



Alaska Board of Physical Therapy and Occupational Therapy Board Meeting - October 3, 2025 - Day 2

Alaska Division of Corporations, Business and Professional Licensing
Friday, October 3, 2025 at 9:00 AM AKDT to 2:45 PM AKDT
Zoom

Meeting Details:

https://us02web.zoom.us/meeting/register/tZMsdOusrTkqGd1JvZF8gtGhMleD8l_3Fy4u

Note: Registration Required

Agenda

1. Call to Order/Roll Call

A. Roll Call

9:00 AM

Board members:

- Valerie Phelps, Chair – physical therapist
- Victoria "Tori" Daugherty, Secretary – occupational therapist
- Rebecca Dean, Public Member
- Jonathan Gates – physical therapist
- Michelle Scott-Weber – occupational therapist
- Eliza Ellsworth – physical therapist

Staff members:

- Reid Bowman, Program Coordinator 2
- Shane Bannarbie, Program Coordinator I
- Sheri Ryan, Licensing Examiner 3

Alaska State Physical Therapy and Occupational Therapy Mission Statement

The mission of the Alaska State Physical and Occupational Therapy Board is to promote healthy, independent, productive Alaskans. The board strives to do this by:

1. Adopting regulations necessary for the safe and efficient practice of Physical Therapy and Occupational Therapy in the State of Alaska.
2. Reviewing and approving the qualification of applicants to ensure a competent and effective work force of therapists and assistants.
3. Issuing temporary permits and licenses to qualified persons.
4. Monitoring compliance with continuing education requirements.
5. Reviewing and acting on any report or documentation of any unsafe, unethical or unlawful actions of a licensee.

B. Ethics Reporting	9:05 AM
C. Review/Approval Agenda	9:15 AM
2. Strategic Plan Review	9:20 AM
3. Committee 2026 Schedule and Member Composition	9:45 AM
<ul style="list-style-type: none"> • Scope of Practices Committee – Purpose: to formulate a cohesive and comprehensive scope of practice for physical and occupational therapists in Alaska and to thoroughly assess referred board correspondence related to the scope of practice, integrating current statutes and regulations to offer informed recommendations to the board. • Legislative Committee – Purpose: to monitor/address any pending legislation concerning physical therapy and occupational therapy and report to the board. • Regulations Committee – Purpose: to anticipate any regulation projects for pending legislation concerning physical and occupational therapy and address all regulations projects adopted by the board. • Continuing Competency Committee – Purpose: to review the continuing professional practice and alternative requirements and continuing education requirements for physical therapy and occupational therapy and make suggestions for modernization to the board. 	
4. Committee Reports	
A. Legislative Committee Presenter: Victoria Daugherty	10:15 AM
B. Scope of Practices Committee Presenter: Victoria Daugherty	10:30 AM
C. Lunch	11:30 AM
D. Continuing Competency Committee Presenter: Valerie Phelps	12:00 PM
E. Regulations Committee Presenter: Valerie Phelps	1:00 PM
5. Animal Physical Therapy - discussion	2:00 PM
6. Meeting Summary - Action Items	2:30 PM
7. Adjourn	2:45 PM

BOARD OF PHYSICAL AND OCCUPATIONAL THERAPY – REGULAR MEETING

THE DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT, DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING, HEREBY ANNOUNCES THE FORTHCOMING MEETING:

BOARD OF PHYSICAL AND OCCUPATIONAL THERAPY – REGULAR MEETING. October 3, 2025. 9:00am.
Teleconference/videoconference to conduct a regular board meeting. Participants must register to attend. The Zoom link to attend is

https://us02web.zoom.us/meeting/register/tZMsdOusrTkqGd1JvZF8gtGhMleD8l_3Fy4u

For more information, visit:

www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy/BoardMeetingDatesAgenda

Individuals or groups of people with disabilities who require special accommodations, auxiliary aids or service, or alternative communication formats, call the Director of Corporations, Business and Professional Licensing, (907) 465-2550, or TDD (907) 465-5437. Please provide advance notice in order for the Department of Commerce, Community, and Economic Development to accommodate your needs.

Attachments, History, Details

Attachments

None

Revision History

Created 9/15/2025 9:33:52 AM by KLCAMPBELL

Details

Department:	Commerce, Community, and Economic Development
Category:	Boards and Commissions
Sub-Category:	Physical Therapy and Occupational Therapy Board, State
Location(s):	Statewide, Teleconference, Videoconference
Project/Regulation #:	
Publish Date:	9/15/2025
Archive Date:	10/4/2025
Events/Deadlines:	

Strategic Planning Worksheet: PHY Board “Mini” Strategic Plan

Time frame: 5 years

Department of Commerce, Community, and Economic Development Mission:
Promote a healthy economy, strong communities, and protect consumers in Alaska.

Division of Corporations, Business and Professional Licensing Mission:
Inspire public confidence through balanced regulation of competent professional & business services.

Board Mission:
The mission of the Alaska State Physical and Occupational Therapy Board is to promote healthy, independent, productive Alaskans. The board strives to do this by:

- 1. Adopting regulations necessary for the safe and efficient practice of Physical Therapy and Occupational Therapy in the State of Alaska.
- 2. Reviewing and approving the qualification of applicants to ensure a competent and effective work force of therapists and assistants.
- 3. Issuing temporary permits and licenses to qualified persons.
- 4. Monitoring compliance with continuing education requirements.
- 5. Reviewing and acting on any report or documentation of any unsafe, unethical or unlawful actions of a licensee.

Board Vision: TBD

INITIATIVE #1. Scope of Practices Update			
Goal 1.A	Strategies	Objectives (Steps)	Implementation Details
The board will develop an updated statutory scope of practice for Occupational Therapy.	Work group(s) involving stake holders for input – <i>COMPLETED 07/2023</i>	Determine work group member(s) - <i>COMPLETED</i>	Omit the use of “human beings” in the current definition.
	Legislative adoption of statutory change(s)	Identify a sponsor. Assist with writing required legislative language. <i>Draft language created and adopted by the board 11/2023.</i>	Refer to Scope of Practices committee. <i>New workgroup established by the board 10/24 to move language forward - convened 02/2025 to confirm language and champion bill introduction.</i> Workgroup virtual meetings scheduled – March 25, April 8 +22 and May 13 from 12pm-2pm.
Goal 1.B			

The board will develop an updated statutory scope of practice for Physical Therapy.	Work group(s) involving stakeholders for input	Determine work group member(s) Explore collaboration with veterinarians for animal physical therapy.	Omit the use of “human beings” in the current definition <i>and replace with “client”</i> .
	Legislative adoption of statutory change(s)	Identify a sponsor. Assist with writing required legislative language.	Refer to Scope of Practices Committee. Workgroup virtual meetings scheduled – March 25, April 8 +22 and May 13 from 9-11am.
INITIATIVE #2. Education (communication with licensees and public)			
Goal 2.A	Strategies	Objectives	Implementation
The board will work to engage licensees to better access information available to assist in clarifying statutory/regulatory guidelines as it applies to public safety.	Improve communication pathways to licensees through use of town halls, PHY listserv, website FAQs, sharing board correspondence, and working with the state associations.	Continue to update FAQs on PT/OT Licensing Board Home page as needed.	Refer to Continuing Competency/Education committee. <i>Conduct Annual Town Halls to gather constituent input</i>
	Establish workgroup(s) with stakeholders to provide input.		
	Update PHY website	Assign to Continuing Competency/Education committee	Website reviewed and found to be informative and easy to navigate.
Goal 2.B			
The board will work to provide education to the public to improve expected best practices.	Informed Consent – national standards.	Update website to include information geared towards lay person.	Refer to Continuing Education Committee. <i>FSBPT published standard definition. 101 series guidelines being developed for boards by FSBPT.</i>

	DPT / OTD– what does it mean?	Update website to include information geared towards lay person.	Use APTA and FSBPT as resources. <i>Refer to Scope and Legislative Committees.</i>
	Monitor public health and adjust the protocols as needed in safety in practice management.	As needed, direct to State resources.	No referral needed.
Goal 2.C			
Update 08.84.130 to include title protection for DPT for Doctor of Physical Therapy and OTD for Doctor for Occupational Therapy.	Write updated legislation for 08.84.130 – <i>see APTA issue brief – LifeTime’s misuse of DPT for its Dynamic Personal Training program for more info.</i>	Statutory change – work in collaboration with APTA-AK. Seek out legislative sponsor in collaboration with APTA-AK.	Assign to Regulation Committee to write language for introduction. Assign board member to speak on behalf of legislation. Currently being researched by Scope of Practices committee.
INITIATIVE #3. Licensing			
Goal 3.A	Strategies	Objectives	Implementation
Enact Compact Licensure – COMPLETED 08/31/2024.	Influence and support state licensure compact legislation. – COMPLETED 08/31/2024	Contact state legislative members to support. – COMPLETED 8/31/2024	Referred to Legislative Committee. COMPLETED 8/31/2024
		Create needed tools to support. Write regulations to support compact licensure. <i>Review of all compact licensure compacts, as needed.</i> <i>Monitor staff work load to implement and</i>	

Commented [SR1]: Need to update this goal - set aside at 02/2025 meeting.

Commented [SR2]: Not completed - Revise to Enact Compact Licensure for physical therapy and occupational therapy. PT completed 08/2024. Need to update strategies, objectives and implementation for OT.

		<i>maintain compact privileges, as needed.</i>	
Goal 3.B			
Streamline administrative process	Investigate PT licensing requirements to create streamlining, particularly related to eliminating the transcripts requirements, as successful graduation from a CAPTE school is required to sit for the NPTE.		Refer to Regulations Committee – regulation draft language put forth as part of SB74.
Goal 3.C			
Seek statutory change to add an Administrative Executive for the board	Write statutory language needed for required EA	Find legislative sponsor	Refer to Scope of Practices Committee – draft language written to be reviewed 2/27/2025.
			Dept Director Glenn Saviers has sample language and will provide advice. Schedule for Sept. mtg. ; Reid Bowman to assist/advise
Goal 3.D			
Seek regulatory change to define Foreign Educated physical therapist applicants (PT/PTA) when performing 150 hour internship	Write draft regulatory language		Refer to Regulations Committee – draft language created as part of SB74 package
INITIATIVE #4. Professional Development			
Goal 4.A	Strategies	Objectives	Implementation
Revise continuing education requirements as needed, based on relevance to expand options for demonstrating	Create a committee to address.		Refer to Continuing Education Committee. Refer to Regulations Committee.

Commented [SR3]: Update with draft statutory language approved by the board 02/2025; currently seeking sponsorship

Commented [SR4]: This goal is incorrect - should be Seek regulatory change to eliminate 6-month post graduate internship requirement for Foreign Educated PTs + PTAs.

continuing professional development.	Adopt by reference national standards (APTA and ACOTE).		
Goal 4.B			
The board will develop additional Continuing education opportunities	CE opportunities to include presentation, research, publication, mentoring, and leadership development courses.	Write regulations to support.	Assign to Continuing Education committee to develop ideas and potential language. Assign to Regulations committee to write regulations to support.
	CE requirement of Human trafficking and other considerations (i.e. ethics, JP prep) course. <i>(Human trafficking recommendation from FSBPT)</i>	Write regulations to support.	Assign to Continuing Education committee to develop ideas and potential language. Assign to Regulations committee to write regulations to support.
INITIATIVE #5. Recruitment/Retention			
Goal 5.A	Strategies	Objectives	Implementation
Maintain cohesive synergy of collaborative efforts of the board.	Maintain filled seats on the board through active communication with state associations.	#4. Update the board member and staff transition manual as needed. The manual was created to assist board members with review of applications, audits, terminology (acronyms), sample motions and other board tips and staff processes and links for all agencies related to the board and the OnBoard summary packet.	No committee assignment needed. Entire board project.
	Maintain available historical data of prior boards.	Retention of board member(s).	
Goal 5.B			
The board will stay current on national	Continue to support attendance at national conferences. The board		N/A

Commented [SR5]: Need to add additional goal to include working collaboratively with state and national associations - Rename #5??

best practices and standards.	recognizes that these educate board members and staff as well as keeps them informed of national issues that affect all licensing jurisdictions.		
Goal 5.C			
Recruitment and retention of qualified work force	Survey licensed PT/PTA and OT/OTA to gather workforce data pertinent to recruitment and retention.	Utilize survey monkey and state opt-in emails. <i>Utilize FSBPT Model and Grant</i> <i>Investigate Information available from DOL Research and Analysis Section</i> Analyze data from completed surveys.	<i>Delegate to Executive Administrator – 5 year “dream” plan</i>
INITIATIVE #6. Enforcement			
Goal 6.A	Strategies	Objectives	Implementation
Create a fair and standardized disciplinary matrix from which to address infractions of ethics and breaches of licensing statutes and regulations and clarify board involvement.	Review industry best standards for disciplinary matrices. Collaborate with FSBPT to gain access to national data that exists in ELDD.	Work towards creating standardized fine schedule for 1 st , 2 nd , 3 rd etc. offenses.	Referred to Continuing Competency Committee – to update adopted Ohio template framework to meet Alaska standards.
	Review FSBPT model board guidelines (Word document) available in 05/17/2023 Board resources folder.		

To do items:

Look at changing client vs. patient as used in statute and regulation – national standardization (for states that do allow animal physical therapy you cannot call a dog/equine a “patient”).

PHY Strategic Plan

Key Goals/Strategies for Building and Growing Physical and Occupational Therapy for Alaska



Scope of Practices Update

The board will develop updated statutory scope of practices for Occupational Therapy and Physical Therapy.



Enforcement

Create a fair and standardized disciplinary matrix from which to address infractions of ethics and breaches of licensing statutes and regulations and clarify board involvement.



Licensing

Enact Compact Licensure for both Physical Therapy and Occupational Therapy.

Streamline administrative process.

Seek statutory change to add an Administrative Executive for the board.

Seek regulatory change to eliminate 6-month post graduate internship requirement for Foreign Educated Physical Therapists and Physical Therapist Assistants.



Education

The board will work to engage licensees to better access information available to assist in clarifying statutory/regulatory guidelines as it applies to public safety.

The board will work to provide education to the public to improve expected best practices.



Professional Development

Revise continuing education requirements as needed, based on relevance to expand options for demonstrating continuing professional development.

The board will develop additional continuing education opportunities.



Recruitment + Retention

Maintain cohesive synergy of collaborative efforts of the board.

The board will stay current on national best practices and standards.

Recruitment and retention of qualified workforce.

Board Mission

The mission of the Alaska State Physical and Occupational Therapy Board is to promote healthy, independent, productive Alaskans.



2025 Board Meeting and Committee Schedule



Date	Time	Who/What	Where
1/10/2025	1pm – 3pm	Regulations Committee Mtg.	Virtual
2/7/2025	9am - 11am	Scope of Practice Committee Mtg.	Virtual
2/14/2025	9am -11am	Legislative Committee Mtg.	Virtual
2/21/2025	10am - 12pm	Regulations Committee Mtg.	Virtual
2/27/2025	9:00am - 4:30pm	Full Board Meeting	Atwood Bld., Ste 1535 - Anchorage, AK + Virtual
2/28/2025	9:00am - 4:30pm	Full Board Meeting	Atwood Bld., Ste 1535 - Anchorage, AK + Virtual
3/7/2025	9am - 11am	Scope of Practice Committee Mtg.	Virtual
3/13/2025	10am - 12pm	Continuing Competency Committee Mtg.	Virtual
3/13/2025	1pm – 3pm	Regulations Committee Mtg	Virtual
3/25/2025	9am – 11am	PT Modernization Workgroup	Virtual
3/25/2025	12pm – 2pm	OT Modernization Workgroup	Virtual
4/8/2025	9am – 11am	PT Modernization Workgroup	Virtual
4/8/2025	12pm – 2pm	OT Modernization Workgroup	Virtual
4/18/2025	12pm – 2pm	Full Board Meeting	Virtual
4/22/2025	9am – 11am	PT Modernization Workgroup	Virtual
4/22/2025	12pm – 2pm	OT Modernization Workgroup	Virtual
05/06/2025	9am – 11am	PT Modernization Workgroup	Virtual
5/14/2025	10am - 12pm	Regulations Committee Mtg.	Virtual
5/16/2025	12pm – 1pm	Full Board Meeting	Virtual
05/20/2025	12pm – 2pm	OT Modernization Workgroup	Virtual
05/23/2025	11am – 1pm	PT Modernization Workgroup	Virtual
06/03/2025	7am – 9am	OT Modernization Workgroup	Virtual
06/05/2025	11am – 1pm	PT Modernization Workgroup	Virtual
6/6/2025	8am - 10am	Scope of Practice Committee Mtg.	Virtual
6/12/2025	10am - 12pm	Continuing Competency Committee Mtg.	Virtual

2025 Board Meeting and Committee Schedule



06/17/2025	11am – 1pm	PT Modernization Workgroup	Virtual
6/20/2025	10am - 12pm	Regulations Committee Mtg.	Virtual
6/30/2025	1pm – 3pm	OT Modernization Workgroup	Virtual
07/11/2025	8am – 10am	Scope of Practices Committee Mtg	Virtual
7/17/2025	10am - 12pm	Regulations Committee Mtg.	Virtual
8/1/2025	8am - 10am	Scope of Practice Committee Mtg.	Virtual
8/7/2025	8am – 11am	Full Board Meeting	Virtual
8/15/2025	10am - 12pm	Regulations Committee Mtg.	Virtual
9/08/2025	10am - 12pm	Continuing Competency Committee Mtg.	Virtual
9/26/2025	10am - 12pm	Regulations Committee Mtg.	Virtual
10/02/2025	9:00am - 4:30pm	Full Board Meeting	Virtual
10/03/2025	9:00am - 4:30pm	Full Board Meeting	Virtual
11/7/2025	8am - 10am	Scope of Practice Committee Mtg.	Virtual
11/21/2025	10am - 12pm	Regulations Committee Mtg.	Virtual
12/01/2025	10am - 12pm	Continuing Competency Committee Mtg.	Virtual
12/19/2025	10am - 12pm	Regulations Committee Mtg.	Virtual

Updated 09/15/2025

Color Scheme	Full Board Participation	Legislative Committee	Regulations Committee	Scope of Practices Committee	Continuing Competency Committee
Duration	January + Oct	Jan – May	Jan – Dec	Jan – Dec	Mar – Dec
When	2/27-28; 4/18; 5/16, 8/7 10/2-3	2x/m; 2 nd + 4 th Fridays	Monthly; 3 rd Friday	Monthly; 1 st Friday	Quarterly; 2 nd Thursday
Time	9am – 4:30 pm	9am – 11am	10am – 12 pm	9am – 11am	10am – 12pm
Members	Tori Daugherty Rebecca Dean Valerie Phelps Jonathan Gates Michelle Scott-Weber Eliza Ellsworth	Committee put on hold 02/28/2025	Valerie Phelps Rebecca Dean Alternate = Tori Daugherty	Tori Daugherty Jonathan Gates Alternate = Valerie Phelps	Valerie Phelps Rebecca Dean Jonathan Gates

Legislative Committee Report

Prepared by: Tori Daugherty

Prepared for: 10/2-10/3 full board meeting

Date prepared: 9/5/25

Committee has previously met during the legislative session to review active bills and determine if letters of support or opposition are merited. Due to vacant board positions, the Board had decided to cancel meetings during the 2/27-2/28 full board meeting. The full board addressed legislation concerns as needed during emergency meetings.

Committee meeting dates (since 2/27-2/28):

Board members on committee:

- Tori Daugherty
- Second and third seats are vacant. Previously filled by Enlow Walker and Tina Mclean.

Committee meeting dates (since 2/27-2/28): None.

Work product: None.

Scope of Practice Committee Report

Prepared by: Tori Daugherty

Prepared for: 10/2-10/3 full board meeting

Date prepared: 9/5/25

Committee met to review correspondence received by the Board, draft responses based on statutes and regulations, and recommend responses for vote by full Board via OnBoard.

Board members on committee:

- Tori Daugherty
- Jonathan Gates
- Tina Mclean (final meeting on March 7)
- Note: Enlow Walker's final meeting occurred on February 7. Gates filled Walker's vacancy. After Mclean's final meeting, Mclean's vacancy was not filled.

Committee meeting dates (since 2/27-2/28):

- March 7: Daugherty, Mclean, (Gates absent)
- June 6 : Daugherty, Gates
- July 11: Daugherty, Gates
- August 1: Daugherty, Gates

Correspondence letters sent:

- Clarification on statutory or regulatory conflicts for an occupational therapist to treat a patient in both school and outpatient settings
- Clarification if it would be appropriate (and in what capacity) for an therapist to utilize a physical therapist aide/technician (non-licensed personnel) to help facilitate the delivery of telehealth services in your Alaskan clinic while therapist is out of state
- Volunteer work to meet professional practice requirements under 12 AAC 54.705(b)
- Clarification on whether it is required for an actively licensed OT in Alaska to be CPR certified as a condition of occupational therapy licensure
- Evaluating acute care patients via telehealth
- A license is required to provide occupational therapy services for students in the school system via telehealth
- PTA supervision when the AK licensed supervising PT is located out of state temporarily
- Direction on how to continue care via telehealth for an active duty military patient who was on a TDY to Japan

Occupational Therapy Scope of Practice Modernization Workgroup:
Workgroup summary document submitted to full board for review
Full board voted to adopt draft language on August 7, 2025

Workgroup objectives:

1. Develop a collaborative plan to address modernization of our scope of practice between all stakeholders (including the state licensing board, AKOTA, national organizations, and licensees) to create statutory change.
2. Identify needs for change/improvement in the current draft of scope of practice language.
3. Modify the current language to address any needs that the workgroup identifies.
4. Address the role of OTAs in scope of practice language
5. Develop and updated draft of scope of practice language for future action steps for recommendation to the PHY Board.

Workgroup participation:

- Victoria "Tori" Daugherty, OTR - Board Member
- Kristen Neville - AOTA
- Katie Walker, OTD, OTR/L - AKOTA
- Jean Keckhut, OTR/L, CHT
- Alfred G. Bracciano, MSA, EdD, OTR/L, CPAM, FAOTA
- Kirsten Owen, OTR/L
- Audra Yewchin, OTR/L
- Sarah Rhodes, COTA
- Kathleen Hansen, OTD/OTR/L

Workgroup meeting dates:

- March 25
- April 8
- April 22
- May 20
- June 3
- June 30

Physical Therapy Scope of Practice Modernization Workgroup:

Workgroup summary document submitted to full board for review

Workgroup Objectives

1. Develop a collaborative plan to address modernization of our scope of practice between all stakeholders (including the state licensing board, APTA-AK, national organizations, and licensees) to create statutory change.
2. Identify needs for change/improvement in the current scope of practice language - AS 08.84.190(7)
3. Develop draft language to address any needs that the workgroup identifies.
4. Address the role of PTAs in scope of practice language
5. Develop an updated draft of scope of practice language with future action steps for recommendation to the PHY Board.

Work Group participants:

- Jonathan Gates - PHY Board Member
- Leslie Adrian, FSBPT
- Rebecca Byerley - APTA-AK
- Sarah Kowalczyk
- Mark Venhaus
- Tina McLean
- Mark Cunningham
- Cortland Reger

Workgroup meeting dates:

- March 25
- April 8
- April 22
- May 6
- May 23
- June 5
- June 17

Scope of Practice Committee discussed the options of adding one or both of the below disclaimers at the end of Board correspondence. Scope of Practice Committee requests that the full Board consider if any of these statements should be adopted.

Legal comment:

Option 1, as discussed in Scope of Practice Committee:

This correspondence does not constitute a legal or judicial determination. This position statement represents the Board's opinion concerning the question raised by your initial correspondence, and this letter is meant to guide your perspective. This position statement may provide guidance or recommendations, but this letter is not a replacement for legal consultation. The Board advises all individuals to seek legal counsel.

Option 2: During a Regulations Committee Meeting, the following simplification was recommended:

This letter reflects the Board's opinion on your question and is intended as guidance only. It does not replace legal advice or constitute a legal determination. The Board recommends consulting legal counsel for further assistance if required.

Billing comment:

This Board does not provide instructions related to requirements by funding sources, including insurance reimbursement. Please refer to the requirements as established by those entities for more direction.

Generic letter regarding correspondence about an unlicensed physical therapist:

The Board very much appreciates that you have reached out with your concerns. The Board of Physical Therapy and Occupational Therapy strives to ensure a skilled, competent, and vetted workforce. The licensure process allows the Board to safeguard Alaskans by ensuring that physical therapists and physical therapist assistants meet necessary standards. We would like to extend our gratitude for the advocacy that you are offering on behalf of the patients that are alleged to be working with an unlicensed therapist. By bringing these questions forward, you are facilitating a safer environment for patients to receive occupational therapy services.

An individual must be licensed in Alaska in order to provide physical therapy services in Alaska, per Sec. 08.84.150(a), which includes all treatment settings such as *[specific reference to the communication's complaint.]* Additionally, Sec. 08.84.130(a+b) identifies that an individual cannot identify or imply that he/she is a licensed physical therapist or physical therapist assistant, if he/she is not licensed as a PT or PTA. These are impermissible infractions of state statute, and these infractions directly impact the safety of Alaskans.

A physical therapist or physical therapist assistant may not be required to obtain Alaska licensure to provide telehealth services, only if he/she is a member of a physician's multidisciplinary care team per Sec. 08.02.130(b). Sec. 08.84.150(a) identifies a few specific scenarios in which a physical therapist or physical therapist assistant does not need to be licensed in Alaska, *[but these exceptions do not apply to the scenario that you have described.]*

The Board strongly encourages you to file a formal complaint in relation to the scenario that you have described. The Board appreciates that you have reached out with these questions and concerns, as a person providing physical therapy services without licensure directly impacts Alaskan safety. The Board appreciates the opportunity to open further investigation into this allegation.

In order to initiate an investigation, you need to formally file a complaint through Investigations. Please complete the Investigations – Request for Contact form, which is available through this link: [Investigations, Division of Corporations, Business and Professional Licensing](#).

Your decision to submit this complaint demonstrates your commitment to professional ethics which is validated by the Principles of Practice, especially Principle 1.1+2, Principle

3.1, and Principle 6. The Board appreciates your dedication to professional ethics and is grateful for the opportunity to open further investigation into this allegation.

Again, the Board strongly urges you to complete this Request for Contact form due to the severity of this infraction, as this documentation is required for the Board to address these concerns. Thank you for being a strong advocate for these patients and prioritizing the safety of Alaskans. The Board truly values your advocacy for these patients.

References

Sec. 08.02.130(b) A physician licensed in another state or an out-of-state member of the physician's multidisciplinary care team may provide health care services through telehealth to a patient located in the state as provided in this subsection, subject to the investigative and enforcement powers of the department under AS 08.01.087. A member of a physician's multidisciplinary care team may provide a health care service through telehealth to a patient located in this state if the health care service, as provided by the multidisciplinary care team, is not reasonably available in the state. A physician shall be subject to disciplinary action by the State Medical Board under AS 08.64.333, and a member of the physician's multidisciplinary care team shall be subject to disciplinary action by the department under AS 08.02.140. The privilege to practice under this subsection extends only to

(1) ongoing treatment or follow-up care related to health care services previously provided by the physician to the patient and applies only if

(A) the physician and the patient have an established physician-patient relationship; and

(B) the physician has previously conducted an in-person visit with the patient;

(2) a visit regarding a suspected or diagnosed life-threatening condition for which

(A) the patient has been referred to the physician licensed in another state by a physician licensed in this state and that referral has been documented by the referring physician; and

(B) the visit involves communication with the patient regarding diagnostic or treatment plan options or analysis of test results for the life-threatening condition; or

(3) ongoing treatment or follow-up care provided by a physician licensed in another state or a member of the physician's multidisciplinary care team regarding a suspected or diagnosed life-threatening condition.

Sec. 08.84.130. False claim of license prohibited.

(a) A person not licensed as a physical therapist, or whose license is suspended or revoked or has lapsed, who uses in connection with the person's name the words or letters "P.T.," "Physical Therapist," "L.P.T.," "Licensed Physical Therapist," or other letters, words, or insignia indicating or implying that the person is a licensed physical therapist, or who, in any way, orally or in writing, directly or by implication, holds out as a licensed physical therapist, is guilty of a class B misdemeanor.

(b) A person not licensed as a physical therapist assistant, or whose license is suspended or revoked or has lapsed, who, in any way, orally or in writing, directly or by implication, holds out as a licensed physical therapist assistant is guilty of a class B misdemeanor.

Sec. 08.84.150(a) It is unlawful for a person to practice physical therapy without being licensed under this chapter unless the person is

- (1) a student in an accredited physical therapy program;
- (2) a graduate of a foreign school of physical therapy fulfilling the internship requirement of AS 08.84.032, and then only unless under the continuous direction and immediate supervision of a physical therapist;
- (3) issued a limited permit under AS 08.84.075; or
- (4) granted a compact privilege under AS 08.84.188.

Principles of Practice

Principle 1: Patient/Client Safety and Well Being:

1. Adhere to the respective national professional core values and ethical standards.
2. Act in the best interest of the patient/client.

Principle 3: Provide services in a fair and equitable manner:

1. Advocate for just and fair treatment for all patients, clients, employees and colleagues by encouraging employers and colleagues to abide by the ethical standards set forth by their national professions.

Principle 6: Comply with institutional rules, local, state, federal, and international laws applicable to the profession:

1. Comply with professionally applicable institutional, local, state, federal and international laws and regulations.
2. Report to the Board any unprofessional, incompetent, or illegal behavior of a physical therapist or occupational therapist or physical therapist assistant or occupational therapy assistant in practice, education or research.
3. Cooperate with an investigation by the State Physical Therapy and Occupational Therapy Board. Cooperation includes responding fully and promptly to any questions raised by the Board and providing copies of the medical records and other documents requested by the Board.

The above references have been provided in this letter for your convenience. Please review these citations in their original documents on the Board website: [Statutes & Regulations, Physical Therapy and Occupational Therapy, Professional Licensing, Division of Corporations, Business and Professional Licensing](#)

Generic letter regarding correspondence about an unlicensed occupational therapist:

The Board very much appreciates that you have reached out with your concerns. The Board of Physical Therapy and Occupational Therapy strives to ensure a skilled, competent, and vetted workforce. The licensure process allows the Board to safeguard Alaskans by ensuring that occupational therapists and occupational therapy assistants meet necessary standards. We would like to extend our gratitude for the advocacy that you are offering on behalf of the patients that are alleged to be working with an unlicensed therapist. By bringing these questions forward, you are facilitating a safer environment for patients to receive occupational therapy services.

An individual must be licensed in Alaska in order to provide occupational therapy services in Alaska, per Sec. 08.84.150(b), which includes all treatment settings such as **[specific reference to the communication's complaint.]** Additionally, Sec. 08.84.130(c+d) identifies that an individual cannot identify or imply that he/she is a licensed occupational therapist or an occupational therapy assistant, if he/she is not licensed as an OT or OTA. These are impermissible infractions of state statute, and these infractions directly impact the safety of Alaskans.

There are a few instances in which a therapist may not be required to obtain Alaska licensure, especially if he/she holds a license in another state; **[however, these exceptions do not apply to the scenario that you described.]**

1. Sec. 08.84.150(b)(3) identify unique scenarios in which a federally employed occupational therapy provider may not need an Alaska occupational therapist or occupational therapy assistant license to provide occupational services in Alaska.
2. Additionally, Sec. 08.02.130(b) allows an occupational therapist or occupational therapy assistant who is a member of a physician's multidisciplinary care team to provide telehealth services without Alaska licensure within specific parameters.
3. Sec. 08.84.150(b) identifies a few additional, specific scenarios in which an occupational therapist or occupational therapy assistant does not need to be licensed in Alaska.

The Board strongly encourages you to file a formal complaint in relation to the scenario that you have described. The Board appreciates that you have reached out with these questions and concerns, as a person providing occupational therapy services without licensure directly impacts Alaskan safety.

In order to initiate an investigation, you need to formally file a complaint through Investigations. Please complete the Investigations – Request for Contact form, which is

available through this link: [Investigations, Division of Corporations, Business and Professional Licensing](#).

Your decision to submit this complaint demonstrates your commitment to professional ethics which is validated by the Principles of Practice, especially Principle 1.1+2, Principle 3.1, and Principle 6. The Board appreciates your dedication to professional ethics and is grateful for the opportunity to open further investigation into this allegation.

Again, the Board strongly urges you to complete this Request for Contact form due to the severity of this infraction, as this documentation is required for the Board to address these concerns. Thank you for being a strong advocate for these patients and prioritizing the safety of Alaskans. The Board truly values your advocacy for these patients.

References

Sec. 08.02.130(b) A physician licensed in another state or an out-of-state member of the physician's multidisciplinary care team may provide health care services through telehealth to a patient located in the state as provided in this subsection, subject to the investigative and enforcement powers of the department under AS 08.01.087. A member of a physician's multidisciplinary care team may provide a health care service through telehealth to a patient located in this state if the health care service, as provided by the multidisciplinary care team, is not reasonably available in the state. A physician shall be subject to disciplinary action by the State Medical Board under AS 08.64.333, and a member of the physician's multidisciplinary care team shall be subject to disciplinary action by the department under AS 08.02.140. The privilege to practice under this subsection extends only to

(1) ongoing treatment or follow-up care related to health care services previously provided by the physician to the patient and applies only if

(A) the physician and the patient have an established physician-patient relationship; and

(B) the physician has previously conducted an in-person visit with the patient;

(2) a visit regarding a suspected or diagnosed life-threatening condition for which

(A) the patient has been referred to the physician licensed in another state by a physician licensed in this state and that referral has been documented by the referring physician; and

(B) the visit involves communication with the patient regarding diagnostic or treatment plan options or analysis of test results for the life-threatening condition; or

(3) ongoing treatment or follow-up care provided by a physician licensed in another state or a member of the physician's multidisciplinary care team regarding a suspected or diagnosed life-threatening condition.

Sec. 08.84.130 (c) A person not licensed as an occupational therapist, or whose license is suspended or revoked, or whose license is lapsed, who uses in connection with the

person's name the words "Licensed Occupational Therapist," or other letters, words, or insignia indicating or implying that the person is a licensed occupational therapist, or who orally or in writing, directly or by implication, holds out as a licensed occupational therapist is guilty of a class B misdemeanor.

(d) A person not licensed as an occupational therapy assistant, or whose license is suspended or revoked, or whose license is lapsed, who orally or in writing, directly or by implication, holds out as a licensed occupational therapy assistant is guilty of a class B misdemeanor.

Sec. 08.84.150(b) A person may not provide services that the person describes as occupational therapy without being licensed under this chapter unless the person is

- (1) a student in an accredited occupational therapy program or in a supervised field work program;

- (2) a graduate of a foreign school of occupational therapy fulfilling the internship requirement of AS 08.84.032, and then only unless under the continuous direction and immediate supervision of an occupational therapist;

- (3) an occupational therapist or occupational therapy assistant employed by the United States Government while in the discharge of official duties;

- (4) granted a limited permit under AS 08.84.075;

- (5) licensed under this title and uses occupational therapy skills in the practice of the profession for which the license is issued; or

- (6) employed as a teacher or teacher's aide by an educational institution and is required to use occupational therapy skills during the course of employment, if

- (A) the occupational therapy skills are used under a program implemented by the employer and developed by a licensed occupational therapist;

- (B) the employer maintains direct supervision of the person's use of occupational therapy skills; and

- (C) the person does not represent to (i) be an occupational therapist or occupational therapy assistant; and (ii) practice occupational therapy.

Principles of Practice

Principle 1: Patient/Client Safety and Well Being:

1. Adhere to the respective national professional core values and ethical standards.
2. Act in the best interest of the patient/client.

Principle 3: Provide services in a fair and equitable manner:

1. Advocate for just and fair treatment for all patients, clients, employees and colleagues by encouraging employers and colleagues to abide by the ethical standards set forth by their national professions.

Principle 6: Comply with institutional rules, local, state, federal, and international laws applicable to the profession:

1. Comply with professionally applicable institutional, local, state, federal and international laws and regulations.

2. Report to the Board any unprofessional, incompetent, or illegal behavior of a physical therapist or occupational therapist or physical therapist assistant or occupational therapy assistant in practice, education or research.
3. Cooperate with an investigation by the State Physical Therapy and Occupational Therapy Board. Cooperation includes responding fully and promptly to any questions raised by the Board and providing copies of the medical records and other documents requested by the Board.

The above references have been provided in this letter for your convenience. Please review these citations in their original documents on the Board website: [Statutes & Regulations, Physical Therapy and Occupational Therapy, Professional Licensing, Division of Corporations, Business and Professional Licensing](#)

Legal disclaimer/comment at the end of a correspondence

Option 1: From Scope of Practice Committee

This correspondence does not constitute a legal or judicial determination. This position statement represents the Board's opinion concerning the question raised by your initial correspondence, and this letter is meant to guide your perspective. This position statement may provide guidance or recommendations, but this letter is not a replacement for legal consultation. The Board advises all individuals to seek legal counsel.

Option 2: From Regulations Committee Meeting

This letter reflects the Board's opinion on your question and is intended as guidance only. It does not replace legal advice or constitute a legal determination. The Board recommends consulting legal counsel for further assistance if required.

When the questions pertain to billing:

This Board does not provide instructions related to requirements by funding sources, including insurance reimbursement. Please refer to the requirements as established by those entities for more direction.

Continuing Competence Committee Chair Report

October 2025

Committee members: Valerie Phelps PT (chair), Rebecca Dean, public member (recent resignation due to moving out of state), Jonathan Gates PT

Meetings: Met 3 (three) times: March 13, June 12, September 8

Completed:

Transcripts regulations update to comply with statutes: seeking motion of approval from the board.

Removed "a national accreditation agency approved by the board" for **AS 08.84.030(a)(1)** in 12 AAC 54.030 and 12 AAC 54.100. and replaced with " **Commission on Accreditation in Physical Therapy Education (CAPTE) accredited...**

As follows:

12 AAC 54.030. REQUIREMENTS FOR PHYSICAL THERAPY LICENSE BY EXAMINATION. (a) An applicant for a physical therapist or a physical therapist assistant license by examination, other than an applicant who is a graduate of a school of physical therapy that is located outside of the United States, shall submit a completed application on a form prescribed by the board with

(1) payment of the fees established in 12 AAC 02.320;

(2) the applicant's certified transcript sent directly to the department from a **Commission on Accreditation in Physical Therapy Education (CAPTE) accredited** physical therapy school meeting the requirements of AS 08.84.030(a)(1

Board Regulation Project Opening Questionnaire completed by Valerie Phelps

Worked on:

1. Competency requirements/regulations updates for greater versatility.
 - a. Looked into other states allowing CPR as a part of continuing education requirements.
 - b. Reviewed requirements from several states: Arizona, California, Indiana, Louisiana, Minnesota, Nebraska, North Carolina, Ohio, Texas, Utah, Washington, Wisconsin
 - c. See Addendum **WORKING DOCUMENT FOR ALASKA CEU UPDATES** ,June-2025
2. Disciplinary Matrix – See (A) CE Disciplinary Matrix eff 8.21.2023, and (B) Alaska Disciplinary Matrix – DRAFT – 09-08-2025, which has comments from the investigations department.
 - a. Next steps: Investigations supervisor Billy Homestead suggests PHY board start a disciplinary matrix review subcommittee to include Board members and Investigations to work together to draft and finalize the matrix to then present to the full Board at a future meeting.

Subcommittees of the board

 - i. a. Are comprised exclusively of board members

- ii. b. Are usually not standing committees—they serve to examine a short-term or finite issue or problem, like a task force
- iii. c. Should be created by the board and include clear objectives and timelines for completion of their work
- iv. d. Are advisory and do not act on behalf of the board
- v. e. Must be publicly noticed in the same manner as a board meeting

Still to be addressed:

- Jurisprudence questions update
- Informed consent – reviewing [FSBPT task force results](#) and identifying needs related to Alaska

Addendum:

WORKING DOCUMENT FOR ALASKA CEU UPDATES

June-2025

Increase requirements to 32 CEU's, need to identify what designates a contact hour/1CEU

Basic Life Support (4)

Special topics, choose one: ethics and boundaries, informed consent, cultural, sexual misconduct/trafficking, understanding addiction (*min 2, max 4*)

Professional competency activities and courses (*minimum 12*)

- Live course
- On-line
- Home/self-study
- Study group/in-service (*attendance 1 hour = 2 hours attendance*); *presenting 2 hours for 1 hour of presentation*)

Professional contribution (*max 8*)

- Clinical instructor (*1 hour for 40 CI hours*)
- Participation or attendance at board meetings (*1 hour for 4 hours of attendance*)
- Publications – journal article or book chapter writing, review for a peer review journal
- Teaching
- Mentoring/supervision for supervised service delivery, fellowship, residency

Professional Administration (*max 6*)

- Documentation and coding
- Risk/practice/financial management

Professional Workplace Wellness (*max 6*)

- Stress management
- Avoiding burnout
- Practice culture
- Patient culture
- Effective communication and difficult conversations

Approving Entities:

- Any state or national professional healthcare association or state licensing entity
- Hospital or related healthcare institution
- College or university health care programs

Board or Commission Regulation Project Opening Questionnaire

Part I: Completed by Board

- The purpose of this worksheet is to provide the agency's regulation specialist with a detailed overview of the proposed regulation change(s), including specific information as required by statute or the Department of Law.
- This worksheet must be completed by the board during a meeting or delegated to a board member, then submitted to agency staff.
- Details should be kept brief yet comprehensive. If a section of the form is not relevant to the project, please mark it as "N/A." Do not leave any sections blank.
- The regulation specialist may reach out to staff or board members at any stage during the project for additional information needed to compile the FAQ. The FAQ will be posted in the Online Public Notice System and on the board website during the public comment period.
- If the proposed regulation changes comprise more than one subject matter, the board must complete a separate worksheet for each subject. For example, if the intent is to (a) update continuing education requirements for license renewals, (b) repeal redundant provisions, and (c) introduce new regulations following statutory changes, the board would submit a total of three worksheets, one for each the subjects (a), (b), and (c).

Board:	PHY - Physical Therapy and Occupational Therapy	Date of Meeting:	October 2, 2025
General Subject Matter/Topic:	Physical Therapy licensure by Examination		
Regulation(s) to be amended:	12 AAC 54.030(2)		
Board member submitting worksheet:	Valerie Phelps	Date to Staff:	06/23/2025

TO BE COMPLETED BY THE BOARD OR A DESIGNATED BOARD MEMBER:

1. Which of the following motions has the board passed on the record:
<input type="checkbox"/> Approve draft language to initiate a regulations project.
<input type="checkbox"/> Approve for public comment, unless substantive changes are made by regulations specialist or Department of Law.
<input type="checkbox"/> Approve an oral hearing on the proposed regulations (if applicable).
2. What will this regulation do?
This regulation clarifies the statute AS 08.84.030(a)(1), which states have graduated from a professional physical therapy education program that includes supervised field work and is accredited by a national accreditation agency approved by the board;
3. What is the public need or reason for this regulation?
In clarifying the statute above, it specifically names the accreditation agency approved by the board, by stating: 12 AAC 54.030. (a) (2) the applicant's certified transcript sent directly to the department from a physical therapy school accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE);

4. What is the known or estimated annual cost of the new regulation to a private person, a state agency, or a municipality?*

No known cost, this is a clarification.

5. How will this have a positive or negative impact on public or private people, businesses, or organizations?

This will have a positive effect because it takes out the guesswork of "a national accreditation agency approved by the board" and clearly states that the board approves the Commission on Accreditation in Physical Therapy Education (CAPTE);

6. If any negative consequences, please address the reasons why the public need for this change outweighs the negative impact.

☐ Not Applicable

None

7. List all questions and concerns you anticipate licensees or the public may raise about the proposal. Include the board's response to these concerns. Anticipate any perceptions and potential unintended consequences. This information will be included on the public FAQ and is required. Attach an additional sheet, if needed.

This is educational and industry standard. There will be no expected questions or concerns.

8. In addition to interested parties, who should receive public notice?

☐ All licensees

☐ Certain license types (list types): _____

☐ Other stakeholders: _____

* Cost information is described simply as an estimate of annual costs within the board's ability to determine due to its familiarity with the regulated community. Example: A board is proposing to require three CE credits to their continuing competency standards for biennial license renewal. The proposal requires licensees to take additional courses, so it may cost:

- A private person: \$50-\$200 per applicant/licensee biannually
- A state agency: None known
- A municipality: None known

Board or Commission Regulation Project Opening Questionnaire

Part II: Completed by Staff

Board:	PHY - Physical Therapy and Occupational Therapy	Date of Meeting:	October 2, 2025
General Subject Matter/Topic:	Physical Therapy licensure by Examination		
Regulation(s) to be amended:	12 AAC 54.030(2)		
Staff submitting worksheet:	Sheri Ryan	Date to Regulations Specialist:	

1. Will implementation include changes to official public forms or internal checklists? <i>If yes, provide a list of form numbers to the publications specialist to initiate the forms revision process.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If a public hearing was requested by motion, please include complete teleconference details: <input checked="" type="checkbox"/> Not Applicable	
3. Have you attached an excerpt of the meeting minutes that reflects: <ul style="list-style-type: none">Board discussion about the proposal.Draft language of the proposal.Motion reflecting intent to propose the draft language, including approval for public notice if no significant changes are made by the regulations specialist or drafting attorney.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you anticipate any questions, concerns, or other controversy to arise from the public or licensees regarding this regulation? <i>If yes, explain briefly:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Do you anticipate this regulation will increase the activity or workload of any staff member or require additional cost to implement? <i>If yes, explain briefly and note whether this has been discussed with management:</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>6. Does this project have any companion regulations (fees, related regulations proposed by other boards, etc. if applicable)?</p> <p><i>If yes, describe:</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>7. What is the date of the next meeting when the board plans to address regulations, if known?</p>	<p>Oct 2-3, 2025</p>
<p>8. Does the change add a new license type?</p> <p><i>If yes:</i></p> <p>a. Does it affect current licensees?</p> <p>b. Do current licensees/non-licensees already perform the service for which the new license type is required?</p> <p>c. Is a date included in the regulation to allow for a transition period?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Does it affect continuing education/competency requirements?</p> <p><i>If yes:</i></p> <p>a. Does it add additional requirements or hours?</p> <p>b. Does it clarify existing regulations?</p> <p>c. Is there an effective date in the future to give licensees time to comply?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Does it require a fee change or a new fee in centralized regulations?</p> <p><i>If yes, please explain:</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>11. Does it make changes to the qualifications or requirements of licensees?</p> <p><i>If yes:</i></p> <p>a. All licensees</p> <p>b. Only initial licensees</p> <p>c. Certain licensees (List types below)</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>12. Is the new regulation required by a certain date?</p> <p><i>If yes,</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. What is the date the regulation should be effective?</p>	
<p>b. Explain the reason (statute change, renewal qualifications, etc.):</p>	
<p>c. Is a date included in the regulation to allow for a transition period?</p> <p><i>If yes, what date?</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

12 AAC 54.030. REQUIREMENTS FOR PHYSICAL THERAPY LICENSE BY EXAMINATION.

(a) An applicant for a physical therapist or a physical therapist assistant license by examination, other than an applicant who is a graduate of a school of physical therapy that is located outside of the United States, shall submit a completed application on a form prescribed by the board with

(1) payment of the fees established in 12 AAC 02.320;

(2) the applicant's certified transcript sent directly to the department from a physical therapy school meeting the requirements of AS 08.84.030(a)(1); accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE);

Alaska Board Action Guidelines Matrix	Type I		Type II		Type III	
	•Unintentional error •Licensee believes acting in patient's best interest; no self-serving intent •Honest mistake •Safety not compromised •Little to no intended risk		•Poor judgement demonstrated •Acting in licensee's own best interest •Conscious awareness act is improper •Faulty decision-making is evident •Potentially unsafe choice •Risk believed to be insignificant or justified		• Harmful intent with or without direct harm to the patient including but not limited to: financial, emotional, physical •Acted with recklessness •Disregard for interest of patient or others •Dangerous or unsafe choice •Decision with conscious disregard of substantial and unjustifiable risk to the patient, others, or licensee	
Grounds for Disciplinary Action	Isolated	Multiple	Isolated	Multiple	Isolated	Multiple
Blue: An offence of failing to act -ethics violation -CE completion -documentation/inadequate records; -confidentiality breach -failing to report to the board - failing to supervise; Safety failure Non-sexual boundary violation -expired license practice	A	B	1 & A	2 & A	2 & A	2 & B
Green: An offense of action— potential for human harm is expected to be primarily financial or ethical Failure to respond/cooperate with the Board -cheating on exam -fraud for service -unearned fee profit; - drug screening violation; -other license revocation;-failure to cooperate with investigation; -fraud in practice; - misappropriation of property; -obtaining a license by fraud; - under or over utilization of service for financial gain; - promoting unwarranted treatment for financial gain; - providing unwarranted treatment beyond reasonable benefit - violating board order or laws/rules	1 & A	2 & A	2 & B	3 & B	3 & B	3 & C
Yellow: An offense of action--potential for harm is expected to be related to clinical issues -violate standard of practice; -negligence; -Patient abandonment; -beyond scope of practice; -practice without a license	1 & B	2 & B	2 & C	3 & C	3 & C	4 & C
Red: An offense of action--implications or consequences of licensee action potentially extend beyond limits of the practice setting -diversion of controlled substance; -sexual misconduct; - felony conviction or plea; -narcotic violation; -pt or ot abuse; - practice while incompetent or impaired; -violation of federal or state laws/rules	2 & C	2 & C	3 & B	3 & C	3 & C	4 & C

Punitive Actions – Step 3		
	Least Severe in Class	Most Severe in Class
Class 1	Conditional denial of a License; Employer notification; Reprimand; Fine	Probation Employer notification Fine
Class 2	Reprimand; Employer notification; Fine; Probation	Suspension Employer notification
Class 3	Fine Employer notification Suspension	Non-disciplinary Voluntary Surrender Voluntary surrender/Simultaneous Revocation Restriction of practice; Employer notification
Class 4	CPEP (practice monitoring) Employer notification; Fine	Summary Suspension Revocation Employer notification

Remedial/Administrative Actions – Step 3		
	Least Severe in Class	Most Severe in Class
Class A	Non-disciplinary Warning Letter CE disciplinary audit Complete CE Personal plan of action	Periodic monitoring Supervised clinical practice Treatment program PROBE CE disciplinary audit Complete CE
Class B	Continuing education Treatment program APTA documentation course	Examination of a fitness to practice PROBE Treatment program Supervised clinical practice
Class C	APTA documentation course APTA ethics course ; PBI	Fit for Practice exam PROBE or equivalent course CPEP Supervised clinical practice

Mitigating and Aggravating Factors—Step 4

*Aggravating and mitigating circumstances are specific to the individual case, but factors that may influence Board decisions can include such things as (not an all-inclusive list):

Mitigating:

- Absence of a prior disciplinary record
- Isolated incident, unlikely to recur, limited violations within the act/episode
- Full and free disclosure to the Board
- Licensee implemented interim rehabilitation or remedial measures on their own- from knowledge of infraction up to prior to Board action
- Absence of adverse impact of misconduct on others
- Absence of willful or reckless misconduct
- Personal circumstances
- Age of the applicant at the time of the conduct
- Factors underlying the conduct
- Remorseful and cooperative
- Self-reporting- prior to a complaint
- Voluntary admission of misconduct-post complaint
- Public confidence in the profession if the applicant is licensed
- Positive social contributions of the applicant since
- the conduct
- Recency of the conduct
- Evidence of rehabilitation for physical, mental, and chemical dependency health illness
- If other entities are issuing actions (Medicare/Medicaid)

Aggravating:

- Prior disciplinary actions
- A pattern of misconduct
- Multiple violations; violations leading to other areas of violations
- A pattern of escalation
- Obstruction, submission of false statements, false evidence or other deceptive practices during the investigation/disciplinary process
- Refusal to acknowledge wrongful nature of conduct
- Age and vulnerability of the patient
- Willful or reckless misconduct
- Recency of the conduct
- Failure to respond to Board contact
- Evidence of existing and untreated physical, mental, and chemical dependency health illness
- If other entities are issuing actions (Medicare/Medicaid)
- Failure to cooperate with investigation

Notes:

*The Board Actions are simply guidelines. The Board always has final jurisdiction on all disciplinary matters and can modify these recommendations at any time.

**Note that multiple events, recidivism, and harm to the patient are somewhat accounted for in the matrix

***Mitigating and Aggravating Factors should be considered and influence the assessment of the remediation or disciplinary action.

The Board may consider the mitigating and aggravating factors and determine whether or not these should influence the severity of the remediation or disciplinary action. Application of mitigating/aggravating factors: Influences the severity of the action (within Class 1-4 and Class A-C) or number of actions applied; the class does not change.

***Historical CE discipline:

Failure to complete the continuing education required for renewal (typically discovered during a CEU audit).

STANDARD CONSENT AGREEMENT TERMS:

- ◆ Written Reprimand.
- ◆ Fine to be paid within (60) days of the effective date of the agreement.

Deficient Number of Hours	First Offense Fine Per Hour	Second Offense Fine Per Hour
Deficient up to 8 hours	\$25	\$50
Deficient 9-16 hours	\$50	\$100
Deficient 17-24 hours	\$75	\$150

***The most a PTA or OTA will pay is \$50 an hour, as their wages are less, and they only require 12 hours. Deficient up to 4: \$25; Deficient 5 and up: \$50. FOR SECOND OFFENSE, FINES ARE DOUBLED.**

- ◆ Complete the number of continuing education hours that was deficient within thirty (30) days of the consent agreement effective date; proof of CE completion must be sent to the Board within forty-five (45) days of the consent agreement effective date. These hours shall not be counted toward his/her next renewal.
- ◆ Agrees to be audited for continuing education the next time they renew their license.
- ◆ Develop a Personal Plan of Action to ensure future compliance with the continuing education requirements for a physical therapist, physical therapist assistant, occupational therapist or occupational therapy assistant license. This plan shall address how they will ensure that they obtain the required number of CEUs for future renewals and describe a system to monitor the hours as they are completed. Submit plan within forty-five (45) days of this consent agreement effective date. They must submit quarterly progress updates of his/her continuing education activities.
- ◆ Provide a copy of the consent agreement to any current and future employers during the term of the agreement. Employers must send written notification to the Enforcement Division indicating that they were provided with a copy of the agreement. The licensee shall ensure that this notification by his/her employer is received within (30) days of the effective date of the agreement.

*****DO NOT DISCIPLINE for first offense; SEND NON-DISCIPLINARY WARNING LETTER (must make up CEU, and advise them they will be audited next renewal:**

- PT/OTs deficient 2 hours or less
- PTA/OTAs deficient 1 hour or less
- PT/OTs & OTA/PTAs deficient 1 hour or less for a 1-year renewal

Place a copy of the warning letter in their licensure file.

***ADD these individuals to the next CE audit.

Steps to Use Board Action Guidelines:

- Step 1: Determine Grounds for Disciplinary Action (color category)
- Step 2: Determine if type I, type II, or type III infraction
- Step 3: Use matrix to determine the action. (Assign class of punitive and/or remedial action)
- Step 4: Identify any mitigating/aggravating factors and modify the action within the class
- Step 5: Repeat with any additional ground for disciplinary action
- Step 6: Determine final punitive and/or remedial actions to be taken. Report to [National Practitioner Data Bank](#) (NPDB), [Exam Licensure and Disciplinary Database](#) (ELDD), and/or [National Board for Certification in Occupational Therapy](#) (NBCOT).

Term Definitions and Acronym links

- Revocation – termination of license
- Suspension – temporarily unable to use license for a period of time
- Probation – period of time where license is subject to board terms and monitoring
- Fine – monetary charges due to violation
- Corrective Action Courses – courses assigned to teach, correct, and prevent further violations
- Written Reprimand – to document wrongful actions on record
- Fit for Practice Exam – request specialist evaluation of PT, PTA, OT, or OTA
- PBI – [Professional Boundaries, Inc. Education](#)
- CPEP – [Center for Personalized Education for Professionals](#)
- PROBE® Program - [Professional/Problem-Based Ethics and Boundaries Program](#)

CE Waiver Regulatory language samples

Board of Chiropractic Examiners

12 AAC 16.390. RENEWAL AND REINSTATEMENT OF LICENSE

(d) A licensee unable to obtain the required continuing education hours for renewal or reinstatement of a license due to reasonable cause or excusable neglect may submit a request for an exemption in writing to the board, accompanied by a statement explaining the reasonable cause or excusable neglect. If an exemption is granted, the board may prescribe an alternative method of compliance to the continuing education requirements as determined appropriate by the board for the individual situation.

(e) In this section, "reasonable cause or excusable neglect" includes

- (1) chronic illness;
- (2) retirement; or
- (3) a hardship, as individually determined by the board.

Board of Examiners in Optometry

12 AAC 48.200 LICENSE RENEWALS AND CONTINUING EDUCATION

(e) A licensee who, for good cause, is unable to complete the continuing education courses for renewal of a license may request an exemption by submitting to the board a written statement explaining the good cause for the exemption. If the exemption is granted, the board will prescribe an alternative method for the licensee to complete the continuing education requirements.

(f) In this section, "good cause" may include

- (1) a serious illness;
- (2) a family emergency; and
- (3) other extenuating circumstances, as found by the board.

Board of Veterinary Examiners

12 AAC 68.047 RENEWAL AND REINSTATEMENT OF LICENSE

(e) A licensee or former licensee who was unable to obtain the required continuing education hours for renewal or reinstatement of a veterinary license due to reasonable cause or excusable neglect, may request an exemption from those requirements. The applicant must submit to the board a written request for an exemption that explains the

reasonable cause or excusable neglect. If the board decides to grant the exemption, the board may require an alternative method of compliance with the continuing education requirements to ensure the applicant's continued competency.

(f) In this section, "reasonable cause or excusable neglect" includes

- (1) chronic illness;
- (2) retirement;
- (3) personal or family hardship; or
- (4) other similar circumstances as determined by the board.

Board of Marital & Family Therapy

12 AAC 19.340 FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS AND LICENSE REINSTATEMENT

(a) The board will reinstate a license that was not renewed because of the licensee's failure to meet the continuing education requirements in 12 AAC 19.300 - 12 AAC 19.330 if the licensee submits to the board proof of completion of all required continuing education credit hours and meets all other requirements for license renewal.

(b) A licensee who is unable to obtain the continuing education hours required for license renewal due to reasonable cause or excusable neglect may submit a written request to the board for an exemption. The request for an exemption must include an explanation of the reasonable cause or excusable neglect that resulted in the licensee's failure to meet the continuing education requirements. If the board grants the exemption, the board will, in its discretion, prescribe an alternative method of compliance with the continuing education requirements as the board considers appropriate to the individual situation

12 AAC 19.990 DEFINITIONS

(11) "reasonable cause or excusable neglect" includes

- (A) chronic illness;
- (B) retirement;
- (C) military service;
- (D) a leave of absence from active practice during the concluding licensing period;
- or
- (E) a hardship recognized by the board.

Board of Professional Counselors

12 AAC 62.350 FAILURE TO MEET CONTINUING EDUCATION REQUIREMENT

(a) A licensee may request a waiver of the continuing education requirements of 12 AAC 62.310 by submitting a written request to the board that describes the reasons for the request and includes supporting documentation satisfactory to the board. If the board finds good cause, the board will grant an exemption to the licensee under this subsection. If the board grants the exemption, the board may require an alternative method of demonstrating continued competence.

(b) In this section, “good cause” includes

- (1) physical disability;
- (2) serious illness;
- (3) a family emergency;
- (4) engagement in active duty military service in the armed forces of the United States; and
- (5) other extenuating circumstances, as found by the board.

Board of Psychologist and Psychological Associate Examiners

12 AAC 60.340 REINSTATEMENT

(a) The license of any licensee which is not renewed by reason of failure to comply with the continuing education requirements of 12 AAC 60.250—12 AAC 60.350, may be reinstated after submission to the board of proof of the completion of all continuing education credit hours required.

(b) A licensee unable to obtain the required continuing education hours for license renewal, due to reasonable cause or excusable neglect, must request exemption status in writing to the board with a statement explaining the reasonable cause or excusable neglect. The board will, in its discretion, prescribe an alternative method of compliance with the continuing education requirements as the board considers appropriate to the individual situation.

Centralized Regulation

12 AAC 02.965 FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL AND REINSTATEMENT OF LICENSE

(a) Except as otherwise provided in AS 08 or this title, a license issued under AS 08 will not be renewed or reinstated if the applicant for renewal or reinstatement has not earned the required number of continuing education credits during the concluding licensing period. With the appropriate board or department approval, an applicant for renewal or reinstatement of a lapsed license may earn the required number of credits after the expiration date of the license. Continuing education credits earned to reinstate or renew a

lapsed license may not be used to satisfy the continuing education requirements for a future renewal or reinstatement. Credits submitted to satisfy the continuing education requirements under this section must be approved under AS 08 and this title by the department or the applicable board.

(b) For the purposes of this section, “continuing education credits” includes continuing competency, contact hours, continuing education units, and credit hours.

October 2025 PT OT Board Meeting

Regulations Committee Report

Members: Valerie Phelps PT, chair; Rebecca Dean, public member (recent resignation due to moving out of state),
Tori Dougherty, OT alternate

Meetings: met 6 (six) times

March 13, May 14, June 20, July 17, August 15. September 26.

Accomplished and on hold due to Administrative Order 360 from Governor Dunleavy:

1. Dry needling language for OT's and PT's
2. SB74 project and other regulations changes
3. NOTE: letters have been written to request an exemption so that the board can move forward with 'right touch' regulation

Completed and Seeking Board Approval

1. Dry Needling Position Paper
 - If approved as written, request motion to send to legal department
 - a. If review is favorable, will post onboard for board to vote on
 - b. If review requires reconsideration or discussion, we will schedule a quick board meeting
2. Updated regulations language for clarification on 12 AAC 54.610 that separates out Foreign educated occupational therapy applicants applying by examination versus by credentials. See addendum A.
3. Edited and updated language for clarity and right touch regulations in Requirements for Licensure by Credentials for PT and OT.
12 AAC 54.100 (PT), 12 AAC.54.110 (Foreign-educated PT), 12 AAC 54.605 (OT), 12 AAC 54.610 (Foreign-Educated OT)
 - a. Removed letters of recommendation by school, and replaced with "administrator, or supervisor with whom there is a direct professional relationship within the 36 months immediately preceding the date the application is received."
 - b. Changed "employment" to services to allow volunteer activities

Future

Recommendations for adopting regulations projects, seeking board approval to assess and write language for:

1. Added fee to 12 AAC 54.950, Late renewal and Reinstatement
2. Consider teaching for work experience
3. License verification for PT's and OT's with prior experience as PTA's or OTA's
4. Follow Medical Board requirements for any PT/OT professional working for Alaska Tribal Health or Federal facility

Ongoing: Supervision.

Greater clarification on supervision of OTAs and PTAs - 12 AAC 54.510 and 12 AAC 54.810

Goal: consistently answer questions from constituents about supervision

1. Specifics to documentation: Who's required and when to cosign notes
 - a. Evaluation?
 - b. Establish/change in plan of care?
 - c. Discharge vs discharge summary?
2. Number that can be supervised
3. Levels of supervision
 - a. Assistants, aides, techs?
 - b. Supervision in Telehealth
 - i. To include: Can an aide or assistant perform evaluations for a PT/OT on the other end of a telehealth visit. Can this be cross professional?
 - c. Supervision of advance practice,
 - i. Certifications, MLD
 - ii. LMT's
 - iii. ATC's
 - iv. Ex physiologist

Actions:

1. Reviewed state statutes and regulations/rules from the following states: Arizona, Colorado, Florida, Idaho, Louisiana, Massachusetts, Montana, Nevada, Ohio , Tennessee, Texas, Wyoming
2. Reviewed AOTA guidelines for supervision document
3. FSBPT webinar on supervision
4. Reviewed legal opinion on licensed personnel as aides or technicians

Discussion/Findings: wide-ranging and varied

1. Supervision has ranged from no more than 3 assistants/techs/students to no limit.
2. Some states are specific to the type of supervision, ranging from direct to general based on the experience of the assistant
3. OTA's can assist in evaluation/assessment while PTA's currently cannot, based on statutes. This is in alignment with the associations and other states
4. Some states allow OTA's to discharge/write the discharge summary.
5. Unique considerations to this state: remote areas that would benefit from services, insufficient numbers of professionals

Recommendation: no recommendations currently

Amend 12 AAC 54.610 as follows: yellow indicates NEW regulations that will come after these regulations pass

12 AAC 54.610. FOREIGN-EDUCATED OCCUPATIONAL THERAPY APPLICANTS. (a) A foreign educated occupational therapist or occupational therapy assistant applicant must have graduated from a resident course of study and professional instruction substantially equivalent to a professional occupational therapy education program that is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). A foreign-educated occupational therapist or occupational therapy assistant applicant applying by **examination** shall submit

- (1) a completed application on the form prescribed by the board;
- (2) the **fees** established in 12 AAC 02.320;
- (3) verification of licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license; each verification must include an explanation of any disciplinary actions taken against the licensee;
- (4) a signed letter of professional reference sent directly to the department on a form provided by the department from a physician, instructor, supervisor, or official of the applicant's occupational therapy school;
- (5) evidence of meeting each of the requirements of AS 08.84.032(b);
- (6) verification ~~of one of the following:~~ that[, WITHIN THE 24 MONTHS IMMEDIATELY BEFORE THE DATE THE APPLICATION IS RECEIVED BY THE DEPARTMENT,] the applicant has
~~—— (A) performed at least 60 hours of occupational therapy service within the 36 months immediately before the date the application is received by the department; the verification of at least 60 hours of occupational therapy service must be sent directly to the department on a form provided by the department from the agency or source; or~~
~~(B) passed the NBCOT examination within the 24 months immediately before the date the application is received by the department; and~~
- (7) the jurisprudence questionnaire that meets the requirements prepared by the board covering the provisions of AS 08.84 and this chapter with a passing score of 80%.
- (8) the applicant's fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.032(b)(8).**

(b) An applicant who has been certified by the National Board for Certification in Occupational Therapy (NBCOT) meets the requirements of AS 08.84.032(b)(1) - (5).

(c) An applicant who has passed the NBCOT examination meets the requirements of AS 08.84.032(b)(3) and (5).

(d) A foreign-educated occupational therapist or occupational therapy assistant applicant applying by **credentials** shall submit

- (1) a completed application on the form prescribed by the board;
- (2) the **fees** established in 12 AAC 02.320;
- (3) verification of licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license, one of which must indicate a current license in good standing; each verification must include an explanation of any disciplinary actions taken against the licensee;

- (4) a signed letter of professional reference sent directly to the department on a form provided by the department from a physician, instructor, supervisor, or official of the applicant's occupational therapy school;
- (5) evidence of meeting each of the requirements of AS 08.84.032(b);
- (6) verification **of one of the following:** that[, WITHIN THE 24 MONTHS IMMEDIATELY BEFORE THE DATE THE APPLICATION IS RECEIVED BY THE DEPARTMENT,] the applicant
 - (A) performed at least 60 hours of occupational therapy service **within the 36 months immediately before the date the application is received by the department;** the verification of at least 60 hours of occupational therapy service must be sent directly to the department on a form provided by the department from the agency or source; or
 - (B) passed the NBCOT examination **within the 24 months immediately before the date the application is received by the department;** OR
 - (C) satisfactorily completed an internship of 150 hours approved by the board; the verification must be sent directly to the department on a form provided by the department from the agency or source; and
- (7) the jurisprudence questionnaire **that meets the requirements** prepared by the board covering the provisions of AS 08.84 and this chapter **with a passing score of 80%.**
- (8) **the applicant's fingerprint card containing the fingerprints and other information required by the Department of Public Safety to obtain the state and national criminal history record information required under AS 08.84.032(b)(8).**

Amend 12 AAC 54.610 as follows: yellow indicates NEW regulations that will come after SB74 regulations project passes

PURPOSE: *Currently 12 AAC 54.610 does not provide a pathway for licensure for a foreign-educated occupational therapist or occupational therapy assistant by examination as 12 AAC 54.610(3) requires that the applicant hold a current license in another state. There also is no pathway for licensure for a foreign-educated occupational therapist or occupational therapy assistant who does not have the required work experience necessary.*

12 AAC 54.610. FOREIGN-EDUCATED OCCUPATIONAL THERAPY APPLICANTS. (a) A foreign educated occupational therapist or occupational therapy assistant applicant must have graduated from a resident course of study and professional instruction substantially equivalent to a professional occupational therapy education program that is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). A foreign-educated occupational therapist or occupational therapy assistant applicant applying by examination shall submit

- (1) a completed application on the form prescribed by the board;
- (2) the fees established in 12 AAC 02.320;
- (3) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice occupational therapy, if applicable; each verification must include an explanation of any disciplinary actions taken against the licensee;
- (4) a signed letter of professional reference sent directly to the department on a form provided by the department from
 - a. an official of the applicant's occupational therapy school; or
 - b. an instructor, physician, or supervisor
- (5) evidence of meeting each of the requirements of AS 08.84.032(b);
- (6) proof of initial certification sent directly to the department from the National Board of Certification in Occupational Therapy (NBCOT) as evidence of having met the requirements of AS 08.84.032(b) during the 24 months immediately before the date the application is received by the department;
- (7) the jurisprudence questionnaire prepared by the board covering the provisions of AS 08.84 and this chapter with a passing score of 80%; and

(8) the applicant's fingerprint information as set out under 12 AAC 54.905 required under AS 08.84.032(b)(8).

(b) An applicant who has been certified by the National Board for Certification in Occupational Therapy (NBCOT) meets the requirements of AS 08.84.032(b)(1) - (5).

(c) An applicant who has passed the NBCOT examination meets the requirements of AS 08.84.032(b)(3) and (5).

(d) A foreign-educated occupational therapist or occupational therapy assistant applicant **applying by credentials** shall submit

(1) a completed application on the form prescribed by the board;

(2) the fees established in 12 AAC 02.320;

(3) verification of licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice occupational therapy; one of which must indicate a current license in good standing; each verification must include an explanation of any disciplinary actions taken against the licensee;

(4) a signed letter of professional reference sent directly to the department on a form provided by the department from

A. an official of the applicant's occupational therapy school; or

B. an instructor, physician, or supervisor

(5) evidence of meeting each of the requirements of AS 08.84.032(b);

(6) verification that the applicant has completed one of the following:

A. performed at least 60 hours of occupational therapy service within the 36 months immediately before the date the application is received by the department; the verification of at least 60 hours of occupational therapy service must be sent directly to the department on a form provided by the department from the agency or source; or

B. passed the NBCOT examination within the 24 months immediately before the date the application is received by the department; or

C. satisfactorily completed an internship of 150 hours approved by the board; the verification must be sent directly to the department on a form provided by the department from the agency or source;

- (7) the jurisprudence questionnaire prepared by the board covering the provisions of AS 08.84 and this chapter with a passing score of 80%; and
- (8) the applicant's fingerprint information as set out under 12 AAC 54.905 required under AS 08.84.032(b)(8).

PHY Regulations Project – Definition of Employment and Professional Reference Requirements for licensure by credentials – PT and OT

PURPOSE: Expand the definition of “employment” for therapists (PT/PTA and OT/OTA) - applicants for licensure applying by credentials to allow for not only paid employment options but also volunteer work to fulfill the 60 hours of therapy services in the past 36 months experience requirement similar to option(s) available for renewal in 12 AAC 54.405(b) +(c) and 12 AAC 54.705(b) + (c). Language to match 12 AAC 54.405(a)(1) and 12 AAC 54.705(a)(1). Examples: volunteering for non-profits and other community efforts, caring for aging parents or a disabled child, etc.

Remove antiquated options of professional reference options that no longer apply for this method of application.

Need to update PT by Credentials, OT by Credentials (see SB74) and FE PT by Credentials and FE OT by Credentials.

12 AAC 54.100. APPLICATION FOR LICENSURE BY CREDENTIALS

(5) verification sent directly to the department from the source that the applicant has

(A) ~~been employed in~~ **provided** physical therapy **services for** at least 60 hours within the 36 months immediately preceding the date the application is received;

(8) a signed letter of professional reference sent directly to the department on a form provide by the department from

~~[(A) the head of the physical therapy school; or]~~

~~(B) [an instructor, physician, supervising physical therapist, or] an~~

administrator or supervisor with whom there is a direct professional relationship within the 36 months immediately preceding the date the application is received;

Commented [SR1]: Language to match 12 AAC 54.405(a)(1)

Commented [SR2]: Intent is to create a pathway for applicants to have alternatives other than “paid” employment for providing therapy services such as volunteer work or caring for aging parents or disable children similar to renewal requirements available in 12 AAC 54.405(c) and 12 AAC 54.705(c)

Commented [SR3]: These options apply to application by examination, not application by credentials

Commented [SR4]: This option is holdover from when referral was required from a physician for physical therapy.

Commented [SR5]: Removing - redundant - supervisor is inclusive - can be PT or non-PT.

12 AAC 54.110. FOREIGN-EDUCATED APPLICANTS.

(7) a signed letter of professional reference sent directly to the department on a form provided by the department from

~~[(A) the head of the physical therapy school from which the applicant graduated; or]~~

~~[(B) an instructor, physician, or physical therapist other than the physical therapist preceptor described in 12 AAC 54.040(e) and (f)]~~ **an administrator or supervisor**

with whom there is a direct professional relationship within the 36 months immediately preceding the date the application is received; and

(8) verification sent directly to the department from the source that the applicant has

(A) ~~been employed in~~ **provided** physical therapy **services for** at least 60 hours during the 36 months immediately preceding the date the application is received; or

Commented [SR6]: Language to match 12 AAC 54.405(a)(1)

12 AAC 54.605. Application for occupational therapy licensure by credentials.

An applicant for an occupational therapist license or occupational therapy assistant license, other than an applicant who is a graduate of a school of occupational therapy that is located outside the United States, must submit a completed application on a form prescribed by the board and

(1) payment fees established in 12 AAC 02.320;

(2) a signed letter of professional reference sent directly to the department on a form provided by the department from

~~[(A) an official of the applicant's occupational therapy school; or~~

~~(B) an instructor, physician, or]~~ **an administrator or supervisor with**

whom there is a direct professional relationship within the 36 months immediately preceding the date the application is received;

(3) meet the jurisprudence requirement prepared by the Alaska Board covering the provision of AS 08.84 with a passing score of 80%;

(4) proof of initial certification sent directly to the department from the National Board for Certification in Occupational Therapy (NBCOT) as evidence of having met the requirements of AS 08.84.030(b);

(5) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice occupational therapy; one of which must indicate a current license in good standing; each verification must include an explanation of any disciplinary actions taken against the license; and

(6) verification sent directly to the department from the source that the applicant has

(A) ~~been employed in~~ **provided** occupational therapy **services for** at least 60 hours within the 36 months immediately preceding the date the application is received;

(B) passed the NBCOT examination within the 24-month period immediately preceding the date the application is received; or

(C) received board approval to proceed with the proposed supervised service delivery plan that meets the requirements set out under 12 AAC 54.840;

(7) the applicant's fingerprint information as set out under 12 AAC 54.905 required under AS 08.84.030(b)(4).

Commented [SR7]: This is the NEW language from the SB74 Regulations Project draft

Commented [SR8]: Language to match 12 AAC 54.705(a)(1)

Commented [SR9]: Board understands this section may be removed and a new section created for ability to apply by credentials by supervised service delivery.

12 AAC 54.610. FOREIGN-EDUCATED OCCUPATIONAL THERAPY APPLICANTS.

(4) a signed letter of professional reference sent directly to the department on a form provided by the department from a physician, instructor, **an administrator or supervisor with whom there is a direct professional relationship within the 36 months immediately preceding the date the application is received**, or official of the applicant's occupational therapy school;

(6) verification that, within the 24 months immediately before the date the application is received by the department, the applicant

- (A) performed **provided** at least 60 hours of occupational therapy services **for at least 60 hours within the 36 months immediately preceding the date the application is received**; the verification [of at least 60 hours of occupational therapy service] must be sent directly to the department on a form provided by the department from the agency or source; or
- (B) passed the NBCOT examination **within the 24 months immediately before the date the application is received by the department**; and



THE STATE
of

ALASKA Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Physical Therapy and Occupational Therapy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: PhysicalAndOccupationalTherapy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy

Verification of ~~Work~~ Experience

→ Applicant:

Complete this top part and forward it to your employer, supervisor or human resource manager. It may be returned directly to the Division by email or mail (either from their official email or mailing address).

Applicant Name:	
Applicant Signature:	
Phone:	

→ Employer:

The following information must be completed in full and sent directly to the Division by the employer, supervisor or human resource manager to meet the requirements. Forms submitted and/or completed by the applicant will not be accepted.

Facility Name:			
Facility Address:	P.O. Box or Street	City	State Zip
Employment Start Date:		Employment End Date:	
Average Hours of Practice Per Week:			
Has the applicant been employed in physical therapy service for at least 60 hours within the past 24 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:			

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

Verifier Name:		Title:	
Verifier Signature:		Date:	
Institution/Clinic:			
Institution Address:	P.O. Box or Street	City	State Zip
Email:		Business Phone:	



THE STATE
of

ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Board of Physical Therapy and Occupational Therapy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: PhysicalAndOccupationalTherapy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/PhysicalTherapyOccupationalTherapy

Professional Reference

→ **Applicant:** Complete this top part and forward it to your reference. It may be returned directly to the Division in the reference's own envelope, or they may email it to the above address.

Applicant Name:	
Applicant Signature:	
Reference Name:	

→ **Reference:** The following information must be completed in full and sent directly to the Division by the professional reference to meet the requirements; the reference must be submitted and completed by the ~~head of the physical therapy school, instructor, physician, or supervising physical therapist~~ or supervisor. Forms submitted and/or completed by the applicant will not be accepted.

Start Date of Association: (mm/dd/yyyy)		End Date of Association: (mm/dd/yyyy)	
Professional Relationship:	<input type="checkbox"/> Instructor <input type="checkbox"/> Supervisor <input type="checkbox"/> Physician	<input type="checkbox"/> Supervising Physical Therapist <input type="checkbox"/> Head of the Physical Therapy School	
Comments:			

Signature

By my signature below, I certify that I was professionally associated with the applicant and the applicant is professionally capable, reliable, of good moral character and worthy of confidence. *Please print or type legibly.*

Reference Name:		Title:	
Reference Signature:		Date:	
Reference Email:			
Institution/Clinic Name:			
Institution Address:			

Document summary: Prepared by Daugherty. This is a draft position statement for board consideration. The goal of the document is to establish the following:

- *Dry needling and acupuncture are distinct and separate*
- *PT/OT license does not allow a licensee to perform acupuncture. Acupuncture requires its own license*
- *Providers should ensure that the patient understands that dry needling is not acupuncture. Dry needling does not replace acupuncture*



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce,
Community,
and Economic Development

BOARD OF PHYSICAL THERAPY AND
OCCUPATIONAL THERAPY

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.269.6425
Fax: 907.465.2974

POSITION STATEMENT

Subject: **ACUPUNCTURE AND DRY NEEDLING ARE NOT THE SAME INTERVENTION**

Reviewed, amended and approved: [DATE]

It is the opinion of the Board that dry needling and acupuncture are not the same treatment intervention. The Board recognizes that dry needling is not acupuncture. Dry needling is distinct and separate from acupuncture.

Acupuncture

Acupuncture is defined by Sec. 08.06.190 (1) as "a form of healing developed from traditional Chinese medical concepts that uses the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions."

Acupuncture is rooted in traditional Chinese medicine and has been practiced for thousands of years. It is based on the concept of balancing the body's energy flow through specific points along meridians, which are pathways believed to connect various organs and systems. These meridians stem from ancient concepts such as Yin (spirits) and Yang (blood), rather than neuromuscular anatomy. Practitioners use acupuncture to treat a wide range of physical, emotional, and mental health conditions, aiming to restore harmony and promote overall wellness.

Dry Needling

Dry needling, is a more modern treatment modality most often used to address neuromusculoskeletal pain and dysfunction. Dry needling addresses neural, muscular, and connective tissues. It often targets myofascial trigger points but can also be used with other structures, such as ligaments, tendons, subcutaneous fascia, scar tissue, etc. Dry needling is grounded in anatomy and neurophysiology, addressing goals such as improving range of motion and reducing pain related to functional movement patterns. As a therapeutic modality, dry needling is often utilized as a preparatory task for active movement and to facilitate engagement in strengthening or range of motion tasks.

Distinguishing Characteristics

Many key differences between these modalities lie in their administration techniques, treatment philosophies, training requirements, and intended outcomes. Both acupuncture and dry needling utilize thin, solid filament needles without injectate. Needles for acupuncture and dry needling differ in diameter and length. Sec. 08.06.190 (3) defines the practice of acupuncture to include the “application of moxibustion”, while dry needling does not use moxibustion. Additionally, dry needling and acupuncture utilize different needle insertion techniques and adjunct modalities. These skills needed for dry needling or acupuncture are learned in different, distinct nationally recognized training programs.

Licensure Requirements

A physical therapy, physical therapist assistant, occupational therapy, or occupational therapy assistant license does not permit a therapy practitioner to perform acupuncture per Sec. 08.84.160. Sec. 08.06.010 prohibits an individual from practicing acupuncture without an acupuncture license. Dry needling is distinct and different from acupuncture, and so it is the Board’s opinion that Sec. 08.06.010 does not prohibit a therapist from performing dry needling.

Patient Education

Principles of Practice, Principle 2 highlights the importance of informed consent. Providers implementing dry needling should be careful when providing patient education and obtaining informed consent. The clinician should assure that the patient understands that he/she is undergoing dry needling, rather than acupuncture. A therapist should assure that the patient understands that dry needling is not a replacement or substitute for acupuncture.

Resources

Statutes and Regulations

Sec. 08.84.160. Scope of authorized practice. This chapter does not authorize a person to practice medicine, osteopathy, chiropractic, or other method of healing, but only to practice physical therapy or occupational therapy.

Sec. 08.06.010. Practice of acupuncture without license prohibited. A person may not practice acupuncture without a license

Sec. 08.06.190. Definitions. In this chapter

- (1) “acupuncture” means a form of healing developed from traditional Chinese medical concepts that uses the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions;
- (2) “department” means the Department of Commerce, Community, and Economic Development;
- (3) “practice of acupuncture” means the insertion of sterile acupuncture needles and the application of moxibustion to specific areas of the human body based upon acupuncture diagnosis; the practice of acupuncture includes adjunctive therapies involving mechanical, thermal, electrical, and electromagnetic treatment and the recommendation of dietary guidelines and therapeutic exercise.

Principles of Practice

Principle 2: Right of individuals to self-determination:

1. Respect the patient/client right to informed consent, right to refuse services, and keep informed of the process in meeting goals specific to the plan of intervention. If the

patients/clients cannot give consent, the therapist must be sure that consent has been obtained from the person who is legally responsible for the patient/client.

Board of Physical Therapy and Occupational Therapy

Valerie Phelps, PT, ScD - Chair

Victoria Daugherty, OTR - Secretary

Jonathan Gates, PT, DPT

Michelle Scott-Weber, OTD

Eliza Ellsworth, PT, DPT, CMTPT, WCC, CLT

[Once true: Add a comment that this position statement has been reviewed by the Department of Law]