



Florida Laws and Rules Examination Study Guide

Disclaimer: This study guide is based on the sections that are specifically related to the law exam, it is not all-inclusive. Further resources such as what is listed below should be used in preparation.

<https://floridasphysicaltherapy.gov/forms/pt-study.pdf>

• **General Test Information**

- All applicants are required to take and pass the Florida Laws and Rules Examination.
- 50 multiple choice questions: 40 scored, 10 pilot questions for future tests.
- 60 minute time limit.
- The passing score is determined by the Federation of State Boards of Physical Therapy. ○ Applicants must retake the exam if they do not pass.

Test content outline:

(Provided by Florida Board of Physical Therapy)

Category	Subcategory	Florida Statutes PT General Provisions	Florida Administrative Code	# of questions section on the law exam
1000 Legislative	1100 Legislative intent	486.015 456.003		10
intent and Definitions	1200 Definition of physical therapy/practice of physical therapy	486.021(8) (11)		
	1300 Definition of Physical Therapist, Physical Therapist Assistant, support Personnel	486.021 (5)(6)(7) 64B17-6.001 (1) (i)		
	1400 Types of Licenses, inactive status, etc.	486.021 (3) 456.036 64B17-5.001		
	1500 Definition of supervision and levels of supervision	486.021(9) 64B17-6.001 (1)(e)(f)		
2000 Board Powers and Duties	2100 Continuing Education	486.109 456.036 64B17-8 64B17-9.001		2
3000 Licensure and Examination	3100 Renewal/name changes	486.085 486.108	456.036 64B17-5.002 456.038 64B17-6.004	3
				14

4000 Patient Care Management and Use of Titles	3200 Reinstatement of license	486.085	64B17-5.001
	4100 Use of Titles	486.108	64B17-7.003
	4200 Components of Care/Standards of Practice	486.135 486.151	64B17-6.006 64B17-6.007
		486.021 (10)	64B17.6.001 64B17-6.003
	4300 Supervision requirements and ratios (not definitions)		64B17-6.001 (5) 64B17-6.007
	4400 Referral if outside scope of physical therapist practice		64B17.6001 (3)

1000 Legislative intent and Definitions (10 questions)

1100 Legislative intent:

- A. 486.015: Practice ensures that every physical therapist and physical therapist assistant practicing meet the minimum safety requirements.
- B. 456.003: The legislature shall regulate physical therapy to maintain safety and welfare of the public.
 - a. The Department of Health and the board CANNOT set unreasonable standards that would prevent qualified people from entering therapy. i. CANNOT create regulations that unreasonably affect job creation/retention.

1200 Definition of physical therapy/practice of physical

therapy: A. 486.021 (8) (11):

- a. (7 and 8): “Physical therapy” and “physiotherapy” are interchangeable terms as each refers to the same profession.
- b. (11) Practice of physical therapy:
 - i. A plan of care can be developed and implemented by a physical therapist, a practitioner of record (physician, chiropractor, osteopathic physician, dentist, podiatrist), or an advanced registered nurse practitioner.
 - ii. If the condition is outside the scope of physical therapy the patient is to be referred to the appropriate professional.
 - iii. Patients can be seen for 30 days through direct access for a condition that was not previously assessed by the practitioner of record. After 30 days, the practitioner of record must review and sign the plan of care.

- 1. Does NOT apply if the patient has been diagnosed by an out of state physician as having a condition that requires physical therapy, AND the physical therapist is treating that condition.

2. X-rays and radium for diagnostic or therapeutic purposes are outside the scope of physical therapy.

iv. A physical therapy practitioner is NOT allowed to perform specific chiropractic spinal manipulations. Must refer to a licensed chiropractor practitioner if manipulation is required.

1300 Definition of physical therapist; physical therapist assistant; support personnel

A. 486.021 (5)(6)(7):

a. (5) Physical therapist: a person who is licensed and who practices physical therapy in accordance with the provisions established by Florida. b. (6)

Physical therapist assistant: A person who is licensed under the provisions of Florida, and is able to perform patient-related activities under the direction of a physical therapist.

c. (7) Physical therapy practitioner: physical therapist or a physical therapist assistant.

B. 64B17-6.001 (1) (i):

a. **Unlicensed personnel: Anyone working/volunteering in a physical therapy setting, and not holding a license as a physical therapist or assistant. 1400 Types of Licenses, Inactive status, etc.**

A. 486.021 (3):

a. Florida Physical Therapy Board issues physical therapy licenses.

B. 456.036: Licenses; active and inactive status; delinquency

a. A licensee MUST have an ACTIVE license to practice.

b. A Licensee can choose active, inactive, or retired status when renewing.

c. The board sets the fees for both the active and inactive status renewal.

d. Licensees may change licensure status at any time.

e. An active status licensee choosing inactive status:

i. At the time of renewal: must pay the inactive status renewal fee, if applicable, delinquency fee, and the fee to change licensure status. f. Fee to change to retired status shall NOT exceed \$50 at time of license renewal.

i. This fee plus change-of-status fee must be paid if changing to retired at any time other than the time of renewal.

g. Inactive may change to active at any time (must meet all requirements): i.

At the time of renewal: must pay the active status renewal fee. ii. At any other

time: will only pay the difference between inactive renewal fee and the active renewal fee PLUS any reactivation fees. h. If a licensee fails to renew before

expiration they become delinquent. i. Failure of a delinquent licensee to become active or inactive before the next renewal cycle (two years) renders the license void. 1. Must apply for NEW licensure to obtain active or inactive status.

ii. Additional delinquency fee, not to exceed renewal fee. i. Active status applying for a change in status will incur an additional fee not to exceed the biennial renewal fee.

j. Inactive licensees that have been so for at least two consecutive biennial licensure cycles applying for active status may have to take a portion of the national exam or special purpose exam to ensure competency and safety.

i. Same is true if retired for more than five years or transferring from another state and has not been actively practicing within the last 5 years. The entire national exam can be required.

k. ALL inactive licensees must meet continuing education requirements for all periods of inactivity before reactivation.

i. Same is true for retired status licensees.

l. Status of a licensee does NOT alter the right for the licensee to be disciplined for acts/omissions committed while holding a license. m. A person who has been denied renewal of licensure or certification may regain licensure, certification, or registration if they meet the qualifications and complete the application process for initial licensure.

C. 64B17-5.001: Requirements for reactivation of an inactive or retired license: a. An inactive or retired licence will be reactivated once the following have been completed:

i. Payment of fees:

1. Biennial (every 2 years) renewal fee.
2. Unlicensed activity fee.
3. Reactivation fee.

ii. Documentation of 10 hours of continuing education for each year the license was inactive with:

1. Two hours on prevention of medical errors.
2. Two hours of Florida Physical Therapy Laws and Rules.
3. Maximum of six of the 10 hours can be home study.

iii. Documentation showing the applicant is in good standing and has practiced in another state for the four years (at least 400 hours a year) preceding reactivation if transferring from out of state.

iv. Proof of passage of the National Physical Therapy Examination.

1500 Definition of supervision and levels of supervision

A. 486.021(9) & 64B17-6.001 (1)(e):

a. Direct supervision: Supervision that is characterized by the physical presence of a licensed physical therapist to be able to direct care. B.

64B17-6.001 (1)(f):

a. General supervision: Supervision in which the physical therapist is accessible at all times by two-way communication and available for consultation during treatment and in the same geographic location.

2000 Board Powers and Duties (2 questions)

2100 Continuing education

- A. 486.109 and 64B17-9.001: Continuing education requirements:
- a. 24 contact hours of continuing education required every two year renewal period for active licenses (2.4 continuing education units).
 - i. Exempt from hours if licensing occurs in the second half of the renewal period (except for prevention of medical errors and HIV/AIDS courses).
 - b. One contact hour = 50 minutes.
One continuing education unit = 10 contact hours.
 - c. Maximum continuing education hours per subject area:
 - i. Risk management: Five hours.
 - ii. HIV/AIDS education: Three hours.
 - iii. Prevention of medical errors: Three hours.
 - iv. Home study: 12 hours for active license.
 - 1. Only six hours allowed with an inactive license.
 - d. Continuing education instructors will receive up to 6 hours of credit for teaching.
 - i. One contact hour for each hour presented.
 - ii. Instructors/professors teaching their normal course of instruction will not be given continuing education hours.
 - e. Clinical instructors get one contact hour for 120 hours of clinical internship for a maximum of six contact hours.
 - i. Must be credentialed by the American Physical Therapy Association to receive credits.
 - f. The board approves continuing education credit for:
 - i. Courses sponsored by physical therapy programs.
 - ii. Courses sponsored/approved by:
 - 1. American Physical Therapy Association.
 - 2. Florida Physical Therapy Association.
 - iii. Attendance at Florida Board meetings in which disciplinary cases are being heard if the licensee is not on the agenda.
 - iv. Former Board members serving on the Board's Probable Cause Panel.
 - 1. They shall receive five contact hours of risk management credit for the renewal period during service on a panel.
 - v. Passing Florida Laws and Rules Examination:
 - 1. Counts for two contact hours.
 - a. Unless taking the exam due to disciplinary actions.
 - g. All or a portion of hours required can be waived due to hardships or emergencies. Acceptable hardships/emergencies include:

- i. Illness of self or close relative in which licensee has caregiving responsibilities.
 - ii. Required courses not reasonably available.
 - iii. Other economic, technological, or legal hardships related to the ability to complete continuing education requirements.
 - h. Licensees must keep an official record (receipts, certificates, etc.) of the continuing education completed for four years from the date of completion.
- B. 456.0361: Compliance with Continuing Education Requirements:
- a. Department will establish an electronic system to track licensee compliance with continuing education at time of renewal.
 - b. Licensees cannot renew until they comply with all requirements.
- C. 64B17-8.001: Requirements for Instruction on HIV/AIDS:
- a. Licensees must complete at least one hour of HIV/AIDS education (board approved course or school coursework taken within five years of initial licensure date can count towards requirement).
 - i. Must be completed by the first biennial renewal of the licensee.
- D. 64B17-8.002: Requirements for Prevention of Medical Errors Education:
- a. Two contact hour medical error prevention courses are required every cycle.
 - b. Courses can be completed via home study.
 - c. Courses shall include concepts of error reduction and prevention, and patient safety. The class shall also contain the following:
 - i. Medical documentation and communication;
 - ii. Contraindications and indications for physical therapy management; and,
 - iii. Pharmacological components of physical therapy and patient management.
- E. 64B17-8.003: Requirements for Human Trafficking Education:
- a. Licensees licensed by January 1, 2021 MUST complete one hour of human trafficking education.
 - i. Must be completed no later than January 1, 2021
 - b. Course is to be at least one hour and include ALL of the following:
 - i. Sex trafficking,
 - ii. Labor trafficking,
 - iii. How to identify potential victims,
 - iv. How to report cases,
 - v. Resources available to victims, and
 - vi. Signage posting requirements.
 - c. This course can be completed via the home study program.

3000 Licensure and Examination (3 questions)

3100 Renewal/name changes

- A. 486.085: Physical therapist; renewal of license; inactive status; reactivation of license; fees
- a. Renewal fee not to exceed \$200.
 - b. For an inactive license no more than 10 classroom hours shall be required per year that a license is inactive.
 - c. All applicable fees must be paid before reactivation:
 - i. Application fee, renewal fee, delinquency fee, and reactivation fee.
 - d. All continuing education requirements must be met prior to reactivation. i. Licensee can fulfill one of the following instead of the continuing education requirements:
 1. Practiced physical therapy in good standing in another state for four years preceding the filing for reactivation.
 2. Passes the licensing exam within five attempts.
- B. 486.108: Physical therapist assistant; Renewal of license; inactive status; reactivation of license; fees
- a. Renewal fee not to exceed \$150
 - b. For an inactive license, no more than 10 classroom hours per year that the license was inactive are required.
 - c. All applicable fees must be paid before reactivation:
 - i. Application fee, renewal fee, delinquency fee, and reactivation fee.
 - d. All continuing education requirements must be met prior to reactivation. i. Can fulfill one of the following instead of continuing education requirements for reactivation of an inactive license:
 1. Practiced physical therapy in good standing in another state for four years preceding filing of application
 2. Applies for and passes the licensing exam within a maximum of five attempts.
- C. 456.036: See 1300 above.
- D. 456.038: Renewal and Cancellation notice
- a. At least 90 days prior to end of licensure cycle the department shall:
 - i. Forward renewal notification, or
 - ii. Forward notice of pending cancellation of licensure to a delinquent licensee.
 - b. Each notification will state that a licensee that remains on inactive status for more than two consecutive renewal cycles and wishes to reactivate the license may need to show competency in order to resume practicing.
- E. 64B17-5.002: Exemption of spouses of members of armed forces
- a. Licensee who is spouse of member of the Armed Forces of US is EXEMPT from all licensure renewal provisions for any period of time in which licensee is absent from Florida due to spouse's duties with Armed

forces

b. Licensee must document absence and spouse's military status to board

F. 64B17-6.004: Address of License

a. Each licensee must keep their current address on file with the Board of Physical Therapy Practice.

b. Licensee must notify the Board in writing within 60 days of moving.

3200 Reinstatement of license

A. 486.085 (PT): See 3100 above.

B. 486.108 (PTA): See 3100 above.

C. 64B17-5.001: See 1400 above.

D. 65B17-7.003:

a. Board shall reinstate a suspended license, or remove restrictions, once licensee has complied with all terms and conditions.

b. Licensee can petition for early reinstatement if the licensee:

i. Has complied with all terms and conditions;

ii. Can practice therapy safely; and

iii. Is in an undue hardship and the suspension is not necessary for continued protection of the public.

c. To prove his/her ability to safely practice a licensee must submit evidence:

i. Completion of any required continuing education unit,

ii. Submission of evaluations of mental and/or physical well bearing,

iii. Compliance with treatment plan,

iv. Satisfaction of all criminal sanctions when applicable

v. Licensee's employment history, references, and other factors that will demonstrate licensee's rehabilitation.

4000 Patient Care Management and use of Titles (14 questions)

4100 Use of Titles

A. 486.135: False representation of licensure, willful misrepresentation or fraudulent representation to obtain license

a. Must have a physical therapy license (cannot be suspended or revoked) in order to use the following words implying that they are a physical therapist:

i. Physical therapist,

ii. Physiotherapist,

iii. Physical therapy,

iv. Physiotherapy,

v. Registered physical therapist,

vi. Licensed physical therapist,

vii. P.T., or

viii. Any other words, letters, abbreviations, or insignia indicating they are a physical therapist.

b. Must have a physical therapy license and a doctoral degree to use the letters “D.P.T.” in connection with their name or place of business. c. Must have a physical therapy assistant license (cannot be suspended or revoked) in order to use the following words implying that they are a physical therapist assistant:

- i. Physical therapist assistant,
- ii. PTA, or
- iii. Any other words, letters, abbreviations, or insignia indicating or implying they are a physical therapist assistant.
- iv. Unlawful for any person to obtain or attempt to obtain a license by any willful misrepresentation or any fraudulent representation.

B. 486.151: Prohibited acts; penalty

a. Unlawful for any person to:

- i. Practice, or attempt to practice, physical therapy:
 1. Without a license or temporary permit.
 2. With a license that is suspended, revoked, or void.
- ii. Obtain, or attempt to obtain, a temporary or actual license via fraudulent misrepresentation.
- iii. Unlawful to identify as a physical therapist or physical therapist assistant (title or abbreviation) if not a therapist or if license is suspended/revoked.
- iv. Unlawful for anyone to use the abbreviation “D.P.T.” if they are not licensed as a physical therapist and if they do not have a doctoral degree in physical therapy.
- v. Violations of this section are a misdemeanor of the 1st degree. 1. Punishments can include:
 - a. Imprisonment that will not exceed one year.
 - b. A fine that will not exceed \$1,000.
 - c. Specifics of punishments can be found in these 2

links: [Link 1](#), [Link 2](#)

4200 Components of Care/Standards of Practice

A. 486.021 (10): Physical therapy assessment is observational, verbal, or manual determination of the functioning of the neuromuscular or musculoskeletal system relating to physical therapy.

a. This includes (not limited to): range of motion, motor power, posture attitudes, biomechanical function, locomotion, and functional abilities. B.

64B17-6.001: Minimum Standards of Physical Therapy Practice a. Definitions:

- i. Acute care: stage of illness or injury characterized by the potential for rapid change in medical status that could affect physical therapy.
- ii. Direct supervision: Immediate physical availability from the licensed supervisor. Subordinate personnel are performing directed actions.
- iii. General supervision: Physical therapist is to be accessible at all times by two-way

- communication, able to respond during the session, and in the same geographic location.
- iv. Unlicensed personnel: Anyone working or volunteering in a physical therapy setting without a current license as a physical therapist or physical therapist assistant.
- b. The primary concern is ALWAYS safety, well being, and the best interest of the patient/public. A licensee is to:
- i. Communicate effectively to the patient throughout evaluation and treatments.
 - ii. Protect patient confidentiality.
 - iii. Respect patient modesty, and not engage in sexual activities with patients under their care.
 - iv. Never use any forms of false, fraudulent, or misleading communication.
Including but not limited to:
 1. Inaccurately recorded, falsified, or altered records.
 2. Falsely representing facts on an application.
 3. Impersonating another registered practitioner.
 4. Providing false information regarding the status of a license.
 - v. Never exploit the patient for financial gain.
- c. Physical therapists shall:
- i. Be responsible for providing patient information to the appropriate medical personnel when appropriate (referring practitioner, practitioner of record, etc.).
 - ii. Not perform any contraindicated interventions.
 1. They must notify the referring practitioner immediately if a contraindicated intervention was requested in the plan of care.
 - iii. Not direct any tasks to other personnel that require a physical therapist.
 - iv. Assume responsibility for evaluating and assessing the patient.
 - v. Hold primary responsibility for physical therapy care that is rendered under the therapist's direction.
 - vi. Be held to the following professional responsibilities:
 1. Interpretation of physician's referral.
 2. Assessment of the patient.
 3. Identification of precautions, special problems, and contraindications.
 4. Direction of appropriate tasks for assistants and unlicensed personnel.
 5. Development/alteration of a patient's treatment plan and goals.

- vii. Ensure direct supervision of students is provided.
- viii. Keep written medical records to justify treatment provided. d.

Physical therapist assistants shall:

- i. Not initiate or change treatment without assessment and approval of the physical therapist.
- ii. Treat a patient who is an inpatient in a hospital or who is in the acute phase of injury/illness under the direct supervision of a physical therapist.
- iii. Not carry out treatment that is detrimental to the patient or for which the assistant is not qualified.
- iv. Report all changes in medical status or negative responses to treatment to the physical therapist.
- v. Refer inquiries of patient prognosis to the physical therapist. vi. Immediately discontinue all treatment which appears to be harmful. vii. Ensure students receive direct supervision while performing patient care activities.

e. Physical therapist - Physical Therapist Assistant Responsibilities and Supervisory relationships:

- i. Regardless of the setting, physical therapists and physical therapist assistants must abide by all federal and state laws and regulations. ii. Direct supervision of an assistant is required during the acute phase of injury or while the patient is an inpatient in a hospital.
1. 486.021 (6) - Onsite supervision is required for patient related activities performed by an assistant for podiatrists or dentists.

iii. Delivery of care:

1. Physical therapists must be available via telecommunication and within the same geographical region for all treatments that do not require direct supervision.
2. Physical therapists must be readily available to help direct the assistant with frequent reporting (verbal and written) and frequent observation of the care rendered.
3. Physical therapists will NOT delegate any portions of **skilled** physical therapy to personnel with less training than physical therapist assistants.

f. Unlicensed Supportive Personnel can be used by therapists and assistants to help with patient treatment under direct supervision following training and direction by a physical therapist.

C. 64B17-6.003: Minimum qualifications to perform electromyography

a. Must be trained in:

- i. Inserting and adjusting electrodes,
- ii. Reading and identifying normal and abnormal signals, and iii.

Interpreting audible signals.

b. Must have education in the following:

- i. Human dissection,
- ii. Physiology,
- iii. Neurology,
- iv. Neuro-anatomy and neuro-physiology, and
- v. Pathological conditions.

c. Complete 200 hours of testing human subjects with at least 100 tests upon neurologically involved patients while under the direct supervision of an electromyography certified physical therapist or physician.

D. 64B17-6.006: Administration of topical medications

a. Physician's prescription required in order for medications to be administered by a physical therapist.

b. All prescription medication used is to be dispensed by a Florida pharmacist.

E. 64B17-6.007: Delegation to unlicensed personnel by physical therapist

a. Unlicensed personnel may assist with patient care with DIRECT SUPERVISION by a physical therapist or assistant.

b. It is the sole responsibility (liability) of the physical therapist to consider what tasks the unlicensed personnel can be selected to participate in. i. Training of unlicensed personnel falls upon the physical therapist as well.

ii. Training must occur before a patient care task or activity is performed by unlicensed personnel.

c. Physical therapist shall **NOT** delegate:

i. Initial evaluation, reevaluations, and interpretation of data;

ii. Creation or modification of physical therapy goals;

iii. Creating or changing the plan of care; or

iv. Evaluating or interpreting a patient's progress with relation to the plan of care.

d. Unlicensed personnel **CAN** document tasks, activities, and/or interventions of a patient during treatment.

e. Licensee can only delegate and supervise tasks for which the licensee is qualified and legally entitled to perform.

f. The number of unlicensed personnel performing patient care is determined by the practice setting, physical therapist, and individual needs of the patients being supervised. Quality of care standards must be maintained.

4300 Supervision requirements and ratios (not definitions)

A. 64B17-6.001(5): See (B)(e) 4200 above.

B. 64B17-6.007: See 4200 above

4400 Referral if presentation is outside the scope of physical therapist practice

A. 64B17-6.001 (3): See (B)(c) in 4200 above.

4500 Documentation/Medical Records

A. 64B17-6.0042: Medical records of deceased, relocating, or terminating practice physical therapists or physical therapist assistants.

- a. Licensees shall retain medical records as long as needed to protect clients/patients and to protect themselves. Subject to disciplinary proceedings if this is not met.
- b. When relocating or terminating a practice the licensee shall notify each client/patient.
 - i. Notice shall include the date of the end of service and an address at which medical records may be obtained.
 - ii. Must publish a newspaper notice in the area of practice at least 4 times for no less than 4 weeks.
 - iii. A sign must be posted in an obvious location at the licensee's office for at least 30 days before the end of practice.
 - iv. Patient records must be maintained for a minimum of 2 years after the termination or relocation of practice.
- c. Deceased physical therapists or physical therapist assistants:
 - i. Medical records are to be maintained for at least 2 years from the date of death of a licensee.
 - ii. Within 1 month from the date of death of the licensee, the executor, administrator, personal representative, or survivor shall publish, in the newspaper of greatest circulation in the county where the licensee practiced, a notice to the clients/patients of the deceased licensee. The notice must include instructions on how they can obtain the records.
 - iii. After 22-months following the death, another notice is to be published once a week for 4 consecutive weeks in the newspaper of greatest general circulation in the county where the licensee practiced. The notice will indicate to the patients/clients of the deceased that the records will be disposed of/destroyed 1 month or

later from the last day of the 4th week of publication of the notice. d. All client/patient records shall be disposed of in a manner that will secure the permanent confidentiality of the patient.

B. 64B17-6.005: Costs of duplicating medical records

- a. Reasonable costs of reproducing copies of documents or reports shall not be more than the following:
 - i. First 25 pages: \$1.00 per page.
 - ii. For each page over 25 pages: \$0.25 per page.
 - iii. Reasonable costs of reproducing x-rays and other kinds of similar records shall be the actual costs.
 1. "Actual costs" means the cost of the material and supplies needed, the labor, and overhead costs.

A. 64B17-6.001 (2-5): See (B)(b-e) 4200 above.

B. 64B17-6.007: See 4200 above.

5000 Disciplinary Action and Unlawful Practice (6 questions)

5100 Grounds for disciplinary action

A. 486.125 (1): Refusal, revocation, or suspension of license; administrative fines and other disciplinary measures

- a. A practitioner may lose their license or be disciplined if the physical therapist or physical therapist assistant has done any of the following:
 - i. Demonstrated inability to practice physical therapy with reasonable skill and safety due to: illness, drugs, alcohol, mental condition, or physical condition.
 1. If probable cause exists to believe that the licensee is not able to practice physical therapy safely, the department can compel the therapist to perform a mental and/or physical examination.
 - a. If a licensee refuses, the department can further enforce by filing a petition with the circuit court. (licensee shall NOT be named, proceedings for this subsection are closed to the public).
 2. If a licensee's license is suspended or revoked according to this section (listed in (i)), the licensee shall be given an opportunity at appropriate intervals to demonstrate that resumption of practice can occur safely and reasonably.
 3. Neither the record of proceeding nor the orders entered by the board under this subsection MAY be used against a licensee in any other proceeding.
 - ii. Committed fraud in the practice of physical therapy, or deceit in obtaining a license to practice physical therapy.
 - iii. Convicted or found guilty of a crime directly relating to physical therapy or ability to practice.
 1. Plea of nolo contendere (accepts punishment without admitting guilt) shall be considered a conviction.
 - iv. Performed treatments outside of physical therapy practice.
 - v. Failed to maintain standards of physical therapy practice set by the board.
 - vi. Profited from referring a patient to any relative or business associate of the referring person.
 - vii. Has had a license revoked or suspended, having disciplinary action taken against the licensee, having application refused, revoked, or suspended by the licensing authority of another state or country.
 - viii. Violated a lawful order of the board or department.
 - ix. Making false claims on the filing of a report or record.
 - x. Practicing, or offering to practice outside the scope of physical

therapy.

1. This includes specific spinal manipulation which only chiropractors can perform.

b. The board shall not reinstate the license of a licensee until compliance with all terms and conditions has occurred and the licensee is capable of safely engaging in the practice of physical therapy.

B. 486.123: Sexual misconduct in physical therapy

a. Sexual misconduct in the practice of physical therapy violates the therapist-patient relationship. This is prohibited.

C. 456.072: Grounds for discipline; penalties; enforcement

a. The following acts shall constitute grounds for disciplinary actions to be carried out (see [b-e] below this list for details on penalties):

i. Making misleading, fraudulent or deceptive representations within the field of physical therapy.

ii. Intentionally violating any rule adopted by the board or the department.

iii. Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to a crime in any jurisdiction which relates to the practice of physical therapy.

iv. Using a class III or IV laser device or product, as defined by federal regulations, without having complied with rules under the Florida legislature.

v. Failing to comply with educational course requirements for HIV and AIDS.

vi. Having a license or the authority to practice revoked, suspended, or otherwise acted against for a violation that would constitute a violation under Florida law.

vii. Having been found liable in a civil proceeding for knowingly filing a false report or complaint against another licensee.

viii. Attempting to obtain, obtaining, or renewing a license by fraudulent misrepresentation, bribery, or through an error of the department or the board.

ix. Failing to report to the department any person who the licensee knows is in violation of this chapter, the chapter regulating the alleged violator, or the rules of the department or the board.

1. A licensee who is not able to practice with reasonable safety due to alcohol, drugs, narcotics, or chemicals can be reported to a consultant for an impaired practitioner program as opposed to the Department of Health.

x. Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to this chapter, the chapter regulating the profession, or the rules of the department or the board.

xi. Failing to perform any required or legal obligation placed upon a licensee.

1. This includes failing to repay student loans issued or guaranteed by the state or the Federal Government.

a. The minimum disciplinary action shall be a suspension of the license until new payment terms are agreed upon or the scholarship obligation is resumed, and a fine up to 10% of the defaulted loan amount.

xii. Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report required by the state or federal law, or intentionally impeding or obstructing another person to do so.

xiii. Making deceptive, untrue, or fraudulent presentations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of physical therapy.

xiv. Using influence on the patient or client for financial gain.

xv. Practicing or offering to practice beyond the scope of physical therapy permitted by law.

xvi. Delegating the performance of physical therapy responsibilities when the licensee knows the person is not qualified to perform the tasks.

xvii. Violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department. xviii.

Improperly interfering with an investigation or inspection. xix. Failing to comply with the educational course requirements for domestic violence.

xx. Failing to identify through written notice the type of license under which the licensee is practicing.

1. This includes appropriate name tag and/or verbally to the patient.

xxi. Failing to comply with the requirements to provide patients with information about their patient rights and how they can file a patient complaint.

xxii. Engaging or attempting to engage in sexual misconduct.

xxiii. Failing to comply with the requirements for profiling and credentialing.

xxiv. Failing to report within 30 days to the board after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere, following a crime in any jurisdiction.

xxv. Using information about people involved in a motor vehicle accident for commercial or any other solicitation whatsoever.

xxvi. Being unable to practice with reasonable skill and safety to patients because of alcohol, drugs, narcotics, chemicals, any other type of material,

or as a result of any mental or physical condition.

xxvii. Testing positive for any drug on any confirmed pre-employment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using the drug.

xxviii. Performing or attempting to perform health care on the wrong patient, wrong body part, or treatment that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.

xxix. Violating any provision of this chapter, the practice act, or any rules adopted pursuant thereto.

xxx. Intentionally submitting a claim, statement, or bill that has been "upcoded" (overbilled).

xxxi. Submitting a personal injury protection claim, statement, or bill for payment of services that were not rendered.

xxxii. Being terminated from an impaired practitioner program for failure to comply, without good cause, with the terms of the monitoring or participant contract entered into by the licensee, or for not completing any drug treatment or alcohol treatment program. xxxiii. Being convicted of, or acceptance of punishment without admitting guilt, any misdemeanor or felony relating to the Medicaid program or any crime which relates to health care fraud.

xxxiv. Failing to cancel the sum owed to the state for an overpayment from the Medicaid program.

xxxv. Obtaining or attempting to obtain information about a patient's firearms when there is no relevance to the patient's medical care. b. When the board finds any person guilty of what is set forth in subsection 1 (the section immediately preceding this one) for any grounds set forth in the practice act it may enter an order imposing one or more of the following penalties:

i. Refusal to certify, or to certify with restriction, an application for licensure.

ii. Suspension or permanent revocation of a license.

iii. Restriction of practice or license:

1. May restrict a licensee from practicing in certain settings, or work under only designated conditions.

iv. The imposition of an administrative fine not to exceed \$10,000 for each count or separate offense.

1. If the violation is for fraud or making a false or fraudulent representation the board must impose a fine of \$10,000 per offense.

v. Issue a reprimand or letter of concern.

vi. Place the licensee on probation for a period of time and subject to

- the conditions specified by the board or the department.
- vii. Corrective action.
 - viii. The imposition of an administrative fine for violations regarding patient rights.
 - ix. Refund of money collected from a patient or an entity that acts on behalf of the patient.
 - x. Remedial education.
- c. If the ground for disciplinary action is the first-time failure to comply with continuing education requirements, there shall be a citation.
- i. May be required to take 1 additional hour of continuing education for each hour not completed or completed late.
 - ii. When issued, the licensee has 30 days to dispute citation if desired.
 - iii. The board or department has 6 months to create appropriate penalties for citation.
- d. If the ground for disciplinary action is the first-time violation of a practice act for unprofessional conduct and no actual harm to the patient occurred, the board or department shall issue a citation and assess a penalty as determined by rule of the board or department.
- e. In addition to other disciplines, there will be a fee to be paid based on costs related to the investigation and prosecution.
- i. This includes: salaries and benefits of personnel, costs related to time spent on the case, and any other expenses incurred by the department for the case.
- f. The department may file an order in the name of the state for correction against any person who violates any of the provisions of this chapter.
- g. If the board determines that the revocation of a license is appropriate, the revocation shall be permanent. The board may establish requirements for reapplication even in instances of permanent revocation.
- i. This may include satisfying current requirements for an initial license.

5200 Receipt of a complaint, investigative powers, emergency action, hearing officers

- A. 456.073: Disciplinary proceedings
- a. The department will investigate any complaint that is in writing, signed by the complainant, and legally sufficient.
 - i. Can be anonymous if the violation is substantial.
 - ii. If an investigation is about a subject/licensee the department will provide the subject, or subject's attorney, a copy of the complaint or document that resulted in the initiation of the investigation.
 - 1. Subjects may submit a written response within 20 days of receiving the documentation from the department.

- b. The department of Health is to complete a report of initial investigative findings within 6 months of receiving the complaint.
- c. In place of an investigation if the complaint is minor (does NOT endanger public health, safety and welfare and the first offense) the department may provide a licensee with a notice of noncompliance.
 - i. If the violation is NOT corrected within 15 days of receiving the notice, it may result in the institution of regular disciplinary proceedings.
- d. The determination of probable cause will be made by a majority vote of a probable cause panel.
 - i. All proceedings are to remain confidential until 10 days after probable cause has been found to exist or if the licensee waives their privilege of confidentiality.
 - ii. Requests for additional information can be made from the probable cause panel to the department. Following which, 15 days are allowed for the information to be sent to the panel.
 1. Within 30 days after the receipt of the final investigative report, the panel shall make their decision.
 2. The State Surgeon General may grant extensions of the 15-day and 30-day time limits for decisions to be made.
 3. If no decision is made within 30 days the panel has 10 days to make one.
 - iii. The department is able to seek judicial review (court involvement) of any final order of the board.
 - iv. Proceedings for suspension or restriction of a license when the welfare, health, or well being of the public is at risk is to be conducted by the State Surgeon General.
 - v. The department shall periodically notify the person who filed the complaint and the patient of the status of the investigation.
 1. If probable cause has been found the department will give the person who filed the complaint a copy of the administrative complaint and:
 - a. A written explanation of how an administrative complaint is resolved, when the person may participate in the disciplinary process, and any notice of any hearing before the Division of Administrative Hearings or the regulatory board at which final action may be taken.
 2. If no probable cause is found the department will inform the person who filed the complaint.
 - a. At which point they have 60 days to provide additional information to the department.
 - vi. The complainant or any witness is not held responsible concerning

any investigation or proceeding unless they acted in bad faith or with malice in providing the information.

vii. No person who reports information to the department about the incompetence, impairment, or unprofessional conduct of any health care provider will be held liable in any civil action if it was reported without intentional fraud or malice.

1. If intentional fraud or malice is alleged, the person alleging intentional fraud or malice shall be liable for all court costs and the other party's attorney fees.

viii. An administrative complaint against a licensee shall be filed within six years of the incident.

1. Can be filed greater than six years following the incident if it is related to one of these occurrences:

a. Criminal actions, diversion of controlled substances, sexual misconduct, or impairment by the licensee.

2. The timeline can be extended up to 12 years if related to fraud, concealment, or intentional misrepresentation of fact prevents the discovery of a violation.

B. 64B17-7.001 Disciplinary Guidelines

a. Following a violation of the provisions a licensee will be issued a final order which will impose appropriate penalties.

i. The final order may require a licensee to attend board meetings, perform community service, take continuing education classes, or pass the jurisprudence examination.

ii. For applicants, all these violations are sufficient for refusal to certify an application for licensure

iii. If violation is for fraud the Board shall impose a fine of \$10,000 per count or offense.

b. Grounds for discipline:

i. Unable to practice with reasonable skill and safety.

1. Fine of \$1,000, evaluation PRN.

2. Can receive one year suspension followed by five year probation.

3. After first offense: \$2,000-\$10,000, evaluation PRN, 5 years probation to revocation of license.

ii. Obtain license by deceit or bribery.

1. Fine of \$500, up to two years probation to revocation of license.

2. Second offense: \$5,000, three years of probation up to revocation of license.

3. After the second offense: Revocation of license.

iii. Fraud in the practice or obtaining license by fraudulent

misrepresentations.

1. From six months probation and fine of \$100 to revocation of license and a fine of \$10,000.
2. Second offense: fine of \$10,00 and revocation of license.

iv. Obtain license by Department of Board error.

1. From letter of concern and/or fine of \$500 to suspension of license for one year, followed by two years probation, and fine of \$5,000.
2. Second offense: From fine of \$5,000 to revocation of license.
3. After the second offense: revocation of license.

v. Guilty of crime related to the practice or ability to practice physical therapy.

1. Fine of \$1,500 to \$5,000.
2. Six months to year's suspension with conditions.
3. After first misdemeanor:
 - a. Maximum fine of \$10,000.
 - b. From one year of probation up to a revocation of license.
4. Felony:
 - a. Fine of \$5,000-10,000.
 - b. Two years probation up to revocation of license.
5. After the first felony: revocation of license.

vi. Treatment of ailments by means other than physical therapy. 1.

Fine of \$1,000-5,000.

2. One year of probation up to one year suspension followed by probation.
3. After the first offense: Fine of \$2,000-8,000. One year probation up to revocation of license.

vii. Failure to maintain standards of practice.

1. Fine of \$1,000-6,000.
2. Letter of concern to two year suspension followed by two years probation.
3. Second offense:
 - a. Fine of \$2,000-10,000.
 - b. Six months probation up to revocation of license.
4. After second offense: Fine up to \$10,000 and revocation of license.

viii. Unlawful solicitation or fee splitting.

1. Fine of \$1,000-8,000.
2. One year probation to revocation of license.
3. After first offense:
 - a. Fine of \$5,000-10,000.
 - b. Six month suspension up to revocation of license.

ix. License acted against in another jurisdiction.

1. Action consistent with the disciplinary guidelines for the offense that would have been imposed if it had happened in Florida. Same penalty for a second or subsequent offense. x. Violation of an Order or subpoena.

1. Fine of \$1,000-10,000.

2. Letter of concern up to revocation of license.

3. After first offense:

a. Fine of \$5,000-\$10,000.

b. Two years of probation up to revocation of license.

xi. Negligent filing of false reporting.

1. Fine of \$1,000-5,000.

2. Maximum of two years probation.

3. Second offense:

a. Fine of \$2,500-10,000.

b. Reprimand up to two years suspension followed by two years of probation.

4. After second offense:

a. Up to a fine of \$10,000 and/or revocation of license.

5. Wilful filing of false report, impeding, or inducing another to file false report:

a. Fine up to \$5,000.

b. Suspension of license for six months followed by six months of probation up to revocation of license.

c. After first offense: Up to fine of \$10,00 and/or revocation of license.

xii. Practice, or offer to, beyond scope

1. Fine of \$2,500-10,000.

2. One year of probation up to suspension of license for two years followed by two years of probation.

3. After first offense:

a. Up to a fine of \$10,000 and/or revocation of license.

xiii. Violation of this chapter or health professions and occupations 1. Fine of \$1,000-5,000.

2. Letter of concern up to suspension of license for two years followed by two years of probation.

3. Second offense:

a. Fine of \$5,000-10,000.

b. Two years probation up to revocation of license.

c. After second offense:

i. Fine of \$7,500-10,000.

ii. Six months of suspension followed by

- probation up to revocation of license.
- xiv. Misleading, deceptive, or fraudulent representations 1.
 - Fine up to \$10,000.
 - 2. Six months of probation up to revocation of license.
 - 3. After first violation:
 - a. Fine up to \$10,000 per offense.
 - b. Three years of probation up to revocation of license.
- xv. Improper use of laser device
 - 1. Fine of \$2,000-\$10,000.
 - 2. One year of probation up to three years suspension followed by at least two years of probation.
 - 3. After first offense:
 - a. Fine up to \$10,000 and/or revocation of license.
- xvi. Failure to comply with HIV/AIDS course requirements 1.
 - Fine of \$1,000-3,000.
 - 2. Letter of concern up to one year suspension followed by two years of probation.
 - 3. For second offense:
 - a. Fine of \$2,500-7,500.
 - b. Six months probation up to revocation of license.
 - 4. After the second offense: Fine up to \$10,000 and/or revocation.
- xvii. Civil liability for filing a false report against another license 1.
 - Fine of \$1,000-3,000.
 - 2. Reprimand up to three years of probation.
 - 3. After the first offense
 - a. Fine of \$2,500-10,000.
 - b. One year of probation up to revocation of license.
- xviii. Failure to report health care violator
 - 1. Fine of \$500-2,500.
 - 2. Letter of concern up to one year probation.
 - 3. After the first offense:
 - a. Fine of \$2,000-10,000.
 - b. Possible revocation of license.
- xix. Aiding unlicensed practice
 - 1. Fine of \$2,000-5,000.
 - 2. One year suspension up to revocation of license.
 - 3. After first offense:
 - a. Fine of \$7,500-10,000.
 - b. Possible revocation of license.
- xx. Failure to perform statutory or legal obligation
 - 1. Fine of \$1,000-7,500.

2. From letter of concern to one year of suspension followed by two years of probation.
3. For second offense:
 - a. Fine of \$2,500-10,000.
 - b. Six months of probation up to revocation of license.
4. After the second offense:
 - a. Fine up to \$10,000 and/or revocation of license.

xxi. Misrepresentation/trick or scheme

1. Six months probation up to one year suspension followed by two years of probation AND a \$10,000 fine per offense.
2. After the first offense:
 - a. Two years of probation up to revocation of license AND a \$10,000 fine per offense.

xxii. Exploit patient for financial gain

1. Financial restitution to the patient, and fine of \$1,000-10,000.
2. Six months probation up to revocation of license.
3. After first offense:
 - a. Financial restitution to the patient, and fine of \$2,500-10,000.
 - b. Two year probation up to revocation of license.

xxiii. Improper delegation

1. Fine of \$1,000-5,000.
2. Six months of probation up to suspension for three years followed by three years of probation.
3. After first offense:
 - a. Fine of \$5,000-10,000.
 - b. Suspension of license for one year followed by two years probation up to revocation of license.

xxiv. Improper interference with investigation, inspection, or discipline 1.

- Fine of \$1,000-10,000.
2. One year probation up to revocation of license.
3. After first offense:
 - a. Fine of \$2,500-10,000.
 - b. Three month suspension followed by two years probation up to revocation of license.

xxv. Sexual misconduct

1. Six months probation and/or PRN referral for evaluation up to a fine of \$10,000 and/or revocation of license.
2. After first offense:
 - a. Probation for three years and referral to PRN for

evaluation up to maximum fine of \$10,000 and/or revocation of license.

xxvi. Failure to comply with 30 day notification of convictions and nolo pleas

1. Fine of \$1,000-3,000.
2. Letter of concern up to one month suspension followed by two years of probation.
3. After first offense:
 - a. Fine of \$3,000-10,000.
 - b. Two years probation up to revocation of license.

xxvii. Positive results on drug screening

1. Fine of \$5,000-10,000.
2. Two years of probation and referral for a PRN evaluation, up to suspension of license for one year, followed by five years of probation.
3. After first offense:
 - a. Fine of \$1,500-10,000.
 - b. Referral for a PRN evaluation and two years probation up to revocation of license.

xxviii. Unnecessary treatment: including wrong patient and wrong site 1.

Fine of \$1,000-10,000.

2. Reprimand up to three months suspension of license followed by three years probation.
3. After first offense:
 - a. Fine of \$3,000-10,000.
 - b. Year of probation up to revocation of license.

xxix. Failure to complete an impaired practitioners treatment program 1. Suspension of license to revocation of license pending appearance before the board and demonstrated compliance with the impaired practitioners consultant.

xxx. Practicing with a delinquent, inactive status, or retired status license 1.

- Fine of \$1,000-5,000.
2. Letter of concern up to suspension of license for two years followed by two years of probation.
3. Second offense:
 - a. Fine of \$5,000-10,000.
 - b. Two years probation up to revocation of license.
4. After second offense:
 - a. Fine of \$7,500-10,000.
 - b. Six months of suspension up to revocation of license.

xxxi. Failing to identify to a patient the type of license the practitioner is

practicing with (written or orally)

1. Fine of \$1,000-5,000.
2. Letter of concern up to one year probation.
3. After offense:

- a. Fine of \$5,000-10,000.
- b. Two years of probation up to revocation of license.

xxxii. Convicted, or entering a plea of guilty or nolo contendere to crime relating to the Medicaid program

1. Fine of \$1,000-10,000.
2. Reprimand, suspension until medical program has been reimbursed up to revocation of license.
3. Second offense:

- a. Fine of \$10,000 and revocation of license.

xxxiii. Failing to return overpayment from the Medicaid program 1.

1. Fine of \$1,000-10,000.
2. Suspension until Medicaid program has been repaid in full up to maximum of revocation of license.

xxxiv. Being terminated from the state Medicaid program 1.

1. Fine of \$1,000-10,000.
2. Reprimand, up to six months probation, up to revocation of license.
3. Second offense or if terminated because of actions:

- a. Fine of \$10,000 and revocation of license.

xxxv. Convicted, or entering a plea of guilty or nolo contendere related to health care fraud

1. Felony: Minimum fine of \$10,000 AND revocation of license.
2. Otherwise:

- a. Fine of \$10,000.
- b. Reprimand, six months probation up to revocation of license.

c. Second offense:

- i. Fine of \$10,000 AND revocation of license.

xxxvi. Willfully failing to comply with coverage requirements with such frequency as to indicate a general business practice

1. Fine of \$1,000-10,000.
2. Reprimand up to revocation of license.
3. Second offense: Fine of \$10,000 AND revocation of license.

c. In determining sanctions

- i. First, the Board shall consider what sanctions are necessary to protect and compensate the public.
- ii. Second, the Board shall consider mitigating circumstances when applying the penalty (not a comprehensive list):
 1. The danger to the public,

2. Number of charges,
3. Actual damage,
4. Length of time since last violation,
5. Length of time licensee has held a license,
6. Deterrent effect of penalty imposed,
7. Rehabilitation efforts of the licensee,
8. Effects of penalty on licensee's livelihood,
9. Efforts of licensee to report or stop violations, and
10. Willfulness and/or negligence of the licensee pertaining to any violation.

C. 64B17-7.002 Citations

a. Citation is imposed on a licensee for the purpose of assessing a penalty.

i. ALL citations will include requirements to correct the violation. 1. Within the time period NOT to exceed 60 days.

ii. Department has up to six months after the filing of the complaint to issue the citation.

iii. Citation violations:

1. Failure to include the disclosure statement in an advertisement when advertising for discounted services.

a. Fine: \$250

2. Failure to turn over patient records.

a. Fine: \$100

b. Failure to report in writing to the Board within 30 days after criminal conviction.

i. Fine: \$250.

c. Failure to report another licensee in violation of a statute or rule.

i. Fine: \$500

d. Making/filing a report which licensee knows is false, or negligently failing to file a report or record required by federal law.

i. Fine: \$500

e. Non-intentional issuance of a bad check

i. Fine: \$100

f. Failure of licensee to satisfy continuing education requirements.

i. Failure to complete:

1. Less than 9 hours:

a. Fine: \$300

2. Between 9 and 16 hours:

a. Fine: \$600

3. Between 17 and 24 hours:

- a. Fine: \$1,000
- g. Falsely certifying compliance with continuing education.
 - i. Fine: \$2,000
- h. Failure to comply with continuing education audit requests.
 - i. Fine: \$250
 - ii. Licensee must provide proof of compliance within 60 days of filing date of citation.
- i. Failure to keep current mailing or practice address.
 - i. Fine: \$250
 - j. Failure to pay required fees and fines.
 - i. Fine: \$150
- 3. Penalty specified shall be the sum of the penalty PLUS the Department's cost of investigation.
- 4. Subject has 30 days to dispute the matter, after that the citation shall become a final order of the Board.

5300 Unlawful practice, classification, civil penalties, injunctive relief, aiding and abetting unlawful practice

- A. 486.151: See 4100 above.
- B. 486.153: Injunctive relief
 - a. The Department or any person may, in the name of the state, apply for injunctive relief (court order to refrain from certain acts) in any court of competent jurisdiction to urge any person from committing any act in violation of this chapter.
- C. 456.065: Unlicensed practice of a healthcare profession; intent; cease and desist notice; penalties; enforcement; citations; fees; allocation and disposition of money collected.
 - a. The Legislature intends to enforce regulation of licensure for ALL healthcare professions to protect Florida residents.
 - b. Penalties for unlicensed practice of physical therapy may include:
 - i. The department may issue and deliver a notice to cease and desist to those practicing unlicensed and those aiding them.
 - ii. Additionally, the department may impose by citation an administrative penalty not less than \$500 and not to exceed \$5,000 per incident.
 - 1. The citation becomes final order if not disputed by the subject within 30 days after it is served.
 - 2. Each day that the unlicensed practice continues after issuance of the cease and desist it is considered a separate violation.
 - 3. The department is entitled to recover the costs of investigation and prosecution in addition to the fine.

- iii. It is a felony of the 3rd degree to practice, or attempt to practice, without an active valid Florida license.
 - 1. This includes practicing on a suspended, revoked, or void license.
 - 2. The minimum penalty for violating this subparagraph shall be a fine of \$1,000 and a minimum mandatory period of incarceration for 1 year.
- iv. It is a felony of the 2nd degree to practice without an active and valid Florida license when such practice results in serious bodily injury.
 - 1. Serious bodily injury includes: Death, brain or spinal damage, disfigurement, fracture or dislocation of bones or joints; limitation of neurological, physical, or sensory function; any condition requiring subsequent surgical repair.
 - 2. The minimum penalty for violating this subparagraph shall be a fine of \$1,000 and a minimum mandatory period of incarceration for 1 year.
- v. It is a misdemeanor of the 1st degree to practice, attempt to practice, or offer to practice physical therapy with an inactive or delinquent license for up to 12 months.
 - 1. It is a felony of the 3rd degree if the license has been inactive or delinquent for 12 months or more.
 - 2. Minimum penalty for this shall be a term of imprisonment of 30 days and a fine of \$500.
- c. A \$5 fee per initial licensure and each renewal goes to the Medical Quality Assurance Trust Fund in an effort to combat unlicensed activity.

6000 Consumer Advocacy (5 questions)

6100 Reporting violations, immunity

- A. 456.061: Practitioner disclosure of confidential information; immunity from civil or criminal liability:
 - a. A practitioner regulated through the Medical Quality Assurance of the department shall NOT be civilly or criminally liable for disclosure of confidential information to a sexual partner or a needle-sharing partner of a patient under the following circumstances:
 - i. If the patient who has tested positive for HIV discloses the identity of a sexual partner or a needle-sharing partner to the practitioner.
 - ii. The practitioner recommends the patient notify the partner of the positive test and refrain from engaging in sexual or drug activity and the patient refuses, and the practitioner informs the patient of their intent to inform the partner of the patient.
 - iii. The practitioner, under ethical guidelines of the profession,

reasonably and in good faith advises the sexual partner or needle-sharing partner of the patient of the positive test and facts concerning the transmission of the virus.

1. Any notification of a partner shall be done according to protocols following the rule of the Department of Health.
- b. A practitioner regulated through the Division of Medical Quality Assurance of the department shall NOT be held liable for failure to disclose information relating to a positive result for HIV of a patient to a sexual or needle-sharing partner of the patient.

6200 Substance abuse recovery

A. 456.076: Impaired practitioner programs:

- a. "Consultant": the individual or entity who operates an approved impaired practitioner program under a contract with the department.
- b. The department may retain one or more consultants to operate its impaired practitioner program.
- c. Terms and conditions of the impaired practitioner program must be established by the department by contract with a consultant for the protection of the health, safety, and welfare of the public and must provide at a minimum, that the consultant:
 - i. Accept referrals.
 - ii. Arranges for the evaluation and treatment of impaired practitioners.
 - iii. Monitors recovery progress and status to ensure that the practitioners can practice their profession safely and appropriately.
 - iv. Does not directly evaluate, treat, or otherwise provide patient care to a practitioner while in the operation of the impaired practitioner program. Part of the consultant's job is to arrange for the providers that the impaired practitioner is to see. This is to prevent a consultant from simply self referring.
- d. The department shall specify, in its contract with each consultant, the types of licenses, registrations, or certifications of the practitioners to be served by that consultant.
- e. The consultant will enter into a contract with an impaired practitioner and will establish the terms of monitoring. This may include recommendations for approved evaluators, treatment programs, or treatment providers.
 - i. A consultant may modify the terms if deemed necessary for the protection of the health, safety, and welfare of the public.
- f. A consultant is NOT required to be a licensed mental health treatment provider or a substance abuse provider.
- g. Consultants shall assist the department and licensure boards to help determine if a licensee is impaired.
- h. Before approval of a licensure application, the board may determine that the licensee may have an impairment. At this time the applicant may be

referred to a consultant to facilitate an evaluation before the board issues approval.

i. The applicant may decline to be evaluated.

1. If declined, the board will approve or deny the application based on the information the board possesses.

i. If the department receives a sufficient complaint alleging that a practitioner has an impairment, with no other complaints against the licensee, the department shall refer them to the consultant. The impairment does NOT constitute grounds for discipline if the:

i. Practitioner has acknowledged the impairment.

ii. Practitioner becomes a participant in an impairment practitioner program and completes it.

iii. Practitioners have voluntarily withdrawn from practices or have limited the scope of their practice.

iv. Practitioner has provided all records and information relating to the impairment that the consultant has requested.

v. Practitioner has authorized the consultant to report the termination, when applicable, to the department and provide the department with copies of all information in the consultant's possession relating to the licensee's termination.

j. A licensee that is working for a governmental agency cannot be referred to the consultant when the licensee has already been referred to an employee assistance program. If the licensee fails to complete or is terminated from the program then the employer shall notify the department. At which time they will be referred to a consultant contracted with the Department of Health.

k. Consultants may NOT provide information to the department relating to a self-referring participant if no knowledge of a pending investigation, complaint, or disciplinary action against the participant is present. This is in place to encourage practitioners to self-refer.

l. The board may consider the progressing through, or completion of an impaired practitioner program as a mitigating factor when determining the penalty for a practitioner that is receiving any disciplinary action for a violation that is due to or connected with an impaired practitioner.

m. With authorization from the practitioner, the consultant is to receive all information in possession of the approved evaluator, treatment program, or participant. Failure to provide the information is grounds for withdrawal of approval.

i. When a participant is terminated from the program for any reason other than completion of the program the consultant shall disclose all the information relating to the practitioner to the department.

n. A consultant and a consultant's directors, officers, employees or agents are to be considered agents of the department while acting within the

- scope of the consultant's duties.
- o. A consultant may disclose to a participant, or the legal representative of the participant, the documents, records, or other information from the consultant's file.

6300 Rights of Consumers, disclosure of financial interests, freedom of choice, confidentiality, public records

- A. 456.052: Disclosure of financial interest by production
 - a. A licensee can NOT refer a patient to an entity where an investment interest is present, unless written disclosure is given to the patient. Disclosure will inform the patient of:
 - i. Existence of the investment interest.
 - ii. Name and address of each applicable entity that the licensee has an investment interest at.
 - iii. Patient's right to obtain items/services of their choice.
 - iv. Names and addresses of at least two other treatment sources.
 - b. The health care provider must post a copy of the disclosure in a noticeable public place in their office.
 - c. Violation is a misdemeanor of the 1st degree.
- B. 456.053: Financial arrangements between referring health care providers and providers of health care services
 - a. Intent of this act is to prevent unnecessary and costly health care expenditures as well as conflicts of interest.
- C. 456.054: Kickbacks prohibited
 - a. It is unlawful for any health care provider to receive, pay, or offer kick back (directly or indirectly) for referring or soliciting patients.
 - i. Kickback: Non necessary/ordinary payment on behalf of a provider to any person as an incentive to refer patients.
- D. 456.057: Ownership and control of patient records; report or copies of records to be furnished; disclosure of information
 - a. "Records owner" is any health care practitioner who creates a medical record after performing an evaluation or administering treatment to a patient.
 - i. An individual can also become the records owner by way of transfer from the previous owner.
 - ii. ALL records owners shall develop policies, procedures, and standards to maintain patient confidentiality.
 - iii. Record owners must maintain a record of all disclosures of information.
 - iv. Patient's must be notified in writing (including newspaper) if their practice is terminating and how they can obtain their records.
 - b. The patient, or their legal representative, shall receive copies of relevant reports in a timely manner.

- c. Records shall not be shared without written authorization with anyone besides the patient, the patient's legal representative and other health care workers that need the information to provide treatment to the patient.
- d. Records may be given WITHOUT authorization in the following instances:
 - i. In any civil or criminal action;
 - ii. For scientific research IF identify of patient is able to be maintained; or
 - iii. For investigations by the Department of Children and Families.
- e. Must have a written release to be used for marketing.
- f. The department may obtain records pursuant to subpoena without written consent if inadequate care is believed to have been provided.
 - i. Including situations in which inadequate care was provided due to termination of insurance, or using specific billing codes for greater reimbursement.
 - ii. Also when reasonable attempts to contact the patient have been made.

Sample questions on remaining pages

Sample Questions:

1. An inactive licensee is able to avoid the continuing education requirement by completing which of the following requirements?
 - A. Practiced in a volunteer capacity for a minimum of 350 hours per year that the license was inactive
 - B. Taken and passed the licensing examination
 - C. Taught a continuing education course that spanned a duration of 8 hours
 - D. Payment of the reactivation fee

2. A licensee who is seeking contact hours for continuing education through clinical instruction **MUST** meet which of the following criteria?
 - A. Practiced full time for a duration of 3 months
 - B. Be credentialed by the American Physical Therapy Association
 - C. Taken and passed the Florida laws and rules examination within 2 months of accepting students
 - D. Served as a supervising licensee to an applicant who is working under a temporary permit prior to clinical instruction

[Click here to get 50 more practice questions](#)

Answers and rationales below

1. An inactive licensee is able to avoid the continuing education requirement by completing which of the following requirements?

- A. Practiced in a volunteer capacity for a minimum of 350 hours per year that the license was inactive
- B. Taken and passed the licensing examination**
- C. Taught a continuing education course that spanned a duration of 8 hours
- D. Payment of the reactivation fee

CORRECT ANSWER: B. An individual who has an inactive license and seeking reactivation can avoid the requirement of 10 continuing education hours per year that the license was inactive by taking and passing the licensing examination. A maximum of 5 lifetime attempts will be given to each individual to achieve this.

Source: Florida Health Practice Laws and Rules pages 10-12

INCORRECT ANSWERS:

A) With the status of the license being inactive, practice in any capacity would be prohibited as an active license if required.

C) With the licensee having an inactive license this may prevent the individual from teaching classes. Even if it was allowed, 8 hours of teaching would not meet the required 10 hours per year that the license was inactive. It would not completely allow the licensee to avoid the continuing education requirements.

D) Payment of the reactivation fee is a requirement when changing a license from inactive to active. However, the continuing education requirements would continue to be present despite this requirement being met.

Source: Florida Health Practice Laws and Rules pages 10-12

Tags: Licensure and examination, Renewal/name changes, 486.085, 486.108

2. A licensee who is seeking contact hours for continuing education through clinical instruction **MUST** meet which of the following criteria?

- A. Be credentialed by the American Physical Therapy Association
- B. Practiced full time for a duration of 3 months
- C. Taken and passed the Florida laws and rules examination within 2 months of accepting students
- D. Served as a supervising licensee to an applicant who is working under a temporary permit prior to clinical instruction

CORRECT ANSWER: A

A clinical instructor must be credentialed by the American Physical Therapy Association in order to receive clinical continuing education credits.

Source: Florida Health Practice Laws and Rules page 33

INCORRECT ANSWERS:

B) A clinical instructor does not need to practice for a specified duration prior to accepting students. All that is needed is an active license with a credential from the American Physical Therapy Association.

C) The Florida laws and rules examination needs to be taken prior to practicing with an active license. Once it is completed it does not need to be taken again prior to accepting students.

D) It is not a requirement to serve as a supervising licensee to an applicant working under a temporary permit prior to taking students for clinical instruction.

Source: Florida Health Practice Laws and Rules page 33

Tags: Boards powers and duties, Continuing education, 64B17-9

[Click here to get 50 more practice questions](#)

edsyn