Passing score.** In the event the examination used, for either Physical Therapists or Physical Therapist Assistants, is provided by the recognized examination service providing a nationally accepted standardized examination, the candidate will pass based on criterion referenced standards as established by the recognized examination service. This passing point will be set equal to a scaled score of 600 based on a scale ranging from 200 to 800. Prior to March 1993 no criterion referenced scoring system existed; examinations taken prior to March 1993 shall be considered to have passed if his/her raw score on the total examination fell within 1.50 standard deviation below the National Average for the particular examination.

(1) Applicants who do not pass the examination after the first attempt may retake the examination one additional time without re-application for licensure. This must occur within six months of the Board's receipt of notification of the first failure. Prior to being approved by the Board for subsequent testing beyond two attempts, individuals shall reapply and present evidence satisfactory to the Board of having successfully completed additional clinical training and/or course work as approved by the Board.

(2) In the event of failure to pass the first examination, the applicant may work under the direct, on the premises supervision and direction of a licensed physical therapist for a

period not to exceed six months.

(3) In the event of failure to pass the second examination, the applicant:

- (A) may not practice;
- (B) must meet with the Committee; and
- (C) must submit a new application.

(4) In the event of failure to pass the third examination, an applicant will not be eligible to re-apply for examination in Oklahoma.

(5) The applicant may re-take the examination in another state, if the examination is one provided by the Professional Examination Service or another recognized examination service providing a nationally accepted standardized examination and is the same examination service then providing the examination being given in Oklahoma. All scores must be submitted to the Oklahoma Board for evaluation by the Interstate Reporting Service or another nationally recognized reporting service. Failure to make passing scores accepted in Oklahoma on such re-takes will be considered as having failed the re-take examination in Oklahoma.

(6) Any applicant may be required to make a personal appearance before the Board to discuss individual circumstances at any time.

#### **435:20-3-6. Requirements for renewal and re-entry**

(a) **Renewal of license.** In order to renew the license, each Physical Therapist and Physical Therapist Assistant shall:

- (1) complete the renewal application;
- (2) pay the required fee as set out in OAC 435:1-1-7(a)(2);
- (3) complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code;
- (4) and meet requirements for continuing education as set out in Subchapter 9 of this Chapter.

(b) **Re-entry requirements.** Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses lapsed more than three months wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.
- (5) Complete a jurisprudence examination prepared by the Board focusing on the areas

of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

## **SUBCHAPTER 5. REGULATION OF PRACTICE**

### **Section**

- 435:20-5-1. Display certificate
- 435:20-5-2. Working under supervision
- 435:20-5-3. Aiding and abetting the unlicensed practice
- 435:20-5-4. Titles used for physical therapist assistants
- 435:20-5-5. Screening and educational procedures; statutory terms defined
- 435:20-5-6. Physical therapists under probation
- 435:20-5-7. Emeritus status
- 435:20-5-8. Unprofessional conduct – Grounds for disciplinary action
- 435:20-5-9. Standards of Ethics and Professional Conduct

### **435:20-5-1. Display certificate**

All persons licensed under Title 59 O.S., Sections 887.1 through 887.17 and practicing in the State shall prominently display the certificate of licensure and evidence of a current renewal in the primary place of practice.

### **435:20-5-2. Working under supervision**

Recent physical therapist or physical therapist assistant graduates who have completed eligibility requirements for examination and submitted all required forms and fees for examination may work in a Physical Therapy facility under the direct, on the premises, supervision and direction of a licensed Physical Therapist.

### **435:20-5-3. Aiding and abetting the unlicensed practice**

It shall be unlawful for any person to aid or abet, directly or indirectly, the practice of physical therapy by any person not duly authorized under the laws of Oklahoma.

### **435:20-5-4. Titles used for physical therapist assistants**

Any person holding a license as a Physical Therapist Assistant may use the title "Physical Therapist Assistant", "Registered Physical Therapist Assistant" or "Licensed Physical Therapist Assistant", or the letters "PTA", "RPTA", or "LPTA".

### **435:20-5-5. Screening and educational procedure; statutory terms defined**

Screening and educational procedures as described in the Physical Therapy Practice Act are defined as follows:

- (1) "To educate" means to train by formal instruction and supervised practice.
- (2) "To screen" means to examine methodically in order to separate into different groups to identify problems which can be managed within the expertise of a licensed physical

therapist.

**435:20-5-6. Physical therapists under probation**

Physical therapists on probation shall not supervise physical therapy assistants or new graduates who require supervision under 435:20-5-2.

**435:20-5-7. Emeritus status**

(a) Individuals who hold or have held a full and unrestricted license to practice as a physical therapist or physical therapist assistant may choose at any time to apply for emeritus (fully retired) status by notifying this office and paying a \$50.00 processing fee. There will be no renewal fee.

(b) Physical therapists or physical therapist assistants in this status may continue to use the title or append to their name the letters PT, RPT, LPT, PTA, RPTA, LPTA or any other title, letters or designation which represents that such person is a physical therapist or physical therapist assistant, followed by (Ret.) or (Retired). Service on boards, committees or other such groups which require that a member be a physical therapist or physical therapist assistant shall be allowed.

(c) Once this status is acquired the physical therapist or physical therapist assistant shall not practice physical therapy in any form, as defined in 887.2.

(d) When a physical therapist or physical therapist assistant has been granted the emeritus status and subsequently chooses to return to active practice from emeritus status within 12 months of the date of expiration of full licensure, the physical therapist or physical therapist assistant shall:

- (1) Pay required fees;
- (2) Complete required forms; and,
- (3) Resume responsibility for compliance with continuing education requirements.

(e) When a physical therapist or physical therapist assistant has been granted emeritus status and chooses to return to active practice from emeritus status more than 12 months after date of expiration of full licensure, in addition to the requirements set out in subsection (d) of this section, the physical therapist or physical therapist assistant may be required to meet one or more of the following:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) submit to a physical examination, psychological and/or psychiatric examination;
- (5) Achieve a passing score on an examination approved by the Board.

**435:20-5-8. Unprofessional conduct – Grounds for disciplinary action**

(a) The Physical Therapy Advisory Committee may recommend to the Board to revoke or take other disciplinary action against a licensee or deny a license to an applicant for

unprofessional conduct.

(b) Acts that constitute unprofessional conduct include, but are not limited to:

- (1) Procuring aiding or abetting a criminal operation.
- (2) Habitual intemperance or the habitual use of habit-forming drugs.
- (3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude of a felony or of any offense involving moral turpitude.;
- (4) Dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public.
- (5) Aiding or abetting, directly or indirectly, the practice of physical therapy by any person not duly authorized under the laws of this state.
- (6) Engaging in physical conduct with a patient that is sexual in nature, or in any verbal behavior that is seductive or sexually demeaning to a patient.
- (7) Participation in fraud, abuse and/or violation of state or federal laws.
- (8) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.
- (9) Verbally or physically abusing patients.
- (10) Discriminating in the rendering of patient care.
- (11) Negligence while in practice of physical therapy or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.
- (12) Habitual intemperance or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of physical therapy and the responsibilities of the licensee.
- (13) Unauthorized possession or use of illegal or controlled substances or pharmacological agents without lawful authority or prescription by an authorized and licensed independent practitioner of the State of Oklahoma.
- (14) Fraudulent billing practices and/or violation of Medicare and Medicaid laws or abusive billing practices.
- (15) Improper management of medical records, inaccurate recording, falsifying or altering or failing to complete documentation of patient records.
- (16) Falsely manipulating patient's records or forging a prescription for medication/drugs, or presenting a forged prescription.
- (17) Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of a physical therapist or physical therapist assistant.
- (18) Being judged mentally incompetent by a court of competent jurisdiction.
- (19) Failing to timely make application for license renewal.
- (20) Falsifying documents submitted to the Physical Therapy Committee or the Oklahoma State Board of Medical Licensure and Supervision.
- (21) Obtaining or attempting to obtain a license, certificate or documents of any form as a physical therapist or physical therapist assistant by fraud or deception.
- (22) Cheating on or attempting to subvert the national physical therapy examination or skills assessment tests.
- (23) Leaving a patient care assignment without properly advising the appropriate personnel.

- (24) Violating the confidentiality of information or knowledge concerning a patient.
  - (25) While engaged in the care of a patient, engaging in conduct with a patient, patient family member, or significant other that is seductive or sexually demeaning/exploitive in nature.
  - (26) Failure to report through proper channels the unsafe, unethical or illegal practice of any person who is providing care.
  - (27) Failure to furnish to the Board, its investigators or representatives, information lawfully requested by the Board.
  - (28) Failure to cooperate with a lawful investigation conducted by the Board.
  - (29) Violation of any provision(s) of the Physical Therapy Practice Act or the rules and regulations of the board or of an action, stipulation, agreement or order of the Board.
  - (32) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by an court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.
- (c) A physical therapist or physical therapist assistant who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervising other physical therapy practitioners for so long as the Board deems appropriate, and may themselves be subject to disciplinary action pursuant to their conduct.

#### **435:20-5-9. Standards of Ethics and Professional Conduct**

In the conduct of their professional activities, the physical therapist and physical therapist assistant shall be bound by the following ethical and professional principles. Physical therapists and physical therapist assistants shall:

- (1) Respect the rights and dignity of all individuals and shall provide compassionate care.
- (2) Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- (3) Comply with state and/or federal laws that govern and relate to physical therapy practice.
- (4) Exercise sound professional judgment and perform only those procedures or functions in which they are individually competent and that are within the scope of accepted and responsible practice. A physical therapist shall not delegate to a less qualified person any activity that requires the unique skill, knowledge, and judgment of the physical therapist. A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of the evaluating physical therapist. A physical therapist assistant shall make judgments that are commensurate with their education and legal qualifications as a physical therapist assistant.
- (5) Actively maintain and continually improve their professional competence and represent it accurately.
- (6) Maintain high standards by following sound scientific procedures and ethical principles in research and the practice of physical therapy.
- (7) Seek reasonable remuneration for physical therapy practice.
- (8) Provide and make available accurate and relevant information to patients about their care and maintain patient confidentiality.

- (9) May provide information to the public about societal benefits of physical therapy services. A physical therapist may advertise his/her services to the public.
- (10) Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical or incompetent acts of others.
- (11) Endeavor to address the health needs of society through pro bono services and/or community health services.
- (12) Respect the rights, knowledge and skills of colleagues and other healthcare professionals.

#### **435:20-5-10. Referrals**

- (a) A licensed physical therapist who has received a referral from a person licensed as an allopathic physician, osteopathic physician, physician assistant, dentist, chiropractor or podiatrist may extend or reinstitute physical therapy for the patient named on the referral for a time period not to exceed ninety (90) days after the origination of the referral, unless a longer duration of physical therapy services is requested by the referring health care professional, provided that:
  - (1) the diagnosis or symptom listed on the referral is the same as the reason for the extension or reinstatement of the physical therapy treatment;
  - (2) the referring health care professional is notified of the extension or reinstatement of the treatment within five (5) business days of the date of the extension or reinstatement of the physical therapy treatment; and
  - (3) the patient involved has made or is making sufficient improvement in symptoms or function to warrant the extension or reinstatement of the physical therapy treatment without first being seen or re-evaluated by the by the referring health care professional.
- (b) The physical therapist may not make a medical diagnosis or diagnosis of disease.
- (c) If the physical therapist determines, based on the physical therapy screening and evaluation, that the patient's condition is outside the scope of the physical therapy practice, the physical therapist may not initiate, extend, or reinstitute treatment and must immediately refer the patient to a licensed health care professional.
- (d) If the physical therapist determines, based on reasonable evidence that appropriate improvement in symptoms or function has not been made within 60 days of the date on the referral, the physical therapist shall consult with or refer the patient back to the health care professional who originated the referral.
- (e) The provisions of paragraphs (a) – (d) of this section do not apply if the patient is receiving physical therapy services pursuant to the Individuals with Disabilities Education Improvement Act of 2004, as may be amended, and the Rehabilitation Act of 1973, Section 504, as may be amended.

### **SUBCHAPTER 7. SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS**

#### Section

435:20-7-1. Direction and supervision of Physical Therapist Assistants

#### **435:20-7-1. Direction and supervision of Physical Therapist Assistants**



(a) Responsible supervision.

(1) Physical therapists have a duty to provide therapy services that protect the public safety and maximize the availability of their services. The physical therapist assistant is the only individual permitted to assist in selected treatment interventions. A physical therapist assistant shall be supervised by a specific physical therapist or group of physical therapists working in the same practice setting or physical facility. A physical therapist assistant may not be supervised by any other person including those licensed in other professions. The physical therapist of record is accountable and responsible at all times for the direction of the actions of the physical therapist assistant when treating his/her patient. When determining the extent of assistance the physical therapist assistant can provide, the physical therapist should consider:

- (A) the physical therapist assistant's experience and skill level
- (B) the patient/client criticality and complexity
- (C) the setting in which the care is being delivered
- (D) the predictability of the patient/client outcomes
- (E) the needed frequency of re-examination

(2) A physical therapist shall not delegate to a less qualified person any service that requires the skill, knowledge and judgment of a physical therapist. For each date of service, a physical therapist shall provide all therapeutic interventions that require the expertise of a physical therapist and shall determine when assistive personnel may be used to provide delivery of services in a safe, effective, and efficient manner for each patient.

(A) A physical therapist assistant shall work under a physical therapist's direct or general supervision. A physical therapist assistant may document care provided without the co-signature of the supervising physical therapist. The physical therapist assistant will respond to acute changes in the patient's physiological state and report these findings promptly to the physical therapist. Contact, or attempts to contact the physical therapist of record, will be documented in the medical record.

(B) A physical therapist and a physical therapist assistant may use physical therapy aides for designated and immediately supervised routine tasks. The physical therapist shall not delegate the same type and level of duties to the physical therapy aide as are delegated to the physical therapist assistant. A physical therapy aide shall work under immediate supervision of the physical therapist or physical therapist assistant who is continuously on-site and present in the facility.

(b) Patient Care Management. Upon accepting a patient for provision of services, the physical therapist becomes the Physical Therapist of Record for that patient and is solely responsible for managing all aspects of the physical therapy plan of care for that patient. The Physical Therapist of Record shall:

- (1) Perform the initial examination and evaluation
- (2) Establish a plan of care and remain responsible to provide and/or supervise the appropriate interventions outlined in the plan of care.
- (3) Perform the re-examination/re-evaluation of the patient in light of their goals and

revision of the plan of care when indicated. This will be performed no less frequently than:

- (A) every 30 days in acute care, outpatient, inpatient rehabilitation and long term care settings with documented case consultation no less frequently than every 15 days;
  - (B) every 60 days in home health settings with documented case consultation no less frequently than every 30 days;
  - (C) every 90 days in consultative DDS with documented case consultation no less frequently than every 45 days;
  - (D) every 10th visit for DDS for patients under 21 years of age with documented case consultation no less frequently than every 5th visit;
  - (E) every 60 days in educational settings with documented case consultation no less frequently than every 30 days;
- (4) Establish the discharge plan and provide or review the documentation of the discharge summary prepared by the physical therapist assistant.
- (5) A physical therapist's responsibility for patient care management shall include oversight of all documentation for services rendered to each patient, including awareness of fees charged or reimbursement methodology used. A physical therapist shall also be aware of what constitutes unreasonable or fraudulent fees.
- (c) Designation of a new Physical Therapist of Record. In the event that the Physical Therapist of Record can no longer assume these responsibilities, care must be turned over to another physical therapist who will become the new Physical Therapist of Record. The Therapist of Record must make sure that the new Physical Therapist of Record is authorized and qualified to receive the patient, must obtain acceptance from the receiving physical therapist, document the hand-over of the patient and maintain the care and responsibility of the patient until the new Physical Therapist of Record is acknowledged in the documentation.
- (d) Designation and responsibilities of Supervising Physical Therapist and Alternate Supervising Physical Therapist. Both the physical therapist and physical therapist assistant are responsible for completion of the Form #5, Verification of Supervision.
- (1) A Form #5, Verification of Supervision must be completed annually for each clinical practice setting in which the physical therapist assistant works, identifying the supervising physical therapist for the physical therapist assistant. The physical therapist assistant will be responsible to inquire of their supervising physical therapist(s) or the Board, the number of persons being supervised by that physical therapist. If responsible supervision is not practiced, both the supervising physical therapist and the physical therapist assistant are in violation of this rule. Any revised or new Form #5 for a physical therapist assistant at a clinical practice setting will supersede the existing Form #5 for that setting. A physical therapist assistant will not practice in any clinical setting without the necessary Form #5. It is the responsibility of both physical therapists and physical therapist assistants to notify the Board of any changes to a Form #5 that they have signed.
  - (2) A physical therapist will not supervise and utilize more than four (4) licensed personnel or applicants for licensure. Only three (3) may be physical therapist assistants or applicants for physical therapist assistant licensure. Any of the four (4) may be applicants for physical therapist licensure. This total is inclusive of all geographic

locations or employing agencies.

(3) For each practice setting in which he or she works, the physical therapist assistant and the supervising physical therapists must indicate on the Form #5, Verification of Supervision which of the method of supervision described in (A) or (B) below will be employed in that practice setting.

(A) A physical therapist will provide direct or general supervision of a physical therapist assistant and will be listed on the Form #5 as the supervising physical therapist. In the event that he or she is unable to provide supervision, a supervising physical therapist may:

(i) temporarily delegate the supervision of up to three licensed physical therapist assistants to an alternate supervising physical therapist who agrees to provide consultation to the physical therapist assistant(s) for existing plans of care for a period of time not to exceed thirty (30) days. In this event, a new Form #5 is not required, but the alternate supervising physical therapist must be identified as the Therapist of Record in the documentation.

(ii) designate a new Therapist of Record, as in 435:20-7-1-(c) above, to assume full responsibility of the plan of care who may, if they so chose, delegate to a physical therapist assistant under their supervision as listed on their Form #5.

(B) A group of physical therapists, working in the same practice setting may provide supervision to a physical therapist assistant providing the following conditions are met:

(i) all supervising physical therapists are listed on a Form #5 for the physical therapist assistant.

(ii) the ratio of physical therapists to physical therapists assistants in that practice setting does not exceed the ratio of one (1) physical therapist to three (3) physical therapist assistants or applicants for licensure at any given time.

(iii) The group director, who must be a licensed physical therapist or physical therapist assistant, is identified and assumes responsibility for accurate information on the Form #5 and the appropriate ratio of physical therapist to physical therapist assistants. The Board may assign disciplinary action to the clinical director or all members of the group for violation of the supervision rules.

(e) Supervision of additional physical therapist assistants. In unique cases, a physical therapist may petition the Chair of the Physical Therapy Committee to receive permission to supervise additional physical therapist assistants or applicants for licensure, but this decision to supervise additional assistive personnel must be reviewed and approved by the committee at the next scheduled meeting.

(f) **Limits of practice for the physical therapist assistant.** The physical therapist assistant may not:

(1) Specify, other than to the Physical Therapist of Record, perform or interpret

definitive (decisive, conclusive, final) evaluative and assessment procedures. Definitive evaluation procedures may not be recommended to anyone other than the patient's physical therapist, unless previously approved by the physical therapist.

- (2) Alter overall treatment, goals and/or plan.
- (3) Recommend adaptive equipment, assistive devices, or alterations to architectural barriers to persons other than a physical therapist.
- (4) File discharge documents for permanent record until approved by a physical therapist.
- (5) Perform duties or tasks for which he/she is not trained.

## SUBCHAPTER 9. PROFESSIONAL DEVELOPMENT

### Section

- 435:20-9-1. Definitions
- 435:20-9-2. Professional development requirements for renewal
- 435:20-9-3. Professional development categories
- 435:20-9-4. Guidelines for the audit process

### **435:20-9-1. Definitions**

The following words and terms, when used in this SubChapter, shall have the following meaning, unless the content clearly indicates otherwise:

**"Activities"** means activities that a licensee participates in to either assess his/her competence or to develop competency. An activity is assigned a value toward meeting professional development requirements.

**"APTA"** means the American Physical Therapy Association.

**"Asynchronous instruction"** means instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback.

**"Board"** means the Board of Medical Licensure and Supervision.

**"Clinical practice"** means physical therapy consultation or patient care or client management or the supervision thereof.

**"Committee"** means the Physical Therapy Advisory Committee.

**"Compliance period"** means the initial compliance period starting on February 1, 2022 through January 31, 2024.

**"Competence"** means the application of knowledge, skills, and behaviors required to function effectively, safely, ethically and legally within the context of the patient/client's role and environment.

**"Continuing competence"** means the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

**"Continuing education"** means those appropriate learning experiences physical therapists and physical therapist assistants undertake to expand their scope of knowledge beyond the basic preparation for the profession of physical therapy and these experiences should be referenced to one of four areas: administration, education, patient care, or research.

**"Documentation"** means evidence of completion of continuing education and

competence activities.

**"FSBPT"** means the Federation of State Boards of Physical Therapy.

**"IACET"** means the International Association for Continuing Education and Training.

**"Jurisprudence assessment"** means an outline set of questions concerning the Oklahoma Physical Therapy Practice Act, Board rules, and Position Statement posted on the Board's website at [www.okmedicalboard.org](http://www.okmedicalboard.org).

**"Licensee"** means a Physical Therapist or Physical Therapist Assistant licensed in Oklahoma.

**"OPTA"** means the Oklahoma Physical Therapy Association.

**"Pre-approval"** means the professional development experience has received approval prior to the end of the compliance period.

**"Professional development"** means the fusion of continuing competence and continuing education, which demonstrates and evidences a licensee's ability and knowledge to practice physical therapy consistent with the requirements of Oklahoma law and the standards of the physical therapy profession.

**"Professional Development Unit or PDU"** means one contact hour (60 minutes) of continuing education coursework or an approved PDU activity (detailed in section 435:20-9d)

**"Provider"** means an entity that has been approved by the Board to provide professional development activities for licensees as provided in the rules of this section.

**"Synchronous instruction"** means instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with an immediate opportunity for instructional feedback.

#### **435:20-9-2. Professional development requirements for renewal**

(a) Beginning with the renewal period ending January 31, 2000 and every two years thereafter, the applicant for renewal of licensure shall sign a statement indicating whether or not professional development requirements have been fulfilled for the preceding two-year period.

(b) Effective February 1, 2022 and every two years thereafter, physical therapists will be required to show proof of forty (40) approved contact hours and/or PDU equivalent and Physical Therapist Assistants will be required to show proof of thirty (30) approved contact hours and/or PDU equivalent.

(1) At least half of the required hours must be professional development coursework.

(2) Three of the required hours must contain ethics education that includes the APTA Guide for Professional Conduct and the APTA Code of Ethics.

(3) No professional development hours may be carried over from one compliance period to another.

(c) Any applicant for renewal who cannot meet the requirements for professional development may not renew until deficient professional development units (PDUs) are obtained and verified. Additionally, within the next compliance period the licensee will be required to obtain double the required units of approved PDUs.

(d) Each licensee is responsible for maintaining evidence/proof/record of participation in a

professional development experience for a minimum of four years, two compliance periods. Copies of such proof shall be submitted to the Board upon request. Such proof shall include:

- (1) date, place, course title, schedule, presenter(s), etc.,
  - (2) number of contact hours/PDUs for the activity,
  - (3) proof of completion, such as abstracts, certificates of attendance, or other certification of completion.
- (e) Any physical therapist or physical therapist assistant initially licensed in Oklahoma during the second year of a compliance period shall be exempt from the professional development requirements for that first renewal period.
- (f) The Physical Therapy Committee shall conduct random audits of the professional development records of the number of licensees that time and resources permit. The Physical Therapy Committee may appoint a sub-committee to review audits and requests for approval of professional development experiences and make recommendations to the Physical Therapy Committee for disposition.
- (g) Penalties for failure to comply with professional development requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional PDUs, probation of license, suspension of license, or revocation of license.
- (h) Failure to maintain records of professional development rebuts the presumption that professional development requirements have been completed.
- (i) Misrepresenting compliance with professional development requirements constitutes a fraudulent application.

#### **435:20-9-3. Professional development categories**

##### **(a) Approval for professional development activities**

(1) To receive initial approval for a professional development offering submission of an Application for Approval of Physical Therapy Professional Development form is required. The application must include the following information:

- (A) Course title with an abstract, summary or course syllabus and sufficient evidence demonstrating relevancy, recency and consistency with current practice.
- (B) A program agenda complete with a breakdown of all time spent in instructional and non-instructional periods to include meals. (PDU will be awarded for instructional hours only.) (If a course is six hours or longer, the agenda must include at-least a 30 minute lunch.)
- (C) The course or program's goals and objectives sufficient to provide information for evaluation of relevance and practical application to the field of physical therapy beyond basic preparation of the licensee. If basic information is needed, the licensee will complete the professional self- reflection form to demonstrate current knowledge and competency of the topic and rationale as to why this course should be approved.
- (D) Documentation of instructor background/expertise relevant to the field of physical therapy.
- (E) Location of the program, including the address, city, state, and zip, or Internet site.
- (F) Contact name, phone number and address of course sponsors or publishers.
- (G) Specific date(s) of course participation.
- (H) Method of certifying attendance and instructional hours. (Adjustment of PDU

awarded may occur within the approval process.)

- (2) Individual participants are responsible for maintaining these records.
- (3) Physical therapists and physical therapist assistants working less than 250 hours per year may submit a request for a lesser professional development requirement.
- (4) Pre-approval is required for guaranteed credit.

**(b) Synchronous professional development opportunities.**

- (1) Synchronous education – Real time participation in a course, workshop or conference.
- (2) Presentation of program - A licensee who presents an original professional development program targeted towards peers and other health care professionals may receive professional development credit of 1.5 PDU per contact hour of instruction for the first presentation of this original material. No additional PDU for subsequent presentations within the compliance period.
- (3) Post Graduate Studies - Successful completion of post graduate education course work related to physical therapy will be awarded professional development credit of up to 16 PDU for each college credit course based on credit hours, syllabus, and learning objectives.

**(c) Asynchronous educational and competence opportunities.** For licensees participating in a non-interactive course offered by videotape, satellite transmission, webcast, DVD, or other electronic media, one hour of participation earns one PDU. This method must include a post-test proficiency assessment in order to be accepted.

**(d) Other professional development activities.**

(1) Publication - Writing for professional publication may be awarded professional development credit. Acceptance for publication must occur within the current compliance period. Contact hours will not be approved for repeat publication of the same material. Licensee must present copy of published material to receive credit.

(A) Each published paper/book and/or chapter/or case study will receive fifteen (15) PDUs.

(B) Each published book review will receive of ten (10) PDUS.

(2) Study groups - A series of meetings designed for intense study in a physical therapy related topic. A minimum of four participants and four hours of participation are required for professional development eligibility. Those seeking approval for a group study project shall submit a full description including an outline of the topics and subtopics, references, or copies of the printed materials, a time and place of study, the methods to be used, the number of hours of credit sought, and any other information relevant to the evaluation of the proposed projects. The maximum number of PDUs of this type allowed during a compliance period is 12.

(3) Collaboration with educational programs:

(A) Supervising Physical Therapist or Physical Therapist Assistant students as a clinical instructor.

(i) Continuous direct supervision of students and/or candidates for licensure can earn up to 10 PDUs in this category in a compliance period. Forty (40) hours of direct supervision will earn one (1) PDU regardless of the number of students and/or candidates for licensure being supervised.

(ii) The licensee shall submit materials listing the licensee as a clinical instructor with the name of the school/program and the length of time of clinical placement.

(B) Presentations as a guest lecturer for Physical Therapist and Physical Therapist Assistant Programs earns 2 PDU for the first presentation of original material, up to 4 PDU for two presentations of original material in a compliance period. No additional PDU for subsequent presentation may be earned within a compliance period. The licensee shall submit materials including: syllabus, curriculum vitae demonstrating expertise, statement of objectives, and strength of evidence demonstrating references used within last 5 years.

(4) Research/Publication/Presentations

(A) Publication:

(i) Authorship or co-authorship of a book relating to physical therapy earns up to fifteen (15) PDU in a compliance period.

(ii) The licensee must present a copy of published material to receive credit. (B) Research (published only):

(i) Principal or co-investigator, project director, or research assistant earns five (5) PDU, up to ten (10) PDU in a compliance period, provided a licensee may only earn five (5) PDU for one original publication.

(ii) The licensee shall submit research proposal/abstract, final results and a summary of the licensee's involvement.

(C) Presentations at professional workshops, seminars, conferences related to physical therapy earns 1.5 PDU per contact hour of instruction for the first presentation of original materials. A licensee may not earn additional PDU for subsequent presentations of the same materials within the compliance period. The licensee shall submit materials including: brochures or program, curriculum vitae demonstrating expertise, a statement of objectives and strength of evidence demonstrating references used within last 5 years.

(5) Advanced Training:

(A) Specialty certification. Achievement of an APTA or APTA Section-recognized specialty certification related to physical therapy/Advanced Proficiency for PTA will be awarded ten (10) PDU for initial certification and five (5) PDU for recertification. Credit will be granted for certification obtained with the compliance period in which the certification was granted. The licensee shall submit proof of certification for PDU determination.

(B) Residences/Fellowships. For fellowships conferred by organizations credentialed by APTA in a specialty area of the practice of physical therapy, ten (10) PDU shall be awarded for each full year of clinical participation up to a maximum of twenty (20) PDU per compliance period for this activity.

(i) The licensee shall submit the certificate conferred on the licensee or evidence that all requirements of the fellowship program have been met.

(ii) For completion of a residency program in physical therapy offered by an APTA credentialed organization, ten (10) PDU shall be awarded for each full year of clinical participation, up to a maximum of twenty (20) PDU per compliance period for this activity.

(iii) The licensee shall submit the certificate conferred on the licensee or evidence that all requirements of the fellowship program have been met.

(6) Physical Therapy organizations



- (A) Participation in the national physical therapy or multidisciplinary organization that includes physical therapy:
- (i) Participation as a board member, committee chair, task force member or delegate to a national assembly earns five (5) PDU per position for a maximum of ten (10) PDU.
  - (ii) The licensee shall submit materials documenting the licensee as a participant (for example minutes) as well as a description of the position and a summary of the licensee's involvement.
- (B) Participation in a state physical therapy or multidisciplinary organization that includes physical therapy:
- (i) Participation as a voting board member or committee chair earns five (5) PDU per position for a maximum of ten (10) PDU in a compliance period.
  - (ii) The licensee shall submit materials listing the licensee as a participant (for example minutes) as well as a description of the position and a summary of the licensee's involvement.
- (C) Participation in a regional or district physical therapy or multidisciplinary organization that includes physical therapy:
- (i) Participation as a district officer earns two (2) PDU per position for a maximum of four (4) PDU in a compliance period.
  - (ii) The licensee shall submit materials listing the licensee as a participant (for example minutes) as well as a description of the position and a summary of the licensee's involvement.
- (D) Membership in the APTA for one year earns one PDU, up to two PDU in a compliance period.
- (i) The licensee shall submit membership card or certificate for each year of the compliance period.
  - (ii) Membership in an APTA section for one year earns one half PDU, up to one PDU in a compliance period. Additional PDU are not awarded for membership in more than one section. Section membership is validated by membership card.
- (E) Learning opportunities not listed above may be considered for professional development credit, but will require pre-approval if submitted by the requested deadline.
- (F) Learning opportunities not accepted include but are not limited to:
- (i) Regularly scheduled education opportunities provided within an institution, such as: rounds or on-the-job required in-service training such as CPR, blood-borne pathogens, equipment or procedural updates.
  - (ii) Staff meetings.
  - (iii) Meetings, workshops or seminars held by personnel with less medical training than registered physical therapists or physical therapist assistants.
  - (iv) Publications for the lay public.
  - (v) Presentations to lay groups and non-professionals.
  - (vi) Teaching personnel, students or staff within one's job requirement.

#### **435:20-9-3.1. Approval of providers**

- (a) The Board shall approve a provider if it is satisfied that the provider's programs have met the standard set forth in 435:20-9-4(a) of this section.

- (b) Once a provider is approved, the professional development activities offered by that organization are approved for credit and no application must be made to the Board for approval.
- (c) The provider must submit the course information to the Board for posting on the Board website.
- (c) The following organizations are considered approved providers:
- (1) Any agency or board responsible for licensing individuals to practice physical therapy in the United States or Canada.
  - (2) The American Physical Therapy Association (APTA), including any Sections, Academies, credentialed residencies and fellowships and its accrediting subsidiaries.
  - (3) State Chapters of APTA.
  - (4) The Federation of State Boards of Physical Therapy (FSBPT) and any accrediting subsidiary.
  - (5) The International Association for Continuing Education and Training (IACET).
  - (6) Any providers approved or accredited by the agencies or organizations listed in subparagraphs (1) through (5) of this paragraph.
  - (7) Physical therapist and physical therapist assistant programs approved by an agency recognized by either the U.S. Department of Education or the Council on Postsecondary Accreditation.

#### **435:20-9-4. Guidelines for the audit process**

- (a) The Physical Therapy Committee will, each compliance period, randomly or for cause select licensees for verification that all professional development requirements have been met.
- (b) Those being audited will receive notification and have thirty (30) calendar days from the date of the correspondence to submit proof of professional development to the Committee.
- (c) The Physical Therapy Committee or its appointed sub-committee shall review the documentation of each individual for compliance with established professional development standards.
- (d) Those found to be in compliance shall be notified.
- (e) Those found not to be in compliance shall be notified, by certified mail, within five (5) working days following the determination of non-compliance. They will be given specific information concerning areas of deficiency, what further information is needed to bring them into compliance, given opportunity to submit additional documentation and/or appear in person at the next Physical Therapy Committee meeting.
- (f) A summarized report shall be submitted to the Physical Therapy Committee listing the names of those audited who are in compliance with professional development requirements. Those not in compliance shall be listed with notation of deficiencies found and/or recommendations.