STATE BOARD OF PHYSICAL THERAPY
P. O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7134
www.dos.state.pa.us/physther

APPLICATION FOR PHYSICAL THERAPIST CERTIFICATE OF AUTHORIZATION TO TREAT BY DIRECT ACCESS

REQUIREMENTS -

1. Applicant holds a **current license to practice physical therapy** in Pennsylvania and such license has been (and must continue to be) maintained **in good standing**.

2. Applicant has **passed the national physical therapy examination**. If applicant passed the examination **prior to 1990**, a board approved course of at least 10 hours must be completed on the appropriate evaluative procedures to treat a person without a referral. The course must be completed within the 24 months immediately preceding the date of application. Complete Part Four of the application and submit the required documentation.

3. Applicant has **practiced** physical therapy in the delivery of patient care on a **continuous** basis **for at least the two years** (24 months) immediately preceding submission of this application. At least 200 hours of direct patient care in each 12 month period are required.

4. Applicant is covered by **professional liability insurance** in the minimum amount required Section 9(b)(4)(iii.1)of the Physical Therapy Practice Act and Section 40.69 of the Board's regulations. See information on next page. **Coverage shall remain in effect as long as licensee has the certificate**.

INSTRUCTIONS -

1. Print information requested in PARTS ONE through FOUR of the application and sign/date the "Verification" at bottom of page 2.

2. If your name appears differently on the application or documents, submit a copy of the official document which authorized the change.

3. **FEE:** Submit a check or money order in the amount of **$30.00** payable to **"Commonwealth of Pennsylvania"** with your completed, **ORIGINAL** application.
   Please Note: If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (**another application processing fee**) and supporting documents as necessary.

4. **ENCLOSURES:** Include documentation per instruction 2 and/or PART FOUR, **if applicable.**

5. **MAIL TO:** State Board of Physical Therapy, P.O. Box 2649, Harrisburg, PA 17105-2649
   OR for overnight delivery …..2601 North Third Street, Harrisburg, PA 17110.

INFORMATION -

- **YOU MUST MAINTAIN A CURRENT PT LICENSE IN ORDER TO PRACTICE UNDER THE CERTIFICATE. THE CERTIFICATE DOES NOT REPLACE YOUR PT LICENSE.**

- Required amounts of **Professional Liability Insurance** in the amount of $1,000,000 per occurrence/claim. See Section 40.69 of the board's regulations.

- You may not begin practicing by direct access in Pennsylvania until a Certificate of Authorization has been issued. Certificates expire on December 31 of each even year, as does your PT license. **Renewal notices** are mailed 60-90 days prior to December 31.

Separate renewals are mailed for the certificate and PT license, however **the certificate cannot be renewed unless the PT license of the certificate holder is concurrently renewed.** As a condition of **certificate** renewal, a PT shall have completed during the preceding biennium (January 1 of odd year through December 31 of next even year), a minimum of 20 contact (instructional) hours of physical therapy **CONTINUING EDUCATION (CE)** related to keeping the certificate holder apprised of advancements and new developments in the practice of the physical therapy profession. At least 10 of the 20 hours shall be in evaluative procedures to treat a person without a referral.
NOTE: CE is NOT required as part of this application nor for the FIRST renewal of a certificate.
The continuing education requirement must be completed by each certificate holder during the 24 months preceding the second and subsequent renewals of the certificate.

- The Practice Act and Rules/Regulations of the Pennsylvania State Board of Physical Therapy are available through the Board office or on the board's website at **www.dos.state.pa.us/physther.** See section 9 of the Practice Act for "direct access" provisions; (b) and (e) below are excerpts. See sections 40.61-63 of the regulations.

(b) Licensees who meet the standards set forth in this subsection may apply to the board for a **certificate of authorization to practice physical therapy under this act without the required referral** under subsection (a). A certificate of authorization to practice physical therapy without a referral under subsection (a) shall **not** authorize a physical therapist either to treat a condition in any person which is a nonneurologic, nonmuscular or nonskeletal condition or to treat a person who has an acute cardiac or acute pulmonary condition unless the physical therapist has consulted with the person's licensed physician, dentist or podiatrist regarding the person's condition and the physical therapy treatment plan or has referred the person to a licensed physician, dentist or podiatrist for diagnosis and referral. The certificate of authorization shall be issued only to licensed physical therapists practicing physical therapy. **The certificate of authorization shall be displayed by the certificate holder in a manner conspicuous to the public.** The renewal of the certificate of authorization shall coincide with the renewal of the license of the licensee.

(c) A physical therapist may treat a person without a referral as provided for in subsection (b) **for up to 30 days** from the date of the first treatment. A physical therapist shall not treat a person beyond 30 days from the date of the first treatment unless he or she has obtained a referral from a licensed physician, dentist or podiatrist. The date of the first treatment for purposes of this subsection is the date the person is treated by any physical therapist treating without a referral.

- **Processing of your application may take in excess of 30 days following receipt by board office. Certain applications may require review by the full Board.**

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APPLICATION FOR PHYSICAL THERAPIST CERTIFICATE OF AUTHORIZATION TO TREAT BY DIRECT ACCESS

APPLICATION FEE - **$30.00** Personal Check or Money Order made payable to **"Commonwealth of Pennsylvania."** **Application fees are not refundable**. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (**another application processing fee**) and supporting documents as necessary. NOTE: A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

PART ONE -

PHYSICAL THERAPIST LICENSE NUMBER: | ***P*** | ***T*** | ***0*** | | | | | | |
(PT license must be current/unexpired; NOT expired or inactive)

NAME_____DAYTIME PHONE _____
Last First Middle Maiden

ADDRESS_____
Street City State Zip Code

SOCIAL SECURITY#_____BIRTHDATE_____EMAIL_____

PART TWO - Practice of Physical Therapy in the Delivery of Patient Care

My signature here _____ certifies that I have practiced physical therapy in the delivery of patient care on a continuous basis for at least the two years (24 months) immediately preceding this application. I have delivered a minimum of 200 hours of direct patient care during each 12 month period.

Below, provide dates of employment, name and **ADDRESS** of employer, position title and duties/responsibilities of each employment for the **immediate past two years, to date.** Show experience for at least the 24 months immediately preceding submission of this application.

Dates From / To	Employer Name and ADDRESS	Position Title	Duties and Responsibilities of Direct Patient Care
Mo. & Yr.			
Mo. & Yr.			

PART THREE - Professional Liability Insurance (See "Information" for required amounts)

My signature here _____ certifies that I am covered by professional liability insurance in the minimum amount required by Section 9(b)(4)(iii.1)of the Physical Therapy Practice Act . I will ensure that such coverage is maintained as long as I have the certificate.

Provide information below.

Name of Carrier and **POLICY / CERTIFICATE NO.**	Period of Coverage	Amount of Coverage
	From: To:	

PART FOUR - I passed the national physical therapy examination in: Month _____ Year_____ State _____

If you passed the examination **prior to 1990**, a course of at least **10 hours on appropriate evaluative procedures to treat a person without a referral**, must have been completed during the 24 months immediately preceding the date of application. Give details below and **submit documentation showing course outline/objectives and a transcript/certificate verifying course completion.**

Name of Provider	Name of Course	# Hours	Date Completed

VERIFICATION

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 PA C.S.§ 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my certificate of authorization. **I verify that I have read and am familiar with the Pennsylvania Physical Therapy Practice Act and regulations of the State Board of Physical Therapy** (see www.dos.state.pa.us/physther). I will comply with all provisions of Section 9 of the Practice Act and Board regulations §40.61, 40.62 and 40.63 regarding "direct access". I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. section 4911.

_____ _____ _____

Printed Name of Applicant Signature of Applicant Date