



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/pphy.htm>

**PHYSICAL THERAPIST AND PHYSICAL THERAPY ASSISTANT
REINSTATEMENT APPLICATION**
(for licenses lapsed more than two years but less than five years)

Physical Therapist

Physical Therapy Assistant

Fees due will depend on when your license lapsed. Contact the division before submitting this form to determine the amount due. The amount due is the licensing fee for each licensing period the license has been lapsed. Make checks or money order payable to the State of Alaska.

A licensee whose license is lapsed for any reason is prohibited from practicing physical therapy until the license is reinstated by the board.

A license that has been lapsed for two but less than five years will, in the board's discretion, be reinstated, if the applicant submits:

- (1) an application for reinstatement on a form provided by the department;
- (2) the fees required by 12 AAC 02.320 for the entire period the license has been lapsed (contact the Division for fee amount);
- (3) evidence of completion of all continuing competency and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed;
- (4) verification of all physical therapy licenses held in other jurisdictions for the entire period the Alaska license has been lapsed and a signed statement from a licensing official in each of those jurisdictions verifying that no restrictions have been placed on the license or disciplinary sanctions have been taken against the licensee.

An applicant for a new physical therapy/physical therapy assistant license whose original Alaska license was lapsed for five years or more and who has not been actively practicing physical therapy in another state during that time shall satisfactorily complete an internship approved by the board. Do not use this application if your license has been lapsed for five years or more.

This application must be completed in full. If a section does not apply, write N/A in the space provided. **Please print or type.**

Name: _____
Last First M.I. Maiden

Mailing Address: _____
Street or Box

City State ZIP Code

Business Telephone: _____ Home Telephone: _____

Social Security Number: _____ Date of Birth: _____
(Required by AS 08.01.100)

Under what name was original license issued: _____

Alaska License Number: _____ Expiration date of Alaska License: _____

PROFESSIONAL DATA

List the state(s) in which you hold or have ever held a license or permit to practice physical or occupational 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: _____

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

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

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

You must provide verification of licenses held in other jurisdictions for the entire period the Alaska license has been lapsed.

PROFESSIONAL FITNESS – (If you answer “yes” to any question, please explain in full on a separate sheet and provide any applicable legal documentation.)

Since the date of your last application as a physical therapist/physical therapy assistant in Alaska: **YES NO**

1. have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?
2. have you had a license to practice physical therapy or as a physical therapy assistant revoked, suspended, restricted, limited, surrendered (voluntary or involuntary) or in any way acted upon?
3. have you been denied a certificate by, or the privilege of taking an examination before any state Physical Therapy Board?
4. have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. “Convicted” includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.
5. have you been convicted of a violation of any federal or state narcotic laws?
6. have you had any malpractice settlements or judgments paid in your behalf?
7. have you been convicted of driving under the influence of alcohol, drugs, or chemical substances?
8. have you been addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs?
9. have you been treated for, or hospitalized for, emotional or mental illness, drug addiction or alcoholism?

CONTINUING EDUCATION AND COMPETENCY REQUIREMENTS

You must submit evidence of completion of all continuing professional practice requirements and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed.

Acceptable evidence of continuing education includes copies of certificates documenting dates of attendance, hours earned, course description, and who sponsored course. Refer to 12 AAC 54.420.


Proof of continuing professional practice requirements must be provided in the form of work experience verification forms, or proof of compliance with alternative continuing competency requirements, as appropriate. Refer to 12 AAC 54.405.

Please be aware that all information provided with 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 reinstatement of my license in Alaska, or subsequent revocation of my license.

SIGN HERE  _____
Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____
this _____ day of _____, 20_____.

SIGN HERE  _____
Notary Public
My Commission Expires: _____

STATE OF ALASKA
STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD

VERIFICATION OF LICENSURE

State Board:

I am applying for reinstatement of my license in the State of Alaska. The State Physical Therapy and Occupational Board requires that this form be completed by each jurisdiction in which I hold or have held licenses or permits. Please complete the form and return it to:

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

Some states require a fee for completion of license verification; you may wish to check with the state board prior to submitting this form to them for completion.

Signature: _____

Printed Name: _____

License No.: _____

Address: _____

The information below must be completed by the State Licensing Board; it **may not** be completed by the applicant.

State of _____

Name of Licensee _____

Graduate of _____

License No. _____ Type of License _____ Issued Effective _____

Permit No. _____ Issued Effective _____

By Reciprocity/Endorsement _____ By Examination _____

Date of Exam _____ Administered by _____

License or temporary permit is current _____ lapsed _____ Expiration Date _____

If the applicant's license or permit has lapsed or expired, please explain why (e.g., failure to pay licensing renewal fees, etc.)

Has the applicant's license or permit ever been suspended or revoked? _____ If so, for what reason?

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? Please describe.

Please provide any information you believe relevant to the applicant's qualifications and fitness to practice physical or occupational therapy as appropriate:

General Comments: _____

[BOARD SEAL]

Please return completed form to:

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

Signature

Printed Name

Title

State Board

Date

STATE OF ALASKA
STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD

VERIFICATION OF WORKING EXPERIENCE

Dear _____:

I am applying for reinstatement of my license 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 Corporation, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Address: _____

This form will be rejected if completed and/or submitted to the division by the applicant.

The information below must be completed and returned by the applicant's employer, supervisor, or Human Resources manager at the place of employment.

"Physical Therapy Services" includes work and volunteer service under a position title other than physical therapist or physical therapy assistant if the applicant documents that the position required the use of physical therapy skills recognized by the board.

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

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

and provided at least 60 hours of (check one): physical therapy services or physical therapy assistant services

within the immediate past 24-month period from _____ to _____
month/day/year month/day/year

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

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

Signature

Printed Name

Title

Institution/Clinic Where Employed

Address

Address

Phone 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: _____

Please return completed form to:

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

**SELECTED PERTINENT REGULATIONS
PHYSICAL THERAPY LICENSE REINSTATEMENT AND CONTINUING COMPETENCY REQUIREMENTS**

12 AAC 54.950. REINSTATEMENT OF A LAPSED LICENSE. (a) A licensee whose license is lapsed for any reason is prohibited from practicing physical therapy or occupational therapy until the license is reinstated by the board.

(b) A license which has been lapsed for less than two years will be reinstated by the board upon submission of

(1) the fees required by 12 AAC 02.105 and 12 AAC 02.320; and

(2) documentation that all continuing competency and continuing education requirements of 12 AAC 54 have been met.

(c) A license that has been lapsed for two but less than five years will, in the board's discretion, be reinstated, if the applicant submits

(1) an application for reinstatement on a form provided by the department;

(2) the fees required by 12 AAC 02.105 and 12 AAC 02.320 for the entire period the license has been lapsed;

(3) evidence of completion of all continuing competency and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed;

(4) verification of all physical therapy and occupational therapy licenses held in other jurisdictions for the entire period the Alaska license has been lapsed and a signed statement from a licensing official in each of those jurisdictions verifying that no restrictions have been placed on the license or disciplinary sanctions have been taken against the licensee.

(d) In accordance with AS 08.01.100(d), a license that has been lapsed for five years or more is considered permanently lapsed and the former licensee will be required to apply for a new license under AS 08.84.030 or 08.84.060 and regulations adopted under them.

(e) An applicant for a new license whose original license in this state was lapsed for five years or more and who has not been actively practicing in another state during that time shall satisfactorily complete an internship approved by the board consisting of 150 hours of training.

12 AAC 54.405. PHYSICAL THERAPY CONTINUING PROFESSIONAL PRACTICE REQUIREMENTS AND ALTERNATIVES TO THOSE REQUIREMENTS. (a) An applicant for renewal of a physical therapist or physical therapy assistant license shall document completion of the jurisprudence questionnaire prepared by the board, covering the provisions of AS 08.84 and this chapter, and shall also document

(1) having provided physical therapy services for at least 60 hours during the concluding licensing period; or

(2) successful completion during the concluding licensing period of at least one of the following:

(A) the national physical therapy examination sponsored by the Federation of State Boards of Physical Therapy;

(B) in addition to the contact hours of continuing education required under 12 AAC 54.410 and 12 AAC 54.420, 40 contact hours of continuing education consistent with the requirements of 12 AAC 54.410 and 12 AAC 54.420;

(C) a review course sponsored by a school of physical therapy approved by the American Physical Therapy Association;

(D) a physical therapy internship of 150 hours approved by the board.

(b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute physical therapy services under this section, the applicant may request board approval before submitting the application for license renewal.

(c) In this section, "physical therapy services" includes work and volunteer service under a position title other than physical therapist or physical therapy assistant if the applicant documents that the position required the use of physical therapy skills recognized by the board.

Editor's note: A list of schools of physical therapy approved by the American Physical Therapy Association may be obtained from the American Physical Therapy Association, 1111 North Fairfax Street, Alexandria, VA 22314. Information on the national physical therapy examination may be obtained from the Federation of State Boards of Physical Therapy, 124 West Street South, Alexandria, VA 22314.

SELECTED PERTINENT REGULATIONS CONTINUED

12 AAC 54.410. PHYSICAL THERAPY CONTINUING EDUCATION REQUIREMENTS. (a) Except as provided in 12 AAC 54.435, an applicant for renewal of a physical therapist or physical therapy assistant license who has been licensed for 12 months or more of the concluding licensing period shall have completed during that period 24 contact hours of continuing education directly related to patient care. An applicant for renewal of a physical therapist or physical therapy assistant license who has been licensed for less than 12 months of the concluding licensing period shall have

- (1) completed during that period 12 contact hours of continuing education directly related to patient care; or
 - (2) passed the national physical therapy examination within 12 months immediately before the date that the applicant's license is due to lapse.
- (b) An applicant shall complete at least one-half of the required contact hours in courses or programs offered by an accredited academic institution or a professional organization approved by the board under 12 AAC 54.420(a).
- (c) For the purposes of this section,
- (1) one "contact hour" equals a minimum of 50 minutes of instruction;
 - (2) one continuing education unit awarded by a professional health care association equals 10 contact hours;
 - (3) one academic semester credit hour equals 15 contact hours; and
 - (4) one academic quarter credit hour equals 10 contact hours.
- (d) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education contact hours claimed and shall make the records available to the board upon request under 12 AAC 54.430. Records must be retained for three years from the date the contact hours were obtained.
- (e) The following activities will not be accepted for continuing education contact hours under this section:
- (1) routine staff meetings attended by the applicant;
 - (2) rounds conducted by the applicant;
 - (3) routine courses required for employment, including courses on cardiopulmonary resuscitation, first aid, and training related to Occupational Safety and Health Administration requirements.

12 AAC 54.420. APPROVED PHYSICAL THERAPY COURSES AND ACTIVITIES. (a) The following continuing education activities are approved for continuing education credit if they meet the requirements of (c) of this section:

- (1) courses recognized by
 - (A) the Alaska Physical Therapy Association;
 - (B) the American Physical Therapy Association (APTA);
 - (C) the Federation of State Boards of Physical Therapy (FSBPT);
 - (D) other state physical therapy associations; or
 - (E) other state physical therapy licensing boards;
 - (2) American Medical Association category one and two continuing education courses that involve physical therapy;
 - (3) continuing education activities sponsored by a professional organization or university approved by the Alaska Physical Therapy Association or the American Physical Therapy Association.
- (b) If an applicant for renewal is uncertain whether a particular continuing education opportunity will meet the standards of this section, the applicant may request board approval before claiming those contact hours.
- (c) 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.

12 AAC 54.430. AUDIT OF PHYSICAL THERAPY CONTINUING COMPETENCY REQUIREMENTS.

- (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing competency requirements of 12 AAC 54.400 - 12 AAC 54.430.
- (b) A licensee selected for audit shall, within 30 days after the date of notification, submit documentation of completion of contact hours required by 12 AAC 54.410 and physical therapy service hours or an alternative required by 12 AAC 54.405.
- (c) Refusal to cooperate with an audit will be considered an admission of an attempt to obtain a license by material misrepresentation under AS 08.84.120(a)(1).

Name: _____

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**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 or physical therapy assistant _____ supervising the non-licensed personnel and is available for immediate direction and supervision of the non-licensed personnel when the non-licensed personnel is performing patient related duties
- Cite Regulation 12 AAC 54. _____
- a. is present in the department or facility where services are being provided
 - b. is immediately available to
 - c. maintains continual over site of patient related duties
 - d. all of the above
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?**

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.

Did you print your name on each page of the exam?