



STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD

P.O. BOX 110806
JUNEAU, ALASKA 99811-0806
TELEPHONE: (907) 465-2580
E-mail: license@alaska.gov
Website: <http://www.commerce.state.ak.us/occ/>

PHYSICAL THERAPIST AND PHYSICAL THERAPY ASSISTANT APPLICATION PACKET

A person may apply for licensure to practice physical therapy in the State of Alaska under the provisions of AS 08.84. Applicants may qualify for licensure by credentials (see Part I) or by examination (see Part II). Part III describes the procedures for obtaining a temporary permit while awaiting permanent licensure. Part IV describes the procedures for obtaining a limited permit. Please allow 4 to 6 weeks from the time your file is complete and ALL documents are received for processing of application. (If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division.)

If you are a foreign-trained therapist, do not complete this application. You must contact the division to receive the correct application or download the application for foreign-trained therapists from the board's website.

If you have questions concerning the licensing requirements, please contact the licensing examiner for the State Physical Therapy and Occupational Therapy Board by email at license@alaska.gov

If any of the required documents (i.e., transcripts, etc.) will be issued under your former name, please indicate on the application and submit official documentation of the name change (i.e. marriage license/court documents).

PART I – LICENSURE BY CREDENTIALS

The following documents must be in this office before the board will consider your application for licensure by credentials:

1. A completed notarized application and \$50.00 nonrefundable application fee. Make check or money order payable to the State of Alaska.
2. Initial licensure fee of \$230.00 for Physical Therapist or \$180.00 for Physical Therapy Assistant.
3. Official transcript sent directly from your school of physical therapy to the Division of Corporations, Business and Professional Licensing.
4. A report of your scores obtained in the national physical therapy examination. You must have received a passing score in accordance with regulation 12 AAC 54.080(a). Contact FSBPT at www.fsbpt.org to have your scores transferred electronically.
5. Verification of Licensure sent directly from each jurisdiction where you hold or have ever held a license or permit to practice physical therapy, one of which must be current and in good standing (form 08-4065a).
6. Professional Reference form completed and sent directly by the head of the physical therapy school, instructor, physician, supervising physical therapist or supervisor (form 08-4065b).
7. Verification of one of the following:
 - a. at least 60 hours of physical therapy employment within the 24 months immediately preceding the date the application is received by the department (form 08-4065c);
 - b. passage of the national examination within the 24 months immediately preceding the date the application is received by the division (verification of exam scores must come directly from the examination agency, FSBPT) ;
 - c. 150 hour internship approved by the board (contact the division for further instructions regarding the internship).
8. Jurisprudence Questionnaire (form 08-4065e).

PART II – LICENSURE BY EXAMINATION

To sit for the National Physical Therapy Examination, applicants must complete the board's application, submit it to the division with required supporting documentation, and register with the Federation of State Board of Physical Therapy (FSBPT) at: www.fsbpt.org. Please be advised that you can apply to the state board and register with FSBPT simultaneously. The board reviews completed applications twice a month and upon board approval, the division will notify FSBPT who will then send the applicant examination scheduling instructions. The examination is offered in Alaska in one location, Anchorage. However, once approved by the board, applicants may sit for the examination at any Prometric Test Center in the United States.

The following documents must be on file before the board will review your application by examination:

1. A completed notarized application and \$50.00 nonrefundable application fee. Make check or money order payable to the State of Alaska.
2. The initial license fee of \$230.00 for Physical Therapist or \$180.00 for Physical Therapy Assistant license fee must be submitted at this time.
3. Official transcript sent directly from your school of physical therapy to the Division of Corporations, Business and Professional Licensing.
4. Professional Reference form completed and sent directly by the head of the physical therapy school, instructor, physician, supervising physical therapist, or supervisor (form 08-4065b).
5. Jurisprudence Questionnaire (Form 08-4065e).

NOTE: An applicant who has applied for, but not yet received licensure in another state, and who has passed the national physical therapy examination in that state may have the examination score transferred to the Alaska board and may apply for licensure by examination by submitting the above documentation (items 1, 2, 3, 4, and 5) and by having scores transferred to this state. Please contact FSBPT at www.fsbpt.org to have your scores transferred electronically.

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed "Application for Examination Accommodation for Candidates with Disabilities" form. This form is available on the division's website: www.commerce.state.ak.us/occ/ or contact the division to request the form.

PART III – TEMPORARY PERMIT

The board may issue a temporary permit to practice physical therapy to an applicant who meets the criteria set out in AS 08.84.065 and 12 AAC 54.050. The temporary permit allows an applicant to practice while awaiting the next examination, or while application for licensure by credentials is being processed and reviewed by the Board.

The following documents must be in this office before your application for a temporary permit will be considered:

1. A completed notarized application and all fees:
 - \$ 50.00 nonrefundable application fee
 - \$230.00 license fee for Physical Therapist or \$180.00 license fee for Physical Therapy Assistant
 - \$ 50.00 temporary permit fee

(Make check or money order payable to the State of Alaska.)

2. Official transcript sent directly from your school of physical therapy.
3. If applying by credentials, Verification of Licensure sent directly from each jurisdiction where you hold or have ever held a license or permit to practice physical therapy, one of which must be current and in good standing (form 08-4065a).
4. Professional Reference form completed and sent directly by the head of physical therapy school, instructor, physician, or supervising physical therapist or supervisor (form 08-4065b).
5. If applying for licensure by examination, Statement of Responsibility form completed and sent directly by your supervising physical therapist (form 08-4065d).

PART IV – LIMITED PERMIT

The board may issue a limited permit to practice physical therapy in the state as a **visiting, nonresident** physical therapist or physical therapy assistant (see AS 08.84.075(b)). A limited permit is valid for a period not exceeding 120 consecutive days in a calendar year. A person may not receive more than three limited permits to practice physical therapy during the person's lifetime.

The following documents must be in this office before the board will consider your application for a limited permit:

1. A completed notarized application and \$50.00 nonrefundable application fee. Make check or money order payable to the State of Alaska.
2. Limited permit fee of \$50.00.
3. Verification of Licensure sent directly from a state where you hold a current license to practice physical therapy (form 08-4065a).
4. A statement signed by the applicant that confirms the following:
 - a. dates applicant intends to work in Alaska;
 - b. name and location of facility where applicant intends to work; and
 - c. acknowledgment that the applicant will not practice for more than 120 consecutive days in the calendar year for which the permit is issued.

GENERAL INFORMATION

Application processing is dependent upon how quickly the division receives all documents to complete a file. Once your application is complete, your application will be reviewed by the board either by “Mail Vote” or at a board meeting. The application process takes 4 to 6 weeks from the time all documents are received and your application file is complete, so please plan accordingly.

This application, all forms included in this application and/or the application for a foreign-trained physical therapy license can be downloaded from our website.

All licenses expire on June 30 of even-numbered years regardless of when issued, except new licenses issued within 90 days of the expiration date will be issued to the next biennium.

License fees are subject to change.

SOCIAL SECURITY NUMBERS – Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the “Request for Exception from Social Security Number Requirement” form located on the division’s website at: www.commerce.state.ak.us/occ or contact the division to request the form.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS – If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable temporary license valid for 150 days. Contact Postsecondary Education at 1-800-441-2962 or (907) 465-2962 or Child Support Services at (907) 269-6657 if your last name begins with A – M; Contact (907) 269-6845 if your last name begins with N – Z; or 1-800-478-3300 to resolve payment issues.

PUBLIC INFORMATION – All information submitted with your application is considered public information, except information considered confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division’s website at www.commerce.state.ak.us/occ/ under “Professional License Search.”

“YES” RESPONSES – If you respond “Yes” to one of the professional fitness question in the application, you must submit a separate signed explanation and include a copy of any applicable back-up (e.g., judgement, court disposition, etc.). A “yes” response does not mean your application will automatically be denied. Applications with a “Yes” response generally require additional time for review.

STATUTES AND REGULATIONS – The complete set of Board of Physical Therapy and Occupational Therapy statutes and regulations is available on the board’s website at: www.commerce.state.ak.us/occ/pphy.htm or contact the division and request a copy by mail.

DENIAL OF APPLICATION – Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.

PROFESSIONAL DATA

List the states or jurisdictions in which you hold or have ever held a license or permit to practice physical therapy:

State: _____ License No. _____ Date Issued: _____ Expiration Date: _____
 State: _____ License No. _____ Date Issued: _____ Expiration Date: _____
 State: _____ License No. _____ Date Issued: _____ Expiration Date: _____
 State: _____ License No. _____ Date Issued: _____ Expiration Date: _____
 State: _____ License No. _____ Date Issued: _____ Expiration Date: _____
 State: _____ License No. _____ Date Issued: _____ Expiration Date: _____

List any states in which you took a physical therapy examination. Indicate whether Passed or Failed:

State: _____ Exam Administered by: _____ Exam Date: _____ Passed _____ Failed _____
 State: _____ Exam Administered by: _____ Exam Date: _____ Passed _____ Failed _____
 State: _____ Exam Administered by: _____ Exam Date: _____ Passed _____ Failed _____

Your last name at time of passing examination: _____

Expected Place of Employment in Alaska: _____ unsure at this time

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

Expected Beginning Date of Employment: _____

If applying for a Temporary Permit by examination, what is the name and Alaska license number of your supervising therapist?

Name: _____ License No. _____

Mailing address for temporary permit: Agency listed above Application Address (1st page)
 Other: _____

OCCUPATIONAL DATA

In chronological order, from most recent to most remote, list all relevant or related professional positions held. Provide names of employers, locations, telephone numbers, positions held, duties, responsibilities, and name of direct supervisor(s):

1. Name of Employer: _____
 Dates: From: _____ To: _____
 Employer City and State: _____
 Employer Telephone No.: _____
 Name of Supervisor: _____
 Location of Practice if Different From Employer: _____
 Position Held by Applicant: _____
 Duties and Responsibilities: _____

2. Name of Employer: _____
Dates: From: _____ To: _____
Employer City and State: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Location of Practice if Different From Employer: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

3. Name of Employer: _____
Dates: From: _____ To: _____
Employer City and State: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Location of Practice if Different From Employer: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

4. Name of Employer: _____
Dates: From: _____ To: _____
Employer City and State: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Location of Practice if Different From Employer: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

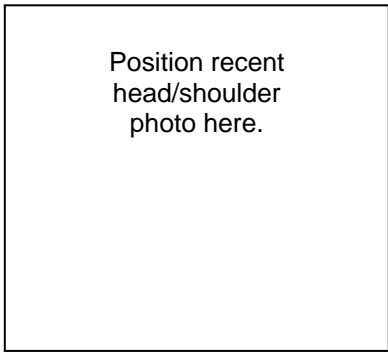
(Attach other pages as necessary to complete this section.)

PROFESSIONAL FITNESS - (If you answer "yes" to any question, please explain in full on a separate signed statement and enclose applicable legal documentation.)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been disciplined by any state board or Physical Therapy Association concerning violation of the Physical Therapy Practice Act or unethical conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a license or had a license revoked, suspended, restricted, surrendered limited, or otherwise acted upon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied the privilege of taking an examination before any state Physical Therapy Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of any criminal offense(s) other than minor traffic violations (convictions include suspended imposition of sentences)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a violation of any federal or state narcotic laws? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any malpractice settlements or judgments paid in your behalf? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you now or have you been in the last five years treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you now or have you been in the last five years addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a physical disability which could affect your ability to practice physical therapy? | <input type="checkbox"/> | <input type="checkbox"/> |

Please be aware that all information on this application will be available to the public, unless required to be kept confidential by state or federal law.

I hereby certify that the information in this application is true and correct to the best of my knowledge. I understand that any false information may result in failure to obtain licensure as a physical therapist, or physical therapy assistant in Alaska, or subsequent revocation of my license.



Signature of Applicant

NOTARY SEAL MUST OVERLIE PORTION OF PHOTOGRAPH

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____

this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

NOTE: If you are a foreign-trained therapist, do not use this application; you must contact the division for the correct application.

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-2580
E-mail: license@alaska.gov

VERIFICATION OF LICENSURE

APPLICANT: COMPLETE TOP HALF OF THIS FORM AND FORWARD IT TO THE LICENSING BOARD(S) IN ALL JURISDICTIONS WHERE YOU ARE OR HAVE BEEN LICENSED.

I am applying to the State of Alaska for a license to practice Physical Therapy. The board requires verification of my license in each jurisdiction in which I hold or have held licenses.

Last Name _____		First Name _____	Middle _____
Mailing Address _____		License Number _____	
City _____	State _____	ZIP Code _____	E-mail Address _____
Daytime Phone Number _____			

I hereby request and authorize the State of _____ to provide any and all pertinent information requested in this form to the Alaska State Physical Therapy and Occupational Therapy Board to complete an application filed with that agency.

Applicant Signature _____ Date _____

TO STATE BOARD Please complete the bottom half of this form and return it **directly** to the Alaska State Physical Therapy and Occupational Therapy Board at the address listed above.

Licensing Jurisdiction _____

Name of Licensee _____

Licensed By (reciprocity, examination, etc.) _____

If licensed by examination, what examination did the licensee pass? _____

License Number _____ Original Issue Date _____ Expiration Date _____ Periods of Lapse _____

Has the license ever been revoked, suspended, placed on probation, or restricted in any way? Yes No
If yes, please enclose an explanation or documentation.

Is the licensee the subject of a pending disciplinary proceeding? Yes No

Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? Yes No
If yes, please enclose an explanation or documentation.

Comments _____

SEAL

Printed Name _____

Signature _____

Title _____

Date _____ Phone Number _____

E-mail Address _____

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Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2580
E-mail: license@alaska.gov

PROFESSIONAL REFERENCE

Dear _____:

I am applying for a license to practice **physical therapy** in the State of Alaska. I am required to provide professional references. Please provide the information requested below to the State of Alaska at the address shown below. Thank you for your assistance.

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Address: _____

NOTE: The information below must be completed and sent directly to the division by the head of the physical therapy school, instructor, physician, or supervising physical therapist or supervisor; it may not be completed or returned by the applicant.

I certify that I was professionally associated with _____
(Name of Applicant)

from _____ to _____, and
month / year month / year

I recommend the applicant as being professionally capable, reliable, of good moral character and worthy of confidence.

STATEMENT OF DUTIES: _____

The State of Alaska believes a license to practice physical therapy carries important responsibilities. Please comment on the applicant's qualifications, ability, character, etc.:

Signature Date

Printed Name

Title License No.
(if applicable)

Institution/Clinic Where Employed

Address

Business Telephone

Please return completed form to:

Department of Commerce, Community,
and Economic Development
Division of Corporations, Business
and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2580
E-mail: license@alaska.gov

VERIFICATION OF WORKING EXPERIENCE

Dear _____:

I am applying for a license to practice **physical therapy** in the State of Alaska. I am required to provide verification of working experience. Please provide the information requested below to the State of Alaska at the address shown below. Thank you for your assistance.

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Address: _____

The information below must be completed and sent directly to the division by the applicant's employer or supervisor. It may also be completed by the Human Resource Manager at the place of employment. It **may not** be completed or returned by the applicant.

***12 AAC 54.100(5)(A) requires verification of having been employed in physical therapy service at least 60 hours within 24 months immediately preceding the date the application for licensure in Alaska is received by the department.**

I, _____, attest that _____
(Name of Employer or Supervisor) (Name of Applicant)

the above-named applicant was employed and provided at least 60 hours of physical therapy services within the immediate past 24-month period from _____ to _____
month/day/year month/day/year

at _____
(Name of Institution/Professional Clinic, etc.)

(*Supervisor: See above explanation for required time period of supervision.)

The State of Alaska believes a license to practice physical therapy carries important responsibilities. Please comment on the applicant's qualifications, ability, character, etc.:

Signature

Date

Printed Name

Title

License No.
(if applicable)

Institution/Clinic Where Employed

Address

Business Telephone

Please return completed form to:

Department of Commerce, Community,
and Economic Development
Division of Corporations, Business
and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2580
E-mail: license@alaska.gov

STATEMENT OF RESPONSIBILITY

(Only to be used if applying for a temporary permit while awaiting examination)

Date

To State Physical Therapy and Occupational Therapy Board:

I, _____, will assume the full responsibility of supervising
(Print Supervisor Name)
_____ in the practice of physical therapy.

Name of Facility Where Supervision will take place

located at _____

Mailing Address: _____

This supervision will be held in compliance with the statutes and regulations set forth by the State Physical Therapy and Occupational Therapy Board.

I understand that the applicant's temporary permit is valid for eight months from the date of issue OR until the results of the examination for which the applicant is scheduled are published, whichever occurs first. ("Published" means the date notification of examination results are mailed from the Division of Corporations, Business and Professional Licensing to the applicant.) I understand and agree that if the applicant fails to take the examination for which he/she is scheduled, the applicant's permit will lapse on the day of the scheduled examination and that he/she will not be eligible to continue practicing under the permit.

By my signature below, I certify that the above information is true and correct and that I will comply with the statutes and regulations set out by the Alaska Board of Physical Therapy and Occupational Therapy.

Signature

Alaska License Number

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____

this _____ day of _____, 20_____.

Notary Public

NOTARY SEAL

My Commission Expires: _____

Supervisor: Please return completed form to:

Department of Commerce, Community,
and Economic Development
Division of Corporations, Business
and Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806

Name: _____

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2580
E-mail: license@alaska.gov

**JURISPRUDENCE QUESTIONNAIRE
FOR PHYSICAL THERAPY APPLICANTS**

All applicants for licensure must complete the following questionnaire prepared by the Board of Physical Therapy and Occupational Therapy. The questions cover the provisions of AS 08.84 and 12 AAC 54 (the board's specific statutes and regulations). **Portions of AS 08.01 (centralized statutes) may also be referenced.** The answers to the questions will be found by reviewing the statute and regulation booklet published by the board. Please use the booklet to determine the correct answer for each question. Circle correct answers and cite the statute or regulation where the answer is found. The questionnaire will not be graded. If you fail to circle an answer or cite the law, your application for licensure will be considered incomplete and the questionnaire will be returned to you for completion.

Circle the letter of the best answer for all items

AND

Cite the statute or regulations from which you obtained your answer

1. A board may take the following actions singularly or in combination as a disciplinary action

→ Cite Statute AS 08.84. _____
→ Cite Statute AS 08.01. _____

 - a. permanently revoke a license
 - b. suspend a license for a specified period of time
 - c. impose a civil fine not to exceed \$5000.00
 - d. all of the above

2. An individual who practices without the appropriate license (including practicing with a lapsed license) is guilty of a

→ Cite Statute AS 08.84. _____

 - a. class A misdemeanor
 - b. felony
 - c. class B misdemeanor
 - d. class C misdemeanor

3. The Board of Physical Therapy and Occupational Therapy consists of 7 members. One physician licensed in Alaska, three Alaska licensed physical therapists or two Alaska licensed physical therapists and one Alaska licensed physical therapy assistant, two Alaska licensed occupational therapists or one Alaska licensed occupational therapist and one Alaska licensed occupational therapy assistant and one lay person with no direct financial interest in the health care industry.

→ Cite Statute AS 08.84. _____

 - a. true
 - b. false

4. The scope of practice for a physical therapist or physical therapy assistant includes the practice of medicine, osteopathy, chiropractic, or other methods of healing.

→ Cite Statute AS 08.84. _____

 - a. true
 - b. false

Name: _____

5. A physical therapist or physical therapy assistant applicant by examination who holds a temporary permit must practice under the supervision of a licensed physical therapist.
- Cite Regulation 12 AAC 54. _____
- a. true
b. false
6. An applicant may take the national examination
- Cite Regulation 12 AAC 54. _____
- a. three times
b. unlimited times
c. four times
d. five times
7. A physical therapist or physical therapy assistant licensee that wishes to renew their license must be able to provide proof of earning _____ hours of continuing education.
- Cite Regulation 12 AAC 54. _____
- a. 20
b. 16
c. 24
d. 28
8. A physical therapist may concurrently supervise a maximum of how many physical therapy assistants, physical therapy aides, foreign-trained candidates, students, permittees or any combination thereof?
- Cite Regulation 12 AAC 54. _____
- a. three
b. six
c. four
d. eight
9. An applicant for renewal of a PT or PTA license shall document having provided physical therapy services for at least _____ hours during the concluding licensing period.
- Cite Regulation 12 AAC 54. _____
- a. 60
b. 250
c. 300
d. 150
10. Records of continuing education must be retained from the date of completion for
- Cite Regulation 12 AAC 54. _____
- a. 3 years
b. 7 years
c. 2 years
d. 5 years

Name: _____

11. It is the responsibility of the _____ to notify the Division of Corporations, Business and Professional Licensing when a change in address occurs for a licensee.
- Cite Regulation 12 AAC 54. _____
- a. employer
 - b. direct supervisor
 - c. licensee
 - d. all of the above
12. A licensee selected for audit of continuing competency requirements shall submit substantiating documentation within _____ after the date of notification by the division.
- Cite Regulation 12 AAC 54. _____
- a. 60 days
 - b. 30 days
 - c. 90 days
 - d. 120 days
13. If an applicant for renewal is uncertain whether a particular continuing education opportunity will meet the standards for renewal, the applicant may request board approval before claiming those hours.
- Cite Regulation 12 AAC 54. _____
- a. true
 - b. false
14. Physical Therapists must adhere to the “Code of Ethics” and the “Guide for Professional Conduct” published by the American Physical Therapy Association.
- Cite Regulation 12 AAC 54. _____
- a. true
 - b. false
15. Physical Therapy Assistants must adhere to the “Standards of Ethical Conduct for Physical Therapist Assistant” and the “Guide for Conduct of the Affiliate Member” published by the American Physical Therapy Association.
- Cite Regulation 12 AAC 54. _____
- a. true
 - b. false
16. To be accepted by the board, a continuing education course or activity must contribute directly to the professional competency of a physical therapist or physical therapy assistant and must be directly related to the skills and knowledge required to implement the principles and methods of physical therapy, as that term is defined in AS 08.84.190.
- Cite Regulation 12 AAC 54. _____
- a. true
 - b. false

Name: _____

17. Continual onsite supervision means that the physical therapist _____ the aide and available for immediate direction and supervision of the aide when the aide is performing patient related duties.
- Cite Regulation 12 AAC 54. _____
- a. is in sight of
 - b. is readily visible to
 - c. providing verbal instruction to
 - d. is reviewing the patients chart with
18. The license or permit or a copy of the license or permit must be
- Cite Regulation 12 AAC 54. _____
- a. kept with the practicing therapist at all times
 - b. posted somewhere in the place of business
 - c. posted in a conspicuous location in the licensee's primary place of business
 - d. kept in the personnel file of the licensee or permit holder
19. A physical therapist applicant who has been issued a temporary permit prior to taking the national examination may continue to practice under that temporary permit even if the physical therapist applicant fails the examination.
- Cite Statute AS 08.84. _____
- a. true
 - b. false
20. If a licensed PT agrees to supervise a PT Assistant, the supervising physical therapist shall fully document the supervision provided including a record of all consultations provided. Where must those records of consultations be maintained?
- Cite Regulation 12 AAC 54. _____
- a. in each patient's file, along with the treatment plan in an accessible area
 - b. at the PT assistant's place of employment
 - c. records of consultations are not required to be maintained by the supervising PT.

**DID YOU REMEMBER TO CIRCLE EACH ANSWER AND
CITE THE STATUTE OR REGULATION?**