

## Scope Modernization Workgroup – PT and OT

Date	Name
Email address	Physical Therapy OR Occupational Therapy Workgroup
Participant Information	
Practice Setting – Choose one of the following: Privately owned outpatient rehabilitation; Hospital inpatient; Hospital outpatient; Home-health; Skilled nursing/long-term nursing; School; or Other (please list)	Population treated – adults, pediatrics or both
City	AK License Number
Years in practice	Specialty

Brief volunteer History:



**Questions for the OT Scope Modernization workgroup:**

1. Have you noticed any topics/concerns that have been fully omitted from the new scope of practice language?
2. Is there a component of the new scope of practice language that you feel needs to be re-worded? Please expound.
3. Do you think the new scope of practice language adequately addresses your practice area?
4. Do you think the new scope of practice language has any deficiencies that might negatively impact patient care in rural areas?