



D.C. Board of Physical Therapy

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YOUR MAILING ADDRESS

Changing your mailing address? Send your name, mailing address, and license number to:

Board of
Physical Therapy
Processing Department
717 14th Street, NW
Suite 600
Washington, DC 20005



Government of the District of Columbia
Adrian M. Fenty, Mayor



April 2009

Letter from the Chair

Life-long learning with relevant continuing education to ensure continued competence: What's it all about, and why bother?

What did you do when you received that familiar renewal notice with the District logo?

Many sat down immediately, went online, and—with a few clicks—completed the task [of licensure renewal] effortlessly. The process is efficient and user-friendly. You had your license within a week! (What a difference a few years have made. We have to thank the staff of the Health Professional Licensing Administration [HPLA], who are dedicated to good customer service and efficient use of technology for this turnaround.)

Most of you, because you had carefully assessed your educational needs and professional goals, did not hesitate to complete the renewal. You have many more hours than are required, and those experiences were undertaken to gain or enhance your knowledge and improve patient outcomes—not solely to satisfy a legal requirement.

On the other hand, others of you scrambled to find any available course to meet the 40-hour continuing education requirement by

midnight January 31, 2009, hoping that the District would accept the same courses that the surrounding jurisdictions have accepted.

These courses may or may not increase your knowledge base; may no longer provide up-to-date, evidence-based solutions to the problems in your current practice; and most likely will not prepare you to address the needs of the present-day consumers.

Others of you, unfortunately, clicked the “yes” button—declaring that you had met the requirement—but you are not sure if you, indeed, have all of the required credits or that they are all approved in this jurisdiction.

Worse still, there are those of you who are *sure* that you do not have the requisite numbers, and hope that you will not be audited. You are willing to take that chance because it has worked in years past.

These scenarios are repeated year after year and in many jurisdictions. The requirement to remain current varies state by state. The method of assessing this requirement to “remain competent, keep current and continue life-long learning” continues to be debated, researched, and given a title or catchy phrase.



Senora Simpson, PT, DrPH

The objective is the same: Keep your skills current and relevant. As a profession, we agree that there are many avenues to achieve the goal of ensuring that all who practice know “what’s happening” in today’s health care delivery environment.

In addition, we agree that there are a myriad of ways and means to gain, regain and/or maintain the necessary tools to ensure that Physical Therapists (PTs) are not a part of the problem that was headlined in the *Washington Post* on November 30, 2008: “U.S. ‘Not Getting What We Pay For’.” This article focused on the extraordinary amount of money spent on health

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Upcoming Board Meetings

3RD TUESDAY OF THE MONTH

at 717 14th St., NW, 10th Floor
Washington, DC 20005

Open Session is at 3:30 pm.

Please notify the board in advance if you plan to attend a meeting by sending an email to hpla.doh@dc.gov.

Verification of Licensure

Licensing authorities and some health facilities often require a letter of verification of the licenses you currently hold or have held in the past. These letters of verification are sometimes called "letters of good standing," even though your DC license may have expired.

If the jurisdiction or institution to which you wish the letter sent gave you a form, simply forward the form, with a check or money order payable to "DC Treasurer" in the amount of thirty-four dollars (\$34.00) to:

DC Board of Physical Therapy
717 14th Street, NW
Suite 600
Washington, DC 20005

Be sure to include your name and the address where the form is to be sent on the form.

If the jurisdiction or institution that you wish the letter sent to did not give you a form, send the payment referenced above and a short note requesting a letter of verification. The note should include your name, and the name and address of where you want the letter of verification sent.

STOP MEDICAID FRAUD.

CALL THE DC MEDICAID FRAUD LINE AT: 1-877-632-2873

Letter from the Chair (continued)

care, as contrasted with the abysmal state of our health. Experts declared: "There is more than enough money in the system; we are just not spending it well." The article notes the use of Physical Therapy as a trial intervention prior to, or as an alternative to, expensive medical interventions.

The incoming administration has declared it a priority to address the health care delivery system, its costs, and the need for expansion to meet the needs of all Americans. It is expected to shift the focus from "fixing the broken" to "preventing the break."

That is a paradigm shift for us, even though prevention and wellness have always been a part of the comprehensive definition of Physical Therapy. The general public does not appear to know that this is so. Most still think of us as "fixers" rather than "preventers."

We need to improve the public's, and even our fellow health practitioners', knowledge about our entire scope of practice and expertise. We must ensure that the "shakers and bakers" of our profession are not the poster children of PT. We must espouse the use of current and efficacious interventions,

which are patient centered and cost effective. We must review the effects on technology and other advances in medicine to ensure that our PT diagnoses and prognoses are based on evidence—not the old ways of doing things just because they have always been done that way.

So, what does this 2009 renewal process have to do with the discussion? Everything. At our last Forum (we apologize for the inaccurate and confusing announcements for this event), we heard about a new "tool" to help practitioners assess where they are on the ladder of their "practice readiness."

The Practice Review Tool (PRT) was developed by the Federation of State Boards of Physical Therapy (FSBPT) because of feedback from its member jurisdictions. While this tool is designed for generalists, other tools are planned for those who are primarily practicing in the areas of orthopedics, pediatrics or as educators. (In the spirit of full disclosure: yes, I am the Secretary of that organization).

Our Board voted to give the full 40 hours of credit to individuals who take the PRT and achieve a proficient level.

However, this is just one of many avenues that you can use to determine your personal professional development needs. The American Physical Therapy Association (APTA) has position statements and tools that you should access. (I belong to that organization, too.)

The take-home lesson is that you should ensure that, at a minimum, the required 40 hours have relevance to your current or anticipated practice. View the requirement, not as a necessary burden, but as preparation to meet ever-changing American health care delivery needs.

Embrace the notion that current, innovative skills enhance both your image and the image of our great profession. Use it as an opportunity to address the disparity in health care delivery here in the District of Columbia and across the country.

We are professionals. Let us not wait for someone *e/se* to define us. The paying public is watching and will no longer tolerate high payments for last year's products.

—Senora D. Simpson, PT, DrPH
Chairperson
Board of Physical Therapy

Apply to Serve on the Board of Physical Therapy

Consumers and PTAs wanted: If you are a resident of the District of Columbia, you may apply to serve on the DC Board of Physical Therapy. For further information, contact Ms. Bonnie Rampersaud at (202) 724-7332, or by email at bonnie.rampersaud@dc.gov.



Christopher Cousins, MPT, CSCS

MEET BOARD OF PHYSICAL THERAPY MEMBER CHRIS COUSINS, MPT, CSCS

"It is incumbent upon all professionals to remain updated on the laws affecting their field, for the best interests of the public and themselves."

Why and how did you first get involved with the Board? What sparked your interest in serving as a Board member?

I am now in my third term as a Board member, having been asked to join by our Chairperson, Dr. Senora Simpson. I had worked for her in my first job, more than 20 years ago at Providence Hospital. The combination of her experience and enthusiasm for our professional responsibilities, and the sense of obligation to Physical Therapy instilled in me at Emory University, made serving on the Board a natural choice for me.

Is there any aspect of your service as a Board member that has surprised you (or has it been what you expected it to be)?

I have come to appreciate the urgent professional need we have to propagate

and enforce the highest standards of knowledge and conduct in the local and national Physical Therapy communities.

Are there any unique experiences (professional or personal) that you have had that have helped make you an effective Board member?

Years of practice seem to have flown by, and now serve to inform my understanding of the widely varied issues which come before us.

What knowledge or skills have you developed as a Board member that you had not developed before?

Working on the Board has been and continues to be a wonderful education in politics and governance, and of course communication.

What future goals do you have as a Board member?

Now that we have PT Direct Access; it would be wonderful to have third-party payors recognize us as the truly independent health professionals we can be.

During your tenure as a board member, what has been the greatest accomplishment of the Board?

This Board's *signal accomplishment* during my terms has been the enactment of Direct Access to PT services.

What challenges lay ahead for the Board?

Promoting Direct Access to the community, hopefully working with third-party payors on Direct Access reimbursement.

Currently, we are among the first regulatory boards in the nation to introduce

professional standards and enforcement standards for personal trainers.

What would you say to a PT, PTA or a consumer who is thinking about applying to serve on the Board?

Board participation is among the most educational and rewarding areas of work in our field, both for the professional and the community member. It gives one a chance to be a part of the regulatory process.

What advice would you give to licensees regarding their relationship with the Board or the HPLA?

It is incumbent upon all professionals to remain updated on the laws affecting their field, for the best interest of the public and themselves.

Visit the PT Board web page.

Go to www.hpla.doh.dc.gov.

Click on Professional Licensing Boards and Registrations, then click on Physical Therapy, or Physical Therapist Assistants.

DC Board of Physical Therapy's CE pr



Board Chair Senora Simpson, PT, DrPH, welcomes attendees to forum.



Speaker Susan Layton, Vice President of the Federation of State Boards of Physical Therapy

Continued growth and learning throughout your career as a PT (or PTA) will help ensure high standards within the profession of Physical Therapy. In keeping with the goal of promoting high standards in PT, the DC Board of Physical Therapy hosted its 9th Annual Physical Therapy Month Public Forum, entitled "Continued Competency." Speakers

included Board Chair Senora Simpson, PT, DrPH; HPLA Assistant Attorney General Carla M. Williams; and Susan C. Layton, Vice President of the Federation of State Boards of Physical Therapy (FSBPT).

Practice Review Tool

Would you like to participate in an activity that could potentially satisfy all of your continuing education

(CE) requirements for one renewal cycle? If so, you should go online and complete the FSBPT's Practice Review Tool (PRT). The PRT was designed to assess your knowledge, skills and abilities.

If you successfully complete the PRT, and demonstrate a defined level of competency, the DC Board of Physical Therapy

will accept it as sufficient continuing education credit for the entire renewal cycle.

The DC Board (and Arizona's Physical Therapy Board) were the first to approve CE Hours for those who gain an acceptable score on the PRT.

Below are the key points FSBPT Vice President Susan Layton conveyed during her discussion of the review tool:

THE PRACTICE REVIEW TOOL (PRT)

- The PRT is voluntary.
- The PRT is a new initiative created by FSBPT to assist PTs in assessing their ongoing competence.
- It is an opportunity for PTs to compare their current knowledge, skills and abilities to entry-level practice.
- Licensees receive results immediately after finishing the PRT.
- The results will NOT be reported to the licensing board (DC Board of Physical Therapy).
- District of Columbia licensed PTs can use the PRT for CE credit (40 hours) if they wish; however, if the PT does not meet the standard, then he/she will not be able to use it for CE credit.
- The PRT contains scenarios and multiple-choice questions which emphasize clinical application of content knowledge; it presents participants with 25 Scenarios and 125 Items.
- The PRT is "closed book," and it is administered in Prometric centers. (General Practice Version is live.)
- Register at www.fsbpt.org/prt (\$250 registration fee)

Program on CONTINUED COMPETENCY



Ms. Carla Williams, HPLA Assistant Attorney General, explains how a bill becomes a law in DC.



Dr. Simpson presents a plaque, in the memory of Past PT Board Chair Melba Thally, to Ms. Thally's daughters.

Continued competence is the ongoing application of professional knowledge, skills and abilities which relate to the occupational performance objectives in a range of possible encounters that is defined by the individual scope of practice and practice setting.

Legislative Process

Shepherding a bill through the legislative process in the District of Columbia is a daunting task, yet the Board of Physical Therapy did just that to get Direct Access for PTs enacted in the District. (When Direct Access was enacted by District Council, the PT Board gained national recognition for achieving autonomy for PTs in DC.) During the session entitled "The Legislative Process," HPLA Assistant Attorney General Carla Williams explained the process that the Board must undertake when attempting to establish new PT laws in the District. Ms. Williams opened her talk by showing a "School House Rock" video from the 1970s (called "I'm Just a Bill") to reacquaint attendees with the process of moving a bill from idea to law. Below is an excerpt from Ms. Williams's Power Point presentation outlining the channels taken when ushering a piece of proposed legislation from bill to law:

DC LEGISLATIVE PROCESS FOR CHANGING PT REGULATIONS

PT Board Administrative Channels of Legislative Process

- Legal counsel drafts the proposed Bill.
- Proposed Bill is approved for content by Board and the Board recommends to the DOH Director to move the Bill forward.
- Proposed Bill and transmittal letter go to DOH General Counsel for review and transmittal to the DOH Director.
- Once the DOH Director signs the transmittal form, it is forwarded to the Attorney General's Legal Counsel Division for a legal sufficiency review.

Legal Sufficiency Review

- Ensure there is authority for the Council to enact the requested legislation.
- Make sure there are no legal impediments to the legislation.
- Determine need for repeal or amendment of existing laws.
- Proper format
- Proper citation of authority

Getting the Authority

- Bill and transmittal letter are approved for legal sufficiency by Attorney General Legal Counsel Division
- Legal Counsel Division issues certifies the Bill as Legally Sufficient
- Bill and transmittal letter are forwarded to the Mayor's

Office of Legislative Support as legislative package.

- "The Athletic Trainer and Personal Fitness Trainer Amendment Act of 2008" is currently at this step in the legislative process.
- Next, the Mayor's office will distribute the legislative package to:
 - City Administrator
 - Deputy Mayor
 - Chief Financial Officer
 - Office of Policy and Evaluation

In the District Council

- Any comments received from the Legislative Support office are sent back to DOH where they are reviewed and the Bill is amended.
 - Revisions
 - Repeat process of legal sufficiency
 - Finalized package is forwarded

to the Mayor for approval and transmittal to the City Council Chairman.

- Chairman introduces the Bill to the Council at the request of the Mayor
- Bill is assigned to a committee for consideration
- Committee can:
 - Hold a public hearing
 - Roundtable
 - Make revisions
 - Recommend approval or disapproval
 - Or take no action
 - If takes no action, Bill dies.

Committee of the Whole

- Bill is placed on the Agenda
- First Reading of the Bill
 - Bill can be debated and council members can offer amendments
 - If approved by a majority, Bill is scheduled for a second reading

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CONTINUED COMPETENCY

Legislative Process, *continued*

- Second reading
- Bill must be approved by a majority in substantially the same format on two readings to pass.
 - Readings must be with at least 13 days intervening

Getting Authority

- Bill is forwarded to Mayor for signature
 - Mayor has 10 days to sign or veto
 - If signs Bill becomes and Act
 - If vetos, Council has 30 days to override veto with 2/3 vote
- The Act is transmitted to Congress for a mandatory period of Congressional review.
- 30-day review; at least one house of Congress must be in session for a day to be counted.
- Act becomes a law unless Congress passes a joint resolution to disapprove, which must be signed by the President.

Promulgating Rules

- Authority now exists
- Board's legal counsel drafts proposed rules and notice.
- Board approves content of proposed rules.
- General counsel approval
- DOH Director signature
- Attorney General Legal Counsel division review and legal sufficiency certification.

Public Notice and Comment

Notice of Proposed rulemaking published in the D.C. Register

- 30-day period
- Board can choose to hold public hearings.
- At the end of 30 day period Board considers any comments received
- If changes are made, the process is repeated.
- If no changes are made, the Rules are published as Final Notice.
- Rules are effective from date of publication.

The PT Board offers a sincere apology for an error on our CE program flyer which indicated inaccurate location information. We apologize for any inconvenience this may have caused.



FSBPT's Susan Layton speaks with attendees after the forum.



*Board Member
Pamela L. Robinson, PT.*



Matt Elrod, PT, MEd, NCS, president of the DC chapter of the APTA, with PT Board Member Beverly J. Gordon, PT.



PT Board Chair Senora Simpson, PT, DrPH, offers advice to participants before the forum.



Participants at the beginning of the program.

PT BOARD INVESTIGATORS ANSWER QUESTIONS ABOUT THE INVESTIGATORY PROCESS

Below are answers to questions that many Physical Therapists (and Physical Therapist Assistants) may have about the PT Board's investigatory process.

These answers were provided by Physical Therapy Board Investigator Mark Donatelli, and his boss Supervisory Investigator Gregory Scurlock, who have decades of experience investigating allegations against various health care professionals licensed by the DC Department of Health's Health Professional Licensing Administration (not just allegations against PTs and PTAs).

What determines which licensees are investigated?

The *Board* ultimately decides which complaints are investigated. The Board's Attorney Advisor [Assistant Attorney General] reviews the complaint to determine if the alleged violation comes under the Board's jurisdiction for legal sufficiency. If Attorney Adviser determines that the alleged violation *does* come under our jurisdiction, then the Board—after reviewing the complaint—can dismiss the complaint or request an investigation.

There are also cases triggered purely by administrative matters. Every three-to-six months, we do a survey of individuals who did not renew their license during the renewal period. If an individual has not renewed, but they still are practicing in the District, we contact

his or her employer because practicing in the District without a license is a violation of the law.

Board staff members sometimes request an investigation if a licensee has submitted documents in response to a continuing education audit and those documents appear to be forged, falsified, or duplicates of CE programs given years prior to the current two-year renewal period.

We investigate to determine if the submitted documents are authentic.

Sometimes, a licensure applicant may place answers on their initial licensure application, or submit documentation, which is questionable and *that* can trigger an investigation.

Do you let a licensee know they are under investigation?

Eventually, the licensee will be contacted once the PT Board requests an investigation.

Each board is different. The Board of Medicine, for example, often sends out an "Order to Answer" early in the process to give the licensee an opportunity to respond to a complaint that has been submitted to the Board.

What if the person filing a complaint is irrational, and the charges are unfounded?

As investigators, our primary goal is to determine the truth. We are an impartial party. The investigator will either

substantiate and corroborate the allegation, or determine that it is an unfounded claim.

In those instances where allegations are unfounded, the Board generally closes the case without any further action.

What should a licensee do to gain credibility before investigators and the Board?

Be honest and candid with the investigators and the Board. Explain your actions. If you did something wrong, don't try to cover up your mistakes by making false statements. If you made a mistake, admit the mistake.

Do not come before the Board with an arrogant or resentful manner. The Board is here to protect the integrity of the PT profession, and to protect the public.

If a PT decides to lie to the Board and the investigators, that PT should keep in mind that *evidence may have already been collected* which disproves that false statement.

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"Be honest and candid with the investigators and the Board. Explain your actions. If you did something wrong, don't try to cover up your mistakes by making false statements. If you made a mistake, admit the mistake. Do not come before the Board with an arrogant or resentful manner."

IMPORTANT ISSUES TO KEEP IN MIND

- **DOCUMENTATION**
Accurately chart and document.
- **BOUNDARIES**
Have a clear understanding of your role as a professional.
- **BEDSIDE MANNER**
Be courteous and professional.
- **BILLING**
Do not engage in fraudulent billing practices.

THE DISTRICT WANTS YOU!

VOLUNTEER FOR THE DC MEDICAL RESERVE CORPS



Beverly A. Pritchett, MHA, FACHE, Senior Deputy Director of the DC Health Emergency Preparedness and Response Administration, spoke to the PT Board last fall regarding the need for volunteers for the DC Medical Reserve Corps (MRC). The MRC is a trained group of **medical** and **non-medical volunteers** who support the District of Columbia Department of Health during responses to public events, such as Presidential Inaugurations, 4th of July Celebrations on the National Mall and public health emergencies such as floods and hurricanes. The mission of the MRC is to establish a network of local volunteers who are willing to donate their time and expertise **to supplement existing public health and local resources during emergencies** and other times of community need. The DC MRC recruits volunteers of all skill levels and experiences and offers **free emergency preparedness training** to all volunteers.

WHO CAN BECOME A DC MRC VOLUNTEER?

- Practicing, retired, or otherwise employed medical professionals, such as physical therapists, doctors, nurses, pharmacists, dentists, nursing students, veterinarians, etc.
- Public Health professionals
- Emergency Medical Technicians and Paramedics
- Community members with or without formal medical training, 16 years of age and over, who are interested in assisting in essential response functions.



During an emergency, MRC volunteers:

- Augment medical and support staff shortages at medical or shelter facilities.
- Assist with the distribution or dispensing of equipment, supplies and/or medication
- Assist with surveillance and/or disease investigation
- Provide administrative support services.

It is very important that you identify limits to your own skills and never work beyond your scope of training.

During times of non-emergency, MRC volunteers:

- Staff first aid areas at community events
- Are given the opportunity to provide health education
- Assist at immunization clinics
- Assist with volunteer training
- Participate in disaster drills and exercises.

TO BECOME A DC MRC VOLUNTEER, PLEASE REGISTER AT:

<https://dcreponds.dchealth.com>

For additional information, please contact Sharon Pellum, MRC Coordinator
at dcreponds@dc.gov or by phone at 202-671-0806.

PT BOARD INVESTIGATORS Q & A *(continued from page 7)*

“As investigators, we investigate the facts of a case. We are unbiased and impartial. As investigators, we are not advocates for the Board, the complainant, or the licensee. We are not persuaded by any of the parties involved. We are an impartial body whose objective is to establish only the facts.”

What percentage of the investigations lead to action against a licensee?

Approximately 60 to 65 percent.

What are the most common reasons licensees come before the Board?

- Failure to document;
- Boundary violations;
- Poor bedside manner; and
- Fraudulent billing.

What should licensees do to lessen the chance that they'll have complaints filed against them?

DOCUMENTATION:

Accurately chart and document.

BOUNDARIES: Have a clear understanding of your role as a professional. Avoid intimate or sexual relationships with clients; do not engage in inappropriate financial relationships with clients.

BEDSIDE MANNER: Be courteous and professional when interacting with patients.

BILLING: Ensure that all invoices and billing statements that you sign-off on are for services that you actually performed. Do NOT engage in fraudulent billing practices.

How do you ensure that licensees are treated equally?

As investigators, we investigate the facts of a case. We are unbiased and impartial. As investigators, we are not advocates for the Board, the complainant, or the licensee. We are not persuaded by any of the parties involved. We are an impartial body whose objective is to establish only the facts. We are not doing anyone's bidding.

What is the difference between a licensee doing something “unethical” versus “illegal”?

Unethical behavior violates your profession's Code of Ethics; it is a matter of moral character. Illegal behavior violates a regulation, criminal, civil or administrative law.

What if I am asked to do something that crosses the line into improper/unethical behavior? What if I am doing something that may be improper or unethical?

As a licensed health professional, listen to your instincts. Just because a supervisor asks you to do something doesn't make

it right. Just because you have been doing something routinely for months or years, doesn't make it right. What may *seem* right might not *be* right. If you are concerned about an issue, contact the PT Board [contact information on the last page of this newsletter]. Speak with the PT Health Licensing Specialist or the Board's Attorney regarding your practice.

Has Direct Access for PTs changed anything regarding the process or content of investigating PTs in the District?

This change is very recent and we don't know the impact it will have on the process. However, when your scope expands, you have more exposure to risk. Now you have your own patients, your own billing, and the responsibility to refer a patient to a physician if there has been no improvement during the course of PT treatment. With this new expanded scope, there is expanded responsibility. Fraudulent or inappropriate billing may result in your case being referred to the Federal Office of the Inspector

General's Medicaid Fraud Unit, or the U.S. Attorney's Office, or the DC Office of Attorney General, for criminal and/or civil violations.

Although we now have Direct Access, the basics of investigating have not changed. The elements of every investigation still include determining: “who, what, when, where, how and why.”

What is the most memorable case you have ever handled regarding a PT?

An agency filed a complaint against a PT with the Board of Physical Therapy.

The investigation substantiated that the PT failed to forward patients' records to his agency for months and months. As a result, the agency was not able to bill the patient's insurance company for services provided.

The same PT later submitted fraudulent forms in which he stated that he had provided in-home services to a client. The patient's insurance company disputed the claim. Insurance records indicated that the patient was in the hospital on the dates that the PT claimed he provided in-home services.

As a result of the investigation, the Board revoked the PT's license.

Concerned about an issue? Contact the PT Board at (202) 724-8739.

BOARD OFFERS ADVICE TO PHYSICAL THERAPY STUDENTS FROM HOWARD UNIVERSITY AND GEORGE WASHINGTON UNIVERSITY



Students from Howard University's Physical Therapy graduate program, with PT Board Chairperson Senora Simpson, PT, DrPH.

In 2008, the Board of Physical Therapy welcomed students from Howard University's Physical Therapy Department and students from The George Washington University PT program.

Board staff and Board members provided students with insight into their future as professionals and made them aware of potential problems that could derail one's career as a PT professional.

Students were told about the jurisprudence exam, about continuing education (CE) requirements, that all CE has to be preapproved by the board, and that the board conducts a random audit to ensure CE compliance.

Advice from Board Member Beverly J. Gordon, PT: "Take a course on **Documentation and Billing under Medicare**. Medicare is the driving force for payment. A course will give you a better understanding of how to work in a clinic."

Tell the Truth

When you finish school, apply for licensure, pass the exam, and the PT Board asks you for information, tell the truth, Board staff members told the students: "We live in an age of computers [and instant information]. *Have you ever been arrested?* If you were arrested, tell the Board. When you lie to a board, you are setting yourself up for trouble."

Even as a first-time applicant, you are under the jurisdiction of the Board. An untruthful statement will result in disciplinary action by the Board. The Board may issue a Notice of Intent to Discipline (NOI) or Consent Order that may or may not be reported to the National Practitioner Data Bank. Even lying by omission

All Boards are wary of **anonymous complaints**. An accused licensee has the right to face his or her accuser.

may lead to the issuance of an NOI or Consent Order.

A Consent Order is a private matter between you and the Board. Only after an NOI is served, and final action is taken, is it reportable.

Boundary Issues

"Do not get sexually involved with a patient," Attorney Brathwaite told the students.

Investigator Mark Donatelli added: "With Physical Therapists and Occupational Therapists—since it is a one-on-one [treatment environment]—there are a lot of boundary violations, inappropriate relationships," either sexual and/or financial.

One student asked: "What if you were sexually involved with the individual before they became a patient?"

The Board told students that 2 years should have passed after the end of the intimate relationship before you offer the individual PT services.

"This is legal, but it is not

recommended," Attorney Brathwaite said. "Refer them to someone else. That is a disaster waiting to happen."

"Be a good practitioner," he said. "Do the best job you can. Don't make the mistake of throwing it all away."

Patient Death

"If a patient dies, do you lose your license?" a student asked. Board Investigator Donatelli told students that because PTs now have Direct Access, they shoulder significant responsibility:

"If you treated someone that had a health concern and you did not refer them to a physician, it could be a problem. That would be a violation of the Code of Ethics," he said.

Board Chairperson Senora Simpson, PT, DrPH, asked the students:

"What did you miss? Your license could be revoked. What part of the Code of Ethics did you miss?"

Board Attorney Van told students: "If subject to civil suit, you could be [prosecuted] for a breach in the standard of care. It is possible the board could take away your license."

Malpractice Insurance

Dr. Simpson told students: "No matter what insurance the hospital provides, you should get your own malpractice insurance of a significant amount. You are not covered outside of the hospital grounds. Never practice without malpractice insurance."

Attorney Van Brathwaite explained that although adult clients have 3 years to file a suit, a law suit on behalf of a child could be filed many years later—3 years after the child's 18th birthday—even if the therapy you provided for that child occurred years before.

*"Do not just seek to follow the letter of law—abide by the spirit of the law...
Practice the right way because it's the right thing to do."
—Dr. Senora Simpson, Board Chairperson*

High-Risk Patients

One student asked:
"Some patients could have cardiovascular disease or high blood pressure. Is the responsibility on the physician or the PT?"

Dr. Simpson responded:
"You are an independent practitioner. You would be in trouble if you didn't look at their medical history.

"You can no longer say, 'A doctor made me to it.' Do not blindly follow because the doctor says 'walk them 10 miles.' Say 'I respectfully decline to treat that patient.'"

Documentation

Investigator Mark Donatelli told students: "Documentation is key. If it wasn't written, it didn't happen." Investigator Donatelli told the students about a boundary-violation case in which documentation played an important role.

"The individual making the complaint had retained emails and notes; she identified tattoo marks and was able to I.D. physical characteristics; and named the rendezvous locations."

Mr. Donatelli explained that he then took the information given by the complainant and interviewed the accused practitioner to compare the information.

"An administrative case [is judged on] a preponderance of evidence. I [only have to] establish that there was an intimate relationship; I don't have to prove that sexual intercourse took place."

Mr. Donatelli has been an investigator for 12 years, and during the course of his investigations, he assesses body language, and looks at an individual's demeanor, bodily ticks as they speak with him during an interview, and notes if the individual is able to maintain eye contact. Attorney Brathwaite told



Students from The George Washington University's Physical Therapy graduate program.

of a case regarding an addiction counselor and client. The client claimed they had had intercourse on several occasions. The client gave sufficient evidence by noting distinguishing marks on the addiction counselor's body. She had also told family members about their relationship.

No Longer a Haven

Dr. Simpson told students that the District of Columbia used to be "a haven for wrongdoers" before former Mayor Williams added more investigators:

"I used to have a mic and a tape recorder. Thanks to [then] Mayor Williams and [Councilmember] Catania now we have attorney advisors. The money we collect in fines is poured back into the Board."

Executive Director's Role

Students asked Board Executive Director Bonnie Rampersaud about her role.

"As Executive Director of the Board of Physical Therapy, I see myself as the glue [of the Board]. I coordinate all the activities of the Board. I supervise the health licensing specialists. A lot of work goes into staff reviewing applications," Ms. Rampersaud said.

"If an applicant has issues, it is brought to my attention. *Were questionable documents submitted? A suspicious university name? Forged documents?*"

In addition, she said, she also reaches out to PT boards in other states. Ms. Rampersaud writes letters, responds to complaints, and submits an annual report to the Mayor's office on the Board's accomplishments.

"I'd like to see you as a Board member," she told the students. To which Dr. Simpson added: "to serve on the Board, you must live in the District."

Personal Trainers are not PTs

Some students were curious as to why the Board is seeking to license personal trainers. Investigator Mark Donatelli told students, "Personal trainers go into people's homes, and they are not beholden to anyone. A lot of them have no training. They need some oversight. We want to be proactive."

PT Board Licensing Specialist Gabrielle Schultz noted that a lot of personal trainers wear the initials "PT" on their name tags. The designation "PT" is protected by DC law, and should *only* be used by Physical Therapists.

"PT imposters [personal trainers presenting themselves as PTs, and physical therapists with expired licenses] pose danger to the public," Mr. Brathwaite told students.

"The Board can issue a

(continued on page 12)

PHYSICAL THERAPY STUDENTS VISIT BOARD *(continued from page 11)*

“Be a good practitioner.

Do the best job you can.

*Don’t make the mistake
of throwing it all away.”*

— advice to students
from Van Brathwaite,
HPLA Assistant Attorney
General and PT Board
Legal Advisor

cease-and-desist order and seek criminal prosecution against those individuals.”

Spirit of the Law

Dr. Simpson again urged students to tell the truth if ever called before the Board: “The biggest number of fines [issued have been due to] people lying about CEUs completed. If you want to get into trouble early, lie about that.”

But beyond asking students

to follow the rules and regs, Dr. Simpson asked the students to aspire to act professionally and proactively for the sake of the profession: “Do not just seek to follow the letter of law—abide by the spirit of the law. I want you to practice the right way, because it’s the right thing to do.”

Dr. Simpson told the students that the Board is reviewing its Code of Ethics.

She emphasized to students the need to speak up to protect patients and the profession:

“When you know it, you can’t remain silent. Report unethical conduct of your colleagues. Most of the current reports come not from us [Physical Therapists], but from the DC Department of Health doing inspections, or from other state boards of Physical Therapy.”

AN INVITATION TO FIELD PLACEMENT SUPERVISORS AND STUDENTS

The Board of Physical Therapy extends an open invitation to Field Placement Supervisors and Students to attend the Open Session of the Board’s Monthly Meetings, held the third Tuesday of every month from 4:30 pm – 5:45 pm. All Hearings on Disciplinary matters are also open to the public. If you are interested in attending any of these sessions call Gabrielle Schultz, Health Licensing Specialist on (202) 724-8739.

FREQUENTLY ASKED QUESTIONS

Can I transfer my license from one state to the District of Columbia?

No, the District of Columbia does not have reciprocity with any state; however we do accept the endorsement of the National Physical Therapy Examination given by the Federation of State Boards of Physical Therapy (FSBPT). Along with the National Exam, each licensee is required to take and pass the D.C. Jurisprudence Exam (given by the FSBPT) prior to endorsement of their license.

How long is my license valid?

Each license is valid for two years. Regardless of when the license is initially granted during the biennium, it will expire on the expiration date of that biennium. It may be that the license is only valid for a few months.

What is a licensure biennium?

A licensure biennium is the twenty-four month period between expiration dates. The biennium is February 1st through January 31st of every odd-numbered year. It is during this time period that the 40 hours of continuing education credits must be

met for each renewal cycle.

What happens if I do not renew on time?

Failure to renew by the expiration date will cause the license to become ‘Expired’. It is unlawful to practice your profession in the District of Columbia on an ‘Expired’ license. To renew an expired license, you must submit the renewal fee plus the delinquency fee within 60 days of the expiration date of January 31st.

May I use an “Aide” or “Assistant” to provide physical therapy services?

District of Columbia law

restricts the practice of physical therapy to licensed physical therapists or certified physical therapist assistants. Individuals who are not licensed or certified may not provide physical therapy services. Aides may perform non-patient related activities such as secretarial, clerical and housekeeping tasks. Additionally, aides may act as an extra set of hands for the physical therapist or physical therapist assistant who is actually providing the treatment.

BOARD-RELATED TERMS THAT PTs AND PTAs SHOULD KNOW

CONSENT ORDER: A voluntary agreement entered into by a board and a respondent (person disciplined) in lieu of hearing for violation of the HORA. A Consent Order may or may not be reportable to the National Practitioner Data Bank.

NOTICE OF INTENT TO DISCIPLINE (OR DENY): A document requested by a board and prepared by the Office of the Attorney General which places a licensee on notice that he or she is being charged with violating one or more of the health profession laws as outlined in Title 3 Chapter 12 of the D.C. Code. It may also indicate violation of District regulations as found in Title 17 of the District Register, and/or federal law. It will give a summary of the facts which serve as the basis for the violations. The document also contains information about how to request a hearing. The disciplinary action (if any) from a "Notice" is reportable to the National Practitioner Data Bank.

SUMMARY SUSPENSION: A document requested by the Administrator of the Health Regulations Licensing Administration (not a Board), and is prepared by the Office of the Attorney General. The purpose of the document is to immediately terminate the right of a person to practice a health profession because the Administrator believes that the person poses an imminent danger, because of his or her misconduct, to the health and safety of the residents of the District of Columbia or its visitors and guests. The "Suspension" informs the person that he or she must request a hearing within 72 hours and is entitled to a hearing within 72 hours – provided that the beginning and ending period for the 72 hours does not fall on a weekend or holiday, in which case it is carried over to the next business day. Failure to request a hearing within the 72 hours results in the suspension remaining in place until it is lifted by the board having jurisdiction over the licensee. A Summary Suspension is reportable to the National Practitioner Data Bank.

CEASE AND DESIST ORDER: A Cease and Desist order is a document requested by the Administrator and prepared by the Office of the Attorney General. It is served on a person whom the Administrator believes may cause immediate and irreparable harm. Unlike a Summary Suspension, it is usually served on persons who are engaging in a health profession while not being licensed, registered, or certified. The person receiving the Cease and Desist must request a hearing within 10 days and is entitled to a hearing within 10 days. If the hearing isn't requested, the Cease and Desist remains in effect. If the person continues to be engaged in the activity after being served a Cease and Desist, the Administrator may ask the Office of the Attorney General to seek a criminal prosecution to enjoin the activity.

THE NATIONAL PRACTITIONER DATA BANK: A database mandated by federal law and maintained by the U.S. Department of Health and Human Services for the purposes of warehousing disciplinary actions taken by states against health professionals. Each licensing board is required to report to the Data Bank each and every disciplinary action taken against a licensee, registrant, or holder of a certification.

Continuing Education Regs

6706.3

A continuing education credit shall be valid only if it is approved by the Board in accordance with § 6707.

6706.4

An applicant for renewal of a license shall submit proof pursuant to § 6706.7 of having completed four (4) continuing education units or forty (40) hours of approved continuing education credit during the two-year period preceding the date the license expires.

CE: Preapproved

Your continuing education courses must be preapproved by the Board. To find out if a program is approved go online at www.CEBroker.com.

The Board does not accept Virginia-approved or Maryland-approved courses.

Do you have an Idea for a Forum?

Are there any PT issues you would like to know more about? Tell the PT Board. We are currently seeking input from licensees on ideas for future programs.

The Board welcomes your ideas for sponsoring future public forum programs. Please send your suggestions for possible Public Forum topics to the Board of Physical Therapy at:

gabrielle.schultz@dc.gov

KUDOS!

Kudos to PT Board Chair
Senora Simpson, PT, DrPH:

- Dr. Simpson has been presented with the Lucy Blair Service Award by the American Physical Therapy Association (APTA).

This award honors members of the Association “whose contributions to the Association as a whole, at both the Association level and the component level, like those of Lucy Blair, have been of exceptional value.”

- Dr. Simpson has also been honored with the APTA Diversity Award.

This award is presented to “those who have shown commitment and have consistently contributed to diversity and cultural competence issues over the years.”

- Last December, Dr. Simpson assisted the DC Board of Psychology by serving as the Evocator at that Board’s VIOLENCE Seminar, which featured a variety of speakers including physicians and representatives from the DC Metropolitan Police Department.

Dr. Simpson lent insight into topics covered by seminar speakers, and urged the professionals in attendance to learn to talk to nonprofessionals about the issue of violence in a “down to earth” manner, without reliance on professional jargon.

PHYSICAL THERAPY MONTH MAYOR FENTY’S PROCLAMATION

Physical Therapy Month

A PROCLAMATION BY THE MAYOR OF THE DISTRICT OF COLUMBIA

WHEREAS, October has been designated National Physical Therapy Month by the American Physical Therapy Association and this year’s theme is “it’s all about movement;” and

WHEREAS, physical therapists are health care professionals who treat individuals who need help to regain their movement; and

WHEREAS, physical therapists often serve as an individual’s link between injury and wellness:

NOW, THEREFORE, I, MAYOR OF THE DISTRICT OF COLUMBIA, do hereby proclaim October 2008, as “PHYSICAL THERAPY MONTH” in Washington, DC, and call upon all the residents of this great city to join me in commending those individuals who help enhance the quality of life of others.

Adrian M. Fenty
Mayor, District of Columbia

Pro Bono

Below are two clinics that have indicated to the PT Board that they are willing to take on a small number of patients *pro bono*:



C.O.R.E. Physical Therapy

(Center for Orthopedic Rehab and Exercise)

www.coreptdc.com

Elements Fitness & Wellness Center

at Georgetown Plaza

elementsfitness@verizon.net

AS PHYSICAL THERAPIST, YOU ARE RESPONSIBLE FOR THE PRACTICE OF YOUR PHYSICAL THERAPIST ASSISTANT

Unlike Physical Therapists (PTs), Physical Therapist Assistants (PTAs) are not autonomous practitioners. The Physical Therapist must supervise the Physical Therapist Assistant. Physical Therapists are responsible for the practice of the PTAs under their supervision.

TITLE 17 DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS

- 8209.4 A licensed physical therapist shall be fully responsible for any actions by a physical therapist assistant performing physical therapist functions while under the physical therapist's supervision.
- 8209.5 A licensed physical therapist shall perform the final evaluation for a patient who has been treated throughout the patient's history by a physical therapist assistant.
- 8209.6 A physical therapist shall provide direct supervision to no more than three (3) physical therapist subordinates at any one time.
- 8209.7 A physical therapist shall ensure the qualifications of all physical therapist assistants under his or her supervision.
- 8209.8 Before a patient is seen by a physical therapist assistant, a licensed physical therapist shall evaluate the patient and formulate initial and ongoing treatment goals and plans.
- 8209.9 Pursuant to § 8209.8, a licensed physical therapist shall reevaluate each patient being treated by a physical therapist assistant by the seventh (7th) visit and every seventh (7th) visit thereafter.
- 8209.10 Support personnel shall only perform routine assigned tasks under the direct supervision of a licensed physical therapist or a licensed physical therapist assistant, who shall only assign those tasks or activities that are nondiscretionary and do not require the exercise of professional judgement.

(More on PTAs on page 16)

TIPS FOR EXPEDITING YOUR LICENSE

Make sure to have your entire application filled out and signed. You must provide "official" supporting documentation to any and all application questions and or statements that require a detailed explanation.

Please note:

- Official court documents of final case dispositions for any felonies or misdemeanors that you incurred (i.e., a defendant, in any state or country);
- Malpractice case dispositions should include a case number, jurisdiction, year, all the defendant names, all plaintiff names, a brief summary of the case, and final disposition, such as judgment dollar amount, dismissed with or without prejudice, or settlement dollar amount—this information must be sent with your application.
- To use HRLA's website to check and verify a license, go to: www.hpla.doh.dc.gov

PTs ARE RESPONSIBLE FOR THE PRACTICE OF PTAs (Continued from page 15)**THE ROLE OF THE PHYSICAL THERAPIST ASSISTANT****TITLE 17 DISTRICT OF COLUMBIA MUNICIPAL REGULATIONS**

- 6712.1 A physical therapist assistant or physical therapist aide may perform physical therapy functions only in accordance with this section.
- 6712.2 A physical therapist assistant may perform the following functions under the direct supervision of a physical therapist:
- (a) Use of therapeutic exercise, mechanical traction, therapeutic massage, compression, heat, cold, ultraviolet, water, and electricity;
 - (b) Measurement and adjustment of crutches, canes, walkers, and wheelchairs, and instruction in their use and care;
 - (c) Instruction, motivation, and assistance to patients and others in improving pulmonary function, learning, and functional activities such as pre-ambulation, transfer, ambulation and daily living activities; and the use and care of orthoses, prostheses, and supportive devices;
 - (d) Modification of treatment procedures as indicated by patient response and within the limits specified in the plan of care, and reported orally or in writing to the physical therapist; and
 - (e) Participation in routine administrative procedures required for a physical therapy service.
- 6712.3 A physical therapy aide may perform the following functions under the direct supervision of a physical therapist: (a) Gait practice; (b) Activities of daily living; (c) Transfer activities; (d) Hot or cold packs; (e) Paraffin bath; (f) Hydrotherapy; (g) Whirlpool; and (h) Therapeutic exercises.
- 6712.4 A physical therapist assistant or physical therapist aide may not perform the following:
- (a) Interpret referrals;
 - (b) Perform evaluation procedures;
 - (c) Initiate or adjust treatment programs; or
 - (d) Assume responsibility for planning patient care.
- 6712.5 Pursuant to § 6710.12, a physical therapist shall review and co-sign any documentation written by a physical therapist's assistant or physical therapist's aide.

PHYSICAL THERAPISTS ARE RESPONSIBLE FOR THE PRACTICE OF THE PTAs UNDER THEIR SUPERVISION.

DIRECT SUPERVISION - the supervision in which a physical therapist is personally present and immediately available within the treatment area to give aid, direction, and instruction when physical therapy procedures or activities are performed.

CE BROKER: ELECTRONIC TRACKING OF YOUR CONTINUING EDUCATION



The DC Board of Physical Therapy is pleased to announce the initiation of an electronic Continuing Education (CE) tracking system for CE providers and health care practitioners licensed in the District of Columbia.

CE Broker is the electronic tracking system selected by the DC Department of Health to help **track and facilitate audits of Continuing Education credits**. Continuing education providers will naturally play a major role in the success of this initiative.

In order to renew a Physical Therapist (PT) or a Physical Therapist Assistant (PTA) license, pursuant to DCRM 17 §6706.7 and DCMR 17 §8206.4, applicants shall submit proof to the Board of having completed the required hours of Board-approved continuing education credits during the two (2) year period preceding the date on which the license expires. Each CE provider will submit licensees' CE course completion credits to satisfy continuing education requirements.

CE Providers will have an opportunity to register their organizations and courses with CE Broker, the online listing.

CE Broker will also serve as a resource that PTs and PTAs may use to review the listing of courses which have been approved by the Board of Physical Therapy. CE Providers may have their Board-approved courses listed online at www.CEBroker.com, with course site (location) and hours.

District of Columbia's Physical Therapists and Physical Therapist Assistants will be able to search for and/or track:

- Authorized educational providers
- Approved continuing education programs and activities
- Upcoming courses and approved credit hours
- The number of CEUs completed
- Preapproved courses
- Links to educational providers' websites, and registration phone numbers will also be available

This service is now available to all licensees and Continuing Education sponsoring organizations.

Please log onto www.CEBroker.com to begin registering your course information.



CE Broker.com Accounts Available

DC PHYSICAL THERAPISTS DO NOT PAY A FEE TO ACCESS THE SYSTEM.

Gain secure access to your individual account via login and password:

- View individual continuing education transcript that clearly states your personal requirements
- Authorized educational providers report completed course credit to your record
- View Chronological Course History of every program completed and reported
- Receive a message each time completed courses are posted
- View requirements you have not yet fulfilled
- Set automatic deadline reminder notices
- Set license renewal expiration reminder notice
- Set up personalized alert notifications of upcoming courses
- Phone the CE Broker helpdesk toll free Monday to Friday 8:00 a.m. to 5:00 p.m., except holidays.
- Visit CE Broker online at www.CEBroker.com or call toll free 1.877.i.find.CE (1.877.434.6323)

You can rely on CE Broker to provide you with your continuing education requirement information and for calculating your progress toward meeting those requirements.

BOARD ORDERS

January 2008 through December 2008

Fines

George Brownlee (6/08) Physical Therapist was fined \$10,000.00 for failure to properly supervise.

Donna Regalado (10/08) Physical Therapist was fined \$1,000.00 for having been disciplined by the Maryland Board of Physical Therapy for conduct that would be grounds for disciplinary action in the District of Columbia.

A Physical Therapist was fined \$80.00 for failing to obtain the required number of continuing education credits (2/08).

A Physical Therapist was fined \$120.00 for failing to obtain the required number of continuing education credits (2/08).

A Physical Therapist was fined \$100.00 for failing to obtain the required number of continuing education credits (3/08).

A Physical Therapist was fined \$300.00 for failing to obtain the required number of continuing education credits (3/08).

A Physical Therapist was fined \$200.00 for failing to obtain the required number of continuing education credits (5/08).

ITEM WRITERS

Become an item writer! A \$100 stipend is provided for every 20 items written and approved. Item writers receive an all-expense-paid training workshop that covers item-writing theory and techniques. In order to be an item writer for the National Physical Therapy Examinations, you must own or have access to a computer and the Internet. Log on to www.FSBPT.org to apply.

Questions? Call Sonia Obam at 703-299 3100, ext. 214 or email sobam@fsbpt.org.

DC PTs ARE REQUIRED TO TAKE AND PASS THE JURISPRUDENCE EXAM

6704.2 An applicant for licensure by examination shall take and pass a Board approved national licensure examination in physical therapy (the national examination and a Board-approved District of Columbia **jurisprudence examination** (the District examination). The applicant shall have pre-approval from the Board before taking any licensure or jurisprudence examination.

The Federation of State Boards of Physical Therapy (FSBPT) develops and administers the National Physical Therapy Examination (NPTE) for both physical therapists and physical therapist assistants in 53 jurisdictions— the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.

Currently, FSBPT offers **jurisprudence exams** for Alabama, Arizona, California, District of Columbia, Georgia, Florida and Nebraska.

For more information, go online at: www.fsbpt.org

FILING A COMPLAINT WITH THE BOARD

To file a complaint against a licensed Physical Therapist, simply write a letter that describes your complaint. The letter must be signed, and you should attach copies of any pertinent documents that you may have.

The letter must also include your address, so we may contact you as necessary and notify you of any findings.

You should mail the complaint to:

DC Board of Physical Therapy
717 14th Street, NW
Suite 600
Washington, DC 20005

You can also fax the complaint to the Board at (202) 724-8471.

If your complaint alleges unlicensed activity, you should address your complaint to:

Supervisory Investigator
717 14th Street, NW
Suite 1000
Washington, DC 20005

You can also fax your complaint about unlicensed activity to (202) 724-8677.

PLEASE NOTE: You can print a complaint form from our website at www.hpla.doh.dc.gov

Please be advised that the health professional licensing boards do not have jurisdiction over fee disputes, except for billing for services that were not provided. If you have a fee dispute with a health professional, you can seek redress through the civil courts.

PAID INACTIVE STATUS

If you intend to retire your license, or if you would like to place your license on Inactive Status, you must explicitly inform the Board of your intention before the renewal date expires. If you fail to pay renewal fees on time, your license is not inactive; it is delinquent (expired). It is unlawful to practice as a Physical Therapist while your license is delinquent/expired.

WHEN YOU MOVE (OR CHANGE YOUR NAME)

Licensees sometimes forget to inform the Board of Physical Therapy when they move or change names. If we do not have your current address, you may not receive your renewal mailing because we may send it to your former address. **All name and address changes must be submitted in writing to our office within 30 days of the change.** Failure to do so may result in a \$100 fine per section 16A DCMR § 3201.1 (d). Please include your name, address, Social Security number, and license number, if you know it. If you have a name change, you must also enclose a copy of your certificate of marriage, divorce decree, or court order that authorizes the change.

Fax your request to (202) 727-8471, or mail your name and address change to:

DC Board of Physical Therapy
Attn: Processing Department
Address/Name Change
717 14th Street, NW
Suite 600
Washington, DC 20005



Government of the District of Columbia
Adrian M. Fenty, Mayor



Health Professional
Licensing Administration

Address

DC Board of Physical Therapy
717 14th Street, NW
Suite 600
Washington, DC 20005

Phone

(202) 724-8739

Webpage

www.hpla.doh.dc.gov

DC Government website

www.dc.gov

**Current Members
of The District of Columbia
Board of Physical Therapy**

Senora D. Simpson, PT, DrPH,
Chairperson

Christopher K. Cousins, MPT, CSCS

Beverly J. Gordon, PT

Pamela L. Robinson, PT

Director, Department of Health
Pierre N.D. Vigilance, MD, MPH

Board Staff

Executive Director

Bonnie Rampersaud
Phone: (202) 724-7332
Email: bonnie.rampersaud@dc.gov

Health Licensing Specialist

Gabrielle Schultz
Phone: (202) 724-8739
Email: gabrielle.schultz@dc.gov

Assistant Attorney General

Van Brathwaite

Investigator

Mark Donatelli

Newsletter Editor/Layout/Photos

Nancy Kofie

D.C. BOARD OF
PHYSICAL THERAPY
717 14th Street, NW
Suite 600
Washington, DC 20005