



PHYSICAL THERAPY EXAMINING BOARD
Room 121C, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
September 11, 2014

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda (1-3)**
- B) APPEARANCE – Secretary Dave Ross – Department Update and Q&A**
- C) Approval of Minutes of May 29, 2014 (4-5)**
- D) Administrative Updates**
 - 1) Staff Updates
- E) Correspondence from Matthew W. O’Neill Regarding Dry Needling – Board Review (6-10)**
- F) Legislative/Administrative Rule Matters**
 - 1) Current and Future Rule Making and Legislative Initiatives
 - 2) Administrative Rules Report
 - 3) Review of Scope Statement Regarding PT 1, 2, 3 and 8, Relating to Temporary Reentry Licensure **(11)**
- G) Education and Examination Matters**
 - 1) **APPEARANCE – Peter Schramm – Office of Education and Examinations**
 - a) Continuing Education Received from Online Courses – Discussion **(12-62)**
 - b) Continuing Education Audit **(63)**
 - 2) **APPEARANCE – Aaron Knautz, Licensing Exams Specialist**
 - a) Foreign Trained Education Evaluation Discussion **(64-69)**
- H) Speaking Engagement(s), Travel, or Public Relation Request(s)**
 - 1) Report from 2014 FSBPT Leadership Issues Forum **(70)**
 - 2) Report from June 2014 FSBPT Board Member and Administrator Training **(71)**
 - 3) 2014 FSBPT Annual Meeting – September 18-20, 2014 **(72-75)**

I) Informational Item – Draft of Medicare Telehealth Bill (76-93)

J) Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Administrative Updates
- 3) Education and Examination Matters
- 4) Credentialing Matters
- 5) Practice Matters
- 6) Legislation/Administrative Rule Matters
- 7) Liaison Report(s)
- 8) Informational Item(s)
- 9) Disciplinary Matters
- 10) Presentations of Petition(s) for Summary Suspension
- 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 12) Presentation of Proposed Decisions
- 13) Presentation of Interim Order(s)
- 14) Petitions for Re-Hearing
- 15) Petitions for Assessments
- 16) Petitions to Vacate Order(s)
- 17) Petitions for Designation of Hearing Examiner
- 18) Requests for Disciplinary Proceeding Presentations
- 19) Motions
- 20) Petitions
- 21) Appearances from Requests Received or Renewed
- 22) Speaking Engagement(s), Travel, or Public Relation Request(s)

K) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

L) Full Board Oral Examination of Two Candidates for Licensure

- 1) **APPEARANCE** – Rocelon A. Guerra
- 2) **APPEARANCE** – Kathryn S. Wallace

M) Presentation and Deliberation of Proposed Stipulation and Final Decision and Order

- 1) 13 PHT 010 – James L. Smith, P.T. **(94-99)**

N) Presentation and Deliberation on Administrative Warnings

- 1) 13 PHT 025 (D.F.) **(100-101)**

O) Case Status Report (102)

P) Case Closing(s)

- 1) 13 PHT 021 (C.A.K.) **(103-110)**
- 2) 14 PHT 002 (F.C.F.) **(111-123)**
- 3) 14 PHT 003 (P.J.V.) **(124-128)**

- Q) Deliberation of Items Added After Preparation of the Agenda
- 1) Education and Examination Matters
 - 2) Credentialing Matters
 - 3) Disciplinary Matters
 - 4) Monitoring Matters
 - 5) Professional Assistance Procedure (PAP) Matters
 - 6) Petition(s) for Summary Suspensions
 - 7) Proposed Stipulations, Final Decisions and Orders
 - 8) Administrative Warnings
 - 9) Proposed Decisions
 - 10) Matters Relating to Costs
 - 11) Case Closings
 - 12) Case Status Report
 - 13) Petition(s) for Extension of Time
 - 14) Proposed Interim Orders
 - 15) Petitions for Assessments and Evaluations
 - 16) Petitions to Vacate Orders
 - 17) Remedial Education Cases
 - 18) Motions
 - 19) Petitions for Re-Hearing
 - 20) Appearances from Requests Received or Renewed
- R) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

- S) Open Session Items Noticed Above not Completed in the Initial Open Session
- T) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate
- U) Ratification of Licenses and Certificates

ADJOURNMENT

**PHYSICAL THERAPY EXAMINING BOARD
WEB/VIRTUAL MEETING MINUTES
May 29, 2014**

PRESENT VIA GOTOMEETING: Shari Berry, PT; Lori Dominiczak, PT; Thomas Murphy; Sarah Olson, PTA; Michele Thorman, PT

STAFF: Tom Ryan, Executive Director; Daniel Agne, Bureau Assistant; and other Department staff

CALL TO ORDER

Michele Thorman, Chair, called the meeting to order at 8:30 A.M. A quorum of five (5) members was confirmed.

ADOPTION OF AGENDA

MOTION: Lori Dominiczak moved, seconded by Sarah Olson, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Shari Berry moved, seconded by Sarah Olson, to approve the minutes of April 17, 2014 as published. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE RULE MATTERS

**REVIEW OF SCOPE STATEMENT REGARDING PT 1, 2, 3 AND 8, RELATING TO
TEMPORARY REENTRY LICENSURE**

MOTION: Lori Dominiczak moved, seconded by Shari Berry, to approve the Scope Statement on Wis. Admin. Code ch. PT 1, 2, 3, and 8, relating to temporary reentry licensure, for submission to the Governor's Office and publication, and to authorize the Chair to approve the scope for implementation no less than 10 days after publication. Motion carried unanimously.

MOTION: Sarah Olson moved, seconded by Lori Dominiczak, to authorize a Department representative to sign the Scope Statement on Wis. Admin. Code ch. PT 1, 2, 3, and 8, relating to temporary reentry licensure, on the Chair's behalf. Motion carried unanimously.

RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Shari Berry moved, seconded by Sarah Olson, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Sarah Olson moved, seconded by Thomas Murphy, to adjourn the meeting.
Motion carried unanimously.

The meeting adjourned at 9:18 A.M.

DRAFT

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Daniel Agne, Bureau Assistant On behalf of Tom Ryan, Executive Director		2) Date When Request Submitted: 6/5/14 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting for paperless boards									
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board											
4) Meeting Date: 9/11/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Correspondence from Matthew W. O'Neill regarding Dry Needling – Board Review									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:									
10) Describe the issue and action that should be addressed: The Board will review the attached letter from Matthew O'Neill, representing Acupuncture Center, Inc. d/b/a Midwest College of Oriental Medicine											
11) Authorization											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Daniel Agne</td> <td style="width: 30%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Daniel Agne		Signature of person making this request	Date	Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
Daniel Agne											
Signature of person making this request	Date										
Supervisor (if required)	Date										
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date											
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											



FOX | O'NEILL | SHANNON s.c.

WILLIAM FITZHUGH FOX
BRUCE C. O'NEILL
Court Commissioner
THOMAS P. SHANNON+
WILLIAM R. SODERSTROM
DIANE SLOMOWITZ
ALLAN T. YOUNG
GREGORY J. RICCI
FRANCIS J. HUGHES
MICHAEL J. HANRAHAN
MATTHEW W. O'NEILL
SHANNON A. ALLEN
LAURNA A. JOZWIAK
PETER J. WHITE
JACOB A. MANIAN
MICHAEL G. KOUTNIK

May 29, 2014

Ms. Michele Thorman, Chair
Physical Therapy Examining Board
Department of Safety and
Professional Services
P.O. Box 8935
1400 East Washington Avenue
Madison, WI 53708-8935

OF COUNSEL -
KENNETH P. BARCZAK
+ ALSO ADMITTED TO PRACTICE IN ILLINOIS

RE: Request for Reconsideration of Denial of Petition for Rulemaking as to
“Dry Needling”

Dear Ms. Thorman:

This office represents Acupuncture Center, Inc. d/b/a/ Midwest College of Oriental Medicine (the “College”).

On July 12, 2013, the Physical Therapy Examining Board (the “Board”) denied the College’s petition for rulemaking, under § 227.12, Wis. Stats., regarding the Board’s Position Statement stating that trigger point dry needling/acupuncture is within the scope of practice of physical therapy. As a part of that denial, the Board withdrew the Position Statement, but reiterated its position that dry needling is within the scope of the practice of physical therapy as a method of therapeutic intervention, and that “a licensed physical therapist who is properly educated and trained may perform therapeutic intervention as part of his/her physical therapy practice.”

As you know, the College appealed the Board’s denial to the Racine County Circuit Court, Case No. 13 CV 1730. The trial court dismissed the action in February of this year, concluding that “the statement by the PT Board in its July 12, 2013, letter was not a ‘rule’, (such that) these facts are not ripe for declaratory relief...” *February 3, 2014 Decision*, p. 2.

On April 25, 2014, the Illinois Department of Financial and Professional Regulation issued an informal opinion that “Intramuscular Manual Therapy or Dry Needling does not fall within the scope of practice of physical therapy.” A copy of the opinion is enclosed.

The Illinois Department's decision was based on the same argument made by the College in its rulemaking petition and before the trial court (which did not reach the argument, given its dismissal on ripeness grounds):

“The concern of the Department is that there are no standards of practice in place for physical therapists to perform Intramuscular Manual Therapy or Dry Needling. To be included in the scope of practice, the Physical Therapy Practice Act would need to clarify the entry-level education required to perform dry needling as well as the continuing education requirement. Without specific standards of practice in place, the Department has concerns about the ability of physical therapists to competently and safely perform Intramuscular Manual Therapy or Dry Needling.”

In reaching this conclusion, the Illinois Department adopted the College's rulemaking petition's analogous arguments. For example, the Illinois Department's opinion states: “The main reason for this opinion is that all procedures listed in the Physical Therapy act are non-invasive procedures.” In contrast, “...the Acupuncture Practice Act clearly refers to treatment using needles breaking the skin, an invasive procedure.”

The Illinois Department also recognized that, again analogous to Wisconsin, Illinois acupuncturists are subject to statutorily-mandated extensive training, including a Clean Needle Technique course and 660 hours of clinical training, 250 of which must consist of student-performed treatment. As the Illinois Department states, “The Acupuncture Practice Act clearly defines the standards of practice in place to perform procedures using needles.” The Illinois physical therapists provisions, like those in Wisconsin, contain generalized language, with no certification or training requirements.

In the trial court proceedings, the Board admitted that “dry needling,” simply put, is acupuncture. *See, for example, WSPS Reply Brief in Support of Motion to Dismiss*, pp. 2-5. Even so, the Board has shut out the College and licensed acupuncturists from participating in the development of appropriate educational, training and other requirements for physical therapists' performance of acupuncture.

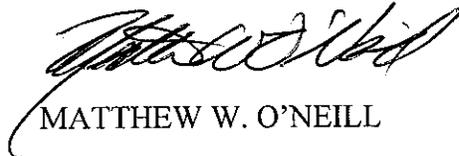
Based on the Board's admission, the Illinois Department's opinion, the weight of authority, and the public's health and safety, the College requests that the Board reconsider its prior denial of the College's rulemaking petition. At a minimum, the public's health and safety warrants the establishment of appropriate credentialing, education and training requirements for physical therapists who desire to perform (and are currently performing) the invasive technique denoted as dry needling (which the Board has acknowledged is acupuncture).

The College recognizes that the Illinois Department's decision is both informal and based on Illinois law. The Illinois provisions, however, are similar to those in Wisconsin. Moreover, whether formal or informal, the opinion thoughtfully addresses and adopts many of the types of arguments made by the College arguments in support of its petition. It also reflects the increasing

awareness by state agencies of the reality that dry needling constitutes acupuncture, and that those performing it must be certified, educated and trained to protect the public health.

The College is contemplating requesting the Wisconsin Attorney General to issue an opinion on this issue. The College will certainly advise the Attorney General of the Illinois Department's decision in any such request.

Very truly yours,



MATTHEW W. O'NEILL

MWO:ljc

Enclosure



Illinois Department of Financial and Professional Regulation
Office of Legal Affairs

PAT QUINN
Governor

Manuel Flores
Acting Secretary

Richard DiDomenico
General Counsel

April 25, 2014

The Department's mission is to protect and promote the lives of Illinois consumers. With that goal in mind, the Department, through its legal counsel, considered whether Intramuscular Manual Therapy or Dry Needling is within the scope of practice of physical therapy. Due to the fact that the scope of practice for physical therapists is extremely broad, the Department reviewed both the Physical Therapy Act and the Acupuncture Practice Act. After careful consideration, it is the Department's informal opinion that Intramuscular Manual Therapy or Dry Needling does not fall within the scope of practice of physical therapy.

The main reason for this opinion is that all procedures listed in the Physical Therapy Act are non-invasive procedures. 225 ILCS 90.1 (B) states in part that physical therapy includes the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices.

In comparison, the Acupuncture Practice Act clearly refers to treatment using needles breaking the skin, an invasive procedure. 225 ILCS 2/10 states in part that acupuncture means the evaluation or treatment of persons affected through a method of stimulation of a certain point or points on or immediately below the surface of the body by the insertion of pre-sterilized, single-use, disposable needles, unless medically contraindicated, with or without the application of heat, electronic stimulation, or manual pressure to prevent or modify the perception of pain, to normalize physiological functions of the body... Furthermore, Section 114.30 requires the successful completion of a Clean Needle Technique course and 660 hours of clinical training. 250 of the 660 hours must consist of student-performed treatment. The Acupuncture Practice Act clearly defines the standards of practice in place to perform procedures using needles.

The concern of the Department is there are no standards of practice in place for physical therapists to perform Intramuscular Manual Therapy or Dry Needling. To be included in the scope of practice, the Physical Therapy Practice Act would need to clarify the entry-level education required to perform dry needling as well as the continuing education requirement. Without specific standards of practice in place, the Department has concerns about the ability of physical therapists to competently and safely perform Intramuscular Manual Therapy or Dry Needling.

Please be advised that this letter is intended only as an informal statement reflecting the interpretation of the Department, as the Office of the Attorney General is the only office that may render official opinions regarding statutory interpretation.

Lisa A. Wade, Associate General Counsel

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**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shawn Leatherwood, Administrative Rules Coordinator		2) Date When Request Submitted: August 19, 2014 <small>Items will be considered late if submitted after 12:00 p.m. and less than: ▪ 8 work days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: September 11, 2014	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Update on PT 1, 2, 3, 8 Temporary reentry license	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by _____ (name) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will review information regarding the status of PT 1, 2, 3, 8 Temporary reentry license.			
11) Signature of person making this request Shawn Leatherwood <hr/> Supervisor (if required)		Authorization <div style="text-align: right;">Date August 19, 2014</div> <hr/> Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board Services Bureau Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Lori Dominiczak, PT		2) Date When Request Submitted: 8/6/2014 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 					
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board							
4) Meeting Date: 9/11/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Continuing Education Received from Online Courses - discussion					
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? Yes – Peter Schramm, Office of Education and Examinations	9) Name of Case Advisor(s), if required:					
10) Describe the issue and action that should be addressed: Lori Dominiczak asked for this matter to be discussed. There are two attachments for Board review, including notes regarding considerations related to limits on the number of CEUs from online, non-interactive courses and ProCert Vendor Guidelines. Jill Remy, the Director of the Office of Education and Examinations, provided this Wis. Admin. Code citation: PT 9.04 (2) (c) specifically <u>does not limit</u> the number of contact hours for “a self-study course or courses offered via electronic or other means” so I do not think there is authority to implement her suggestion without a rule change. PT 9.04 Standards for approval. (2) The continuing education activities described in table PT 9.04 qualify for continuing education hours. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;">ACTIVITY</th> <th style="width: 40%;">CONTACT HOUR LIMITS</th> </tr> </thead> <tbody> <tr> <td>(c) Successful completion of a self-study course or courses offered via electronic or other means which are sponsored or approved by acceptable health-related or other organizations including the American Physical Therapy Association and the Wisconsin Physical Therapy Association.</td> <td>No limit.</td> </tr> </tbody> </table>				ACTIVITY	CONTACT HOUR LIMITS	(c) Successful completion of a self-study course or courses offered via electronic or other means which are sponsored or approved by acceptable health-related or other organizations including the American Physical Therapy Association and the Wisconsin Physical Therapy Association.	No limit.
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11) Authorization							
Signature of person making this request		Date					
Supervisor (if required)		Date					
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date					

Considerations of Limits to Number of CEU's from Online, Non-Interactive Courses

From a PT Faculty member:

CE should be expected in the primary areas of PT practice: psychomotor skills (primarily lab based CE), cognitive skills and affective behaviors (both a combination of on line or on site CE). That's the formula we use in PT entry level education which should translate to minimal competency for licensure. We are encouraging a mix of various CE methods addressing these areas.

From Heidi Herbst Paakkonen, FSBPT Continuing Competence Product Manager:

Every course evaluated by ProCert is required to submit a detailed Content Analysis. This involves the course vendor submitting every agenda item and indicating the teaching strategy associated with it; we call it a learning demand level. Asynchronous delivery is typically a learning level 1, but sometimes some content can be justified as being at learning level 2. A course consisting of only printed material will always be at learning level 1. If the online course involves synchronous delivery of content, that jumps up to a level 3. In the case of a live course, it's quite possible – or even likely – that at least some of the content is at learning levels 2, 3, 4 and possibly even the top level of 5. So when content is delivered at a higher level (meaning that the demand on the learner increases) the ProCert formula awards a higher level of CCUs. To illustrate this when a vendor such as Cross Country Education submits what they consider to be the same course to us that actually consists of the live course and then the recording of the live course onto a DVD, the live course will always earn a higher CCU. The live course might be awarded 8 CCUs by ProCert and the DVD recording could be 5 or maybe 6 CCUs.

The other standard used by ProCert that often awards higher credit to a live course than to an online and asynchronous course is the Engagement standard (which makes sense). More engagement opportunities exist for a typical live course than exist for a typical online and asynchronous course.

The formula that ProCert applies is VERY intricate and proprietary so I can't go into that level of detail, but hopefully I've done a decent job of explaining how it works. You can also read more about this approach in our ProCert Guidance Document:

<https://www.fsbpt.org/Portals/0/documents/ProCertVendorGuidanceDocument2014March.pdf>. Go to page 43 and review the examples and the table on that page and you can see at least in relative terms how online and asynchronous compares to live courses – especially those that place a higher degree of demand on the learner.

Requirements of Surrounding States:

Illinois – maximum 50% of total is online

Minnesota – online courses limited to 10 hours maximum (which is 50% as their required total every 2 years is 20 hours)

Indiana – no limits

Iowa – no limits

Michigan – currently does not have a CE requirement at all

Guidance Document for Vendors

Pro**Cert** Continuing
Competence Certification

Continuing Education

FSBPT

Federation of State Boards of
Physical Therapy

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Purpose of this Guidance Document

The FSBPT strongly recommends that this document be reviewed prior to initiating any activity submission, and that it be used as a resource document during the submission process. The purpose of this document is to provide assistance to physical therapy continuing competence activity providers for the submission requirements of **ProCert**, the certification program of the Federation of State Boards of Physical Therapy (FSBPT). The information in the Guidance Document is your best resource for preparing and submitting your activity for certification review. **ProCert**'s requirements and process are different from other certification or approval options for continuing competence activities; ideally activities are developed in accordance with **ProCert** requirements and this guidance. Familiarity with the content and development of the activity – or access to the person(s) responsible – are also critical to the process.

Why Did FSBPT Launch a Continuing Competence Initiative?

Patients have every right to assume that a health care provider's license to practice is the regulating body's assurance of his or her current professional competence. Clinicians themselves would like assurance that those with whom they practice are current and fully competent. Additionally, physical therapists (PTs) and physical therapist assistants (PTAs) would like to have a method to evaluate options for maintaining their continuing competence.

Physical therapy licensing boards – FSBPT's members – have significant responsibility to the public in this area as they are required by law to ensure PTs and PTAs licensed to practice in their state continue to be competent throughout their career. As directed by these members, FSBPT developed **ProCert** as a comprehensive continuing competence activity certification program to evaluate the content of continuing competence activities for purposes of awarding certification.

FSBPT Standards for Continuing Competence Activities

The [Standards for Continuing Competence Activities](#) ("Standards") are the foundation for the assessment of continuing competence activities. After collecting over 200 survey responses from stakeholders and additional review by the FSBPT Continuing Competence committee, FSBPT approved the Standards. The Standards have been validated as being applicable to all types of continuing competence activities. Not all Standards are required for certification to be granted. In addition to the Standards, the Committee established measurable, objective criteria for each Standard which will be used to gauge and measure the quality of the activity. Highly trained reviewers will determine whether or not the criteria have been met and will give feedback to the vendor. Those Standards that are required have required criteria.

Purpose of ProCert Certification

ProCert evaluates continuing competence activities used to meet licensure renewal requirements in several U.S. jurisdictions. Activity value is measured by the extent to which the activity meets the standards to support the ongoing competence of the PT or PTA. The most current list of state licensing boards that accept or recognize FSBPT certification is evolving and can be verified by contacting FSBPT: competencestaff@fsbpt.org.

VENDOR SUBMISSIONS:

Course and activity providers are referred to as "vendors" for purposes of the certification submission process. **The documentation that a vendor provides with the certification submission is vitally important. It is the sole means for the vendor to justify whether or not a standard and its criteria have been met. The reviewers will only evaluate documentation submitted by the vendor to make a decision regarding certification and will not look elsewhere for justification or supporting documentation (i.e. independently look to an Internet site, contact you for clarification, etc).** For example, if your website has all the information that would meet the requirement for a standard or criterion, you must upload the page or that information into aPTitude. The reviewers **WILL NOT** go to your website for the information. Additionally, the reviewers will only be looking for documentation to support the claims the vendor has

made with a certification submission; additional standards or criteria met that the vendor did not identify will not be credited. The reviewers will accept the claims by the vendor as credible and true; however in the event that the vendor certifies this standard has been met but over the course of the review the reviewers find there is evidence to dispute the vendor's claim, the review may be negatively impacted.

FUTURE SUBMISSIONS:

This version of the Guidance Document contains the most complete and accurate information regarding the submission requirements for **ProCert** certification at this time. FSBPT reserves the right to make modifications to the requirements in the future including adding additional standards and/or criteria, modifying documentation requirements, making optional standards or criteria required, or requiring additional documentation.

PARTICIPANT FEEDBACK: Another "check" on the **ProCert** certification system, specific to the validity of vendor's claims, comes in the form of activity feedback submitted by actual participants. User-generated comments provide a strategy for substantiating information that vendors supply with activity certification submissions. In addition to rating activities based on a 5-star system, users may post to any recorded activities their narrative comments that are accessible to all other users. Monitoring of this user-generated feedback by FSBPT staff and volunteers will augment other quality assurance efforts associated with certified activities.

CURRENT AND RELEVANT MATERIALS AND REFERENCES

FSBPT acknowledges the expense in updating existing course materials to reflect changes made to meet the requirements for certification. As long as the changes made to these materials (such as the wording of the objectives) do not create substantive changes to the activity itself, then it is permissible to supply the updates separately to the participants without re-printing of the original promotional materials. **Any changes, including new behavioral objectives, must be presented to participants before or during the activity. The vendor must upload for review an addendum with any modifications/edits. The vendor is required to have updated promotional materials and updates on all submitted documentation at the time of re-certification.**

The expectation is for activity providers to stay current with regard to the material that is being presented, taught, and assessed. Although some of the best (and sometimes only) research in the physical therapy field is older, most often it would be expected to see references that are less than 5 years old. Additionally, as the physical therapy field and health care evolves, course materials should be updated. If a developer/provider continues to use only the same materials for any activity that were used more than 5 years ago, the reviewer should look more closely to determine if that information is the most current and relevant.

Tips for Starting a ProCert Submission

1. **PERSONNEL:** Some Standards and Criteria require more than administrative knowledge of the activity. Access to, and consultation with persons with development and content knowledge of the activity will be necessary in order to properly justify credit for specific Standards and Criteria. This may be a change from your current methods of preparation.
2. **WHICH CRITERIA SHOULD I SELECT?:** Refer to the Typical Activity Standards & Criteria Guide in this document as this is a tool to guide you in terms of determining the likelihood specific criterion will be applicable for your specific activity type). Some criteria are not available to conferences and others are somewhat unlikely for a continuing education activity.
3. **GUIDANCE DOCUMENT:** Have this Guidance Document handy to use as a reference.
4. **PREPARE DOCUMENTATION:** Organize all of the documentation that you believe you will be submitting to support your application, and **any screenshots or webpage text**. (Reviewers WILL NOT go to your webpage even if given a link). Remember to clearly state for the reviewers what particular information is being used to meet the criterion and where in the document specifically it can be found. Taking the time to complete your submission this way will greatly increase the likelihood of the reviewer approving your request for credit for that criterion. All documents MUST be submitted electronically via an upload to aPTitude.
5. **KEEP AN OPEN MIND . . . AND BEGIN!**

REQUIRED**STANDARD 1 - ADMINISTRATION: The continuing competence provider has established processes for developing, administering and documenting the activity.****REQUIRED CRITERIA; No Value Added Criteria****1a. The provider maintains information on the development, administration and documentation of the activity.****-The provider identifies and provides a supportive learning environment, the physical, material, and technological resources necessary to support the activity****-Documentation is maintained of the processes used to develop, administer, deliver, conduct and assess the activity and participants.****-The provider maintains cumulative records with appropriate security for a period of five years****REQUIRED DOCUMENTATION****Live CE:**

1. Justification Statement must contain: Vendor documentation of a description of the venue. The vendor must also identify and verify the availability of the specific resources (personnel, facilities, equipment, etc) required to achieve the objectives. Distinguish whether there is lab, lecture, or a combination learning environment.
2. Upload: Copy of company policy on record privacy and storage

Remote CE :

1. Justification Statement must contain: Vendor documentation of their technological capabilities to deliver the material and any alternate means of communication (phone customer service) with the vendor available to the participant. Statement must include why the course can be delivered effectively in a remote format. Vendor must identify and document the availability of the resources (personnel, facilities, equipment, etc) required to achieve the objectives.
2. Upload: Copy of company policy on record privacy and storage

GUIDANCE

The provider of the CC activity is expected to provide what is needed for the participants to have a learning experience. Additionally, the vendor is expected to have record keeping procedures in place that will allow the vendor to communicate to the licensee or outside party that the participant took part in the activity. The vendor should maintain appropriate security to hold both confidential and non-confidential information appropriately.

EXAMPLES

JUSTIFICATION STATEMENT: The venue is a university PT department lab classroom. There is enough room for a maximum of 30 students; we have limited our class size to 20 with 2 instructors to maximize space as this is a pediatrics lab course equipped with floor mats and balls/bolsters of many sizes. Upload: *P&P: Digital Record Storage*

Differences lab vs lecture: Dry needling lab course requires needles and minimal set up for clean technique available. Dry needling theory course does not necessarily require either; it may be taught as lecture and presentation style.

VALUE ADDED CRITERIA**Not applicable**

REQUIRED**STANDARD 2: APPROPRIATE LANGUAGE: The continuing competence provider uses language that does not show bias or cultural insensitivity****REQUIRED CRITERIA**

2a. The provider certifies the use of current terminology within the activity that does not show bias or cultural insensitivity.

REQUIRED DOCUMENTATION

Certification statement required: (You may use this exact language to meet the requirement)
Continuing Education, INC certifies and acknowledges there is no bias or cultural insensitivity used in the language pertaining to the activity and certifies the use of the most current acceptable terminology.

GUIDANCE

The intent of this standard is to communicate the importance of evaluating language and removing any bias or cultural insensitivity in the development, presentation, and administration of a continuing competence activity

EXAMPLES

Ideally, the vendor would incorporate people first language and be sensitive to cultural differences. People first language would include the following examples:

Patient with a stroke (not “stroke patient”)

Child with cerebral palsy (not “CP child”)

Person with cancer (not “cancer victim”)

Person with a disability (not “handicapped person”)

Example of potential bias/cultural insensitivity: This course is not appropriate for females from cultures requiring a chaperone. Each participant must be able to fully participate; we are unable to accommodate this type of need.

VALUE ADDED CRITERIA

Not applicable

REQUIRED

STANDARD 3 - NON-DISCRIMINATORY: The continuing competence activity is available to all appropriate participants without unlawful discrimination.

REQUIRED CRITERIA

3a. The provider certifies that the activity is available to all appropriate participants without unlawful discrimination.

REQUIRED DOCUMENTATION

Certification statement required: (You may use this exact language to meet the requirement)
Continuing Education, INC certifies compliance with the laws and rules pertaining to discrimination relevant and applicable to the activity.

GUIDANCE

The intent of this standard is to communicate the importance that all rules and laws regarding discrimination should be followed in the development, presentation and administration of a continuing competence activity. While acknowledging that a given activity may have restrictions based on appropriateness to the educational preparation, target audience, qualifications, etc., these restrictions cannot be based on unlawful discrimination.

EXAMPLES

Appropriate participants- Level 3 course requiring participants to have first completed Level 1-2

Restricted to physical therapists only

Inappropriate examples: Male PTs restricted from a women's health course

VALUE ADDED CRITERIA

Not applicable

REQUIRED**STANDARD 4: COPYRIGHT AND DISCLOSURE: Each continuing competence activity provides copyright and disclosure information**

- Copyright permissions of materials developed by others are identified on all audio-visual and activity materials
- Copyrights of materials that are authored by the developers or instructors are identified on all audio-visual and course materials
- Disclosure information regarding potential conflicts of interest and financial gain is identified and supplied to potential participants

REQUIRED CRITERIA

4a. The provider must certify that appropriate permissions of copyright materials have been obtained, all copyright materials have been identified, and disclosures have been made.

REQUIRED DOCUMENTATION

Certification statement required: (You may use this exact language to meet the requirement) Continuing Education, INC certifies compliance with these copyright laws and rules and that all appropriate disclosures have been identified and communicated.

*If the vendor is promoting or attempting to sell a specific product, trademark, or registered item the vendor must provide a clear statement of disclosure regarding any potential conflicts of interest and financial gain is identified and supplied to potential participants

GUIDANCE

The intent of this standard is to communicate both the importance that all rules and laws regarding copyright protections should be followed in the development, presentation, and administration of a continuing competence activity and the necessity to make participants aware of any potential conflicts of interest or financial gain which may be derived by the presenter or developer directly because of the activity. Some information regarding the appropriate use of copyright material and the doctrine of Fair Use Section 107 of the 1976 Copyright Act can be found at the U.S. Copyright Office <http://www.copyright.gov/fls/fl102.html>. It is the vendor's responsibility to ensure compliance with all relevant copyright laws and rules.

Providers and presenters/authors must disclose to participants and to ProCert any known potential for conflict of interest or appearance of conflict, and any material gain through any product or service.

EXAMPLES

An instructor plans to hand out full photocopies of several journal articles to support the course content. He/she must first determine if this would be an infraction of copyright law. The instructor may choose to share a bibliography instead.

A continuing education course on Rehabilitative Ultrasound imaging is sponsored and underwritten by the machine manufacturer. The instructor/developer shall inform participants of this fact.

CRITERIA - VALUE ADDED

Not applicable

REQUIRED	STANDARD 5 – CONTENT: Content within the continuing competence activity is relevant to the physical therapy profession and the designated audience(s).
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REQUIRED CRITERIA	
5a. Content of the activity must relate to the scope of practice of physical therapy as defined by the FSBPT Standards of Competence, NPTE Content Outline, American Physical Therapy Association (APTA) Guide to Physical Therapist Practice, PT and PTA Normative Models for Education, American Physical Therapy Association Ethics Core Documents, descriptions of Specialty practice, state practice acts and regulations, The Model Practice Act and/or other relevant regulatory documents or other generally accepted professional standards.	
REQUIRED DOCUMENTATION	<p>Justification Statement as to the focus of the activity and the relationship of the content to physical therapy practice</p> <p>Upload: Course description and brochure; syllabus if applicable; screenshot of the website with this information</p>
GUIDANCE	The <i>Guide to Physical Therapist Practice</i> and <i>The Model Practice Act for Physical Therapy</i> define the practice of physical therapy as including clinical practice, administration, education, consultation, and research. Content in any of these areas would be considered relevant to the physical therapy profession.
EXAMPLES	<p>Ethics CE- references APTA Code of Ethics</p> <p>Surgical techniques for the ACL: this course was introducing a new suture procedure and focused on the actual performance of the surgery and not about the anatomy, physiology, function, or follow up care. Not appropriate for a physical therapist and would fail this Standard.</p>
CRITERIA - VALUE ADDED	
Not applicable	

REQUIRED CRITERIA

5b. Content within the continuing competence activity is relevant to the targeted audience(s).

REQUIRED DOCUMENTATION

Justification Statement as to the focus of the activity and the relationship of the content to physical therapy practice

Upload: Information from 5a: Course description and brochure; syllabus if applicable; screenshot of the website with this information

GUIDANCE

The continuing competence activity developer/provider must be clear for whom the content is intended and who will benefit most. The licensee must have this information in order to determine if the activity will meet the identified need. The quality of information provided to the licensee is addressed in Standard 8: INFORMATION AND MATERIALS.

EXAMPLES

Vendor makes a clear statement of who is the target audience made public prior to activity:

For physical therapists with significant experience in cardiopulmonary clearing techniques; should be able to independently suction, perform chest PT in traditional and modified positions, auscultate and differentiate heart and breath sounds

For Experienced, Licensed Physical Therapists: Applicants must submit evidence of 2,000 hours of direct patient care in the area of Geriatrics within the last ten (10) years. 25% (500) of which must have occurred within the last three (3) years. (From the GCS requirements)

Target audience: New graduates PT or PTA. May or may not have had coursework in pharmacology. The focus will be on the most commonly used drugs in treating musculoskeletal system. Effect of drug actions and specific adverse effects that have an impact on the physical therapy management of patients and clients will be discussed.

The C1 course is designed especially for professionals in the first 7 years after graduation who are seeking the leadership skills needed for their next professional challenge. Those likely to benefit are PTs who are new in management positions, clinical instructors supervising students, faculty teaching leadership in entry-level physical therapist programs, and new association/component board and committee leaders. (From the APTA Health Policy Administration section LAMP course description)

CRITERIA - VALUE ADDED

Not applicable

REQUIRED**STANDARD 6: CONTENT ANALYSIS**

One goal of the ProCert certification program is to create a reproducible, objective system of evaluating content that is comparable for all activity types. Content is scored based on the topics covered by the activity, the level of coverage, the emphasis given to each of the categories of learning demand (reflective of the depth of the material), and the total time involved in the activity.

REQUIRED CRITERIA**REQUIRED DOCUMENTATION****On-site CE:**

Upload: *FSBPT Content Analysis Form* (will eventually be integrated into ProCert system)

Remote CE :

Upload the [Mergener Formula calculation](#) (this will eventually be integrated into ProCert system) for all written/text components. DVDs, web-casts, etc will use the actual running time devoted to the course content. Hybrid courses will utilize real running time and the [Mergener Formula](#) to calculate total time.

Submission on the Content Analysis Submission Form is not a guarantee that the vendor's claim for the content score will be accepted.

GUIDANCE

There are 3 required steps to providing the content analysis for most activities:

1. Determine the total time for the activity.
2. Download and complete the Content Analysis Submission Form
 - a. Record each topic or agenda item from the outline/agenda in the **Title** column.
 - b. Record the duration for each of the topics or agenda items in the **Time Spent** column.
 - c. Select the appropriate content for each of the topics or agenda items from the drop-down menu in the **Content Area** column.
 - d. Select the appropriate teaching/learning strategy used for each of the topics or agenda items from drop-down menu. Refer to Figure 1: FSBPT Level of Learning Demand Scale for assistance.

3. Upload the completed Content Analysis Submission
In the absence of justification or documentation to support the level the vendor has claimed, the activity will be re-assigned the lowest level. This will cause the activity to fail the review entirely. Vendors are encouraged to provide this information for the reviewers. Content analysis form hours must match what is entered into the system, if not; ***the hours will be re-assigned to match the form. This will cause the activity to fail the review entirely.*** When an activity includes case studies, the time spent should be reflected in the Evidenced Based Practice/Use of Research/Case Study category. Time spent in Question and Answer periods should be reflected in the topic area named such.

CRITERIA - VALUE ADDED

Not applicable

Determining Time of the Activity

Continuing Education (live)

Time should be documented as the actual time spent engaged in the activity rounded up or down to the nearest quarter hour. The total time should not include non-working breaks or meals; however, these break periods may be used to meet the informal interaction criteria in the Engagement Standard. Use the chart below for calculations.

Conferences

The total time of the conference should be a reflection of the time dedicated to educational programming. Time spent during the conference that is not educational, even if relevant to the practice of physical therapy such as the exhibition hall hours, organization policy sessions (networking and job- seeking, class reunions, section business meetings, or financial planning sessions (including the House of Delegates/Delegate Assembly)) should not be included in the total time for the conference. Use the chart below for calculations.

Minutes above full Hour	Rounding Guidance	Example
0-7 minutes	Round Down to 0 minutes	Activity is 6 hours and 6 minutes Total Time reported: 6 hours
8-14 minutes	Round Up to 15 minutes	Activity is 6 hours and 12 minutes Total Time reported: 6 hours and 15 minutes
15-22 minutes	Round Down to 15 minutes	Activity is 6 hours and 21 minutes Total Time Reported: 6 hours and 15 minutes
23-29 minutes	Round Up to 30 minutes	Activity is 6 hours and 23 minutes Total Time Reported: 6 hours and 30 minutes
30-37 minutes	Round Down to 30 minutes	Activity is 6 hours and 35 minutes Total Time Reported: 6 hours and 30 minutes
38-44 minutes	Round Up to 45 minutes	Activity is 6 hours and 44 minutes Total Time Reported: 6 hours and 45 minutes
45-52 minutes	Round Down to 45 minutes	Activity is 6 hours and 50 minutes Total Time Reported: 6 hours and 45 minutes
52-59 minutes	Round UP to nearest whole hour	Activity is 6 hours and 52 minutes Total Time Reported: 7 hours

Continuing Education (Printed Home Study)

The following formula, known as the Mergener Formula, must be used to determine the number of minutes/hours to allocate for a printed home study continuing education course. This calculation must be uploaded with the vendor's submission. **This is for TEXT materials only.**

Time (in minutes)= $-22.3+(0.00209)(\text{number of words})+(2.78)(\text{number of questions})+(15.5)(\text{difficulty level})$

Difficulty level should be determined using the following 5 point Likert Scale:

Very Easy	1
Somewhat Easy	2
Moderate	3
Difficult	4
Very Difficult	5

The formula was first published in 1991 in the American Journal of Pharmaceutical Education and further work was done to validate it in the same journal in 2007.

Online calculators are available for applying the Mergener formula to printed material. One such example is <http://touchcalc.com/calculators/mergener>

References:

Mergener, M.A. A preliminary study to determine the amount of continuing education credit to award for home study programs, American Journal of Pharmaceutical Education, 1991.55:263-266.

DeMuth, J.E. and Hanson, A. Validation of a Formula for Assigning Continuing Education Credit to Printed Home Study Courses
Am J Pharm Educ. 2007 December 15; 71(6): 121.

Content Topic List

Definitions of many of the following terms are found in the glossary of this document.

When an activity includes case studies, the time spent should be reflected in the Evidenced Based Practice/Use of Research category or may be distributed throughout the appropriate areas. The vendor should note on the Content Analysis form how the time has been distributed.

Foundational Sciences Anatomy, Biology, Physics, Chem/Bio-chem/Org-chem, Physiology/Exercise Physiology, Biomechanics/Kinesiology, Histology/Pathology, Pharmacology, Behavioral Sciences

Examination Patient/Client History & systems reviews, Tests and Measures

Evaluation, Diagnosis and Prognosis Treatment Planning & Discharge Planning

Intervention Therapeutic Exercise, Functional Training, Manual Therapy, Orthotics and Prosthetics, Airway Clearance, Wound Management, Electrotherapeutic Modalities, Physical Agents, Mechanical Modalities

Education, Communication, Psychosocial Teaching, Learning, Communication, Psychosocial aspects of patient care

Professionalism, ethics, legal practice Jurisprudence, Responsibility of Licensure, CMS updates, Professional Responsibilities, Patient/client rights, Sexual Harassment, Appropriate Boundaries

Administration, Documentation, Billing, Quality Initiatives, Informatics, Advocacy, Marketing, Business Setting/Practice Management

Evidence Based Practice/ Research/ Case Studies Research, Outcomes, Data Collection Techniques

Health, Wellness & Prevention Health promotion, Fitness, Wellness, Prevention, Safety, Emergency Preparedness

Discussion/Question and Answer

REQUIRED

STANDARD 7 - INSTRUCTOR/DEVELOPER/STAFF QUALIFICATIONS: The developers and deliverers of the activity have documented experience, education and training to allow attendees to meet the activity objectives.

REQUIRED CRITERIA

7a. The developers and deliverers of the activity have documented experience, education and training to allow attendees to meet the activity objectives.

REQUIRED DOCUMENTATION

Upload: CVs for all Instructors. For CE, no information is required for course developer. Vendors must specifically note the particular work/education from the CV that is relevant to the content area being presented.

GUIDANCE

The intent of this standard is to communicate the importance of qualified personnel being used during the development and presentation of a continuing competence activity. **FSBPT certification requires that the vendor supplies information that supports the qualifications of the personnel involved. Vendors must demonstrate that the instructor's education, work experience, research, publication, etc is relevant to the content area being presented.**

Documentation is required for each instructor that is noted. Vendors are encouraged to submit the names and information for anyone that may be a possible instructor in the next year. **Anyone who may be presenting the course must be identified during certification; if there is a new presenter, a new certification is required. Include any potential speakers in the initial certification application.**

EXAMPLES

Two instructors have been identified and resumes are included. Their statement of experience shows that the instructors have 10 years of experience, one of the instructors teaches the content area in a transitional DPT program, and both instructors have a specialty certification in the content area.

Lawyer and paralegal present a CE activity to physical therapists regarding the state practice act, scope of practice questions, and other jurisprudence issues in the state. This lawyer is the former Assistant AG to the State PT Board. Paralegal has no background in PT or health law and recently graduated; he has only been working 2 weeks. Based on this data, the lawyer would be deemed reasonably qualified, but the paralegal would not which would fail the activity on this Standard and certification would be denied

CRITERIA - VALUE ADDED

Not applicable

REQUIRED

STANDARD 8 - INFORMATION AND MATERIALS: The Continuing Competence Provider furnishes clear, complete information to potential participants about the activity format and content, biography of the activity deliverer/presenter, and participant requirements.

REQUIRED CRITERIA

8a. The provider supplies sufficient information to allow prospective participants to judge the value and appropriateness of the activity.

REQUIRED DOCUMENTATION

Justification Statement: The vendor should communicate the specific information that would be furnished to potential and actual participants

Vendor must communicate in pre-registration materials if there is an assessment with a proficiency standard in order to get credit for the course (example: 70% required on post-test to get the completion certificate)

Upload: Brochure or Screenshot/.pdf of information available on website. **A link to the website is unacceptable.**

GUIDANCE

The reviewer should look that the major components and information about the activity have been communicated. The vendor should submit all information that would be provided to a participant.

The vendor should communicate to the reviewer where exactly to look for the information used to determine that Standard 8 and its criteria have been met.

EXAMPLES

Examples of information helpful to a licensee to evaluate a continuing competence activity includes:

- Title and description
- An outline of the material covered within the activity and if appropriate, a specification of the amount of time designated to each content area
- The activity objectives
- proficiency standard in order to get credit for the course
- A list of course presenters/authors with pertinent biographical information.
- The target audience for the CC activity
- Costs and cancellation/refund policies
- Methods of assessment of learning
- Informed consent is included if the CC activity could present risk to the participant.
- Prerequisite assignments and or learning are identified.
- Any disclosures related to conflict of interest should be included in information provided to potential participants. CC providers and presenters/authors must disclose any known potential for conflict of interest or appearance of conflict. Material gain through any product or service should be addressed during the CC activity
- Author/presenter bias and/or opinion is clearly stated as such
- Ratio of teacher/students

CRITERIA - VALUE ADDED

Not applicable

REQUIRED AND VALUE ADDED	STANDARD 9 - ENGAGEMENT: The continuing competence activity fosters the participant’s learning and professional engagement through reflection, interaction, participation and/or contribution to the profession and its body of knowledge.
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REQUIRED CRITERIA
<p><u><i>The activity must meet any one of the criteria below, any others met will be value added to the CCU score:</i></u></p> <ul style="list-style-type: none"> 9a. Activity includes structured opportunities for self-reflection and identification of growth opportunities 9b. Activity offers informal opportunities for interaction and/or feedback from other professionals 9c. Activity includes opportunities for participation through structured interactive opportunities 9d. Activity provides opportunities to contribute to the profession and its body of knowledge <p>Each element of an activity (e.g., lab session) can only be counted toward one of the criteria. In order to claim credit for more than one criterion, the vendor MUST identify an element of the activity for each criterion being claimed. For example: 9a (self assessment tool administered) and another element that meets 9c (lab session).</p>

MAY BE SELECTED AS REQUIRED OR VALUE ADDED CRITERIA

9a. Activity includes structured opportunities for self-reflection and identification of growth opportunities.

REQUIRED DOCUMENTATION	<p>Justification Statement: Vendor must identify when/how in the activity self-reflection is performed. Self reflection is careful thought about your own behavior, beliefs, strengths, and weaknesses.</p> <p>Upload: Course agenda, screenshot, something that shows the self-reflection component of the activity. If no self-assessment tool is used, the vendor must demonstrate how the self-reflection takes place or where/when there is an opportunity for self-reflection by the participants.</p> <p>Upload: Any self-assessment tool/instrument used (including professional portfolio). <i>A self-assessment tool or instrument is not required but if a self-assessment tool/instrument is used it must be uploaded.</i> The vendor may create a specific tool for this purpose or an alternate tool. At minimum, the vendor created self-assessment tool must contain open ended questions as to: 1. Why the participant chose the course and the need it addressed for the participant 2. How the information from the course relates to their practice 3. How the information gained will change the participant’s behavior in the future</p> <p><i>These questions cannot be integrated into the course evaluation form.</i></p>
GUIDANCE	<p>The self-reflection opportunities must be structured in order to get credit for this criterion. The vendor will need to identify when/how in the activity self-reflection is performed. Self reflection is an assessment of the participant’s strengths/weaknesses and application to practice not an assessment of the material learned or the logistics of the activity. Self-assessment is not the same as the assessment (standard 13) to demonstrate learning or proficiency.</p>
EXAMPLES	<p>Development of a personal portfolio required for the activity</p> <p>Self-reflection questions/breaks after instruction modules</p>

MAY BE SELECTED AS REQUIRED OR VALUE ADDED CRITERIA

9b. Activity offers informal opportunities for interaction and/or feedback from other professionals

REQUIRED DOCUMENTATION

Justification Statement: Vendor specifies where the opportunities for interaction take place during the activity. The intent of the standard is that the interaction be with people, specifically other professionals and colleagues.

On-site CE

Upload: Brochure showing it's an in-person course

Remote CE

Screen shot of available message board or chat room for professionals/colleagues. Screen shot of any other means the vendor attempts to meet this standard. The intent of the standard is that the interaction be with people (NOT interaction with the course materials), specifically other professionals and colleagues. Vendors must submit a screenshot or the documentation showing/instructing participants how they can communicate with instructors or other participants. **The opportunity for interaction must be integrated into the course**, a phone number for the instructor/developer is not sufficient to meet this standard.

GUIDANCE

Any in-person activity with other colleagues, participants, instructors, etc. would meet 9b. The intent of the standard is that the interaction be with people, specifically other professionals and colleagues.

An on-line offering can meet criterion 9b. If the on-line activity is structured to allow for message boards or professional chat rooms or even on-line interactive study groups with other professionals, it would be possible to meet this criterion. The intention of the criterion is to allow for an opportunity for professionals to interact. **The submission MUST demonstrate more than the availability of a customer service line.** Participants must be provided with means to communicate and contact the presenter, vendor, or other participants who will respond to their professional questions and or provide feedback. These means must be integrated into the course itself such as "contact us" features on media players or "raise hand" technology" in Webinars. The interaction must be **than technical customer service -- an actual chance to engage in professional dialogue.**

EXAMPLES

Question and Answer period with ability to see/comment on other participants questions and comments on-site or on message boards

"Raise hand" technology in Webinars.

PowerPoint or media players with built in "contact us" buttons

Small group discussion time: undirected and without topic assigned

Break periods; discussions during **on-site** meal periods

MAY BE SELECTED AS REQUIRED OR VALUE ADDED CRITERIA

9c. Activity includes opportunities for participation through structured interactive opportunities

<p>REQUIRED DOCUMENTATION</p>	<p>On-site CE Upload: Agenda or course syllabus with the specific activity noted</p> <p>Remote CE Upload: Documentation of specific, required assignments (such as posting assignments and requirements to an on-line blackboard) that provide for structured, interactive opportunities</p>
<p>GUIDANCE</p>	<p>The intent of the standard is that the interaction be with people, specifically other professionals and colleagues. The vendor IS NOT required to verify an individual’s level of participation in the opportunity, only that the opportunity was an integrated, structured part of the activity. Does not include question/answer time.</p> <p>An on-line offering can meet criterion 9c above. If the on-line activity is structured to utilize/mandate message boards, professional chat rooms, or mandatory on-line interactive study groups with other professionals, it would be possible to meet this criterion. The difference between 9b & 9c is that posting commentary would be informal (9b), where as required postings that are monitored would be considered formalized (9c). To meet 9c, the vendor again must establish the structured nature of the interaction.</p>
<p>EXAMPLES</p>	<p>Lab time, Discussion groups Small group discussion time: directed and with topic assigned Working meals with guided discussion topics/assignments Small group projects Moderated panel: 10-15 minutes minimum with greater than 2 panel members Blackboard on-line: Participants are required to post a patient problem and possible interventions. Each participant must make 2 comments on 3 other participants’ postings which are verified by instructor.</p>

MAY BE SELECTED AS REQUIRED OR VALUE ADDED CRITERIA

9d. The activity provides opportunities to contribute to the profession and its body of knowledge

<p>REQUIRED DOCUMENTATION</p>	<p>Justification Statement by the vendor to justify the way the activity contributes to the profession and its body of knowledge</p>
<p>GUIDANCE</p>	<p>The vendor must prove that there has been some meaningful contribution to the profession as a whole, not just the individual. Additionally, there must be a contribution to the body of knowledge within the profession. Typically 9d will only be met through research, publication.</p>
<p>EXAMPLES</p>	<p>Professional Symposium dedicated to creating core competencies required for advanced professional activities. Example: Rehabilitative Ultrasound Imaging Symposium hosted by the US Army-Baylor University Doctoral Program in Physical Therapy for delegates of six countries recognized as leaders in the rehab ultrasound field to determine the preferred term for ultrasound imaging performed by PTs.</p>

REQUIRED AND VALUE ADDED	STANDARD 10 - EVIDENCE BASED PRACTICE: The continuing competence activity incorporates, reflects and promotes the use of evidence-based practice or incorporates current or proposed regulation of practice.
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REQUIRED CRITERIA

10a. The activity is developed from the base of available evidence or current regulations; participants are provided references when appropriate.

REQUIRED DOCUMENTATION	<p>Upload: 1. Course agenda, brochure, or syllabus and 2. bibliography; reference list</p> <p>Justification Statement: If the activity is not based on research or regulatory document, the vendor must provide clarification of how clinician experience and/or patient values or preferences are used in the development of the activity and thus are part of Evidenced-based practice</p>
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GUIDANCE	<p>Evidence-based practice (EBP) is broad, comprising three elements: research, clinician experience, and patient values or preferences. Clinicians rely on all three elements to direct choices, practice, behavior, or actions. Acknowledging the role of all three elements is important, particularly in situations where limited research evidence is available or patient values alter the available avenues of treatment.</p> <p>Non-clinical topics: such as legal, educational, management or billing issues, the types of evidence used may be completely different and include regulatory documents, accepted professional guidelines, policy documents, or best practices in management.</p>
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EXAMPLES	<p>Education/Business/Administration/Regulation and Legal: all these areas have elements of EBP from which to pull and develop content. CC activities based solely on regulation or legal practice may find that the regulatory or legal documents or precedents are the only appropriate evidence to utilize.</p> <p>Discussion on the variance in regulations regarding dry needling should include references to current regulations, statutes, etc. Alternatively, a discussion on the clinical effectiveness and safety of dry needling requires published empirical evidence such as scientific trials.</p>
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VALUE ADDED CRITERIA

10b. Participants are presented with case studies and the provider includes a discussion of this type of evidence and its applicability

REQUIRED DOCUMENTATION

Upload: 1. Course agenda, brochure, or syllabus with the specific time or activity for case studies noted **and** 2. the case study that will be used by presenter.

Case study **must** include all of the following elements:

1. scenario/situation/patient description
2. interventions/strategies
3. discussion of outcomes
4. strengths/weaknesses of the approach used in the case
5. discussion of strength and applicability of case study evidence based on Sackett's Hierarchy of Evidence

GUIDANCE

Case studies presented to participants may be clinical or non-clinical in nature.

EXAMPLES

The case involves a patient with whom the presenter worked. The presenter discusses various approaches used during treatment, the rationale and evidence for each approach, and which ones were successful or unsuccessful. Discusses that case studies are low in Sackett's hierarchy and not as strong to base decision on as other research.

Case studies presented may be clinical or non-clinical in nature. Examples case studies include; documenting the process for changing regulations, or how peer chart reviews improved documentation, etc.

Case report/study presented by instructor. The participants discuss the case, interventions, outcomes, etc. The presenter then requires that each student perform a literature search on the strength of case studies as evidence and results are discussed as part of the case study activity. (The search could have been pre-activity assignment also)

Presenter shows videos of various PT/PTA supervision scenarios. These scenarios are discussed for appropriateness, alignment with the state law, delegation of activity. Participants discuss these scenarios in small group settings with a facilitator. Review of Sackett's Hierarchy done during the class showing where case studies fall as evidence.

VALUE ADDED CRITERIA

10c. Participants present a case study relevant to the content of the activity and include a critical evaluation of whether the case study demonstrates a defensible approach, has broader applicability or would benefit from additional research.

REQUIRED DOCUMENTATION

Upload: 1. Agenda, brochure, or syllabus noted with the specific time for the case study activity **and** 2. the required elements that must be presented in the case study

Case study must include the following elements at minimum:

1. scenario/situation/patient description
2. interventions/strategies
3. discussion of outcomes
4. strengths/weaknesses of the approach used in the case
5. discussion of strength and applicability of case study evidence based on Sackett's Hierarchy of Evidence

GUIDANCE

Case studies may focus on any of the elements of EBP.

EXAMPLES

PT/PTA describes a case involving a patient with whom she worked. The licensee discusses various approaches used during treatment, the rationale and evidence for each approach, and which ones were successful or unsuccessful. The licensee discusses if elements of EBP were incorporated into the clinical decision making. Discusses where case studies fall in the evidence hierarchy according to Sackett.

An administrator of a large, multi-office PT clinic demonstrates the reduction of billing errors and increase in reimbursement year to year after mandating an annual 1-day training session in two of the clinics covering proper billing for each of their payers. The training is now mandatory in all the clinics.

Case studies presented by participants may be clinical or non-clinical in nature. Examples case studies include; documenting the process for changing regulations, or how peer chart reviews improved documentation, etc.

VALUE ADDED CRITERIA

10d. Activity requires participants to review current scientific evidence published in peer-reviewed resources (applicable to the activity) or to review current regulatory documents

REQUIRED DOCUMENTATION

Justification Statement: The vendor must demonstrate that the participants are required to perform the tasks and there must be time within the activity itself to discuss the review of current scientific literature or regulatory documents.

Upload: Agenda, brochure, or syllabus with specific time for these activities noted. Any preparatory assignment list and requirements must be uploaded.

GUIDANCE

In 10d, the focus is on the highest levels of evidence; those requiring peer-review. This criterion may be met either during the activity itself or in preparatory work that is required for the activity. The activity sponsor may provide pre-activity reading materials or assignments in order to meet the requirements. The examination or review of documents may be done during the activity.

Sources published by a university press will be considered peer-reviewed.

EXAMPLES

Given a regulatory document, participants are required to perform a literature search to either support or debate the current regulation or policy.

Participants are required to read five assigned research studies prior to arriving for a continuing education course on manipulation.

Given a list of reference material, students are required to determine which sources of information are peer-reviewed versus which are not.

VALUE ADDED CRITERIA

10e. Activity requires participants to critically analyze different types of evidence, questioning the accuracy and relevance of each type, and the completeness of the body of evidence.

REQUIRED DOCUMENTATION

Justification Statement: The vendor must demonstrate the participants are required to perform the tasks and there must be time within the activity itself to discuss the review of scientific literature or regulatory documents or the other elements of EBP: clinician experience and patient values/preferences.

Upload: Agenda, brochure, syllabus with specific time for these activities noted. Any preparatory assignment list and requirements must be uploaded.

GUIDANCE

In 10e, different types of evidence, encompassing all of the levels of EBP described in 3a, may be utilized and discussed. It is expected that there will be an element of discussion as to the strength/weakness of the various forms of evidence utilized.

The vendor may provide pre-activity reading materials or assignments in order to meet the requirements. If performed, the examination or review of documents may be done during the activity.

EXAMPLES

Participants are required to read five assigned research studies prior to arriving for a continuing education course on manipulation and determine where each fits on the hierarchy of evidence.

Participants will analyze the practice act from their state and compare it to the Model Practice Act, identifying similarities/differences, creating a crosswalk and a plan for improvement.

During the activity, participants will be trained to perform effective online searches for current best evidence. Search results will be discussed and analyzed for strength of evidence and which elements are present/missing in the materials found.

VALUE ADDED CRITERIA

10f. The provider has documentation to support that there is a linkage between participation in the activity and the increased use of evidence-based practice by participants.

REQUIRED DOCUMENTATION

Justification Statement: The vendor must clearly explain research methods and data collected to support answering the question whether the activity has increased the participant's use of EBP

Upload: Research method/instrument and data collected with data analysis

GUIDANCE

Criterion 10f will require the activity to be of sufficient length, and/or require thoughtful analysis by the participants as to how the evidence would be incorporated into practice, or require post-activity follow up to determine that activity has led to increased use of EBP. This will not be a commonly met criterion.

EXAMPLES

The activity focused on the Medicare "8 minute rule." Within 4 weeks, therapists are required to submit billing examples from before and after the activity. A billing audit is completed. The vendor provides the results to the participant and uses these results to evaluate the effectiveness of the activity.

REQUIRED AND VALUE ADDED

STANDARD 11 - BEHAVIORAL OBJECTIVES: The continuing competence activity includes behavioral objectives which reflect the full extent of the activity content

IMPORTANT NOTE TO VENDORS: There are many sources of information regarding writing learning objectives; refer to Appendix B of this document for links to several such sources. As the objectives have a relationship to several other standards, it is important to write the best objectives possible. Your objectives should communicate clearly to the participant what they can expect to gain from the activity. For example, do not discuss the ability to work with various patients if there are no patients being utilized during the activity. Write your objectives in such a way that they clearly state the intent of the activity.

VENDOR OBJECTIVES SUBMISSION FORM IN SYSTEM: State your objective in the first field. In each field enter the EXACT words from your objective that fulfill the requirement for that element (when, who, measurable behavior, etc.). Do not enter words not found in the objective or an explanation in these boxes; answers come ONLY from the words used in the actual objective.

REQUIRED CRITERIA

11a. Objectives sufficiently reflect the focus of the activity and the critical elements of the content

REQUIRED DOCUMENTATION	Upload: <i>Vendor Objectives Submission Form</i> on Standard 11 screen AND brochure, syllabus, or screenshot of the advertised objectives
GUIDANCE	Sufficient means that the objectives should map to the content outline and in their entirety should cover the depth and scope of the activity. Activity providers should not expect to be penalized or rewarded if the number of behavioral objectives is in excess of the minimum needed to cover the critical elements. Critical elements are those that are the most important elements of the activity. While the activity will likely cover many aspects, only elements that are the focus of the activity need corresponding objectives.
EXAMPLES	Two hour lecture on functional ACL rehab exercises states that there are 3 critical elements to the lecture: theory of functional exercise, describing the functional exercises, and discussion of progression of this type of exercise. The presenter submits behavioral objectives which cover all 3 of these elements. In this case, fewer than 3 objectives would have been too few; however a large number is excessive and unnecessary. Two day course on the same topic (ACL functional rehab exercises) states there are 7 key elements to the course. In this case the 3 objectives from above would be too few to cover the key elements and we would expect to see 7 or more. As a guideline, more than 10 might be excessive, but that is up to the vendor and will not be penalized. A two week course on the same topic (ACL functional rehab exercises) states there are 7 key elements to the course. Based on the course length, the expectation would be for those key elements to potentially be more involved or to be developed more fully and require more objectives than the two day course above.

REQUIRED CRITERIA

11b. Objectives are behavioral and at an appropriate level for the target participant

REQUIRED DOCUMENTATION	Upload: <i>Vendor Objectives Submission Form</i> , integrated into ProCert system, AND brochure, syllabus, or screenshot of the advertised objectives
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<p>GUIDANCE</p>	<p>BEHAVIORAL</p> <p><u>50% of objectives must meet all elements below:</u></p> <ol style="list-style-type: none"> Objective is written in terms of what the activity participant will be able to do. The objective shall describe what the participant will do, not what the developer/presenter is trying to accomplish. Objective is measurable (uses a measurable verb) The objective should include an observable verb that defines the behavior such as perform, list, or describe. Unacceptable verbs are unobservable such as learn, understand, value, and appreciate. These verbs do not describe observable behaviors and should not be used. Objective includes the conditions and specific information about what the activity participant will be able to do. Include the conditions or circumstances under which the participant would be expected to demonstrate the behavior. Specifics, conditions, requirements and constraints are identified in order to make the objective make sense. Objective listed is realistic for the level of the target audience. BAD: List all treatments available to physical therapists. (too large, not realistic to think this can be accomplished in any time frame) BETTER: List three appropriate treatments to address the functional loss characteristics for the patients described in the case studies. Objective states performance requirements Examples of performance requirements are “correctly,” “with supervision,” “independently,” or “5 out of 10,” or “within 8 minutes.” Objective states when behavior will be achieved Examples include: By the end of course, Following presentation <p>APPROPRIATE LEVEL</p> <p>When the information in the activity would reasonably allow a participant to accomplish the objective, and is related to the field of physical therapy, the objective should be deemed reasonable for the audience. PTs may attend courses given by other professionals that while still appropriate; discuss non-PT techniques such as surgery. The same holds true for PTAs attending courses with PT information such as evaluation and treatment progression. It is still appropriate for the PTA to get the information. The course does not need separate objectives for each attendee type. You do not need to match up the level of the objectives with the target level of the audience. Depending on the course topic, such as introducing experienced clinicians to a new technique (dry needling, rehabilitative ultrasound imaging), it may be appropriate to have more basic objectives yet are still reflective of the course elements. For a beginner or novice clinician level, the objectives would typically reflect the beginning understanding of material or an introduction to a technique.</p>
<p>EXAMPLES</p>	<ol style="list-style-type: none"> <i>By the end of the course, the participant will correctly list 5 indications for use of therapeutic ultrasound.</i> <i>Given the values for heart rate, respiratory rate, blood pressure, hemoglobin, and glucose, the participant will identify 5 appropriate activities to increase aerobic capacity.</i>

Unless 11a and 11b are met above, 11c cannot be considered; 11a and 11b are prerequisites to 11c.

<p>VALUE ADDED CRITERIA</p>	
<p>11c. Greater than ½ of the total number of objectives meet both required criteria above (11a and 11b)</p>	
<p>REQUIRED DOCUMENTATION</p>	<p><i>Vendor Objectives Submission Form on Standard 11 screen AND brochure, syllabus, or screenshot of the advertised objectives.</i></p>
<p>GUIDANCE</p>	<p>In order to meet this criterion greater than ½ of the total number of objectives must meet criteria 11a & 11b</p>

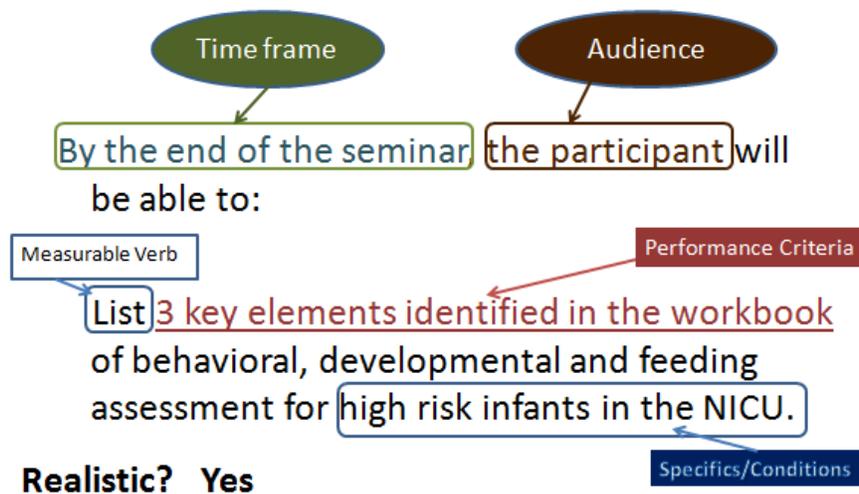
EXAMPLES	N/A
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At least one objective which met required criteria 11a and 11b above demonstrates the following:

VALUE ADDED CRITERIA	
11d. The objectives focus on higher levels of learning	
REQUIRED DOCUMENTATION	Vendor Objectives Submission Form (on Standard 11 screen), AND brochure, syllabus, or screenshot of the advertised objectives
GUIDANCE	<p>Physical therapy subject matter can be very challenging and require reasoning and problem solving skills not reflected in basic level objectives with verbs such as list, define, repeat, etc. Course content or level of the audience, whether basic or advanced, does not determine the level at which the objectives can be written. An innovative and creative vendor can find ways to incorporate higher level objectives for basic material.</p> <p>A higher level learning objective requires the participant to function at a higher level of cognitive, affective, or psychomotor demand. Common Verbs from the 3 Domains for Higher Learning Objectives(not all inclusive): Create, design, hypothesize, invent, develop, synthesize, connect, judge, recommend, critique, justify, analyze, prove, adhere, alter, defends, explains, relates, generalizes, compares, discriminates, questions, revises, solves, verifies, proposes, qualifies, adapt, formulate, develop, solve, integrate, master).</p>
EXAMPLES	<p>Given a patient’s calculated results of laboratory tests compared with predicted normal values, the participant will design a proper treatment plan considering the presence or absence of abnormal pulmonary function.</p> <p>After reading a patient case problem, including history, physical findings, diagnosis, and list of prescribed drugs, the participant will correctly revise a standing treatment protocol based on the factors that could modify the exercise response in that patient.</p> <p>At the completion of this course, the participant will justify 3 acceptable manual therapy techniques to incorporate into a treatment program for a case of a pregnant elite athlete with a chronic hamstring injury.</p>



Anatomy of A Behavioral Objective



VALUE ADDED	STANDARD 12 - ACTIVITY DESIGN: the activity enables the participant to achieve the stated objectives
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VALUE ADDED CRITERIA

12a. The documentation clearly describes how the activity is designed to support the achievement of the objectives.

REQUIRED DOCUMENTATION	<p>Justification Statement:</p> <p>The vendor must sufficiently address the following 4 items:</p> <ol style="list-style-type: none"> 1. Identify and document the availability of the resources (personnel, facilities, equipment, etc) required for achieving the objectives. 2. Discuss appropriateness of the mode of delivery for the activity Reviewers evaluate if the course content can appropriately be delivered in person or on-line 3. Discuss appropriateness of selected teaching methods lab versus lecture, use of small groups, why pre-course prep work, why lab 4. Discuss time as an element of the design Why is the amount of time appropriate to allow the instructor to meet the objectives?
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GUIDANCE	<p>Activity design refers to the ways an activity is structured to make for a successful teaching/learning experience thus meeting the learning objectives.</p> <p>If the objective is to learn theory or historical basis, then a lecture style may be appropriate. If the activity is marketed as “hands-on” and the objectives reflect gaining experience with the use of or developing a psychomotor skill, then there must be a component of lab or “hands-on” time.</p> <p>The instructional methods (for “teaching” activities) must be commensurate with material promoted, presented, or assessed; becoming proficient with computerized documentation requires that the technology is available in enough supply for participants to get adequate hands-on experience.</p>
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EXAMPLES	<p>Vendor Justification Statement: CE Inc. courses are offered as recorded self-paced learning modules recorded by at least one instructor that is a subject matter expert in the field covered. Course materials in the form of a Power Point presentation and handouts are provided to each participant. We are clear with participants as to the technological needs to play all of our graphics. As our courses are non-lab based, it is appropriate to deliver them on-line without a live instructor. Ideally, the ability for the participant to stop and pause or rewind and repeat the course material allows for a self-paced learning environment to enhance comprehension. Courses are presented and marketed as highly visual with recorded narration and instruction. Courses include high resolution pictures, motion graphics, and video. The instructor’s determine the total length of time required to convey the subject matter, but independent research has shown that keeping our courses to no more than six 20 to 40 minutes modules which each cover closely related material, and then build upon each other to provide a comprehensive understanding of the subject matter, is most digestible for our clients. Learners are given one final test at the end of the course. All CE Inc courses are designed around the same framework, for consistency and proper learning outcomes for all content.</p>
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VALUE ADDED	STANDARD 13: ASSESSMENT: Each continuing competence activity includes methods to assess the participant’s attainment of the specified activity outcomes.
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- The assessment methodology is appropriate for the stated objectives.
- An achievement standard has been developed for the assessment to determine which participants have successfully attained the activity outcomes

The vendor is not required to submit the actual assessment or examination. In the event that the activity has more than one assessment, the vendor will want to choose the one assessment tool/exam of highest quality (meaning, meets the most criteria below) in order to maximize the potential certification score. Types of assessments include, but are not limited to: exams, papers, presentations, clinical skills exams, self-assessments. All criteria will not be applicable to all types of assessment tools; some are mutually exclusive and thus one assessment tool or exam will not be able to get credit for all of the criteria below.

VALUE ADDED

13a. For subjectively scored assessments, reliability evidence is provided

REQUIRED DOCUMENTATION	Justification: The vendor must clearly explain research methods and data collected to support Upload: Research method/instrument and data collected with data analysis
GUIDANCE	Subjective scoring refers to the fact that human judgment is a factor in the scoring. Relevant types of reliability evidence are provided that document influence of different sources of error on tests scores. Requires reliability information about the scoring process. Data on intra or inter-rater reliability is provided. May be applicable to single or multiple rater activities. <i>NOTE:</i> It would be the exceptional course/activity rather than the norm to meet this criterion. Requires significant resources to gather this type of evidence: research team, statistical analysis, etc. Assessments with single rater observation as the primary method of scoring will meet the requirements for many criteria for Standard 13, however without reliability evidence; the activity will not meet the requirements of 13e.
EXAMPLES	Pilot of the instrument with thorough analysis of the pilot Statistical analysis of scoring

VALUE ADDED

13b. For objectively scored assessments, reliability evidence is provided

REQUIRED DOCUMENTATION	Justification: The vendor must clearly explain research methods and data collected to support Upload: Research method/instrument and data collected with data analysis
GUIDANCE	Internal consistency reliability, decision consistency is provided. Relevant types of reliability evidence are provided that document influence of different sources of error on test scores <i>NOTE:</i> It would be the exceptional course/activity rather than the norm to meet this criterion. Requires significant resources to gather this type of evidence: research team, statistical analysis, etc.
EXAMPLES	Pilot of the instrument with thorough analysis of the pilot Statistical analysis of scoring

VALUE ADDED CRITERIA

13c. Procedures are identified to ensure the security and integrity of the assessment

REQUIRED DOCUMENTATION	Justification Statement: Vendor must demonstrate that appropriate security procedures are implemented to provide reasonable assurance that the performance assessment scores are an accurate reflection of the abilities of the participant and that there was no cheating.
GUIDANCE	The vendors are not required to provide the actual assessment or examination. The vendor should only submit ONE assessment at this time. Appropriate security measures will vary according to the assessment type and to the stakes associated with the outcomes.
EXAMPLES	The assessment tool may be proctored, password protected, available only at a secure test center, use biometric identification, or have limited access to the appropriate audience. The vendor may demonstrate that during the assessment participants do not have the opportunity to interact or that breaks are scheduled on a limited basis and only when a section of the assessment is completed and no longer available.

VALUE ADDED CRITERIA

13d. The activity objectives are mapped to the assessment

REQUIRED DOCUMENTATION	Upload: Documentation which demonstrates: 1. Content areas related to each objective and 2. Individual item numbers or total number of items from the assessment which relate to each objective
GUIDANCE	Documentation is provided on the linkage between the content of the course and the objectives and also the content of the assessment and the objectives.
EXAMPLES	A table showing the number of items/tasks measuring successful mastery of each objective. For individual or group projects, the project elements are linked to activity objectives.

VALUE ADDED

13e. Administration of the assessment is standardized

REQUIRED DOCUMENTATION	Justification Statement: Specifically states the elements that remain consistent between users such as mode of delivery, time allotted, when the assessment is administered.
GUIDANCE	The level of standardization may be extremely stringent or may be as simple as the same form of the assessment is given at the same point in the activity each and every time. The point is consistency amongst the participants.
EXAMPLES	<p>A pre-test may always be administered in the first 5 minutes of the course after instructor introduction and prior to any content. Each participant is given 15 minutes to finish. The same test is administered as a post-test in the last 15 minutes of the course just prior to evaluations.</p> <p>Students are required to present an oral report on a topic. The students are given the same instructions, same access to A/V equipment, same time constraints, and will present to similar audiences. An exam is delivered at a testing center on the same type of equipment, with the same time constraints, same number of questions and breaks.</p> <p>An exam is delivered at a testing center on the same type of equipment, with the same time constraints, same number of questions and breaks.</p>

VALUE ADDED

13f. Scoring is standardized

REQUIRED DOCUMENTATION	Justification Statement: The vendor establishes that policies are in place for analyzing every participant's assessment consistently. Answer keys are in place to adhere to predetermined rules for what constitutes a correct answer for full or partial credit
GUIDANCE	<p>The standardization involves establishing and adhering to predetermined rules for what constitutes correct answers as well as rules for the amount of credit awarded for degrees of correctness. This standardization applies to single rater or multiple rater assessments.</p> <p>Some types of assessments inherently involve some element of subjective/human judgment about performance. In such cases, assessments should include formalized procedures for assessing the degree of disagreement between scorers and have procedures for coming to consensus in order to meet this criterion.</p> <p>The vendor should establish levels of agreement or mechanisms for resolving disagreements among raters. Procedures are documented for resolving scoring discrepancies between raters, if applicable.</p> <p>The appropriate training is performed for raters required to utilize human judgment in scoring; the raters are appropriately trained in the scoring process. Training should also include ways to come to a consensus when raters give differing scores.</p>
EXAMPLES	<p>A checklist of behaviors is used to score assessments based on observation;</p> <p>Scoring rubrics have been developed for constructed response (short-answer, essay, article critique) items or tasks</p> <p>Multiple-choice items are awarded pre-determined points based on pre-determined correct answers.</p> <p>Assessment is videotaped and if there is discrepancy between 2 raters on scoring, a senior rater is used to resolve differences and compute final score.</p>

VALUE ADDED

13g. A proficiency standard has been established, and participants who meet or exceed that standard are awarded credit

REQUIRED DOCUMENTATION

Upload: Documents that specifically state the required proficiency standard (brochure, ad) in order to be awarded credit or a credential by the course provider

GUIDANCE

There are two required elements for this criterion:

- The assessment has pre-defined levels of proficiency determined by the vendor/activity developer. **AND**
- The determination of whether credit, or a credential, is awarded based on the proficiency standard is made by the vendor/activity developer NOT another organization (such as a State Board).

This criterion is not related to whether or not the State Board is accepting a given activity towards continuing competence renewal requirements. In order to meet this standard, there must be an actual consequence to not meeting the proficiency standard such as not be awarding the contact hours, CCUs, CEUs, certification, or credential. The standard set must also be reasonable to determine proficiency (5 correct answers out of 100 questions is NOT reasonable).

Traditional on-site continuing education may meet this standard; remote education is more likely to meet it. At this time even if a participant does not meet a proficiency standard, he/she is still awarded the contact hours for the course. This criterion would ONLY be met IF the credit was not awarded at all.

EXAMPLES

An on-line course requires a score of 70% on a post-test in order to receive credit and the certificate.

A specialist certification examination has a passing score; if the candidate does not achieve that score he/she is not awarded the specialist credential.

VALUE ADDED

13h. The assessment results are compared to other sources of evidence to evaluate how well the activity meets its objectives

REQUIRED DOCUMENTATION

Justification: The vendor must clearly explain research methods and data collected to support

Upload: Research method/instrument and data collected

GUIDANCE

The activity provides tools for the assessment results to be compared to subsequent performance measures to evaluate the relationship between performance at the end of the activity and application of knowledge and skills on the job.

This criterion involves showing that successful completion of an activity is correlated with other measures of successful performance, collected either within the activity itself or after the activity is complete. Activities longer in length may provide a broad array of opportunities to assess performance on different performance measures, where as shorter activities will have greater difficulty in meeting these criteria unless post-activity surveys or other strategies are employed.

NOTE: It would be the exceptional course/activity rather than the norm to meet this criterion. Requires significant resources to gather this type of evidence: research team, statistical analysis, etc.

EXAMPLES

The activity includes a pre-test and a post-test where the provider documents the equivalence of the two forms and their ability to measure performance changes resulting from education/training. The vendor must demonstrate use of other evidence such as analysis of the evidence on training effect and scoring, the practice effect, or the tests used to determine equivalence of multiple exam forms.

A vendor may use follow up surveys sent to participants in order to assess any of the following:

- how often they utilize the references supplied during the activity
- how useful the information in making decisions in their area of physical therapy practice.
- behavior changes as a result of the activity
- applicability of the information presented during the activity

VALUE ADDED	STANDARD 14 - REVIEW AND EVALUATION: Mechanisms exist for review and evaluation of the quality and the effectiveness of the continuing competence activity. Subsequent offerings incorporate modifications based on information gained from the review and evaluation.
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VALUE ADDED CRITERIA

14a. Recommendations for improvements are solicited from participants.

REQUIRED DOCUMENTATION	Upload: Course evaluation form
GUIDANCE	The traditional post-activity evaluation that is filled out by the participant either anonymously or with name. Course and professor evaluations in degree programs. Many exams/assessment tools have a post comment form for the candidate to provide feedback.
EXAMPLES	Participant evaluations completed at the conclusion of the activity. Participants are individually contacted by phone or e-mail post activity and asked for feedback.

VALUE ADDED CRITERIA

14b. The developer/deliverer collects data regarding the quality and effectiveness of the activity outside of collecting participant feedback.

REQUIRED DOCUMENTATION	Upload: Vendor must upload data collection tool, data points, and analysis performed
GUIDANCE	Information collected about any measurable change in behavior by the participants would be one way to meet this standard. Collecting information from another source about <i>the behavior of the participant</i> pre/post activity would meet this standard. Data is gathered using a variety of tools which may include direct observation of performance, pre and post testing (not during the activity), surveys or other means to evaluate a change in behavior of course participants.
EXAMPLES	Employer surveys: Based on your employee's attendance at this activity have you seen a change in behavior? Practice patterns? Use of evidence-based practice?

VALUE ADDED CRITERIA

14c. The developer/provider has documented methods for analyzing data and incorporating results into future versions of the activity

REQUIRED DOCUMENTATION

Upload: The vendor MUST include the analysis tool and a minimum of one example of a change that has been made in one of their offered activities. The vendor must provide full descriptions and documentation of the changes such as a change to policy language, change to venue(s), choice of instructors, etc. **If the analysis tool was evaluation forms and participant comments, the vendor must provide a sampling of the comments received.** When available, the vendor should include documentation that shows the change in marketing or external documents (Example: new schedule or new instructor) The intent is that a truly meaningful change is made to the course; making a change to the menu or the parking facilities or the color of the certificates is not in the spirit of this criterion.

GUIDANCE

The vendor attempts to quantify the quality and effectiveness of the activity. Evaluative data are used to measure overall activity effectiveness, design, content, objectives, etc. to support changes to future offerings.

The intent is that a truly meaningful change is made to the course; making a change to the menu or the parking facilities or the color of the certificates is not in the spirit of this criterion.

EXAMPLES

The use of aggregate data from evaluations: It is possible to collect and analyze participant ratings on a number of different aspects regarding the activity including content level, instructor performance, or target audience being correctly identified.

The developer may use an evaluation or questionnaire with some type of rating scale to (e.g. Ratings from 1-5) and use the numerical values to garner information about the quality level of the activity based on participant ratings. For example, the vendor could:

1. Calculate total number attendees and the total number that answered the question being analyzed
2. Calculate an average score for each item that was rated using the scale
3. Determine aggregate feedback range; examine high and low performing items
Items rating a speaker can be used to determine if speaker meets a predetermined threshold or cut point for performance.
4. Using a 1-5 scale (5 is best), any speaker with an average of 2.75 or lower, may not be asked to speak again.

APPENDIX A: FSBPT Standards for Continuing Competence Activities - Standards Overview

	Required	Required + Value-Added	Value Added
<p>Standard 1. The continuing competence provider has established processes for developing, administering and documenting the activity. -The provider identifies and provides a supportive learning environment, the physical, material, and technological resources necessary to support the activity. -Documentation is maintained of the processes used to develop, administer, deliver, conduct and assess the activity and participants. -The provider maintains cumulative records with appropriate security for a period of five years.</p>	X		
<p>Standard 2. The continuing competence provider uses language that does not show bias or cultural insensitivity.</p>	X		
<p>Standard 3. The continuing competence activity is available to all appropriate participants without unlawful discrimination.</p>	X		
<p>Standard 4. Each continuing competence activity provides copyright and disclosure information. -Copyright permissions of materials developed by others are identified on all audio-visual and activity materials. -Copyrights of materials that are authored by the developers or instructors are identified on all audio-visual and course materials. - Disclosure information regarding potential conflicts of interest and financial gain is identified and supplied to potential participants.</p>	X		
<p>Standard 5,6. Content within the continuing competence activity is relevant to the physical therapy profession and the designated audience(s).</p>	X		
<p>Standard 7. The developers and deliverers of the activity have documented experience, education and training to allow attendees to meet the activity objectives.</p>	X		
<p>Standard 8. The continuing competence provider furnishes clear, complete information to potential participants about the activity format and content, biography of the activity deliverer/presenter, and participant requirements.</p>	X		
<p>Standard 9. The continuing competence activity fosters the participant’s learning and professional engagement through reflection, interaction, participation and/or contribution to the profession and its body of knowledge.</p>		X	
<p>Standard 10. The continuing competence activity incorporates, reflects and promotes the use of evidence-based practice or incorporates current or proposed regulation of practice.</p>		X	
<p>Standard 11. The continuing competence activity includes behavioral objectives which reflect the full extent of the activity content.</p>		X	
<p>Standard 12. The activity is designed to support achievement of the objectives. -The provider is responsible for documenting how the activity enables the participant to achieve the stated objectives.</p>			X
<p>Standard 13. Each continuing competence activity includes methods to assess the participant’s attainment of the specified activity outcomes. -The assessment methodology is appropriate for the stated objectives. -An achievement standard has been developed for the assessment to determine which participants have successfully attained the activity outcomes</p>			X
<p>Standard 14. Mechanisms exist for review and evaluation of the quality and the effectiveness of the continuing competence activity. Subsequent offerings incorporate modifications based on information gained from the review and evaluation.</p>			X

APPENDIX B: Behavioral Objectives

Behavioral objectives are a powerful tool to demonstrate the evidence of learning. Properly constructed objectives specify what behavior a student must demonstrate or perform. Through observation of the behavior the provider of an activity may infer that learning took place. Without clear objectives of the desired learning outcome, there is no objective measurement that the desired outcome has been met.

Well-written behavioral objectives are an excellent method for an instructor or developer to determine if the activity has been effective in communicating the desired information to the participants. Evaluating how well students meet the behavioral objective may help the vendor answer the question: How effective is this activity? Vendors should think of behavioral objectives as an asset to themselves and the participants rather than a necessary obstacle of the certification process.

There are many sources of information regarding writing learning objectives including training modules developed by FSBPT for vendors and reviewers. FSBPT encourages vendors to seek out information to help improve the written objectives. These learning objectives will be an important way to communicate with the reviewers what you intend to achieve with the activity. Additionally, the objectives have a relationship to several other standards therefore it is important to write the best objectives possible.

References:

Robert Mager can most likely be credited with launching the broad based movement to utilize learning objectives in education. His work on behavioral objectives *Preparing Instructional Objectives* was published in 1962 and reprinted as a second edition in 1975. Of course, other models for behavioral objectives have been developed, yet Mager's model remains the most prevalent. Mager's work was used as the basis by FSBPT for guidance with regard to behavioral objectives.

Some of the resources used to develop this guidance document and may be beneficial to you include:

- <http://www.officeport.com/edu/blooms.htm>
- <http://www.joe.org/joe/2005october/tt3.php>
- <http://www.nwlink.com/~donclark/hrd/bloom.html>
- <http://www.edpsycinteractive.org/topics/plan/behobj.html>
- <http://www.adprima.com/objectives.htm>
- <http://www.nh.cc.mn.us/mydocs/1000007/ThinkRubric.doc>

Writing Behavioral Objectives

A behavioral objective must have certain elements to communicate the intent. At minimum, the objective must communicate the conditions under which the behavior is performed, a verb that defines the behavior itself, and the criteria by which the participant must perform the behavior. The instruction that leads to the behavior is not part of the objective. It is important to choose a verb for the learning objective that is an observable behavior or leads to an observable product. The criteria part of a learning objective is a declarative statement that describes how well the behavior must be performed to satisfy the intent of the behavioral verb. When the provider of the activity cannot or will not be able to verify that students have met the objectives than the objectives are worthless. For example, if the objectives require students to describe a clinical presentation, but during the course of the activity students are never asked to give the description, this objective is worthless.

Behavioral objectives need to be easily understood and follow some basic guidelines. Objectives should be as specific as possible. The intent should be to explicitly state what you as the vendor want to see the participant to achieve as a result of your activity. The objective must be measurable in order to gauge success or failure. This means you must identify the current, or baseline, value and the level or amount of change that is expected. The objectives should be achievable and realistic for the given activity. It is not realistic to have participants demonstrate a technique on a patient population if there is no patient population to work with during the activity. Just as the content of the activity must relate to physical therapy, the objectives must be relevant to your audience and to the overall activity goals. It is essential to define in the objective the expected timeframe for the outcome. If your program is two days over a weekend, then you must be able to demonstrate the participant achieved the objectives in that time period; it is not

appropriate to expect to see mastery of rehabilitative ultrasound imaging in a weekend, but it may be appropriate for the participant to identify the conditions in which rehabilitative ultrasound imaging would be appropriate. You must be realistic about the effect that you can achieve within the confines of the time of the activity.

When developing behavioral objectives ask the following questions:

- Has one single key result been specified and identified? If more than one result is to be accomplished, more than one objective should be written.
- Is it measurable & can WE measure it? You should be able to measure whether you are meeting the objectives or not
- Are the objectives set achievable and attainable?
- Can you realistically achieve the objectives with the resources you have?
- When do you want to achieve the set objectives?

APPENDIX C: Vendor Submission Form for Behavioral Objectives – Continuing Education

1. Please list the target audience for the activity
2. Enter the universal statement for all objectives (such as: At the end of this course, the participant will...)
3. Click Add New Objective
4. Identify the information requested regarding each objective in the fields.

EXAMPLE:

Target Audience:	The course participants (PTs and PTAs)
Information Pertaining to All Objectives:	By the end of this course

Your Objectives	Objective
<ul style="list-style-type: none"> <li style="background-color: #4CAF50; color: white; padding: 2px 5px; display: inline-block; margin-bottom: 5px;">• By the end of the course, the parti... ✖ <p style="margin-top: 10px;">Add New Objective</p>	<p>Objective:</p> <div style="background-color: #ffffcc; padding: 2px; border: 1px solid #ccc; margin-bottom: 5px;">By the end of the course, the participant will correctly list 5 indications for the use of therapeutic ultrasound. ^ v</div> <p>When Will Objective be achieved:</p> <div style="background-color: #ffffcc; padding: 2px; border: 1px solid #ccc; margin-bottom: 5px;">By the end of the course ^ v</div> <p>Who will perform behavior:</p> <div style="background-color: #ffffcc; padding: 2px; border: 1px solid #ccc; margin-bottom: 5px;">The participant ^ v</div> <p>Measurable Behavior:</p> <div style="background-color: #ffffcc; padding: 2px; border: 1px solid #ccc; margin-bottom: 5px;">List ^ v</div> <p>Specifics and Conditions:</p> <div style="background-color: #ffffcc; padding: 2px; border: 1px solid #ccc; margin-bottom: 5px;">The use of therapeutic ultrasound ^ v</div> <p>Performance Requirements:</p> <div style="background-color: #ffffcc; padding: 2px; border: 1px solid #ccc; margin-bottom: 5px;">Correctly; 5 indications ^ v</div> <p>Higher Level Objective?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>

APPENDIX D: Higher Level Learning Objectives

Behavioral objectives submitted for the value-added **criterion 11d would be required to meet the description of Level 4 or Level 5.** (Standard 11, criterion d: The objectives focus on higher levels of learning) See Figure 1 Higher Level OBJECTIVES below.

Writing objectives that demonstrate higher levels of learning can be challenging. Even more challenging is the fact that relevant physical therapy content may cover many areas including the cognitive, affective, and psychomotor learning domains. These three areas of learning apply to growth in knowledge, emotional areas or attitude, and physical skills. A given activity may touch on all three areas or any one of the three. In order to convey the desired learning outcome within the appropriate domain, the verb must be chosen thoughtfully. Higher learning objectives may challenge the participant to do any of the following (not all inclusive):

- Cognitive: The participant identifies and evaluates conclusions, implications, and consequences. Identifies relationships and connectedness in the information amongst many parts.
- Affective: The participant will formulate a reason why he/she values certain choices, things, or actions and not others, and make the appropriate choice based on that valuation. States the basis for and defend consistent judgments. The participant's behavior is consistent with an obvious, internalized value system.
- Psychomotor: The participant is able to demonstrate the coordination of multi-step action using the proper sequence and control. The participant performs a given activity with a high level of proficiency in a routine, automatic, and spontaneous way.

Higher learning objectives may challenge the participant to do any of the following (not an all-inclusive list):

- Propose and evaluate solutions. Originate, integrate, and combine ideas into a product, plan, or proposal that is new to him or her. Apply a concept in other or new contexts. Combine and synthesize ideas into new concepts
- Appraise, assess, or critique on a basis of specific Standards and Criteria. Gather, analyze, organize, and synthesize information from multiple sources. Cite evidence and develop a logical argument for concepts. Make predictions with evidence as support.
- Given a situation/problem research, define, and describe the situation/problem and provide alternative solutions. Solve non-routine problems. Determine how to select one approach among many alternatives on how the situation should be solved.
- Analyze similarities and differences in issues or problems (cognitive, affective, or psychomotor problems). Make several connections and relate ideas within the content area or among content areas. Relate and combine associated activities to develop methods to meet varying, novel requirements.
- Behave consistently with personal value set; states personal position/personal beliefs and reasons, however, is able to revise judgments and changes behavior in light of new evidence. Display a professional commitment to ethical practice.
- Develop physical performance of skills to level of becoming natural. Be proficient to the degree in which the individual can modify the skills to fit special requirements or unusual circumstances. Coordinate or produce a series of actions.
- Explain the role of systematic planning in solving problem. Develop a model for a complex situation. Define aim, approach and strategy for use of activities to meet strategic need.
- Instruct others as appropriate. Modifies instruction to meet the needs of the participants.

A participant may demonstrate higher level thinking by interpreting the author's meaning or the potential bias. Additionally, some activities within an activity have a greater likelihood of creating the environment for higher levels of learning:

- Have participants engaged in any problem-based or project-based collaborative assignments?
- Have participants been required to share with others the information they have learned?
- Have participants been required to perform a physical skill without assistance in a novel way?

Asking what is expected of the participant at the completion of the activity may help identify objectives which focus on the higher level of learning:

- Can the student examine the information or concept as a whole and scrutinize the elements?
- Can the participant examine and relate the information to currently held beliefs?
- Can the student independently adapt the task or skill learned to a novel situation or challenge?
 - (Example: requiring performing a mobilization with the patient in a different position; using the FSBPT Model Practice Act crosswalk designed for statutes and applying it to regulations)
- Can the student justify a stand or a decision or use the information to create a new point of view on a topic?
- Can the student verbalize how the information learned will be applied to a personal case study/situation?
- Can the participant independently perform the task or activity with high skill in a reasonable time period?
 - (Example: no more than twice the time that it takes the instructor or an expert to perform)

For a list of common verbs used in objectives for higher learning levels, see guidance for Standard 11, criteria d.

Figure 1: Higher Level OBJECTIVES

<p>Description</p>	<p>Recall the information. Repeat what has been said/done. May continue to require assistance.</p>	<p>Understanding of the information to draw conclusions or inferences from information.</p> <p>Reproduces an action demonstrated in the activity from memory or instructions.</p>	<p>Involves more flexibility of thinking. Information is used applied to actual situations or to make a choice from alternatives.</p> <p>The participant can indicate how the information would be applicable to his/her life, work, practice, etc.</p> <p>Individual will demonstrate/defend a preference or display a high degree of certainty and conviction in choice.</p> <p>Participant is able to execute a task or activity without assistance or instruction and with control and minimal error.</p>	<p>Demonstrate relationships and connectedness in the information amongst many parts. Participant expected to solve unfamiliar problems in a unique way, or combine parts to form a unique or novel solution.</p> <p>The participant will formulate a reason why he/she values certain choices, things, or actions and not others; make the appropriate choice based on that valuation.</p> <p>Participant is able to demonstrate the coordination of multi-step action using the proper sequence and control.</p>	<p>Information is used to identify and evaluate conclusions, implications, and consequences. State the basis for and defend judgments.</p> <p>Engage in more abstract reasoning, planning, analysis, judgment, and creative thought.</p> <p>The participant's behavior is consistent with an obvious, internalized value system.</p> <p>The participant performs a given activity with a high level of proficiency in a routine, automatic, and spontaneous way that does not require thought.</p>
<p>When the Activity is finished...</p>	<p>Can the participant recall or remember the information?</p> <p>Can the student replicate the actions demonstrated by the instructor with help?</p>	<p>Can the student explain ideas or concepts? Can the participant reproduce an action from memory or instructions?</p>	<p>Can the student use the information appropriately? Can the student demonstrate an activity to other participants without assistance or instruction?</p> <p>Can the student verbalize how the information learned will be applied to a personal case study/situation?</p>	<p>Can the student examine the information or concept as a whole and scrutinize the elements? Can the participant examine and relate the information to currently held beliefs? Can the student adapt the task or skill learned to a novel situation or challenge (example requiring performing a mobilization with the patient in a different position; using the Model Practice Act crosswalk designed for statute and applying it to regulations)?</p>	<p>Can the student justify a stand or a decision or use the information to create a new point of view on a topic? Can the participant independently perform the task or activity with high skill in no more than twice the time that it takes the instructor or an expert to perform? Have participants engaged in any problem-based or project-based collaborative assignments? Have participants been required to share with others the information they have learned?</p>
<p>Verb Examples</p>	<p>Define, List, Recall, Repeat, Follow, Imitate, Outline, Share, Notice</p>	<p>Distinguish, Explain, Discuss, Restate, Describe, Identify, Recognize, Comply, Participate, Reproduce</p>	<p>Apply, Interpret, Demonstrate, Relate, Operate, Develop, Act, Convince, Express, Help, Execute</p>	<p>Analyze, Distinguish, Infer, Deduce, Compare, Decide, Theorize, Articulate, Coordinate, Integrate</p>	<p>Evaluate, Defend, Criticize, Plan, Propose, Design, Judge, Choose, Revise, Formulate, Justify, Internalize, Resolve, Perfect, Automate, Excel</p>

APPENDIX E: Level of Learning Demand; Content

FSBPT LEVELS OF LEARNING DEMAND SCALE: CONTENT

The Levels of Learning Demand Scale utilizes common teaching methods to determine how the activity participant is presented and then asked to use the information during the activity. These different teaching methods are a reflection of increasing complexity and demand placed upon the participant. The vendor simply must identify how much time is spent doing particular things (lecturing, role playing, etc), submit supporting data (agenda, outline) and the learning levels will be identified. See Figure 1 FSBPT Level of Learning Demand Scale CONTENT below.

For example, anatomy is a fairly complex topic. If the participant sits in a lecture and is asked to memorize a structure and its origin and insertion points and then recall those items, that is level 1 content. However, the same topic is elevated to level 3 if the participant is taught the structure with its origin and insertion points and then asked to work in a small group to determine what the likely result would be for the individual with a paralysis of that muscle. Finally, if the participant was asked to identify potential compensations the individual would adopt, research other adaptations and instruct the lab session on “Adaptations for Maximized Function,” the content is now level 5. The progression of the material and learning is reasonable in this example. It is very possible that the vendor in this example would allocate time in the “Anatomy” topic to FSBPT levels 1, 3, and 5.

Figure 1: FSBPT Level of Learning Demand Scale CONTENT

Teaching Method	Level 1	Level 2	Level 3	Level 4 HIGHER LEVEL	Level 5 HIGHER LEVEL
In Person Activities	Lecture without discussion Panel of Experts without discussion	Lecture with Questions and Answers Demonstration(s) Lab- demo only Case presentation by instructor without discussion Panel of Experts with discussion Brainstorming	Lecture Tutorials- Worksheets of carefully designed questions that are required to be completed by students to make the lecture more interactive. May be completed during or after lecture individually or by groups of 2-3 students. Lab- Application of techniques or information. Repeating what was directly taught Case Presentation with Large Group Discussion- no requirement to report out to group or do significant analysis Case Presentation- Individual analysis and no requirement to report out Group Projects- no requirement to report out Small Group Discussion- no requirement to report out	Lab- analyze and choose techniques to perform Group Projects/Presentations with report out sessions Small Group Discussions with report out sessions Case Presentation- Group discussion with analysis and report out Case Presentation- Individual analysis with report out	Simulation Role Playing Teach to the Group/Learn by Teaching Lab- create new applications, critique others, defend techniques/practice Case Presentation- Group discussion with defense of report AND/OR critique of other groups work Case Presentation- Individual discussion with defense of report AND/OR critique of other individual's work
Distance Activities	Asynchronous e-learning without feedback or communication Recorded activities without integrated interactive/communication features	Asynchronous e-learning using e-mail, discussion boards, blogs, , etc Synchronous e-learning using live videoconferencing, live 2 way video, instant message/chat, etc Interactive course player- integrated ability to communicate directly from the course materials usually Power Point Live Webinars with interactive features i.e. polling, raise hands feature	Hybrid e-learning using wikis, virtual worlds Simultaneous, synchronous live and distance activity which has requirements integrated into the activity for the on-line participant to interact with the live class such as during case presentation, small group discussions, or group projects. Simultaneous, synchronous live and distance activity with requirements integrated into the activity for the on-line participant to submit written/oral work and receive feedback directly from instructor during the allotted time for the activity		

APPENDIX F: Glossary of Terms

Affective Domain: Includes the manner in which we deal with things emotionally, such as feelings, values, appreciation, enthusiasms, motivations, and attitudes. (Taken from <http://www.nwlink.com/~donclark/hrd/bloom.html>)

Asynchronous e-learning: Educational sessions are presented with a delay in feedback and questions asked and answered. Students enter the electronic environment at their discretion and when time allows. Communications can be sent but will have a delay in answering

Behavioral Objective: Statements that communicate and clarify the intent, purpose, observable student performance, and expected outcome for a given activity

Certified: Continuing competence activity has been submitted to the FSBPT for review and is given a CCU value based on how well it meets objective Standards and Criteria

Cognitive Domain: involves knowledge and the development of intellectual skills. This includes the recall or recognition of specific facts, procedural patterns, and concepts that serve in the development of intellectual abilities and skills. (Taken from <http://www.nwlink.com/~donclark/hrd/bloom.html>)

Competence: is the application of knowledge, skills and behaviors required to function effectively, safely, ethically and legally within the context of the individual's role and environment.

Continuing Competence: is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development and implementation of a personal learning plan, and subsequent reassessment

CCU: Continuing competence unit. A measurement of the value of the continuing competence activity as certified by **ProCert**.

Continuing Competence Activity: Any approved or certified pursuit which is valuable and benefits a licensee in the ability to practice or work in physical therapy

Continuing Competence Model: A jurisdiction's licensure renewal requirements regarding continuing competence. See also FSBPT Continuing Competence Model

Documentation, Billing & Reimbursement: Process of thoroughly and accurately entering information in patient/client record and requesting payment for physical therapy services provided while complying with applicable jurisdictional/regulatory requirements. Includes information regarding commercial and government payment systems.

Domains: an area of educational activity or learning. Three domains relative to learning in physical therapy are cognitive, affective, and psychomotor.

Evidence Based Practice: Physical therapy practice and decision making which is based on integrating the best available research with a patient's values and the clinician's experience (IOM report on Informatics)

FSBPT: Federation of State Boards of Physical Therapy

FSBPT Continuing Competence Model: Guidelines developed and recommended by FSBPT for re-licensure requirements regarding continuing competence. Each licensee must obtain a minimum of 30 CCUs from either certified or approved activities in a 2 year renewal period. At least 15 CCUs must be obtained through certified activities. Find the Model at www.continuingcompetence.org

Hybrid e-learning: Blends elements of both asynchronous and synchronous e-learning in one educational offering

Interdisciplinary Communication & Collaboration: Sharing of information with other appropriate professionals while maintaining privacy and complying with applicable jurisdictional/regulatory requirements. Includes strategies to communicate with physicians and other referral sources, work and collaborate in a team setting, and co-treatment with other professionals. Does not include supervisory communication with PTA or aides.

Jurisdiction: All 50 of the United States, the District of Columbia, Puerto Rico, and the US Virgin Islands

Lecture Tutorials: Worksheets of carefully designed questions that are required to be completed by students to make the lecture more interactive. May be completed during or after lecture individually or by groups of 2-3 students.

Licensee: Physical therapist or physical therapist assistant registered, certified, or licensed in any jurisdiction

Patient/Client & Caregiver Education: Principles and theories of teaching and learning required to create a learning environment in which information is effectively communicated to patients/clients. The process of informing, educating, or training patients/clients and caregivers with the intent to promote follow through of physical therapy plan of care and ensure that appropriate instruction is given to support patient/client management decisions. (Standards of competence)

Professionalism, Leadership & Ethical Practice: Responsibilities of healthcare provider to ensure that patient/client communication, management, and healthcare decisions take place in an ethical, secure, confidential, and trustworthy manner. Patient/client rights. Maintaining the character, attitude, commitment, competence, and conduct of a professional.

Psychomotor Domain: includes physical movement, coordination, and use of the motor-skill areas. Development of these skills requires practice and is measured in terms of speed, precision, distance, procedures, or techniques in execution. (Taken from: <http://www.nwlink.com/~donclark/hrd/bloom.html>)

Psychosocial Aspects of Patient Care: Includes issues such as respect, fairness, cultural competence, and diversity, discrimination in health care, access to care, death and dying.

Reviewer: Volunteer for FSBPT that takes the vendors application for certification and determines if the responses are accurate and substantiated by appropriate documentation. The reviewer determines that the Standards and Criteria have been met or not.

Safety & Protection: Factors influencing patient/client safety such as fall risk, use of restraint, environmental factors, and use of equipment. Injury prevention to the health care worker, proper body mechanics. Infection control. Risk guidelines. Emergency preparedness including CPR, first aid, disaster response.

Synchronous e-learning: Educational sessions are presented with feedback and questions asked and answered in real time

Teaching & Learning Strategies: Theories and techniques associated with the communication of ideas from teacher to participant. Participant may be physical therapy students, clients, or peers. Does not include patient education.

Vendor: The owner of the continuing competence activity who may/may not submit the activity for certification

Virtual World: a computer-based simulated environment where multiple on-line users interact with one another

Wikis: website powered by wiki software created through collaborative efforts of the users by adding, modifying, or deleting content via a web browser.

APPENDIX G: Acronyms List

ABPTS: American Board of Physical Therapy Specialties

APTA: American Physical Therapy Association

CC: Continuing Competence

CCU: Continuing Competence Unit

CMS: Center for Medicare and Medicaid Services

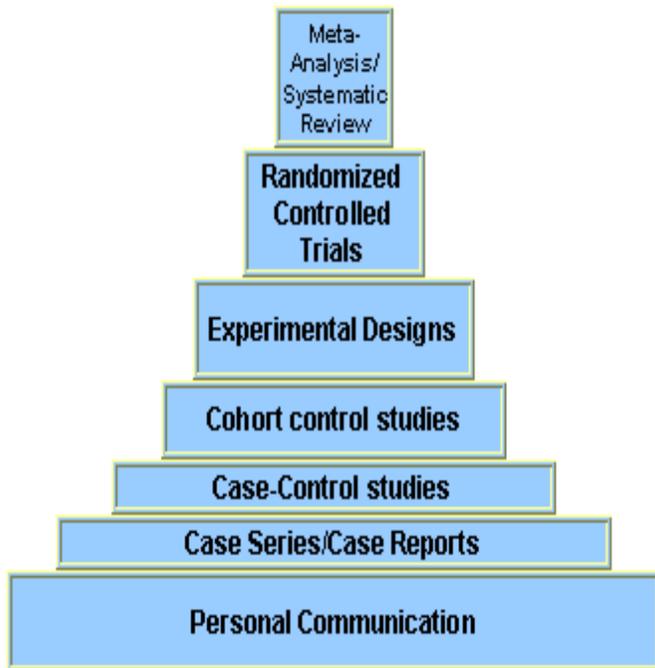
FSBPT: Federation of State Boards of Physical Therapy

PT: Physical Therapist or Physical Therapy

PTA: Physical Therapist Assistant

APPENDIX H: Sackett's Hierarchy of Evidence

There are a number of ways to perform and/or present research on a topic. The strength of the evidence is variable based on several factors including: the way in which a study is designed, how data is gathered or reported, the size of the study, etc. There is an accepted hierarchy to the strength of clinical evidence that has a larger pool of weaker evidence such as personal communication and the narrowest pool of stronger evidence such as Systematic Reviews.



<http://prescribingforbetteroutcomes.org/?q=resources/evaluating>

APPENDIX I: Typical Activity Standards & Criteria Guide

GREEN = Very likely will meet this standard/criteria

YELLOW = Less likely will meet this standard/criteria; justification will need to be convincing

RED = Only an exceptional activity will meet this standard/criteria; justification will need to be very compelling

	Continuing Education Live	Continuing Education Remote
STANDARD 1: ADMINISTRATION		
The provider identifies and provides a supportive learning environment, the physical, material, and technological resources necessary to support the activity.	GREEN	GREEN
Documentation is maintained of the processes used to develop, administer, deliver, conduct and assess the activity and participants.	GREEN	GREEN
The provider maintains cumulative records with appropriate security for a period of five years.	GREEN	GREEN
STANDARD 2: APPROPRIATE LANGUAGE		
The provider certifies the use of current terminology within the activity that does not show bias or cultural insensitivity.	GREEN	GREEN
STANDARD 3: NON-DISCRIMINATORY		
The provider certifies that the activity is available to all appropriate participants without unlawful discrimination.	GREEN	GREEN
STANDARD 4: COPYRIGHT & DISCLOSURE		
The provider must certify that appropriate permissions of copyright materials have been obtained, all copyright materials have been identified, and disclosures have been made.	GREEN	GREEN
STANDARD 5: CONTENT		
Content of the activity must relate to the scope of practice of physical therapy as defined by the FSBPT Standards of Competence, APTA Guide to practice....	GREEN	GREEN
Content within the continuing competence activity is relevant to the targeted audience(s).	GREEN	GREEN
STANDARD 6: CONTENT ANALYSIS		
Based on the level of coverage, the emphasis given to each of the categories of learning demand and the total time involved in the activity.	GREEN	GREEN
STANDARD 7: INSTRUCTORS & DEVELOPERS		
The developers and deliverers of the activity have documented experience, education and training to allow attendees to meet the activity objectives.	GREEN	GREEN
STANDARD 8: INFORMATION & MATERIALS		
The provider supplies sufficient information to allow prospective participants to judge the value and appropriateness of the activity.	GREEN	GREEN
STANDARD 9: ENGAGEMENT Need one of the following as required, all others value added		
a. Activity includes structured opportunities for self-reflection and identification of growth opportunities.	GREEN	GREEN
b. Activity offers informal opportunities for interaction and/or feedback from other professionals.	GIVEN	YELLOW
c. Activity includes opportunities for participation through structured interactive opportunities.	YELLOW	RED
d. Activity provides opportunities to contribute to the profession and its body of knowledge.	RED	RED

STANDARD 10: EVIDENCE-BASED PRACTICE	CE Live	CE Remote
a. The activity is developed from the base of available evidence or current regulations; participants are provided references when appropriate.		
b. Participants are presented with case studies and the provider includes a discussion of this type of evidence and its applicability.		
c. Participants present a case study relevant to the content of the activity and include a critical evaluation of whether the case study demonstrates a defensible approach, has broader applicability or would benefit from additional research.		
d. Activity requires participants to review current scientific evidence published in peer-reviewed resources (applicable to the activity) or to review current regulatory documents		
e. Activity requires participants to critically analyze different types of evidence, questioning the accuracy and relevance of each type, and the completeness of the body of evidence.		
f. The provider has documentation to support that there is a linkage between participation in the activity and the increased use of evidence-based practice by participants.		
STANDARD 11: OBJECTIVES		
a. Objectives sufficiently reflect the focus of the activity and the critical elements of the content.		
b. Objectives are behavioral and at an appropriate level for the target participant.		
c. Greater than ½ of the total number of objectives meet both required criteria		
d. The objectives focus on higher levels of learning.		
STANDARD 12: ACTIVITY DESIGN		
The documentation clearly describes how the activity is designed to support the achievement of the objectives.		
STANDARD 13: ASSESSMENT		
a. For subjectively scored assessments, reliability evidence is provided.		
b. For objectively scored assessments, reliability evidence is provided.		
c. Procedures are identified to ensure the security and integrity of the assessment.		
d. The activity objectives are mapped to the assessment.		
e. Administration of the assessment is standardized.		
f. Scoring is standardized.		
g. A proficiency standard has been established, and participants who meet or exceed that standard are awarded credit.		
h. The assessment results are compared to other sources of evidence to evaluate how well the activity meets its objectives.		
STANDARD 14: REVIEW & EVALUATION		
a. Recommendations for improvements are solicited from participants.		
b. The developer/deliverer collects data regarding the quality and effectiveness of the activity outside of collecting participant feedback.		
c. The developer/provider has documented methods for analyzing data and incorporating results into future versions of the activity.		

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Lori Dominiczak, PT		2) Date When Request Submitted: 8/6/2014	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 9/11/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Continuing Education Audit	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? If yes, who is appearing? Yes – Peter Schramm, Office of Education and Examinations	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: Lori Dominiczak asked for this matter to be considered.			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Aaron Knautz- Licensing Exams Specialist		2) Date When Request Submitted: 8/14/14 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting</small>									
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board											
4) Meeting Date: 8/28/14	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Foreign Trained Education Evaluation Discussion									
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input checked="" type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:									
10) Describe the issue and action that should be addressed: <p>This is continuing the conversation regarding the processes used by foreign trained education evaluation services. Aaron Knautz has gathered some new information from the FSBPT and the Foreign Credentialing Commission on Physical Therapy, Inc. Aaron will be in to discuss this topic.</p>											
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Aaron Knautz</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;">8/14/14</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of person making this request</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black; text-align: right;">8/14/2014</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Supervisor (if required)</td> <td style="border-bottom: 1px solid black; text-align: right;">Date</td> </tr> </table> <hr/> Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date				Aaron Knautz	8/14/14	Signature of person making this request	Date		8/14/2014	Supervisor (if required)	Date
Aaron Knautz	8/14/14										
Signature of person making this request	Date										
	8/14/2014										
Supervisor (if required)	Date										
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.											

BOARD APPEARANCE REQUEST FORM

Appearance Information

Board Name: Physical Therapy Examining Board

Board Meeting Date: 8/28/14

Person Submitting Agenda Request: Aaron Knautz

Person(s) requesting an appearance: Aaron Knautz

(NOTE: Contact information is not required for Department staff.)

Reason for Appearance: Discuss the Foreign Trained Education Evaluation Services

AppearanceContact Information

(NOTE: If the appearing party is represented by an attorney skip the "Appearance Contact Information" section and complete the "Attorney Contact Information" section.)

Mailing address:

Email address:

Telephone #:

Attorney Contact Information

Attorney Name:

Attorney's mailing address:

Attorney's e-mail address:

Attorney's telephone #:

Federation of State Boards of Physical Therapy

Credentials Evaluation Standards

Revised and approved 4-2010

Although the licensing of physical therapists (and physical therapist assistants) in the US is a right and responsibility of each jurisdiction, foreign educated individuals must undergo an educational credentials assessment for substantial equivalency to the first professional degree in the US. The Federation of State Boards of Physical Therapy (FSBPT) is committed to protect the public and to provide leadership within the field and practice of physical therapy.

The Foreign Educated Standards Committee has developed standards that represent “best practices” in evaluation services. These standards were developed with input from the physical therapy credentialing agencies that are licensed to use FSBPT’s Coursework Tool (CWT).

A questionnaire has been developed based on this document and each credentialing agency has been offered the chance to provide answers and documentation to the Federation based on the questionnaire. It is intended that this document and the questionnaire be used by the jurisdictions as a tool to help verify the quality of credential evaluation services.

The questionnaire responses are maintained by the Federation and are available to FSBPT member jurisdictions by requesting (in writing or via email) copies of agency responses to communications@fsbpt.org.

Policies and Procedures

Standard 1.

There are written policies and procedures to maintain consistency in credentials review procedures, guidelines and outcomes.

- 1.1. Procedures and interpretive guidelines should be developed and used.
- 1.2. Past evaluation decisions can serve as guidelines for current evaluation processes. If substantial modifications of practice in reviewing credentials have occurred, such changes of practice should be justified and documented.

Standard 2.

Mechanisms are in place for ongoing review of procedures and processes to assure quality. These measures should help maintain consistency and accuracy in outcomes.

- 2.1. There should be a documented, systematic plan developed to assure quality.
- 2.2. Reliability studies should be conducted on a periodic basis.
- 2.3. There should be mechanisms in place to obtain feedback from customers and stakeholders.
- 2.4. Outcome measures should be established and monitored.

Standard 3.

Parameters have been established for credit determination that accurately reflect the US education system and should have methods for conversion of credits from other systems into the US system.

- 3.1. Formulas for conversion should accurately reflect the credit load of a US student in a comparable program of study such that foreign contact hours or credits are converted to US credits.
- 3.2. Formulas for conversion should be used consistently.

**Federation of State Boards of Physical Therapy
Credentials Evaluation Standards**

Resources

Standard 4.

Credentials evaluations services should have access to pertinent information sources on current and historical foreign and US educational systems, programs, and earned credentials.

- 4.1. A resource library should be maintained on educational systems and programs that include current as well as relevant historical information.
- 4.2. A process for obtaining updates on changes and revisions to changes in national educational systems should be established.
- 4.3. Printed materials, online resources and databases pertaining to legitimacy of institutions, curricula, ongoing country reforms (or lack thereof) should be part of the available resources.
- 4.4. A list of references used in the report should be available on request.

The Evaluation Process

Standard 5.

The mapping tools developed and used to identify the contents of US education should be based on education in the US.

- 5.1. Mapping tools should be based on CAPTE Evaluation Criteria.
- 5.2. Mapping tools should be valid and reliable.
- 5.3. Mapping tools should have clear interpretive guidelines.

Standard 6.

The evaluation process should include an application that provides complete and standardized information and specifies the required documents.

- 6.1. Applicant must submit documentation of post-secondary school studies completed in their home country. The secondary school leaving document (certifying completion of studies and eligibility for university admission) for university may be needed to substantiate authenticity.
- 6.2. Higher education / post-secondary studies: all US and non-US education completed after secondary school must be listed and submitted from the original source for review, including non-physical therapy study.
- 6.3. Applications should be thorough and complete, requiring enough information to do a thorough review and determine with reasonable certainty that the documents are valid and the applicant is the person represented by the documents.

Standard 7.

Mechanisms should be in place to ensure the existence and authenticity of foreign academic programs.

- 7.1. Verify the existence, recognition and status of the institution/academic program awarding the credential.
- 7.2. Verify that the institution offers the curriculum specified on the documents.
- 7.3. Determine whether the credentials submitted (course descriptions, syllabi, transcripts etc.) provide enough information to compare the program to a US accredited program.
- 7.4. Determine the entry requirements into the program under review, and that the program is at least post secondary.

**Federation of State Boards of Physical Therapy
Credentials Evaluation Standards**

Standard 8.

Documents must be received in the official language in which the documents were issued by the institution.

- 8.1. Original language credentials must be accompanied by official English translation unless the original documents are provided in English by the issuing institution.
- 8.2. Accuracy of an English translation of a non-English document should be verified. Key words and numbers, such as dates, grades and names should be checked to insure that the translation is accurate.

Standard 9.

Documents received should be original, complete and include relevant information.

- 9.1. Original documents or documents certified by educational authorities of the country should be received by the credentialing agency directly from issuing institution.
- 9.2. Document(s) must reflect the exact title of original language document, accompanied by a translation into English by a certified translator.
- 9.3. Credentials must clearly indicate progress in a program and completion, if applicable.
- 9.4. Documents must be examined for evidence of tampering.
- 9.5. A comparison should be made of the applicant's biographical and educational data with the credential to assure that the credential in question actually belongs to the applicant.
- 9.6. In case there is a suspicion of falsification, the credential must be verified by the issuing institution.

Standard 10.

Mechanisms should be in place to ensure the authenticity of foreign academic records and to identify fraudulent or altered documents.

- 10.1. Academic documents should be deemed acceptable only if they are issued by legitimate governmental or institutional authorities. Key points to be noted in the review process are:
 - 10.1.1. A credential should be issued by an institution, an examination board or other legal entity which is approved to issue academic documents.
 - 10.1.2. An official transcript must be received directly from an institution.
 - 10.1.3. Verification of academic credentials by embassies, consulates, public notaries or other non-academic officials should not be deemed acceptable.
- 10.2. Adequate procedures should be in place to identify fraudulent documents.
- 10.3. Fraudulent or altered credentials should constitute cause for refusal to issue an evaluation report.
- 10.4. If fraud has been detected and confirmed by the issuing source, credentials evaluation agencies should release this information to other legitimate parties as warranted.

Administration

Standard 11.

Evaluators of foreign academic documents should be qualified to collect data, review credentials and make decisions based on pertinent credentials and informed source materials.

**Federation of State Boards of Physical Therapy
Credentials Evaluation Standards**

- 11.1. Evaluators have a thorough knowledge of the educational systems outside the US, their legitimacy, structure and ongoing amendments.
- 11.2. Evaluators have a thorough knowledge of the educational system of the US, its legitimacy, structure and ongoing amendments.
- 11.3. Evaluators have a thorough knowledge of assessing the comparability of education across systems worldwide and are skilled in providing placement, transfer credits, and other recommendations according to established standards in the field of credentials evaluation.
- 11.4. Training of foreign evaluators must evolve under oversight and supervision of an experienced evaluation professional.
- 11.5. Credential evaluators should have opportunities for professional development and ongoing training in global education systems, the components of physical therapy education and training in the US, use of credential evaluation tools and performing credential evaluations.

Standard 12.

Administrative services exist to support customers, including the maintenance of files.

- 12.1. Processes should be in place for candidates to be able to challenge the review outcome.
- 12.2. Once all required documents have been received, the evaluation should be completed within a reasonable timeframe.
- 12.3. Procedures should maintain the privacy of the applicant and personal information should not be shared with others without the express consent of the applicant. However, per Standard 10.4, if fraud has been detected and confirmed by issuing source, credentials evaluation agencies may release this information to other legitimate parties as warranted.
- 12.4. There will be written retention policies for applicant reports and supporting documents.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Tom Ryan		2) Date When Request Submitted: 8/14/2014	
		Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 9/11/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Report from 2014 FSBPT Leadership Issues Forum	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Tom Ryan will report on this Forum.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Shari Berry and Sarah Olson		2) Date When Request Submitted: <div style="border: 1px solid black; padding: 2px;"> Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others </div>	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 9/11/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Report from June 2014 FSBPT Board Member and Administrator Training	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Shari Berry and Sarah Olson prepared a report from this meeting and will discuss it at the meeting.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sarah Olson		2) Date When Request Submitted: 8/6/2014 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 9/11/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 2015 FSBPT Annual Meeting – September 18-20, 2014	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both		8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: Sarah Olson asked that the Board discuss the upcoming FSBPT annual meeting, including the two motions to be considered by the Delegate Assembly, which are available here: http://portal.criticalimpact.com/user/24316/files/DEL-14-01_Areas_of_Focus.pdf http://portal.criticalimpact.com/user/24316/files/DEL-14-02_CWT_REV.pdf			
11) Authorization			
Signature of person making this request			Date
Supervisor (if required)			Date
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)			Date

**Federation of State Boards of Physical Therapy
2014 Delegate Assembly San Francisco, California
5:00 PM September 20, 2014
Motions**

DEL-14-01

Motion adopted/adopted as amended/defeated

Areas of Focus

Proposed by: Board of Directors

Vote Required: Majority

Contact: Jeff Rosa

Motion:

To adopt the Areas of Focus as they currently read.

1. Examinations: Ensure the ongoing excellence, reliability, defensibility, security and validity of the NPTE and related examinations.
2. Membership: Enhance the Federation's value to its membership by developing and maintaining programs and services responsive to membership needs.
3. States' Rights, States' Responsibilities and Professional Standards: Identify and promote effective regulation in physical therapy that ensures the delivery of safe and competent physical therapy care, while respecting states' rights and responsibilities.
4. Education: Provide and promote educational programs and products for board members, administrators, the public and other stakeholders.
5. Leadership: Broaden the Federation's leadership role and recognition within regulatory, professional and related communities.
6. Organizational and Financial Stability: Ensure the long-term organizational and financial stability and viability of the Federation.

Rationale:

The Areas of Focus represent the activities required to achieve the mission of the Federation. In accordance with Delegate Assembly motion DEL-02-26, the Board of Directors must complete an annual review of the focus areas and present them to the Delegate Assembly for review and adoption.

The board has reviewed the Areas of Focus and has determined that they accurately reflect the Federation's current areas of focus.

Reference Area of Focus: Leadership

Fiscal Impact: The adoption of this motion has no specific fiscal impact. However, the Board of Directors and committees use these areas of focus as the basis for long-term strategic planning and as the basis for funding Federation activities in each annual budget.

**Federation of State Boards of Physical Therapy
2014 Delegate Assembly San Francisco, California
5:00 PM September 20, 2014
Motions**

DEL-14-02

Motion adopted/adopted as amended/defeated

Coursework Tool

Proposed by: Board of Directors

Vote Required: Majority

Contact: Ron Seymour

Motion:

The credentials of a foreign educated physical therapist (FEPT) who is currently licensed in a jurisdiction, and is seeking licensure through endorsement in another jurisdiction should be evaluated using the version of the FSBPT Coursework Tool retro tool that covers the date the applicant graduated from their respective physical therapy education program.

This process should be used for those seeking licensure through endorsement only. First-time licensure candidates should be evaluated using the current Coursework Tool.

In addition, rescind Delegate Assembly motion DEL-05-10.

Rationale:

The original motion to create the Coursework Tool (CWT) retro tools was passed by the Delegate Assembly in 2004. The retro tools were developed specifically for endorsement of the foreign educated PT (FEPT). An individual who is applying for licensure via endorsement is already licensed in a state/jurisdiction and desires to practice in another state. Retro tools reflect previous educational standards for physical therapy education and were to be used based on the year the FEPT graduated from their PT school.

The following year, the Board of Directors brought forward a motion extending the use of the retro tools to initial licensure of FEPTs (DEL-05-10). The reasoning was that this would set one guideline for all FEPTs, whether they were seeking initial licensure or licensure by endorsement. This motion passed.

Subsequently, the Board of Directors, Foreign Educated Standards Committee, and the 2012 and 2013 Leadership Issues Forums re-examined the issues around determining substantial equivalence of foreign educated physical therapists that were not yet licensed to practice in the US.

It became apparent that evaluating a non-US-licensed FEPT using the retro tools could assign equivalence when critical components of current entry-level practice are missing. Additionally, the non-US-licensed FEPT may have been practicing in a country where practice was substantially different than

the US or may not have been practicing at all. By using the retro tools for a non-US-licensed individual, we were only assuring his or her education was substantially equivalent at the previous time of graduation but not for current US educational standards.

This motion ensures that the education of the foreign educated PT who is requesting initial licensure in the US is substantially equivalent to current US educational standards.

DEL-05-10:

The credentials of foreign educated physical therapist licensure applicants should be evaluated using the version of the FSBPT Coursework Evaluation Tool that covers the date the applicant graduated from their respective physical therapy education program. Credentialing agencies should use the version of the CWT that coincides with the professional educational criteria that were in effect on the date the applicant graduated from their respective physical therapy education program. This same process should be used for both first time licensees and those seeking licensure through endorsement.

Reference Area of Focus: Professional Standards

Fiscal Impact: None.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Lori Dominiczak, PT		2) Date When Request Submitted: 8/6/2014 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Physical Therapy Examining Board			
4) Meeting Date: 9/11/2014	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Informational Item – draft of Medicare telehealth bill	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Lori Dominiczak asked for this matter to be included as an informational item. As such, no discussion will take place and no action will be taken at this meeting.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

[DISCUSSION DRAFT]113TH CONGRESS
2^D SESSION**H. R.** _____

To **[amend title XVIII of the Social Security Act to provide for a phased-in expansion of telehealth coverage under the Medicare program]**.

IN THE HOUSE OF REPRESENTATIVES

Mr. THOMPSON of California introduced the following bill; which was referred to the Committee on _____

A BILL

To **[amend title XVIII of the Social Security Act to provide for a phased-in expansion of telehealth coverage under the Medicare program]**.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicare Telehealth
5 Parity Act of 2014”.

6 **SEC. 2. PHASED-IN EXPANSION OF TELEHEALTH COV-**
7 **ERAGE UNDER MEDICARE.**

8 (a) INITIAL PHASE.—

1 (1) EXPANSION OF ORIGINATING SITES.—Sec-
2 tion 1834(m)(4)(C) of the Social Security Act (42
3 U.S.C. 1395m(m)(4)(C)) is amended—

4 (A) in clause (i), by striking “The term”
5 and inserting “Subject to clause (iii), the
6 term”; and

7 (B) by adding at the end the following new
8 clause:

9 “(iii) ADDITIONAL SITES.—The term
10 ‘originating site’ shall also include the fol-
11 lowing sites at which the eligible telehealth
12 individual is located at the time the service
13 is furnished via a telecommunications sys-
14 tem, whether or not they are located in an
15 area described in clause (i), insofar as such
16 sites are not otherwise included in the defi-
17 nition of originating site under such
18 clause:

19 “(I) In the case of such a service
20 furnished on or after the date that is
21 6 months after the date of the enact-
22 ment of the Medicare Telehealth Par-
23 ity Act of 2014, any Federally quali-
24 fied health center (as defined in sec-
25 tion 1861(aa)(4)).

1 “(II) In the case of such a serv-
2 ice furnished on or after the date that
3 is 6 months after the date of the en-
4 actment of the Medicare Telehealth
5 Parity Act of 2014, any site described
6 in clause (ii) that is located in a coun-
7 ty within a Metropolitan Statistical
8 Area with a population of fewer than
9 50,000 individuals, according to the
10 most recent decennial census.

11 “(III) In the case of such a serv-
12 ice furnished on or after [the date
13 that is 6 months after the date of the
14 enactment of the Medicare Telehealth
15 Parity Act of 2014], a walk-in retail
16 health clinic that is located in a coun-
17 ty within a Metropolitan Statistical
18 Area with a population of fewer than
19 50,000 individuals, according to the
20 most recent decennial census. For
21 purposes of this clause, the term
22 ‘walk-in retail health clinic’ means a
23 walk-in health clinic (other than an
24 office, urgent care facility, pharmacy,
25 independent clinic, or other facility

1 that is described by any other place of
2 service code) that is located within a
3 retail operation and that provides, on
4 an ambulatory basis, preventive and
5 primary care services.”.

6 (2) ORIGINATING SITE FEE NOT TO APPLY TO
7 ADDITIONAL SITES.—Section 1834(m)(2)(B) of such
8 Act (42 U.S.C. 1395m(m)(4)(C)) is amended by in-
9 serting after and below clause (ii) the following:

10 “The facility fee under this subparagraph shall
11 not apply to any site included as an originating
12 site pursuant to clause (iii) of paragraph (4)(C)
13 that would not otherwise be included as an orig-
14 inating site without application of such
15 clause.”.

16 (3) CERTIFIED DIABETES EDUCATOR INCLUDED
17 AS TELEHEALTH PROVIDER.—Section 1834(m)(1) of
18 such Act (42 U.S.C. 1395m(m)(1)) is amended by
19 striking “or a practitioner (described in section
20 1842(b)(18)(C))” and inserting “, a practitioner
21 (described in section 1842(b)(18)(C)), or with re-
22 spect to services furnished on or after the date that
23 is 6 months after the date of the enactment of the
24 Medicare Telehealth Parity Act of 2014, a certified
25 diabetes educator”.

1 (4) COVERAGE OF REMOTE PATIENT MANAGE-
2 MENT SERVICES FOR CERTAIN CHRONIC HEALTH
3 CONDITIONS.—

4 (A) IN GENERAL.—Section 1861(s)(2) of
5 the Social Security Act (42 U.S.C. 1395x(s)(2))
6 is amended—

7 (i) in subparagraph (EE), by striking
8 “and” at the end;

9 (ii) in subparagraph (FF), by insert-
10 ing “and” at the end; and

11 (iii) by inserting after subparagraph
12 (FF) the following new subparagraph:

13 “(GG) remote patient management services (as
14 defined in subsection (iii));”.

15 (B) SERVICES DESCRIBED.—Section 1861
16 of the Social Security Act (42 U.S.C. 1395x) is
17 amended by adding at the end the following
18 new subsection:

19 “(iii) REMOTE PATIENT MANAGEMENT SERVICES
20 FOR CHRONIC HEALTH CONDITIONS.—(1) The term ‘re-
21 mote patient management services’ means the remote
22 monitoring, evaluation, and management of an individual
23 with a covered chronic health condition (as defined in
24 paragraph (2)), insofar as such monitoring, evaluation,
25 and management is with respect to such condition,

1 through the utilization of a system of technology that al-
2 lows a remote interface to collect and transmit clinical
3 data between the individual and the responsible physician
4 (as defined in subsection (r)) or supplier (as defined in
5 subsection (d)) for the purposes of clinical review or re-
6 sponse by the physician or supplier. Such services shall
7 include in-home technology based professional consulta-
8 tions, patient monitoring, patient training services, clinical
9 observation, assessment, treatment, and any other services
10 that utilize technologies specified by the Secretary. Such
11 term shall not include a telecommunication that consists
12 solely of a telephone audio conversation, facsimile, or elec-
13 tronic text mail between a health care professional and
14 patient.

15 “(2) For purposes of paragraph (1), the term ‘cov-
16 ered chronic health condition’ means—

17 “(A) congestive heart failure;

18 “(B) chronic obstructive pulmonary disease;

19 and

20 “(C) in the case of services furnished at a fed-
21 erally qualified health center, diabetes.

22 “(3)(A) The Secretary, in consultation with appro-
23 priate physician and supplier groups, shall develop guide-
24 lines on the frequency of billing for remote patient man-
25 agement services. Such guidelines shall be determined

1 based on medical necessity and shall be sufficient to en-
2 sure appropriate and timely monitoring of individuals
3 being furnished such services.

4 “(B) The Secretary shall do the following:

5 “(i) Not later than 2 years after the date of the
6 enactment of this subsection, develop, in consulta-
7 tion with appropriate physician and supplier groups,
8 standards (governing such matters as qualifications
9 of personnel and the maintenance of equipment) for
10 remote patient management services for the covered
11 chronic health conditions specified in paragraph (2).

12 “(ii) Periodically review and update such stand-
13 ards under this subparagraph as necessary.”.

14 (C) PAYMENT UNDER THE PHYSICIAN FEE
15 SCHEDULE.—Section 1848 of the Social Secu-
16 rity Act (42 U.S.C. 1395w-4) is amended—

17 (i) in subsection (c)—

18 (I) in paragraph (2)((B)—

19 (aa) in clause (ii)(II), by
20 striking “and (v)” and inserting
21 “(v), and (vii)”; and

22 (bb) by adding at the end
23 the following new clause:

24 “(vii) BUDGETARY TREATMENT OF
25 CERTAIN SERVICES.—The additional ex-

1 penditures attributable to services de-
2 scribed in section 1861(s)(2)(GG) shall not
3 be taken into account in applying clause
4 (ii)(II).”; and

5 (II) by adding at the end the fol-
6 lowing new paragraph:

7 “(7) TREATMENT OF REMOTE PATIENT MAN-
8 AGEMENT SERVICES.—

9 “(A) In determining relative value units
10 for remote patient management services (as de-
11 fined in section 1861(iii)), the Secretary, in
12 consultation with appropriate physician groups,
13 shall take into consideration—

14 “(i) physician resources, including
15 physician time and the level of intensity of
16 services provided, based on—

17 “(I) the frequency of evaluation
18 necessary to manage the individual
19 being furnished the services;

20 “(II) the complexity of the eval-
21 uation, including the information that
22 must be obtained, reviewed, and ana-
23 lyzed; and

1 “(III) the number of possible di-
2 agnoses and the number of manage-
3 ment options that must be considered;

4 “(ii) practice expense costs associated
5 with such services, including installation
6 and information transmittal costs, costs of
7 remote patient management technology
8 (including equipment and software), and
9 resource costs necessary for patient moni-
10 toring and follow-up (but not including
11 costs of any related item or non-physician
12 service otherwise reimbursed under this
13 title); and

14 “(iii) malpractice expense resources.

15 “(B) Using the relative value units deter-
16 mined in subparagraph (A), the Secretary shall
17 provide for separate payment for such services
18 and shall not adjust the relative value units as-
19 signed to other services that might otherwise
20 have been determined to include such separately
21 paid remote patient management services.”; and

22 (ii) in subsection (j)(3), by inserting
23 “(2)(GG),” after “health risk assess-
24 ment),”.

25 (D) EFFECTIVE DATE.—

1 (i) IN GENERAL.—The amendments
2 made by this subsection shall apply to
3 services furnished on or after the date that
4 is 6 months after the date of the enact-
5 ment of this Act, without regard to wheth-
6 er the guidelines under paragraph (3)(A)
7 or the standards under paragraph (3)(B)
8 of section 1861(iii) of the Social Security
9 Act, as added by subparagraph (B), have
10 been developed.

11 (ii) AVAILABILITY OF CODES AS OF
12 DATE OF ENACTMENT.—The Secretary of
13 Health and Human Services shall—

14 (I) promptly evaluate existing
15 codes that would be used to bill for
16 remote patient management services
17 (as defined in paragraph (1) of such
18 section 1861(iii), as so added) under
19 title XVIII of the Social Security Act;
20 and

21 (II) if the Secretary determines
22 that new codes are necessary to en-
23 sure accurate reporting and billing of
24 such services under such title, issue
25 such codes so that they are available

1 for use as of the date of the enact-
2 ment of this Act.

3 (E) GAO STUDY AND REPORT.—

4 (i) STUDY.—The Comptroller General
5 of the United States shall conduct a study
6 that includes, at a minimum, the following:

7 (I) The effectiveness of remote
8 patient monitoring on decreasing hos-
9 pital readmissions for the chronic con-
10 ditions described in subsection (iii)(2)
11 of section 1861 of the Social Security
12 Act (42 U.S.C. 1395x), as added by
13 subparagraph (A).

14 (II) The savings to the Medicare
15 program under title XVIII of such Act
16 associated with remote patient moni-
17 toring use with respect to such chron-
18 ic conditions.

19 (III) The potential for greater
20 use of remote patient monitoring for
21 other chronic conditions.

22 (IV) Potential implications of
23 greater use of remote patient moni-
24 toring with respect to payment and
25 delivery system transformations under

1 the Medicare program under such
2 title.

3 (ii) REPORT.—Not later than 2 years
4 after the date of the enactment of this Act,
5 the Comptroller General shall submit to
6 Congress a report containing the results of
7 the study conducted under clause (i).

8 (5) EXPANSION OF TELECOMMUNICATIONS SYS-
9 TEM.—The second sentence of section 1834(m)(1) of
10 the Social Security Act (42 U.S.C. 1835m(m)(1)) is
11 amended by striking “in the case of any Federal
12 telemedicine demonstration program conducted in
13 Alaska or Hawaii,”.

14 (b) SECOND PHASE.—

15 (1) FURTHER EXPANSION OF ORIGINATING
16 SITES.—Section 1834(m)(4) of the Social Security
17 Act (42 U.S.C. 1395m(m)(4)) is amended—

18 (A) in clause (iii) of subparagraph (C), as
19 added by subsection (a)(1), by adding at the
20 end the following new subclauses:

21 “(IV) In the case of such a serv-
22 ice furnished on or after the date that
23 is 2 years after the date of the enact-
24 ment of the Medicare Telehealth Par-
25 ity Act of 2014, any site described in

1 clause (ii) that is located in a county
2 within a Metropolitan Statistical Area
3 with a population of at least 50,000
4 individuals but fewer than 100,000 in-
5 dividuals, according to the most re-
6 cent decennial census.

7 “(V) In the case of such a service
8 furnished on or after the date that is
9 2 years after the date of the enact-
10 ment of the Medicare Telehealth Par-
11 ity Act of 2014, a home telehealth
12 site, as defined in subparagraph
13 (G).”; and

14 (B) by adding at the end the following new
15 subparagraph:

16 “(G) HOME TELEHEALTH SITE.—

17 “(i) IN GENERAL.—The term ‘home
18 telehealth site’ means, with respect to a
19 telehealth service described in clause (ii)
20 furnished to an individual, in a place of
21 residence used as the home of such indi-
22 vidual.

23 “(ii) TELEHEALTH SERVICES DE-
24 SCRIBED.—A telehealth service described
25 in this clause—

1 “(I) is a telehealth service that is
2 related to the provision of hospice
3 care, home dialysis, home health serv-
4 ices, or durable medical equipment;
5 and

6 “(II) shall include the use of
7 video conferencing.”.

8 (2) ADDITION OF OUTPATIENT THERAPY SERV-
9 ICES AS TELEHEALTH SERVICES.—Section
10 1834(m)(4)(F)(i) of the Social Security Act (42
11 U.S.C. 1395m(m)(4)(F)(i)) is amended by adding at
12 the end the following new sentence: “Beginning on
13 the date that is 2 years after the date of the enact-
14 ment of the Medicare Telehealth Parity Act of 2014,
15 such term shall include outpatient therapy services,
16 including speech-language pathology services and
17 audiology services (as defined in section 1861(l))
18 and respiratory services, and may include such addi-
19 tional outpatient therapy services as specified by the
20 Secretary.”.

21 (3) GAO STUDY AND REPORT.—

22 (A) STUDY.—The Comptroller General of
23 the United States shall conduct a study that in-
24 cludes, at a minimum, the following:

1 (i) The effectiveness of using tele-
2 health services described in the second sen-
3 tence of section 1834(m)(4)(F)(i) of the
4 Social Security Act (42 U.S.C.
5 1395m(m)(4)(F)(i)), as added by para-
6 graph (2), between therapy providers and
7 patients.

8 (ii) The savings to the Medicare pro-
9 gram under title XVIII of such Act associ-
10 ated with telehealth services utilization for
11 therapy for such services described in such
12 sentence.

13 (iii) The potential for greater use of
14 telehealth services for forms of therapy not
15 described in such sentence.

16 (c) FINAL PHASE.—

17 (1) FURTHER EXPANSION OF ORIGINATING
18 SITES.—Clause (iii) of section 1834(m)(4)(C) of the
19 Social Security Act (42 U.S.C. 1395m(m)(4)), as
20 added by subsection (a)(1) and amended by sub-
21 section (b)(1), is further amended by adding at the
22 end the following new subclauses:

23 “(VI) In the case of such a serv-
24 ice furnished on or after the date that
25 is 4 years after the date of the enact-

1 ment of the Medicare Telehealth Par-
2 ity Act of 2014, any site described in
3 clause (ii) that is located in a county
4 within a Metropolitan Statistical Area
5 with a population of at least 100,000
6 individuals, according to the most re-
7 cent decennial census.

8 “(VII) In the case of such a serv-
9 ice furnished on or after the date that
10 is 4 years after the date of the enact-
11 ment of the Medicare Telehealth Par-
12 ity Act of 2014, a walk-in retail
13 health clinic that is located in a coun-
14 ty within a Metropolitan Statistical
15 Area with a population of at least
16 50,000 individuals according to the
17 most recent decennial census.”.

18 (2) PAYMENT METHODS FOR OTHER PATIENT
19 SITES.—Section 1834(m)(2) of the Social Security
20 Act (42 U.S.C. 1395m(m)(2)) is amended by adding
21 at the end the following new subparagraph:

22 “(D) PAYMENT METHODS FOR OTHER PA-
23 TIENT SITES.—With respect to services fur-
24 nished on or after the date that is 4 years after
25 the date of the enactment of the Medicare Tele-

1 health Parity Act of 2014, the Secretary may
2 develop and implement payment methods that
3 would apply under this subsection in the case of
4 an individual who would be an eligible tele-
5 health individual except that the telehealth serv-
6 ices are furnished at a site other than an origi-
7 nating site. Such methods shall be designed to
8 take into account the costs related to the site
9 involved and reduced costs for the distant
10 site.”.