



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 17, 2018

TIME: 6:22 AM

WSR 18-15-067

Agency: Department of Health- Board of Physical Therapy

Effective date of rule:

Permanent Rules

31 days after filing.

Other (specify) (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

Yes No If Yes, explain:

Purpose: Chapter 246-915 WAC - Physical Therapists and Physical Therapist Assistants - The Board of Physical Therapy (board) has adopted rules that incorporate current minimum standards of care as well as general updates, revisions, and housekeeping amendments. The board also adopted a new section of rule that establishes the process and criteria for applicants who are military spouses or state-registered domestic partners of military personnel to obtain a temporary practice permit as a physical therapist or physical therapist assistant. The rule implements chapter 18.340 RCW regarding military spouses who moved to the state of Washington due to the transfer of the military person, and where the applicant must complete specific additional licensing requirements in Washington state. In addition, the board adopted updates to the sexual misconduct rules in order to comply with RCW 18.130.050 and Executive Order 06-03. The adopted rules clarify what forcible or nonconsensual acts are within the definition of sexual misconduct to establish clearer standards of conduct for physical therapists and physical therapist assistants.

Citation of rules affected by this order:

New: WAC 246-915-039, 246-915-076, and 246-915-181

Repealed: WAC 246-915-070, 246-915-220, 246-915-230, 246-915-240, 246-915-250, 246-915-260, 246-915-270, 246-915-280

Amended: WAC 246-915-010, 246-915-020, 246-915-030, 246-915-040, 246-915-050, 246-915-075, 246-915-078, 246-915-085, 246-915-086, 246-915-100, 246-915-105, 246-915-120, 246-915-130, 246-915-140, 246-915-182, 246-915-187, 246-915-190, 246-915-200, 246-915-210, 246-915-300, 246-915-310, 246-915-320, 246-915-330, 246-915-350, 246-915-360, 246-915-370

Suspended: none

Statutory authority for adoption: RCW 18.74.023

Other authority: Chapter 18.74 RCW, RCW 18.340.020

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 18-07-106 on 03/21/2018 (date).

Describe any changes other than editing from proposed to adopted version: Several, non-substantive changes were made between the proposed and adopted rule versions. Many of the changes were editorial in nature, but some language was inserted to make the rule meaning more clear, and to avoid confusion for practitioners and the public. In addition to the editorial changes, the following clarifying changes were made upon adoption of the rule.

WAC 246-915-050(1) changed "the practitioner must" to "the applicant shall."

WAC 246-915-050(2) changed "If the license has expired for more than one renewal cycle but less than three years" to "If the license has expired for more than one renewal cycle." Changed "the applicant must" to "the applicant shall."

WAC 246-915-050(3) changed "If the license has expired for more than three years but less than five years" to "If the license has expired for more than one renewal cycle but less than five years." Also, changed "the practitioner must" to "the applicant shall."

WAC 246-915-050(4) changed "the applicant must" to "the applicant shall."

WAC 246-915-085(1)(3)(f) separated the "hours" from the "required documentation" under WAC 246-915-085(1)(f).

WAC 246-915-085(1)(3)(h) moved the language "one quarter credit is equal to ten hours; one trimester is equal to twelve hours; and one semester credit is equal to fifteen hours" to the "Required Documentation" section of the table.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: Kris Waidely, Program Manager

Address: PO Box 47852, Olympia, WA 98504-7852

Phone: 360 236-4847

Fax: 360 236-2901

TTY: (360) 833-6388 or 711

Email: kris.waidely@doh.wa.gov

Web site: doh.wa.gov

Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>2</u>	Amended	<u>0</u>	Repealed	<u>0</u>

The number of sections adopted at the request of a nongovernmental entity:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
-----	----------	---------	----------	----------	----------

The number of sections adopted in the agency's own initiative:

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
-----	----------	---------	----------	----------	----------

The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>1</u>	Amended	<u>26</u>	Repealed	<u>8</u>
-----	----------	---------	-----------	----------	----------

The number of sections adopted using:

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>3</u>	Amended	<u>26</u>	Repealed	<u>8</u>

Date Adopted: 04/30/2018

Name: Renee Compton

Title: Chair

Signature:



WAC 246-915-010 Definitions. (~~For the purposes of this chapter and administering chapter 18.74 RCW, the following words and phrases have the following meanings:~~

~~(1) The "performance of tests of neuromuscular function" includes the performance of electroneuromyographic examinations.~~

~~(2)) The definitions in this section apply throughout this chapter unless the context indicates otherwise:~~

~~(1) "Board" means the Washington state board of physical therapy.~~

~~(2) "CAPTE" means the commission on accreditation for physical therapy education.~~

~~(3) "Consultation" means a communication regarding a patient's evaluation and proposed treatment plan with an authorized health care practitioner.~~

~~((3) "Supervisor" means the licensed physical therapist.))~~

~~(4) "Department" means the Washington state department of health.~~

~~(5) "Direct supervision" means the supervisor shall:~~

~~(a) Be continuously on-site and present where the person being supervised is performing services;~~

~~(b) Be immediately available to assist the person being supervised in the services being performed; and~~

~~(c) Maintain continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel or is required to be directly supervised under RCW 18.74.180.~~

~~(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires, and consistent with the particular delegated health care task.~~

~~(7) "NPTE" means the National Physical Therapy Examination.~~

~~(8) "Other assistive personnel" means other trained or educated health care personnel, not defined in subsection (12)(a) or (b) of this section, who perform specific designated tasks related to physical therapy under the supervision of a physical therapist including, but not limited to, licensed massage therapists, licensed athletic trainers, and exercise physiologists. At the direction of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, other assistive personnel may be identified by the title specific to their training or education.~~

~~(9) "Physical therapist" means a person who meets all the requirements of this chapter and is licensed as a physical therapist under chapter 18.74 RCW.~~

~~(10) "Sharp debridement" means the removal of devitalized tissue from a wound with scissors, scalpel, and tweezers without anesthesia. Sharp debridement does not mean surgical debridement.~~

~~(11) "Spinal manipulation" includes spinal manipulation, spinal manipulative therapy, high velocity thrust maneuvers, and grade five mobilizations of the spine and its immediate articulations.~~

~~(12) "Trained supportive personnel" means:~~

~~(a) "Physical therapist assistant." An individual who meets all the requirements of this chapter and is licensed as a physical therapist assistant and who performs physical therapy procedures and related tasks that have been selected and delegated only by the supervis-~~

ing physical therapist(~~(. However, a physical therapist may not delegate sharp debridement to a physical therapist assistant))~~; or

(b) "Physical therapy aide." An individual who is involved in direct physical therapy patient care who does not meet the definition of a physical therapist or physical therapist assistant and receives ongoing on-the-job training.

~~((5) "Direct supervision" means the supervisor is on the premises, is quickly and easily available and the patient has been examined by the physical therapist at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.~~

~~(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires, and consistent with the particular delegated health care task.~~

~~(7) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV related illness as defined by the board of health by rule.~~

~~(8) "Office on AIDS" means the section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.~~

~~(9) "Spinal manipulation" or "manipulative mobilization" means movement beyond the normal physiological range of motion.~~

~~(10) "Patient reevaluation" means the licensed physical therapist must physically observe and interview the patient.))~~

AMENDATORY SECTION (Amending WSR 08-17-026, filed 8/13/08, effective 8/13/08)

WAC 246-915-020 Physical therapist and physical therapist assistant examinations—Prior to graduation. (1) Physical therapy students in their last year of education may apply for licensure by examination prior to graduation ~~((under the following circumstances:~~

~~(a) Receipt of))~~ if the department receives a letter from an official((, of their)) of the student's physical therapy school((,)) verifying the probability of graduation prior to the date of the examination for which they are applying. Students may apply to take the exam up to one hundred fifty days prior to graduation.

~~((b) Results of the examination will be withheld))~~ (2) The department will not issue a credential until:

(a) A diploma, an official transcript, or certification letter from the registrar's office certifying completion of all requirements for degree or certificate in physical therapy ((is)) are received by the department; and

(b) A passing NPTE score is received by the department.

~~((2) Applicants who do not pass the examination after two attempts shall demonstrate evidence satisfactory to the board of having successfully completed clinical training and/or course work as determined by the board before being permitted two additional attempts.))~~

WAC 246-915-030 Examination. ~~((+1))~~ The examination acceptable ~~((to))~~ and approved for use under the provisions of RCW 18.74.035 ~~((shall be the examination))~~ is the NPTE.

~~(1) For a physical therapist((s and physical therapist assistants as reviewed and approved by the board of physical therapy. A passing score is considered to be one of the following:~~

~~(a) Beginning November 8, 1995, the criterion referenced passing point recommended by the Federation of State Boards of Physical Therapy for the examination approved by the board. The passing point shall be set to equal a scaled score of 600 based on a scale ranging from 200 to 800.~~

~~(b) Beginning February 28, 1991, through July 12, 1995, not less than sixty eight percent of the raw score for the examination approved by the board; or~~

~~(c) Prior to February 28, 1991, not less than sixty percent raw score on each of the three examination parts for the examination approved by the board.~~

~~(2) If a candidate fails to receive a passing score on the examination, he or she will be required to retake the examination.~~

~~(3) Where necessary, applicant's score will be rounded off to the nearest whole number.) a passing score is considered to be one of the following:~~

~~(a) Beginning November 8, 1995, the criterion referenced passing point shall be set to equal a scaled score of six hundred based on a scale ranging from two hundred to eight hundred.~~

~~(b) Beginning February 28, 1991, through July 12, 1995, not less than sixty-eight percent of the raw score.~~

~~(c) Prior to February 28, 1991, not less than sixty percent raw score on each of the three examination parts.~~

~~(2) For a physical therapist assistant a passing score is considered to be one of the following:~~

~~(a) Beginning November 8, 1995, the criterion referenced passing point shall be set to equal a scaled score of six hundred based on a scale ranging from two hundred to eight hundred.~~

~~(b) Prior to November 8, 1995, a passing score is answering correctly seventy percent of the total number of questions.~~

~~(3) If a physical therapist or physical therapist assistant candidate fails to receive a passing score, he or she will be required to retake the NPTE.~~

~~(4) The department will issue a license by endorsement to an applicant who is currently licensed as a physical therapist or physical therapist assistant under the laws of another state provided the requirements for registration or licensure under the appropriate category in that state, including minimal education and passing score on the NPTE, were substantially equal to the requirements in force in this state on the date of the applicant's initial licensure in the other state.~~

~~(5) An applicant may take the NPTE a maximum of six times, except that applicants who receive two very low scores on the exam will not be allowed to test again. A very low score is defined as performing at or below chance level (scale score four hundred and below).~~

NEW SECTION

WAC 246-915-039 Initial eligibility and application requirements. (1) An applicant for physical therapist license shall submit to the department:

(a) A completed application;

(b) The application and licensing fees required under WAC 246-915-990;

(c) An official transcript from CAPTE; and

(d) Verification of passing NPTE scores.

(2) An applicant for physical therapist assistant license shall submit to the department:

(a) A completed application;

(b) The application and licensing fees required under WAC 246-915-99005;

(c) An official transcript from CAPTE; and

(d) Verification of passing NPTE scores.

AMENDATORY SECTION (Amending WSR 05-06-022, filed 2/22/05, effective 3/25/05)

WAC 246-915-040 Licensure by endorsement~~((Applicants from approved schools))~~. (1) ~~((Before licensure by endorsement is extended to any individual licensed to practice physical therapy under the law of another state, territory, or District of Columbia, the applicant shall have graduated from a board approved school, shall have taken the examination for physical therapy and shall have achieved a passing score approved by the board.))~~ An applicant for licensure as a physical therapist or physical therapist assistant who is currently registered, certified, or licensed under the laws of another state or territory, or the District of Columbia, with substantially equal requirements of this chapter shall file an application and submit to the department:

(a) Documentation verifying graduation from a board approved school as described in WAC 246-915-100 and 246-915-105; and

(b) Verification of passing NPTE scores as described in WAC 246-915-030.

(2) ~~If ((the decision to extend licensure by endorsement is based on))~~ the applicant took an examination other than the ((examination approved in WAC 246-915-030(1)) ~~NPTE~~, the board shall determine if such examination is equivalent to that required by the laws of this state.

(3) ~~((The board shall not recommend to the secretary that a person be licensed as a physical therapist under the licensure by endorsement provisions of RCW 18.74.060, unless said applicant shall have taken and passed the examination approved by the board, or other examination equivalent to that required by the laws of this state.~~

~~(4))~~ If ((a licensee)) an applicant has not ((worked in physical therapy)) been actively engaged in lawful practice in another state, territory, or District of Columbia in the last three years, the applicant may be granted licensure by endorsement under the following conditions:

(a) The board may require ~~((reexamination of an))~~ the applicant ~~((who has not been actively engaged in lawful practice in another state or territory))~~ to retake and pass the NPTE; or

(b) The board may waive reexamination in favor of evidence of continuing competency satisfactory to the board.

(4) If the applicant has not been actively engaged in lawful practice in another state, territory, or District of Columbia in the last five years or longer, the applicant may be granted licensure by endorsement under the following conditions:

(a) The applicant completes the continuing competency requirements found in WAC 246-915-085; and

(b) The applicant retakes and passes the NPTE.

AMENDATORY SECTION (Amending WSR 05-03-009, filed 1/6/05, effective 2/6/05)

WAC 246-915-050 ((Reinstatement.)) Reactivation of expired credential. To reactivate an expired license:

(1) If the license has expired for ~~((three years))~~ one renewal cycle or less, the ~~((practitioner must))~~ applicant shall meet the applicable requirements of chapter 246-12 WAC, Part 2.

(2) If the license has expired for ~~((over three years,))~~ more than one renewal cycle and the ~~((practitioner))~~ applicant has been in active practice in another United States jurisdiction, the ~~((practitioner must))~~ applicant shall:

(a) Submit verification of active practice from ~~((any))~~ the other United States jurisdiction; and

(b) Meet the applicable requirements of chapter 246-12 WAC, Part 2.

(3) If the license has expired for ~~((over three years))~~ more than one renewal cycle but less than five years, and the ~~((practitioner))~~ applicant has not been in active practice in another United States jurisdiction, the ~~((practitioner must))~~ applicant shall meet the applicable requirements of chapter 246-12 WAC, Part 2. ~~((Before recommending reinstatement, the board may require reexamination and may impose any other requirements necessary to ensure professional competence and protect the public.))~~

(4) If the license has expired for five years or more, and the applicant has not been in active practice in another United States jurisdiction, the applicant shall meet applicable requirements of chapter 246-12 WAC, Part 2, and retake and pass the NPTE.

AMENDATORY SECTION (Amending WSR 08-17-026, filed 8/13/08, effective 8/13/08)

WAC 246-915-075 Temporary permit((s—Issuance and duration))—National background checks. ~~((1))~~ Unless there is a basis for denial of a physical therapist or physical therapist assistant license, an applicant who is licensed in another jurisdiction shall be issued a tem-

porary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed physical therapist or physical therapist assistant license application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee;

(c) Submission of all required supporting documentation as described in the application forms and instructions provided by the department of health, excepting the seven hour AIDS education requirement as described in WAC 246-915-110.

(2) Applicants wishing to receive a temporary practice permit shall be granted an additional ninety days to complete the AIDS education requirement; however, issuance of a physical therapist or physical therapist assistant license is contingent upon evidence of having met this requirement.

(3) The temporary permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board of the applicant; or ninety days, whichever occurs first.

(4) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.) Fingerprint-based background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary permit while the national background check is completed.

(1) A temporary permit may be issued to an applicant who:

(a) Holds an unrestricted, active license in another state or jurisdiction that has substantially equivalent licensing standards for the same profession as those in Washington;

(b) Is not subject to denial of a license or issuance of a conditional or restricted license; and

(c) Does not have a criminal record in Washington.

(2) A temporary permit grants the individual the full scope of practice for the profession.

(3) A temporary practice permit will not be renewed, reissued, or extended. A temporary practice permit expires when any one of the following occurs:

(a) The license is granted;

(b) A notice of decision on application is mailed to the applicant, unless the notice of decision on application specifically extends the duration of the temporary practice permit; or

(c) One hundred eighty days after the temporary practice permit is issued.

(4) To receive a temporary practice permit, the applicant shall:

(a) Submit the necessary application, fee(s), and documentation for the license;

(b) Meet all requirements and qualifications for the license, except the results from a fingerprint-based national background check, if required;

(c) Provide verification of having an active unrestricted license in the same profession from another state that has substantially equivalent licensing standards for the profession in Washington; and

(d) Submit to the department the fingerprint card and a written request for a temporary practice permit when the department notifies the applicant the national background check is required.

NEW SECTION

WAC 246-915-076 Temporary practice permit—Military spouse. A military spouse or state registered domestic partner of a military person may receive a temporary practice permit while completing any specific additional requirements that are not related to training or practice standards for the profession by meeting the procedural requirements found in WAC 246-12-051.

AMENDATORY SECTION (Amending WSR 08-17-026, filed 8/13/08, effective 8/13/08)

WAC 246-915-078 Interim permits. (~~An applicant who has not previously taken the physical therapy examination or an applicant who has not previously held an interim or temporary permit in Washington or another state, may be eligible for an interim permit under RCW 18.74.075 upon submission of the following:~~

~~(1) Payment of the application fee;~~

~~(2)) (1) The department, upon approval by the board, will issue an interim permit authorizing an applicant for licensure who meets the minimum qualifications stated in RCW 18.74.030 to practice physical therapy under graduate supervision pending notification of the results of the first licensure examination for which the applicant is eligible. The duration of an interim permit must not exceed six months from the date of issuance.~~

~~(2) For purposes of this section, "graduate supervision" means supervision of a holder of an interim permit by a licensed physical therapist who is on the premises at all times. Graduate supervision must include consultation regarding evaluation, treatment plan, treatment program, and progress of each assigned patient at appropriate intervals and be documented by cosignature of notes by the licensed physical therapist. RCW 18.74.012 is not applicable for holders of interim permits.~~

~~(3) If the holder of the interim permit fails the NPTE, the permit expires upon notification and is not renewable.~~

~~(4) To obtain an interim permit, an applicant shall submit the following:~~

~~(a) Evidence of having obtained a physical therapy degree from a board approved school as stated in WAC 246-915-100 and 246-915-105;~~

~~((3)) (b) A completed ((a)) physical therapist or physical therapist assistant license application ((on which the applicant:~~

~~(a) Requests to receive an interim permit;~~

~~(b) Provides)); and~~

~~(c) The application fee under WAC 246-915-990 or 246-915-99005.~~

~~(5) The applicant shall also submit a completed department-approved interim permit sponsor form that provides:~~

~~(a) The name, location and telephone number of his or her place of employment;~~

~~((c) Provides)) (b) The name and license number of his or her ((licensed)) supervising physical therapist; and~~

~~((d) Provides)) (c) Written confirmation from the ((licensed)) supervising physical therapist attesting that he or she will:~~

(i) ~~((Ensure that a licensed physical therapist will))~~ Remain on the premises at all times to provide ~~((=))graduate supervision((=))~~ as specified in RCW 18.74.075;

(ii) Report to the board any change in supervision or any change in location where services are provided within ten business days of the change;

(iii) Ensure that the holder of the interim permit wears identification showing his or her clinical title ~~((and/or))~~ and role in the facility as a graduate physical therapist or graduate physical therapist assistant; and

(iv) Ensure that the holder of the interim permit ceases practice immediately upon notification of ~~((examination failure))~~ failing the NPTE; or

(v) Ensure that the holder of the interim permit obtains his or her physical therapist or physical therapist assistant license immediately upon notification of having passed the ~~((examination))~~ NPTE.

AMENDATORY SECTION (Amending WSR 15-14-093, filed 6/29/15, effective 7/1/15)

WAC 246-915-085 Continuing competency. ~~((Licensed physical therapists and physical therapist assistants must provide evidence of continuing competency in the form of continuing education and employment related to physical therapy every two years.~~

~~(1) Licensed physical therapists and physical therapist assistants must complete 40 hours of continuing education every two years.~~

~~(2) Physical therapists and physical therapist assistants are required to complete a one-time training in suicide assessment that includes screening and referral elements appropriate for this profession. The training must be at least three hours in length and must meet the requirements for training per WAC 246-915-086.~~

~~A physical therapist or physical therapist assistant must complete a one-time training by the end of the first full continued competency reporting period after January 1, 2016, or during the first full continued competency reporting period after initial licensure, whichever is later. Training completed between June 12, 2014, and January 1, 2016, that meets the requirements of this section will be accepted as meeting the one-time training requirements.~~

~~(3) Acceptable continuing education specifically relating to the practice of physical therapy includes, but is not limited to, the following:~~

~~(a) Participation in a course with specific goals and objectives relating to the practice of physical therapy;~~

~~(b) Audio or video recordings or other multimedia devices, and/or book/article review. A maximum of ten hours may be used for books/articles reviewed;~~

~~(c) Correspondence course work completed.~~

~~(4) A physical therapist with a spinal manipulation endorsement must complete at least ten hours of continuing education per continuing competency reporting period directly related to spinal manipulation. At least five hours of the training must be related to procedural technique and application of spinal manipulation.~~

~~(5) In addition to the required continuing education hours, physical therapists and physical therapist assistants must complete 200~~

hours involving the application of physical therapy knowledge and skills, which may be obtained as follows:

(a) In the clinical practice of physical therapy; or
(b) In nonclinical activities that involve the direct application of physical therapy skills and knowledge, examples of which include, but are not limited to:

(i) Active service on boards or in physical therapy school or education program accrediting bodies;

(ii) Physical therapy teaching or presentations on:

(A) Patient/client management, prevention and wellness;

(B) Physical therapy ethics and standards of practice;

(C) Professional advocacy/involvement;

(iii) Developing course work in physical therapy schools or education programs or physical therapy continuing education courses;

(iv) Physical therapy research as a principal or associate researcher; and

(v) Physical therapy consulting.

(6) Licensed physical therapists and physical therapist assistants shall maintain records of all activities relating to continuing education and professional experience for a period of four years. Acceptable documentation shall mean:

(a) Continuing education. Certificates of completion, course sponsors, goals and objectives of the course, credentials of the presenter as a recognized authority on the subject presented, dates of attendance and total hours, for all continuing education being reported.

(b) Audio or video recordings or other multimedia devices, and/or book/article review. A two page synopsis of each item reviewed must be written by the licensee.

(i) For audio or video recordings or other multimedia devices, a two page double spaced synopsis for every one to four hours of running time must be written by the licensee. Time spent writing a synopsis is not reportable.

(ii) For book/article review, a two page double spaced synopsis on each subject reviewed must be written by the licensee. Time spent writing a synopsis is not reportable.

(c) Correspondence course work completed. Course description and/or syllabus and copies of the completed and scored examination must be kept on file by the licensee.

(d) Physical therapy employment. Certified copies of employment records or proof acceptable to the board of physical therapy employment for the hours being reported.) (1) Every two years, a physical therapist shall complete thirty-two hours of continuing education (CE) through any of the following means:

	CE Type	Maximum Hours Allowed	Documentation Requirements
a.	<u>Participation in a course, live or online.</u>	<u>No limit</u>	<u>Keep certificates of completion for each course, and, if not contained in the certificate of completion, information describing the course sponsors, the goals and objectives of the course, the credentials of the presenter as a recognized authority on the subject presented, dates of attendance, and total hours for all continuing education courses being reported.</u>
b.	<u>Live or recorded instructional electronic media that does not include specific goals and objectives relating to the practice of physical therapy.</u>	<u>Four hours</u>	<u>Instead of course goals, objectives and certificate of completion, the PT shall write and submit to the department a one-page synopsis in twelve-point font for each hour of running time.</u>
c.	<u>Books or articles reviewed.</u>	<u>Eight hours (reading time only)</u>	<u>The PT shall write and submit to the department a one-page synopsis in twelve-point font for each hour of reading time. The time spent writing a synopsis is not reportable.</u>
d.	<u>Preparation and presentation of professional physical therapy courses or lectures.</u>	<u>Ten hours</u>	<u>The PT shall submit to the department an outline of presentation materials, date, and location of presentation.</u>
e.	<u>Written publication of original scholarly research or work published in a peer-review journal.</u>	<u>Ten hours</u>	<u>The PT shall submit to the department proof of publication which may include poster presentations.</u>
f.	<u>Clinical instruction of physical therapist students enrolled in a physical therapy program accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education (CAPTE) or clinical instruction in a postgraduate residency or fellowship through the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).</u>	<u>Ten hours</u>	<u>The PT shall obtain and submit to the department a letter or certificate from the student's academic institution verifying that the student has completed the course of clinical instruction. Each thirty-two hours of student mentorship equals one hour for purposes of CE credit.</u>

	CE Type	Maximum Hours Allowed	Documentation Requirements
g.	Completion of Option, which is a self-assessment tool created by the Federation of State Boards of Physical Therapy.	Five hours	The PT shall submit a copy of the completion certificate to the department.
h.	Courses provided by an accredited institution of higher education which may include, but are not limited to, courses leading to an advanced degree in physical therapy or other courses that advance the PT's competence.	No limit	The PT shall submit a transcript to the department verifying courses taken. One quarter credit is equal to ten hours; one trimester is equal to twelve hours; and one semester credit is equal to fifteen hours.
i.	Participation in the use of the Federation of State Boards of Physical Therapy's aptitude continuing competence resource.	Two hours	The PT shall submit verification of completion by FSBPT.

(2) Every two years a physical therapist who holds a spinal manipulation endorsement shall complete at least ten hours of continuing education directly related to spinal manipulation with at least five hours related to procedural techniques and application of spinal manipulation. For documentation, refer to the documentation required for the particular type of continuing education chosen. The hours spent completing spinal manipulation continuing education count toward meeting any applicable continuing competency requirements.

(3) Every two years, a physical therapist assistant shall complete twenty-four hours of continuing education through any of the following means:

	CE Type	Hours Allowed	Documentation Requirements
a.	Participation in a course, live or online.	No limit	Keep certificates of completion for each course, and, if not contained in the certificate of completion, information describing the course sponsors, the goals and objectives of the course, the credentials of the presenter as a recognized authority on the subject presented, dates of attendance, and total hours for all continuing education courses being reported.
b.	Live or recorded instructional electronic media that does not include specific goals and objectives relating to the practice of physical therapy.	Four hours	Instead of course goals, objectives and certificate of completion, the PTA shall write and submit a one-page synopsis in twelve-point font for each hour of running time.

	CE Type	Hours Allowed	Documentation Requirements
c.	<u>Books or articles reviewed.</u>	<u>Eight hours (reading time only)</u>	<u>The PTA shall write and submit a one-page synopsis in twelve-point font for each hour of reading time. The time spent writing a synopsis is not reportable.</u>
d.	<u>Preparation and presentation of professional physical therapy courses or lectures.</u>	<u>Ten hours</u>	<u>The PTA shall submit an outline of presentation materials, date, and location of presentation.</u>
e.	<u>Written publication of original scholarly research or work published in a peer-review journal.</u>	<u>Ten hours</u>	<u>The PTA shall submit proof of publication which may include poster presentations.</u>
f.	<u>Clinical instruction of physical therapist assistant students enrolled in a physical therapy assistant program accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education (CAPTE) or clinical instruction in a postgraduate residency or fellowship through the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).</u>	<u>Ten hours</u>	<u>The PTA shall obtain and submit a letter or certificate from the student's academic institution verifying that the student has completed the course of clinical instruction. For each thirty-two hours of student mentorship equaling one hour for purposes of CE credit.</u>
g.	<u>Completion of Option, which is a self-assessment tool created by the Federation of State Boards of Physical Therapy.</u>	<u>Five hours</u>	<u>The PTA shall submit a copy of the completion certificate.</u>
h.	<u>Courses provided by an accredited institution of higher education which may include, but are not limited to, courses leading to an advanced degree in physical therapy or other courses that advance the PTA's competence.</u>	<u>No limit</u>	<u>The PTA shall submit a transcript verifying courses taken. One quarter credit is equal to ten hours; one trimester credit is equal to twelve hours; and one semester credit is equal to fifteen hours.</u>
i.	<u>Participation in the use of the Federation of State Boards of Physical Therapy's aptitude continuing competence resource.</u>	<u>Two hours</u>	<u>The PTA shall submit verification of completion by FSBPT.</u>

(4) Each physical therapist and physical therapist assistant shall complete a one-time, three hour suicide assessment training described in WAC 246-915-086.

(5) Every two years, each physical therapist and physical therapist assistant shall complete two hundred hours involving the applica-

tion of physical therapy knowledge and skills which may be obtained in the clinical practice of physical therapy or in the nonclinical activities which include, but are not limited to, the following:

	<u>Clinical Activities</u>	<u>Hours Allowed</u>	<u>Documentation</u>
a.	Physical therapy clinical practice.	No limit	Documentation of physical therapy employment, the PT or PTA shall provide copies of employment records or other proof acceptable to the board of employment for the hours being reported.
	<u>Nonclinical Activities</u>	<u>Hours Allowed (within the two hundred hours required)</u>	<u>Documentation</u>
b.	Physical therapy teaching of: • Patient/client management, prevention and wellness. • Physical therapy ethics and standards of practice. • Professional advocacy/involvement.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
c.	Active service on boards or participation in professional or government organizations specifically related to the practice of physical therapy.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
d.	Developing course work in physical therapy schools or education programs or physical therapy continuing education courses.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
e.	Physical therapy research as a principal or associate researcher.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
f.	Physical therapy consulting.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
g.	Management of physical therapy services.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.

AMENDATORY SECTION (Amending WSR 15-14-093, filed 6/29/15, effective 7/1/15)

WAC 246-915-086 Suicide assessment training standards. (1) A qualifying training in suicide assessment must:

(a) Be an empirically supported training in suicide assessment that includes screening and referral;

(b) Be provided by a single provider and must be at least three hours in length which may be provided in one or more sessions;

(c) Beginning July 1, 2017, be taken from a provider listed on the department's suicide prevention training model list.

(2) The hours spent completing a training program in suicide assessment under this section count toward meeting any applicable continued competency requirements.

AMENDATORY SECTION (Amending WSR 05-06-020, filed 2/22/05, effective 3/25/05)

WAC 246-915-100 Approved physical ((therapy)) therapist schools. The board adopts the standards of the ((~~American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education~~)) CAPTE for the approval of physical therapy schools. Individuals who have a baccalaureate degree in physical therapy or who have a baccalaureate degree and a certificate or advanced degree from an institution of higher learning accredited by the ((~~American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education~~)) CAPTE or a United States military physical therapy technician program that is substantially equivalent to an accredited United States physical therapist program accredited by the CAPTE will be considered qualified for licensure under RCW 18.74.030((+2)).

AMENDATORY SECTION (Amending WSR 05-06-021, filed 2/22/05, effective 3/25/05)

WAC 246-915-105 Approved physical therapist assistant schools. A board approved physical therapist assistant program shall mean a United States physical therapist assistant education program accredited by the ((~~American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education~~)) CAPTE or a United States military physical therapy technician program that is substantially equivalent to an accredited United States physical therapist assistant program. This program must be accredited by the CAPTE.

WAC 246-915-120 ((Physical therapist applicants from unapproved schools.)) Foreign educated applicants. ((1) Applicants who have not graduated from a physical therapy program approved by the board must:

(a) Have a bachelor's degree in physical therapy with all credits earned at an institution of higher learning that confers at least a bachelor's degree in physical therapy which is approved by the country's Ministry of Education/Health, or governmental entity;

(b) Have a valid, unencumbered license or authorization to practice physical therapy in the country in which the physical therapy education was obtained;

(c) Have graduated from a program of physical therapy education with requirements substantially equal to those required of graduates of board approved programs;

(d) Submit an application for review by the board;

(e) Submit official transcripts from the physical therapy program showing degree date; and

(f) Submit transcripts, fees, and other documentation to a credentialing service approved by the board and request the evaluation report be sent directly to the board.

(2) In addition to the other requirements of this rule, the applicant must demonstrate a working knowledge of English by obtaining:

(a) Scores of at least:

(i) 4.5 on the test of written English (TWE);

(ii) 50 on the test of spoken English (TSE); and

(iii) 220 on the computer based test of English as a foreign language (TOEFL) or 560 on the paper based TOEFL; or

(b) Scores on the test of English as a foreign language (TOEFL) internet based test (IBT) of at least:

(i) 24 on the writing section;

(ii) 26 on the speaking section;

(iii) 21 on the reading section;

(iv) 18 on the listening comprehension section; and

(v) 89 on the overall examination.

(3) The board may request additional supporting documentation as necessary.

(4) The degree's total credits must be at least one hundred twenty three. A semester credit is equal to fifteen hours of classroom instruction per semester. For courses with a laboratory component, a semester credit is also equal to thirty hours of laboratory instruction per semester. (A semester credit equals 0.67 quarter credits.)

The applicant may meet the objective of one hundred twenty three semester credits requirement by using additional elective credits in either general or professional education beyond the minimal requirements.

(5) Substantially equal physical therapy education as used in subsection (1)(c) of this section, shall include a total of one hundred twenty three semester credits or equivalent credits of college education including:

General education — at least fifty four semester credits:

(a) Humanities — nine semester credits which may include English, speech, foreign language, literature, music/art, philosophy and other humanities courses;

~~(b) Social sciences—ten semester credits which may include history, social sciences, philosophy, civilization, psychology, sociology, economics and other social science courses;~~

~~(c) Biological, natural, and physical science—eight semester credits which may include chemistry, mathematics, physics, biology, zoology, anatomy, kinesiology, physiology and other biological and natural science courses. In addition, the applicant must have one semester (five semester credits) of chemistry with laboratory and one semester (four semester credits) of physics with laboratory.~~

~~(6) Professional education. An applicant who has graduated from an unapproved school must complete at least sixty nine semester credits in the following topics:~~

~~(a) Basic health sciences. At least one semester (at least four semester credits) in each of the following topics:~~

~~(i) Human anatomy (specific to physical therapy);~~

~~(ii) Human physiology (specific to physical therapy);~~

~~(iii) Neurological science;~~

~~(iv) Kinesiology or functional anatomy;~~

~~(v) Abnormal or developmental psychology; and~~

~~(vi) Pathology.~~

~~(b) Clinical sciences. The essential element of physical therapy education is teaching the student to assess and treat appropriately across the spectrum of age. Therefore, any educational course work should contain all of the following:~~

~~(i) Clinical medicine pertinent to physical therapy. Including, but not be limited to:~~

~~(A) Neurology;~~

~~(B) Orthopedics;~~

~~(C) Pediatrics;~~

~~(D) Geriatrics.~~

~~(ii) Physical therapy course work including, but not limited to:~~

~~(A) Physical agents;~~

~~(B) Musculoskeletal assessment and treatment;~~

~~(C) Neuromuscular assessment and treatment;~~

~~(D) Cardiopulmonary assessment and treatment;~~

~~(E) Wound debridement/wound care;~~

~~(F) Pharmacology.~~

~~(c) Clinical education. Clinical education must include demonstrated application of physical therapy theories, techniques, and procedures, as supervised by a physical therapist. The applicant must have at least two clinical affiliations of no less than eight hundred hours total.~~

~~(d) Related professional course work. The applicant must complete three semester courses in the following topics:~~

~~(i) Professional ethics;~~

~~(ii) Administration;~~

~~(iii) Community health;~~

~~(iv) Research;~~

~~(v) Educational techniques; and~~

~~(vi) Medical terminology.~~

~~(7) Applicants must have received a grade of "C" or higher in all professional education course work.~~

~~(8) The applicant may apply for the College Level Education Program (CLEP) and their scores may be applied toward college credit. The board will consider the conversion of CLEP scores to college credits provided by a board approved credentialing agency.~~

~~(9) The board may allow applicants who have not graduated from a physical therapy program approved by the board to correct deficiencies by completing board approved course work. To obtain course work preapproval, the applicant must submit a written request along with the course description/syllabus for the proposed course.)~~ (1) An applicant whose first professional degree in physical therapy was awarded from a foreign physical therapy program that is not or was not accredited by the CAPTE shall submit:

(a) An application for review by the board;

(b) A credentials evaluation report of professional education and training prepared by a board-approved credentials evaluation agency. The report must be sent directly from the credentialing agency to the board. It is the responsibility of the applicant to pay the expenses associated with the credentials evaluation:

(i) The report must provide evidence and documentation that the applicant completed education outside a state or territory of the United States that is substantially equivalent to the education of a physical therapist who graduated from a physical therapy education program accredited by CAPTE.

(ii) To be approved as a credentialing agency, the agency must use the appropriate course work tool (CWT) adopted by the Federation of State Boards of Physical Therapy to determine substantial equivalency. The appropriate CWT means the CWT in place at the time the foreign educated physical therapist earned their first professional degree in physical therapy.

(c) Evidence of English language proficiency:

(i) Verification that English is the native language of the country of origin, and the physical therapy program employs English as the language of training; or

(ii) Verification that the applicant has achieved a score of not less than five hundred sixty on the paper Test of English as a Foreign Language (TOEFL) or a score of not less than two hundred twenty on the computer Test of English as a Foreign Language (TOEFL), a score of not less than fifty on the Test of Spoken English (TSE) and a score of not less than four and one-half on the Test of Written English (TWE); or

(iii) Verification that the applicant has achieved the following minimum scores for each category of the internet-based TOEFL (ibTOEFL) examination: Writing, twenty-four; speaking, twenty-six; reading, twenty-one; listening, eighteen; with an overall score of not less than eighty-nine. These passing scores must all be earned during the same test sitting.

(d) Verification of a valid, unencumbered license or authorization to practice physical therapy in the country in which the physical therapy education was obtained;

(e) Official transcripts from the physical therapy program showing degree date;

(f) Passing scores for the Washington jurisprudence examination;

(g) Passing scores for the National Physical Therapy Examination (NPTE); and

(h) Any additional supporting documentation as requested by the board.

(2) The applicant shall have received a grade of "C" or higher (or equivalent) in all professional education course work;

(3) The applicant may apply for the college-level education program (CLEP) and their scores may be applied toward college credit. The board will consider the conversion of CLEP scores to college credits provided by a board-approved credentialing agency;

(4) The board may allow applicants to correct general education deficiencies by completing board-approved course work. To obtain professional course work preapproval, the applicant shall submit a written request along with the course description/syllabus for the proposed course; and

(5) An applicant whose first professional degree in physical therapy was awarded from a foreign physical therapy program that is or was accredited by the CAPTE shall follow the requirements under WAC 246-915-030 and 246-915-100.

AMENDATORY SECTION (Amending WSR 91-05-094, filed 2/20/91, effective 3/23/91)

WAC 246-915-130 Initial evaluation—Referral(~~(—Nonreferral)~~)—Recommendations—Follow-up. (1) Initial evaluation of a patient shall include history, patient's chief complaint, examination, and recommendation for treatment.

~~((2))~~ (a) Direct referral of a patient by an authorized health care practitioner may be by telephone, letter, email, fax, or in person(~~(: Provided, however,)~~);

(b) If the instructions are oral, the physical therapist may administer treatment accordingly, but ~~((must))~~ shall make a notation ~~((for his/her))~~ in the patient record describing the nature of the treatment, the date administered, the name of the ~~((person))~~ patient receiving treatment, and the name of the referring authorized health care practitioner.

~~((3))~~ (2) The physical therapist will follow-up each patient visit with the appropriate recordkeeping as defined in WAC 246-915-200.

(3) For patient reevaluations the licensed physical therapist shall at a minimum visually see the patient.

AMENDATORY SECTION (Amending WSR 04-13-052, filed 6/11/04, effective 7/12/04)

WAC 246-915-140 Personnel identification. (1) Each person shall wear identification showing his or her clinical title, ~~((and/or))~~ and their role in the facility as a physical therapist, a physical therapist assistant, a physical therapy aide, ~~((or))~~ a graduate physical therapist, or a graduate physical therapist assistant as appropriate. Trained supportive personnel may not use any term or designation which indicates or implies that he or she is licensed as a physical therapist or physical therapist assistant in the state of Washington.

(2) The ~~((licensee must))~~ physical therapist or physical therapist assistant shall post the license or interim permit, or a ~~((certified))~~ copy of the license or interim permit, or a printout from the department's provider credential search web site, in a safe, conspicuous location at the ~~((licensee's))~~ physical therapist's or physical therapist assistant's work site. The ~~((licensee))~~ physical therapist

or physical therapist assistant may block out his or her address before posting the license or interim permit.

If the physical therapist or physical therapist assistant does not have a principal place of business or conducts business in any other location, he or she shall have a copy of his or her license available for inspection while performing services within his or her authorized scope of practice.

NEW SECTION

WAC 246-915-181 Supervision responsibilities. A physical therapist is professionally and legally responsible for patient care given by assistive personnel under his or her supervision. If a physical therapist fails to adequately supervise patient care given by assistive personnel, the board may take disciplinary action against the physical therapist.

(1) Regardless of the setting in which physical therapy services are provided, only the licensed physical therapist may perform the following responsibilities:

(a) Interpretation of referrals;

(b) Initial examination, problem identification, and diagnosis for physical therapy;

(c) Development or modification of a plan of care that is based on the initial examination and includes the goals for physical therapy intervention;

(d) Determination of which tasks require the expertise and decision-making capacity of the physical therapist and shall be personally rendered by the physical therapist, and which tasks may be delegated;

(e) Assurance of the qualifications of all assistive personnel to perform assigned tasks through written documentation of their education or training that is maintained and available at all times;

(f) Delegation and instruction of the services to be rendered by the physical therapist, physical therapist assistant, or physical therapy aide including, but not limited to, specific tasks or procedures, precautions, special problems, and contraindicated procedures;

(g) Timely review of documentation, reexamination of the patient, and revision of the plan of care when indicated;

(h) Establishment of a discharge plan.

(2) Supervision requires that the patient reevaluation is performed:

(a) Every fifth visit, or if treatment is performed more than five times per week, reevaluation must be performed at least once a week;

(b) When there is any change in the patient's condition not consistent with planned progress or treatment goals.

(3) Patient reexamination means the licensed physical therapist shall physically observe and interview the patient and reexamine the patient as necessary during an episode of care to evaluate progress or change in patient status and modify the plan of care accordingly or discontinue physical therapy services.

(4) For patient reevaluations the licensed physical therapist shall at a minimum visually see the patient.

(5) Supervision of assistive personnel means:

- (a) Physical therapist assistants may function under direct or indirect supervision;
- (b) Physical therapy aides shall function under direct supervision;
- (c) The physical therapist may supervise a total of two assistive personnel at any one time;
- (d) In addition to the two assistive personnel authorized in (c) of this subsection, the physical therapist may supervise a total of two persons who are pursuing a course of study leading to a degree as a physical therapist or a physical therapist assistant.

AMENDATORY SECTION (Amending WSR 08-17-026, filed 8/13/08, effective 8/13/08)

WAC 246-915-182 Unprofessional conduct—Sexual misconduct.

~~((1) The physical therapist and physical therapist assistant shall never engage in sexual contact or sexual activity with current clients.~~

~~(2) Sexual contact or sexual activity is prohibited with a former client for two years after cessation or termination of professional services.~~

~~(3) The physical therapist and physical therapist assistant shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the physical therapist-client relationship. Factors which the board may consider in evaluating if the physical therapist or physical therapist assistant-client relationship has been abusive includes, but is not limited to:~~

~~(a) The amount of time that has passed since therapy terminated;~~

~~(b) The nature and duration of the therapy;~~

~~(c) The circumstances of cessation or termination;~~

~~(d) The former client's personal history;~~

~~(e) The former client's current mental status;~~

~~(f) The likelihood of adverse impact on the former client and others; and~~

~~(g) Any statements or actions made by the physical therapist or physical therapist assistant during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the former client.~~

~~(4) The physical therapist and physical therapist assistant shall never engage in sexually harassing or demeaning behavior with current or former clients.~~

~~(5) These rules do not prohibit:~~

~~(a) The provision of physical therapy services on an urgent, unforeseen basis where circumstances will not allow a physical therapist or physical therapist assistant to obtain reassignment or make an appropriate referral;~~

~~(b) The provision of physical therapy services to a spouse, or family member, or any other person who is in a preexisting, established relationship with the physical therapist or physical therapist assistant where no evidence of abuse of the physical therapist or physical therapist assistant-client relationship exists.)~~ (1) A physical therapist or a physical therapist assistant shall not engage, or attempt to engage, in sexual misconduct with a current patient, client,

or key party, as defined in WAC 246-16-020, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes, but is not limited to:

- (a) Sexual intercourse;
 - (b) Touching the breasts, genitals, anus or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis and treatment and within the health care practitioner's scope of practice;
 - (c) Rubbing against a patient or client or key party for sexual gratification;
 - (d) Kissing;
 - (e) Hugging, touching, fondling or caressing of a romantic or sexual nature;
 - (f) Examination of or touching genitals without using gloves;
 - (g) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;
 - (h) Not providing the patient or client a gown or draping except as may be necessary in emergencies;
 - (i) Dressing or undressing in the presence of the patient, client or key party;
 - (j) Removing patient or client's clothing or gown or draping without consent, emergent medical necessity, or being in a custodial setting;
 - (k) Encouraging masturbation or other sex act in the presence of the health care provider;
 - (l) Masturbation or other sex act by the physical therapist or physical therapist assistant in the presence of the patient, client or key party;
 - (m) Suggesting or discussing the possibility of a dating, sexual, or romantic relationship after the professional relationship ends;
 - (n) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;
 - (o) Soliciting a date with a patient, client, or key party;
 - (p) Discussing the sexual history, preferences or fantasies of the physical therapist or physical therapist assistant;
 - (q) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;
 - (r) Making statements regarding the patient, client, or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;
 - (s) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client, or key party;
 - (t) Photographing or filming the body or any body part or pose of a patient, client, or key party, other than for legitimate health care purposes; and
 - (u) Showing a patient, client, or key party sexually explicit photographs, other than for legitimate health care purposes.
- (2) Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent, or a conviction of a sex offense as defined in RCW 9.94A.030.
- (3) A physical therapist or physical therapist assistant shall not:
- (a) Offer to provide health care services in exchange for sexual favors;

(b) Use health care information to contact the patient, client, or key party for the purpose of engaging in sexual misconduct;

(c) Use health care information or access to health care information to meet or attempt to meet the physical therapist's or physical therapist assistant's sexual needs.

(4) A physical therapist or physical therapist assistant shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section with a former patient, client or key party within two years after the provider-patient/client relationship ends.

(5) After the two-year period of time described in subsection (4) of this section, a physical therapist or physical therapist assistant shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section if:

(a) There is a significant likelihood that the patient, client or key party will seek or require additional services from the physical therapist or physical therapist assistant; or

(b) There is an imbalance of power, influence, opportunity, or special knowledge of the professional relationship.

(6) When evaluating whether a physical therapist or physical therapist assistant is prohibited from engaging, or attempting to engage, in sexual misconduct, the board will consider factors including, but not limited to:

(a) Documentation of a formal termination and the circumstances of termination of the provider-patient relationship;

(b) Transfer of care to another health care provider;

(c) Duration of the provider-patient relationship;

(d) Amount of time that has passed since the last health care services to the patient;

(e) Communication between the physical therapist or physical therapist assistant and the patient or client between the last health care services rendered and commencement of the personal relationship;

(f) Extent to which the patient's personal or private information was shared with the physical therapist or physical therapist assistant;

(g) Nature of the patient's or client's health condition during and since the professional relationship;

(h) The patient's or client's emotional dependence and vulnerability; and

(i) Normal revisit cycle for the profession and service.

(7) Patient, client, or key party initiation or consent does not excuse or negate the physical therapist's or physical therapist assistant's responsibility.

(8) These rules do not prohibit:

(a) Providing health care services in case of emergency where the services cannot or will not be provided by another health care provider;

(b) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to that profession; or

(c) Providing health care services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the physical therapist or physical therapist assistant where there is no evidence of, or potential for, exploiting the patient or client.

AMENDATORY SECTION (Amending WSR 11-05-026, filed 2/7/11, effective 3/10/11)

WAC 246-915-187 Use of telehealth in the practice of physical therapy. (1) Licensed physical therapists and physical therapist assistants may provide physical therapy via telehealth following all requirements for standard of care, including those defined in chapter ~~((s))~~ 18.74 RCW and ~~((246-915-WAC))~~ this chapter.

(2) The physical therapist or physical therapist assistant ~~((must))~~ shall identify in the clinical record that the physical therapy occurred via telehealth.

(3) ~~((The definitions in this subsection apply throughout this section unless the context clearly requires otherwise.))~~ For the purposes of this section:

(a) "Telehealth" means providing physical therapy via electronic communication where the physical therapist or physical therapist assistant and the patient are not at the same physical location.

(b) "Electronic communication" means the use of interactive, secure multimedia equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the physical therapist or the physical therapist assistant and the patient.

AMENDATORY SECTION (Amending WSR 08-17-026, filed 8/13/08, effective 8/13/08)

WAC 246-915-190 Division of fees—Rebating—Financial interest—Endorsement. ~~((1) Physical therapists and physical therapist assistants are not to directly or indirectly request, receive or participate in the dividing, transferring, assigning, rebating or refunding of an unearned fee, or to profit by means of a credit or other valuable consideration such as an unearned commission, discount, or gratuity in connection with the furnishing of physical therapy services.~~

~~(2) Physical therapists and physical therapist assistants who practice physical therapy as partners or in other business entities may pool fees and moneys received, either by the partnership or other entity, for the professional services furnished by any physical therapist or physical therapist assistant member or employee of the partnership or entity. Physical therapists and physical therapist assistants may divide or apportion the fees and moneys received by them, in the partnership or other business entity, in accordance with the partnership or other agreement.~~

~~(3) There shall be no rebate to any health care practitioner who refers or authorizes physical therapy treatment or evaluation as prohibited by chapter 19.68 RCW.~~

~~(4) Physical therapists and physical therapist assistants are not to influence patients to rent or purchase any items which are not necessary for the patient's care.)~~ A physical therapist or physical therapist assistant shall comply with chapter 19.68 RCW.

AMENDATORY SECTION (Amending WSR 92-08-039, filed 3/24/92, effective 4/24/92)

WAC 246-915-200 Physical therapy records. In order to maintain the integrity of physical therapy practice, the physical therapist is responsible for obtaining all necessary information, such as medical history, contraindications, or ((~~τ~~)) any special instructions from an authorized health care practitioner. The evaluation and treatment plan ((~~shall~~)) must be written according to acceptable physical therapy practice consistent with the delegated health care task. Records must be maintained and include date of treatment, treatment record, and signature of person responsible for the treatment.

AMENDATORY SECTION (Amending WSR 04-08-100, filed 4/6/04, effective 5/7/04)

WAC 246-915-210 Mandatory reporting—General provisions. ((~~1~~)) The following definitions apply to the requirements for mandatory reporting set out in WAC 246-915-220 through 246-915-280:

(a) ~~"Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180.~~

(b) ~~"Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.~~

(c) ~~"Nursing home" means any health care institution which comes under chapter 18.51 RCW.~~

(d) ~~"Home health agency" means a person administering or providing two or more home health services directly or through a contract arrangement to individuals in places of temporary or permanent residence. A person administering or providing nursing services only may elect to be designated a home health agency for purposes of licensure.~~

(e) ~~"Board" means the physical therapy board, whose address is:~~

Department of Health
P.O. Box 47868
Olympia, WA 98504-7868

(f) ~~"Physical therapist" means a person licensed pursuant to chapter 18.74 RCW.~~

(g) ~~"Mentally or physically disabled physical therapist" means a physical therapist who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice physical therapy with reasonable skill and safety to patients by reason of any mental or physical condition.~~

(2) ~~All reports required by WAC 246-915-220 through 246-915-280 shall be submitted to the board as soon as possible. A report shall contain the following information if known:~~

(a) ~~The name, address and telephone number of the person making the report.~~

(b) ~~The name and address and telephone numbers of the physical therapist being reported.~~

(c) ~~The case number of any patient whose treatment is a subject of the report.~~

~~(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.~~

~~(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.~~

~~(f) Any further information which would aid the evaluation of the report.)~~ The board adopts the model rules for mandatory reporting as contained in chapter 246-16 WAC.

AMENDATORY SECTION (Amending WSR 08-17-026, filed 8/13/08, effective 8/13/08)

WAC 246-915-300 Philosophy governing voluntary substance abuse monitoring programs. The board recognizes the need to establish a means of proactively providing early recognition and treatment options for physical therapists and physical therapist assistants whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such physical therapists and physical therapist assistants be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs ~~((and shall))~~. The Washington recovery and monitoring program (WRAMP) is the board's approved substance abuse monitoring program under RCW 18.130.175. The board may refer physical therapists and physical therapist assistants impaired by substance abuse to ((approved programs)) WRAMP as an alternative to instituting, or in connection with, disciplinary proceedings as defined in RCW 18.130.160.

AMENDATORY SECTION (Amending WSR 08-17-026, filed 8/13/08, effective 8/13/08)

WAC 246-915-310 Terms used in WAC 246-915-300 through 246-915-330. (1) ~~((("Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in WAC 246-915-320 which enters into a contract with physical therapists or physical therapist assistants who have substance abuse problems regarding the required components of the physical therapist's or physical therapist assistant's recovery activity and oversees the physical therapist's or physical therapist assistant's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating physical therapists or physical therapist assistants.~~

~~(2)) "Monitoring contract" is a comprehensive, structured agreement between the recovering physical therapist or physical therapist assistant and ((the approved monitoring program stipulating the physical therapist's or physical therapist assistant's consent to comply with the monitoring program and its required components of the physical therapist's or physical therapist assistant's recovery activity.~~

~~(3)) WRAMP defining the requirements of the physical therapist or physical therapist assistant program participation.~~

~~(2) "Approved treatment facility" is a facility ((approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out of state must be equivalent to the standards required for approval under RCW 70.96A.020(2) or 69.54.030.~~

~~(4)) certified by the division of behavioral health and recovery (DBHR), department of social and health services, according to chapters 388-877 through 388-877B WAC that meets the defined standards. Drug and alcohol treatment facilities located out-of-state must have substantially equivalent standards.~~

~~(3) "Substance abuse" or "substance use disorder" means ((the impairment, as determined by the board, of a physical therapist's or physical therapist assistant's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.~~

~~(5)) a chronic progressive illness that involves the use of alcohol or other drugs to a degree that it interferes with the functional life of the PT or PTA, as manifested by health, family, job (professional services), legal, financial, or emotional problems.~~

~~(4) "Aftercare" ((is that)) means a period of time after intensive treatment that provides the physical therapist or physical therapist assistant and the physical therapist's or physical therapist assistant's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.~~

~~((6)) (5) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which physical therapists or physical therapist assistants may safely discuss drug diversion, licensure issues, return to work and other professional issues related to recovery.~~

~~((7) "Twelve steps)) (6) "Recovery-oriented group((s))" ((are)) means a group((s)) such as alcoholics anonymous, narcotics anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, a peer group association, and self-help.~~

~~((8)) (7) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in body fluids and other biologic specimens, which are performed at irregular intervals not known in advance by the person being tested.~~

~~((9)) (8) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.~~

~~(9) "WRAMP" is the approved substance abuse monitoring program as described in RCW 18.130.175 that meets criteria established by the board. WRAMP does not provide evaluation or treatment services.~~

WAC 246-915-320 Approval of substance abuse monitoring programs.

~~((The board will approve the))~~ (1) WRAMP is the board approved monitoring program~~((s) which will participate in the board's substance abuse monitoring program. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out of state, or a separate structure within the department.~~

~~(1) The approved monitoring program will not provide evaluation or treatment to the participating physical therapists or physical therapist assistants.~~

~~(2) The approved monitoring program~~). WRAMP will employ staff~~((must have))~~ with the qualifications and knowledge of both substance abuse and the practice of physical therapy as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individuals and facilities;

(d) Support groups;

(e) The physical therapy work environment; and

(f) The ability of the physical therapist or physical therapist assistant to practice with reasonable skill and safety.

~~((3) The approved monitoring program will))~~ (2) WRAMP will enter into a monitoring contract with the physical therapist or physical therapist assistant and the board to oversee the physical therapist's or physical therapist assistant's~~((compliance with the requirements of the program))~~ required recovery activities.

~~((4) The approved monitoring program may make))~~ (3) WRAMP may make exceptions to individual components of the contract that may be made on an individual basis as needed.

~~((5) The approved monitoring program staff will))~~ (4) WRAMP will determine, on an individual basis, whether a physical therapist or physical therapist assistant will be prohibited from engaging in the practice of physical therapy for a period of time and restrictions, if any, on the physical therapist's or physical therapist assistant's access to controlled substances in the work place.

~~((6) The approved monitoring program shall))~~ (5) WRAMP will maintain records on participants.

~~((7) The approved monitoring program will))~~ (6) WRAMP will be responsible for providing feedback to the physical therapist or physical therapist assistant as to whether treatment progress is acceptable.

~~((8) The approved monitoring program shall))~~ (7) WRAMP will report to the board any physical therapist or physical therapist assistant who fails to comply with the requirement of the monitoring program.

~~((9) The approved monitoring program shall receive from))~~ (8) The board~~((guidelines))~~ approves WRAMP's procedures on treatment, monitoring, and limitations on the practice of physical therapy for those participating in the program.

WAC 246-915-330 Participation in approved substance abuse monitoring program. (1) ~~((In lieu of disciplinary action, the physical therapist or physical therapist assistant may accept board referral into the approved))~~ Any physical therapist or physical therapist assistant participating in the substance abuse monitoring program ~~((-))~~ shall:

(a) ~~((The physical therapist or physical therapist assistant shall))~~ Undergo a complete ~~((physical and))~~ psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in ~~((chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment))~~ substance use disorder. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) ~~((The physical therapist or physical therapist assistant shall))~~ Enter into a contract with ~~((the board and the approved substance abuse monitoring program to comply with the requirements of the program))~~ WRAMP which shall include, but not be limited to, the following terms, which require the physical therapist or physical therapist assistant to:

(i) ~~((The physical therapist or physical therapist assistant will))~~ Undergo ~~((intensive substance abuse))~~ the recommended level of treatment in an approved treatment facility, including aftercare.

(ii) ~~((The physical therapist or physical therapist assistant will agree to remain free of))~~ Abstain from all mind-altering substances including alcohol and cannabis except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) ~~((The physical therapist or physical therapist assistant must))~~ Complete ~~((the))~~ any prescribed aftercare program of the intensive treatment facility, which may include individual ~~((and/or))~~ or group psychotherapy.

(iv) ~~((The physical therapist or physical therapist assistant must))~~ Cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports ~~((shall))~~ must include treatment, prognosis and goals.

(v) ~~((The physical therapist or physical therapist assistant will submit to))~~ Complete random or for cause drug screening as specified by ~~((the approved monitoring program))~~ WRAMP.

(vi) ~~((The physical therapist or physical therapist assistant will))~~ Attend support groups facilitated by a health care professional ~~((and/or twelve step))~~ or recovery-oriented group meetings as specified by the monitoring contract.

(vii) ~~((The physical therapist or physical therapist assistant will))~~ Comply with specified employment conditions and restrictions as defined by the monitoring contract.

(viii) ~~((The physical therapist or physical therapist assistant shall sign a waiver allowing the approved monitoring program))~~ Agree in writing to allow WRAMP to release information to the board if the physical therapist or physical therapist assistant does not comply with the requirements of ~~((this))~~ the monitoring contract or is unable to practice with reasonable skill and safety.

~~((c) The physical therapist or physical therapist assistant is responsible for paying)) (ix) Pay the costs of the ((physical and psychosocial)) substance use disorder evaluation, substance abuse treatment, and random drug screens.~~

~~((d) The physical therapist or physical therapist assistant may be subject to disciplinary action under RCW 18.130.160 if the physical therapist or physical therapist assistant does not consent to be referred to the approved monitoring program, does not comply with specified employment restrictions, or does not successfully complete the program.~~

~~(2) A physical therapist or physical therapist assistant who is not being investigated by the board or subject to current disciplinary action or currently being monitored by the board for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program.~~

~~(a) The physical therapist or physical therapist assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.~~

~~(b) The physical therapist or physical therapist assistant shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to:~~

~~(i) The physical therapist or physical therapist assistant will undergo intensive substance abuse treatment in an approved treatment facility.~~

~~(ii) The physical therapist or physical therapist assistant will agree to remain free of all mind altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.~~

~~(iii) The physical therapist or physical therapist assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.~~

~~(iv) The physical therapist or physical therapist assistant must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis and goals.~~

~~(v) The physical therapist or physical therapist assistant will submit to random drug screening as specified by the approved monitoring program.~~

~~(vi) The physical therapist or physical therapist assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.~~

~~(vii) The physical therapist or physical therapist assistant will comply with employment conditions and restrictions as defined by the contract.~~

~~(viii) The physical therapist or physical therapist assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist or physical therapist assistant does not comply with the requirements of this contract.~~

~~(c) The physical therapist or physical therapist assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.~~

~~(3) The treatment and pretreatment records of license holders referred to or voluntarily participating in approved monitoring programs shall be confidential, shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena or admissible as evidence except for monitoring records reported to the disciplinary authority for cause as defined in subsections (1) and (2) of this section. Records held by the board under this section shall be exempt from RCW 42.17.250 through 42.17.450 and shall not be subject to discovery by subpoena except by the license holder.) (x) Sign any requested release of information authorizations.~~

(2) When referred to WRAMP in lieu of discipline, the physical therapist or physical therapist assistant shall enter into a referral contract with the board. The board may take disciplinary action against the license of the physical therapist or physical therapist assistant under RCW 18.130.160 based on the violation by the physical therapist or physical therapist assistant of the referral contract.

(3) A physical therapist or physical therapist assistant may voluntarily participate in WRAMP in accordance with RCW 18.130.175(2) without first being referred to WRAMP by the board.

AMENDATORY SECTION (Amending WSR 08-17-026, filed 8/13/08, effective 8/13/08)

WAC 246-915-350 Inactive credential. (1) A physical therapist or physical therapist assistant may obtain an inactive credential (~~(- Refer to the requirements of)~~) as described in chapter 246-12 WAC, Part 4.

(2) (~~(Practitioners)~~) A physical therapist or physical therapist assistant with an inactive credential for three years or less who ((wish)) wishes to return to active status ((must)) shall meet the requirements of chapter 246-12 WAC, Part 4.

(3) (~~(Practitioners)~~) A physical therapist or physical therapist assistant with an inactive credential for more than three years, who have been in active practice in another United States jurisdiction, and ((wish)) wishes to return to active status ((must)) shall:

(a) Submit verification of active practice from any other United States jurisdiction; and

(b) Meet the requirements of chapter 246-12 WAC, Part 4.

(4) (~~(Practitioners)~~) A physical therapist or physical therapist assistant with an inactive credential for more than three years, but less than five years, who ((have)) has not been in active practice in another United States jurisdiction, and ((wish)) wishes to return to active status ((must)) shall:

(a) Successfully pass the (~~(examination)~~) NPTE as provided in RCW 18.74.035. The board may waive reexamination if the (~~(practitioner)~~) physical therapist or physical therapist assistant presents evidence of continuing competency satisfactory to the board; and

(b) (~~(Must))~~) Shall meet the requirements of chapter 246-12 WAC, Part (2) 4.

(5) A physical therapist or physical therapist assistant with an inactive credential for five years or longer, who has not been in ac-

tive practice in another United States jurisdiction, and wishes to return to active status shall:

(a) Meet the requirements of chapter 246-12 WAC, Part 4; and

(b) Successfully retake and pass the NPTE as provided in RCW 18.74.035.

AMENDATORY SECTION (Amending WSR 06-18-044, filed 8/30/06, effective 9/30/06)

WAC 246-915-360 Sharp debridement education and training. Licensed physical therapists may perform sharp debridement upon showing evidence of adequate education and training. Physical therapists ~~((may))~~ shall not delegate sharp debridement. The board will accept the following as adequate education and training:

(1) ~~Twenty hours of mentored sharp debridement training ((~~mentored training~~)) in a clinical setting that includes observation, co-treatment, ((and)) supervised treatment((~~. Twenty hours mentored training in a clinical setting must include~~)), and a case mix similar to the physical therapists' expected practice(~~(; or)~~).~~

(2) Certification as a wound care specialist by the American Academy of Wound Management; the National Alliance of Wound Care; or other organizations approved by the board, meets the requirements of this section(~~(; or~~

~~(3) An affidavit submitted prior to July 1, 2006, by a physical therapist licensed in Washington demonstrating education and training in sharp debridement, including the use of a scalpel)).~~

AMENDATORY SECTION (Amending WSR 06-18-044, filed 8/30/06, effective 9/30/06)

WAC 246-915-370 Electroneuromyographic examinations education and training. A physical therapist may perform electroneuromyographic (EMG) examinations, which may include needle EMG and nerve conduction studies, to test neuromuscular function only if the physical therapist has received a referral from an authorized health care practitioner identified in RCW 18.74.010(~~(+7)~~) (1) and only upon demonstrating education and training in EMG examinations. The performance of tests of neuromuscular function includes the performance of electroneuromyographic examinations. The board will accept the following as evidence of education and training:

(1) A minimum of four hundred hours of instruction in electroneuromyographic examinations including at least two hundred needle EMG studies under direct supervision from a qualified provider. A qualified provider includes a physical therapist with board certification in clinical electrophysiology from the American Board of Physical Therapy Specialties, a neurologist, or a physiatrist; or

(2) A person who is board certified in clinical electrophysiology from the American Board of Physical Therapy Specialties meets the requirements of this section(~~(; or~~

~~(3) A written attestation submitted prior to July 1, 2007, by a physical therapist licensed in Washington demonstrating that the phys-~~

~~ical therapist has education and experience acceptable to the board to perform EMG examinations)).~~

REPEALER

The following sections of the Washington Administrative Code are repealed:

- | | |
|-----------------|--|
| WAC 246-915-070 | Application due date. |
| WAC 246-915-220 | Mandatory reporting—Physical therapists. |
| WAC 246-915-230 | Health care institutions and home health agencies—Mandatory reporting. |
| WAC 246-915-240 | Physical therapy associations or societies—Mandatory reporting. |
| WAC 246-915-250 | Health care service contractors and disability insurance carriers—Mandatory reporting. |
| WAC 246-915-260 | Professional liability carriers—Mandatory reporting. |
| WAC 246-915-270 | Courts—Mandatory reporting. |
| WAC 246-915-280 | State and federal agencies—Mandatory reporting. |