




**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
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VIRGIN ISLANDS DEPARTMENT OF HEALTH**

***PROPOSED RULES AND REGULATIONS FOR PHYSICAL THERAPY
IN THE TERRITORY OF THE UNITED STATES VIRGIN ISLANDS***

Submitted January 12, 2023

by


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VIRGIN ISLANDS BOARD OF PHYSICAL THERAPY**

Copy below is hereby certified to be a true and correct copy of the regulations adopted pursuant to authority granted in Title 3 V.I.C., Chapter 23, Section 419 and Title 27 V.I.C., Chapter 1, Subchapter VIII, Section 165b(6).

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Statement of Statutory Authority

Pursuant to 3 V.I.C § 415(b) and 27 V.I.C. § 165b, the Virgin Islands Board of Physical Therapy shall adopt and revise rules consistent with Title 27, Chapter 1, Subchapter VIII.

165b-1 Scope and Purpose

These Rules are adopted for the purpose of protecting the health, safety and welfare of consumers of services provided by or under the direction of a physical therapist or physical therapist assistant licensed to practice in the Virgin Islands. The enumeration of specific matters that shall properly be made the subject of rules shall not be construed to limit the Board's broad general power to make all rules necessary to fully effectuate the purpose of this chapter.

165b-2 Definitions

- (a) Words used in the singular form in this subchapter shall include the plural, and vice versa, as the case may require. Words defined in the Act but not defined below shall have the meaning given them in the Act.
- (b) In the context of these Rules, the following words and phrases shall be construed as having the following meanings:
 - (1) "ABPTS" means the American Board of Physical Therapy Specialties;
 - (2) "Act" means V.I. Act 7620 governing the practice of physical therapy in the Virgin Islands;
 - (3) "Application Process Fee" means the amount paid to apply for, and be issued, a license to practice Physical Therapy in the Territory;
 - (4) "APTA" means the American Physical Therapy Association;
 - (5) "Board" means the Virgin Islands Board of Physical Therapy;
 - (6) "CAPTE" means the Commission on Accreditation in Physical Therapy Education;
 - (7) "CCU" means Continuing Competency Unit;

- (8)“CEU” means Continuing Education Unit;
- (9)“FCCPT” means the Foreign Credentialing Commission on Physical Therapy;
- (10)“FSBPT” means the Federation of State Boards of Physical Therapy;
- (11)“Impaired Practitioner Order” means a non-disciplinary rehabilitation program which may be entered into by order of the Board or voluntarily;
- (12)“National Examination” means the National Physical Therapy Examination developed and administered by the FSBPT and approved by the Board for licensure as a physical therapist or physical therapist assistant;
- (13)“Onsite Supervision” means supervision provided by a physical therapist who is continuously onsite and present in the department or facility where services are rendered such that the supervising therapist is immediately available to the person being supervised and maintains continued involvement in the necessary aspects of patient care;
- (14)“Qualified Referral Source” means a physical therapist, podiatrist, chiropractor, nurse practitioner, physical therapist assistant, or dentist that is licensed or certified in a jurisdiction of the United States;
- (15)“Rules” means these adopted rules and regulations;
- (16)“Territory” means the territory of the United States Virgin Islands; and
- (17)“USVI” means the United States Virgin Islands.

165b-3 Virgin Islands Board of Physical Therapy

- (a) Board Appointments. There are to be five (5) members of the Board, as outlined in Title 3 Virgin Islands Code, section 415(b)(6)(A), all of whom must reside in the Territory and, with the exception of the public member, all must have been practicing in the Territory for no less than three (3) years prior to their appointment. The Governor of the Virgin Islands shall appoint one member from the St. Croix district and one member from the St. Thomas and St. John district. At least one (1) member must represent the public and must not be in the medical professional or have a conflict of interest. Two of the members, one of whom may be a physical therapist

assistant, must be elected by a majority vote of all licensed and practicing physical therapists and physical therapist assistants residing in the Territory. All nominees must be appointed with the advice and consent of the Virgin Islands Legislature.

(b) Election of Professional Members:

- (1) In the event of a vacancy of the elected members, the Board shall solicit from all licensees the names of potential nominees to serve as Board members. Any individual may submit his or her own name to the Board as a nominee. The Board shall contact the individual(s) to confirm willingness to serve as a Board member and eligibility of the nominee including submission of questionnaires or applications required by the Territory to serve as a member of the Board. The Board will notify all licensees with the names of the nominees and call for a vote by the licensees. The Office of Professional Licensure shall administer the election, tabulate the vote, and submit the name of the nominee with the highest number of votes to the Legislature for consideration to serve as a member of the Board. The Governor shall be notified of the name of the elected nominee.
 - (2) In the event of a tie vote, the Office of Professional Licensure shall notify all licensees with the names of the nominees for a run-off vote to determine the nominee.
- (c) Terms of Board Appointment. For appointments to the Board after December 1, 2015, the first two (2) appointments shall be for a term of two (2) years. All other subsequent appointments shall be for a term of three (3) years. All members shall serve until their successors are appointed and qualify. No member shall serve for more than two (2) consecutive terms. Elected members will serve for a term of three (3) years.

(d) Removal of Board Members

- (1) The Governor may remove any member of the Board for cause.
- (2) The Board may request the removal of a Board member by the Governor.

(e) Election and Duties of Board Officers

- (1) The Board shall annually elect one of its members to serve as its Chair and another one of its members to serve as its Secretary. The Chair and Secretary are elected by the majority vote of the members of the Board

present at the meeting. The Chair must be a physical therapist member. The Secretary may be a professional or public member

(2) Duties of the officers

(A) The duties of the Chair shall include the following:

- (i) Approve the agenda for each Board meeting;
- (ii) Represent the Board in legislative matters and in meetings with related groups;
- (iii) appoint the members to serve on the standing, ad hoc, and advisory committees of the Board;
- (iv) perform such other duties as pertaining to the office

(B) The duties of the Secretary shall include the following:

- (i) function as Chair in the absence or incapacity of the Chair
- (ii) perform such other duties as set out by law or such other duties that are from time to time assigned by the Board.

(3) After the death, resignation, or permanent incapacity of any elected officer, the Board shall hold an election to fill the vacant officer position. If any elected officer is elected to another position at these elections, that officer's vacant position shall be filled by an election to be held following the creation of the new vacancy.

(f) Affiliations

- (1) Any Board member may join and pay dues to professional organizations and associations created to promote the improvement of standards or regulation of the practice of physical therapy or to advance and facilitate the operation of the Board as an entity.
- (2) For participating in such affiliations, the Board may reimburse conference or training fees and travel expenses as are available generally to organizational members of those organizations or associations.

(g) Meetings of the Board

- (1) The Board shall meet at least once each quarter at such place in the Territory as may be selected by the Board.

- (2) All meetings shall be held at the call of the Chair or at a call of at least two (2) members upon not less than ten (10) calendar days' written notice, unless notice shall be waived. The presence of any member at any meeting of the Board shall constitute a waiver of notice thereof by the member.
- (3) A quorum for transaction of the Board's business shall be one (1) more than half the Board's total membership at the time of the meeting.
- (4) An agenda for each Board meeting shall be sent to the Board members by the Board Secretary.
- (5) Board meetings shall be conducted pursuant to the provisions of Robert's Rules of Order Newly Revised unless the Board by rule adopts a different procedure.
- (6) The Board may act only by majority vote of its members present and voting, with each member entitled to one (1) vote. No proxy vote shall be allowed.
- (7) Meetings of the Board and of the committees are open to the public, unless such meetings are conducted in executive session pursuant to Virgin Islands law.
- (8) Attendees may not engage in disruptive activity that interferes with Board proceedings. The Board's presiding officer may exclude from a meeting any person who, after being duly warned, persists in disruptive activity that interferes with Board proceedings. Whenever disorder arises during a Board meeting which is open to the public, the Board may enforce order, when necessary, by clearing the room, and may act in closed session for so long as there is doubt as to the assurance of order.
- (9) Members of the public shall remain within those areas of the Board offices and Board meeting room designated as open to the public.
- (10) Members of the public shall not address or question Board members during meetings unless recognized by the Board's presiding officer pursuant to a published agenda item.
- (11) Any person may record all or any part of the proceedings of a public Board meeting in attendance by means of a tape recorder, video camera, or any other means. The Director shall direct any individual wishing to record or videotape as to equipment location, placement, and

the manner in which the recording is conducted. Such decision will be made so as not to disrupt the normal order and business of the Board.

(12)Executive Session.

(A)The Board may meet in executive session pursuant to law V.I. Code tit. 1, § 254 (2019).

(B)An executive session of the Board shall not be held unless a quorum of the Board has first been convened in an open meeting. If during such open meeting, a motion is passed by the Board to hold an executive session, the presiding officer shall publicly announce that an executive session will be held.

(C)The presiding officer of the Board shall announce the date and time at the beginning and end of the executive session.

(h)Orientation. The Board shall provide orientation for all new Board members regarding the Board's duties. Board members should attend the FSBPT Board Member Training at least once during the first term served, preferably within the first two (2) years of appointment to the Board.

165b-4. Licensure Application Requirements

(a) An applicant for a license as a physical therapist or physical therapist assistant by examination that has successfully completed a physical therapist or physical therapist assistant educational program accredited by CAPTE shall:

(1)Fulfill the requirements of 27 V.I.C. § 165c;

(2)Pass the National Examination;

(3)Provide proof of malpractice insurance coverage in the territory to the Board.

(b) An applicant who has been educated in a non-CAPTE accredited program and seeks a license as a physical therapist or physical therapist assistant by examination shall:

(1)Provide documentation from the FCCPT of an educational credentials review demonstrating the education satisfies:

(A)The minimum number of semester credits required on the Coursework Tool; and

(B)The curriculum is substantially equivalent in content to the first

professional physical therapy degree in the United States;

- (2) Fulfill the requirements of 27 V.I.C. § 165d;
- (3) Provide documentation of successful completion of Board-approved educational coursework including an assessment, offered by a United States accredited institution, on the United States Healthcare System;
- (4) Provide documentation of authorization to legally work in the United States;
- (5) Provide verification of English proficiency through:
 - (A) Verification that the applicant has achieved the following minimum scores for each category of the internet-based Test of English as a Foreign Language examination:
 - (i) Twenty-four (24) in Writing;
 - (ii) Twenty-six (26) in Speaking;
 - (iii) Twenty-one (21) in Reading;
 - (iv) Eighteen (18) in Listening;
 - (B) Verification of country of origin.

The applicant must have the school submit an official transcript showing that the degree was awarded. If the date of conferral is not listed on the transcript, a notarized copy of the diploma will also be required;

- (6) Complete supervised clinical practice in accordance with the following:
 - (A) The applicant must pass the National Examination prior to beginning the supervised clinical practice.
 - (B) The applicant must complete a minimum requirement of one thousand (1000) clinical hours to be completed in no fewer than six (6) months and no longer than one (1) year. The Board has the discretion to increase or decrease the number of hours required.
 - (C) The applicant must be supervised by a physical therapist or, if an applicant for a physical therapist assistant license, by a physical therapist assistant with a supervising physical therapist providing Onsite Supervision. The clinical supervisor and at least one backup supervisor should be approved by the Board. A qualified supervisor shall possess the following qualifications:

- (i) Have a minimum of three (3) years of clinical experience; and
 - (ii) Hold an unrestricted physical therapist license or physical therapist assistant license;
- (D) The level of supervision during the supervised clinical practice should be Onsite Supervision;
- (E) The facility where the supervised clinical practice will be completed should be approved by the Board;
- (F) The physical therapist applicant shall be evaluated by the clinical supervisor with the FSBPT Performance Evaluation Tool for Foreign Educated Physical Therapists Completing a Supervised Clinical Practice in the United States. The physical therapist assistant applicant shall be evaluated using a Board-approved tool;
 - (i) A midterm evaluation shall be completed after five hundred (500) clinical hours and submitted to the Board within three (3) days; and
 - (ii) A final evaluation shall be completed after one thousand (1000) hours and submitted to the Board within three (3) days;
- (G) Each applicant is limited to two (2) attempts to complete supervised clinical practice and become eligible to sit for licensure. Unsuccessful applicants may seek to:
 - (i) Extend the supervised clinical practice in the same facility up to double the initial time;
 - (ii) Apply for a third supervised clinical practice in a new facility; or
 - (iii) Challenge the denial of application for third supervised clinical practice;
- (H) At the discretion of the Board, the Board may waive all or a portion of the supervised clinical practice hours; and
- (7) Provide proof to the Board of malpractice insurance coverage in the Territory.
- (c) An applicant who has been educated in a non-CAPTE accredited program and seeks a license as a physical therapist or physical therapist assistant by endorsement shall
 - (1) At the time of application, hold a valid, unrestricted license in a

jurisdiction of the United States;

- (2) Fulfill the requirement of 27 V.I.C. § 165d;
- (3) Pass the National Examination;
- (4) Provide proof to the Board of malpractice insurance coverage in the Territory;
- (5) Provide verification that the applicant was evaluated and found to be equivalent using the most current Coursework Tool at the time of his/her licensure. The applicant must request that a copy of the evaluation be sent to the Board from the previous licensing board or the credentialing agency that performed the credential evaluation. If the credentials evaluation was not completed using the most current Coursework Tool at the time of his/her licensure, the applicant must have a new credentials review completed;
- (6) Provide verification that a passing score was achieved on the Test of English as a Foreign Language at the time of licensure in a jurisdiction of the United States. This requirement may be waived for applicants that meet the active practice exemption per the Federation of State Boards of Physical Therapy.
- (7) Provide verification that supervised clinical practice has been completed in a Jurisdiction of the United States as a requirement for licensure. This requirement may be waived for applicants that meet the active practice exemption of subsection (9). The applicant shall request the verification be sent to the Board from the jurisdiction where the supervised clinical practice was completed and includes the following:
 - (A) The number of hours completed under supervision;
 - (B) The qualified supervisor or licensed supervising physical therapist or physical therapist assistant;
 - (C) The Board-approved facility; and
 - (D) The applicant's performance evaluation.
- (8) Provide verification of completion of educational coursework on the United States Healthcare System which includes an assessment, offered by a United States accredited educational institution. This requirement would be waived for the applicant that provides verification of a completed supervised clinical practice or meets the active practice

- exemption of subsection (9); and
- (9) An exemption may be allowed for applicants with active physical therapist practice or work as a physical therapist assistant in a United States jurisdiction, of not fewer than one thousand (1000) hours per year in three (3) of the five (5) years prior to application. The licensee must provide verification of active practice, including:
- (A) Employment verification by employer;
 - (B) Patient treatment or billing records; or
 - (C) Any other type of verification deemed acceptable by the Board under the circumstances.
- (d) An applicant who has been educated as a physical therapist assistant in a non-accredited military education program and seeks a license as a physical therapist assistant shall:
- (1) Provide documentation from the FCCPT of an educational credentials review demonstrating the applicant's education satisfies the minimum number of semester credits required on the Coursework Tool and the program's curriculum is substantially equivalent in content to the first professional physical therapy degree in the United States;
 - (2) Fulfill the requirements of 27 V.I.C. § 165d; and
 - (3) All active practitioners shall provide proof to the Board of malpractice insurance coverage in the Territory.
- (e) An applicant who receives a passing score on the National Examination and meets the other qualifications required by these Rules shall be licensed.
- (f) An applicant who fails to achieve a passing score on their National Examination after six (6) attempts shall not be eligible for licensure in the Territory.
- (g) An applicant who received a "very low score" on the National Examination on two (2) separate occasions shall not be eligible for licensure in the Territory.
- (h) After a third failed attempt to pass the National Examination, an applicant must complete a Board-approved remediation plan prior to the applicant being approved for additional attempts to take the National Examination.

- (i) Grounds for denial of a license. After notice and opportunity for hearing, the Board may deny an application for licensure, or may limit or restrict the license of an applicant, on any of the grounds stated in 27 V.I.C. § 165k(a).

165b-5. Licensure Renewal

- (a) The period of licensure runs from January 1st of odd years to December 31st of the following year. Licensees are required to renew their licenses biannually. Failure to receive a renewal notice shall not excuse any licensee from the requirements of renewal. Licenses not renewed within 6 months of expiration must apply for a new license.
 - (1) Licensed physical therapists must complete the renewal application process and pay two hundred dollars (\$200.00), as provided in 27 V.I.C. § 165h(a). Licensed physical therapist assistants must complete the renewal application process and pay one hundred dollars (\$100.00), as provided in 27 V.I.C. § 165h(a).
 - (2) Each licensed physical therapist and physical therapist assistant must complete the continuing competency requirements to be eligible for licensure renewal and must use a central CCU repository designated by the Board.
 - (A) Physical therapist licensees are required to obtain twenty (20) CCUs, at least fifteen (15) of which must be from the Category A activities listed in Table 1. As many as five (5) CCUs may be credited from the Category B activities listed in Table 2. Licensees who receive their license in the first year of an ongoing renewal period need the full amount of CCUs.
- 1. PT licensees who have their license issued after June 30th of the second year of that cycle require 10 CCUs. Seven must be from Category A and as many as 3 may be credited from Category B.
 - (B) Physical therapist assistant licensees are required to complete ten (10) CCUs, at least seven (7) of which must be from Category A as shown in Table 1. As many as three (3) CCUs may be credited from the Category B activities listed in Table 2. **PTA licensees** who have their license **issued after June 30th** of the **second year** of that cycle require 5 CCUs. Three must be from Category A and as many as 2

may be credited from Category B.

(C) When awarded CCU credit by a certification body, the licensee shall report that CCU amount to the Board for the purpose of satisfying their continuing competency requirements for renewal of licensure in the Territory. CCU values and required documentation are listed in Table 1. Licensees shall verify the course or activity category through the course or activity provider, sponsor, or approval entity.

(D) When the continuing education activity or conference is reported in CEUs, the licensee shall report that same CEU amount as CCUs for purpose of meeting continuing competency requirements for renewal of licensure in the Territory.

(E) As shown in Table 1, Category A activities include:

- (i) Continuing education courses and conferences related to physical therapist practice or work as a physical therapist assistant;
- (ii) Activities certified by FSBPT;
- (iii) Post-graduate physical therapy coursework from an accredited college or university;
- (iv) APTA credentialed fellowship or residency;
- (v) ABPTS specialty certification or recertification;
- (vi) APTA Certification for Advanced Proficiency for the Physical Therapist Assistant; and
- (vii) Completion of an FSBPT practice review tool.

(F) As shown in Table 2, Category B activities include:

- (i) Self-study which may be directed by a correspondence course, video, internet or satellite program;
- (ii) Attendance at in-service education programs pertaining to safety training or governmental regulatory training;
- (iii) Teaching or lecturing principally for health care professionals;
- (iv) Publication;
- (v) Clinical instructorship;
- (vi) Board and committee work;
- (vii) Structured interactive study (group study); and

- (viii) Mentorship (as mentor or protégé).
- (G) Continuing competency credit is not available for the following activities:
 - (i) Staff meetings, presentations, or publications directed at lay groups;
 - (ii) Routine teaching as part of a job requirement;
 - (iii) Regularly scheduled institutional activities, such as performing rounds;
 - (iv) Breaks in instructional time;
 - (v) Repetitions of the same activity; and
 - (vi) CCUS carried over from one license period to another.
- (H) Affirmation of compliance with continuing competency requirements. Physical therapists and physical therapist assistants filing a renewal application shall affirm on the application the completion of the required CCUs for renewal. License and certificate holders shall not submit CCU completion documentation with their renewal application. License and certificate holders who fail to sign the affirmation statement are ineligible for renewal.
- (I) Continuing competency audits.
 - (i) Licensees and certificate holders shall record and report compliance with continuing competency activities through a Board selected CCE repository.
 - (ii) The Board shall audit randomly selected licensees.
 - (iii) The Board shall notify an audited licensee if the licensee is not in compliance with continuing competency requirements by electronic mail, telephone call, mail, or by other means deemed appropriate by the Board.
 - (iv) An applicant's renewal application that is not in compliance with continuing competency requirements will not be issued a license and the current license will lapse. An applicant whose license has lapsed for non-completion of the continuing competency requirements may reinstate the lapsed license upon completion of the requirements for the immediately prior licensure period

within 90 (ninety) days of the expiration date of the most current license and payment of the \$250 lapsed license reinstatement fee, plus any additional fees, provided in title 27 Virgin Islands Code, chapter 1, subchapter VIII § 165h(a).

(v) Licensees shall retain evidence of continuing competency activities for the preceding two (2) licensure periods.

(J) Waiver of continuing competency requirements

(i) The Board may waive continuing competency requirements on an individual basis for reasons of extreme hardship such as illness, disability, military duty, or other extraordinary circumstances as determined by the Board.

(ii) A license or certificate holder who seeks a waiver of the continuing competency requirements shall provide to the Board in writing the specific reasons for requesting the waiver and any additional information the Board requests in support of the waiver. Documented deployment due to active service in the military will automatically waive continuing competence requirements for one (1) year from the date returned from deployment.

165b-6. Reinstatement of Lapsed License

(a) Licenses will lapse at the end of a licensure period unless a completed renewal application is received by the Board before December 31st of the renewal period. The holder of a lapsed license must not continue practicing as a physical therapist or working as a physical therapist assistant until the lapsed license is reinstated.

(b) If a licensee's license has been lapsed for five (5) or more consecutive years, the former licensee must demonstrate competence to practice as a physical therapist or work as a physical therapist assistant as determined by the Board.

(1) If the former licensee fails to demonstrate competence, the Board may require the applicant to complete one or more of the following:

(A) A supervised clinical practice under a restricted license;

(B) Educational courses approved by the Board; and

(C)An examination approved by the VI Board of Physical Therapy.

- (2) A former licensee who holds a current physical therapist or physical therapist assistant license in another state or jurisdiction may apply for a license by endorsement.

165b-7. Legal Name, Current Address, and Contact Information

- (a) Legal Name. Every licensee and applicant shall keep their legal name on file with the Board. For purposes of this rule, legal name includes one's First, Middle and Last name. Whenever a licensee or applicant legally changes their name, they shall notify the Board in writing by regular mail within thirty (30) days of the name change and provide the Board with the corresponding legal documentation.
- (b) Current Address. Every licensee and applicant shall keep the name, address and telephone number of their current employer or place of business on file with the Board. Whenever a licensee or applicant changes their employer or place of business, they shall notify the Board in writing by regular mail within thirty (30) days of the change.
- (c) Contact Information. Every licensee and applicant shall keep a current contact telephone number, electronic mailing address, and physical mailing address on file with the Board. Whenever a licensee or applicant changes their contact telephone number, electronic mail address or their physical mailing address, they shall notify the Board in writing by regular mail within thirty (30) days of the change

165b-8. Regulation of Ethical Practice

- (a) The ethical practice of physical therapists requires compliance with the following principles:
- (1) Physical therapists shall respect the inherent dignity and rights of all individuals;
- (2) Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients;
- (3) Physical therapists shall be accountable for making sound professional judgments;
- (4) Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the

public;

- (5) Physical therapists shall fulfill their legal and professional obligations;
 - (6) Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors;
 - (7) Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society; and
 - (8) Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
- (b) The ethical practice of physical therapy assistants requires compliance with the following principles:
- (1) Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals;
 - (2) Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients;
 - (3) Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations;
 - (4) Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public;
 - (5) Physical therapist assistants shall fulfill their legal and ethical obligations;
 - (6) Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities;
 - (7) Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society; and
 - (8) Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

165b-9. Supervision, Credentials, and Documentation

- (a) Supervision.

- (1) A supervising physical therapist is responsible and accountable at all times for the actions of all persons under their supervision, including:
 - (A) Physical therapist assistants;
 - (B) Student physical therapists;
 - (C) Student physical therapy assistants;
 - (D) Other licensed personnel; and
 - (E) Unlicensed personnel.
- (2) A supervising physical therapist assistant is responsible and accountable at all times for the actions of all persons under their supervision, including:
 - (A) Student physical therapy assistants;
 - (B) Other licensed personnel; and
 - (C) Unlicensed personnel.
- (3) Supervision of physical therapy assistants.
 - (A) A physical therapist assistant may only be supervised by a physical therapist and may not be supervised by any other person, including those persons licensed to practice in any other profession.
 - (B) Supervision for a physical therapist assistant does not require the supervising physical therapist to be on-site or on location. The supervising physical therapist must be available by telecommunication at all times and able to respond appropriately to the needs of the patient.
- (4) Supervision of student physical therapist.
 - (A) A student physical therapist may only be supervised by a licensed physical therapist.
 - (B) The supervising physical therapist is required to be on-site and available to immediately respond to the needs of the patient whenever the student physical therapist is performing patient examinations, evaluations, and interventions.
- (5) Supervision of the student physical therapist assistant.
 - (A) A student physical therapist assistant may only be supervised by a licensed physical therapist or licensed physical therapist assistant.

- (B)The supervising physical therapist or supervising physical therapist assistant is required to be on-site and available to immediately respond to the needs of the patient whenever the student physical therapist assistant is performing patient intervention.
- (6) Supervision of other licensed personnel. On-site supervision from the supervising physical therapist is required whenever the other licensed personnel are performing patient interventions
- (7) Supervision of the physical therapist aide
 - (A)The physical therapist shall supervise the physical therapist aide in each treatment task and each non-treatment, patient-related task assigned to the aide. The supervising physical therapist may delegate to a physical therapist assistant supervision of the aide. Supervision of the physical therapy aide shall be on site supervision.
 - (B)A physical therapist or physical therapist assistant shall not permit an aide to perform a treatment-related task or a non-treatment, patient-related task except under in-the-room supervision of a physical therapist or physical therapist assistant.
 - (C)A physical therapist or physical therapist assistant may supervise a maximum total of two physical therapy aides, when the aides are performing treatment-related tasks.
 - (D)A physical therapist may supervise a maximum total of 5 personnel, comprised of up to 3 PTAs and 2 unlicensed personnel.
 - (E)A physical therapist or physical therapist assistant is responsible for the competent performance of tasks assigned to a physical therapy aide whom the physical therapist or physical therapist assistant is supervising.
 - (F)A physical therapist assistant is always professionally responsible for all acts and omissions of each physical therapy aide under the physical therapist assistant's supervision.
 - (G)Prior to allowing a physical therapy aide to perform any treatment-related task:
 - (i) The physical therapist must provide an initial evaluation of the patient and develop a plan of care;
 - (ii)The physical therapist or physical therapist assistant shall assess

the competence of the aide to perform an assigned treatment-related task for that patient in a safe and effective manner; and

- (iii) The physical therapist or physical therapist assistant must assign only those tasks which are appropriate for the physical therapy aide to perform for that patient based on the aide's training, experience and ability.

(b) Credentials.

- (1) All physical therapists shall use the credential "PT" immediately following their signature to indicate licensure as a physical therapist.
- (2) All physical therapist assistants shall use the credential "PTA" immediately following their signature to indicate license as a physical therapist assistant.
- (3) All student physical therapists shall use one of the following to indicate student status:
 - (A) Student physical therapist;
 - (B) Student PT; or
 - (C) SPT.
- (4) All student physical therapist assistants shall use one of the following to indicate student status:
 - (A) Student physical therapist assistant;
 - (B) Student PTA; or
 - (C) SPTA.

(c) Documentation.

- (1) All documentation signed by student physical therapists and student physical therapist assistants shall be cosigned by the supervising physical therapist.
- (2) Appropriate documentation is integral to all facets of physical therapy care. Either a handwritten signature or electronic signature is acceptable whenever a physical therapist or physical therapist assistant signs his or her name.

165b-10. Discipline and Enforcement

- (a) Disciplinary guidelines. These disciplinary guidelines are designed to provide guidance in investigating violations of the Act and these Rules and assessing sanctions and penalties. The ultimate purpose of these guidelines is to protect the public, deter violations, punish violators, and offer opportunities for rehabilitation when appropriate. These guidelines are intended to promote consistency, facilitate timely resolution of cases, and encourage settlements.

165b-11. Violations

- (a) When substantiated by credible evidence, the following acts, practices, and conduct are considered to be violations of the Act and these Rules. The following shall not be considered an exhaustive or exclusive listing.
- (1) Practice Inconsistent with Public Health and Welfare. Failure to practice in an acceptable professional manner consistent with public health and welfare within the meaning of the Act and these Rules includes, but is not limited to:
- (A) Failure to treat a patient according to the generally accepted standard of care;
 - (B) Negligence in performing medical services;
 - (C) Failure to use proper diligence in one's professional practice;
 - (D) Failure to safeguard against potential complications;
 - (E) Improper utilization review;
 - (F) Failure to disclose reasonably foreseeable side effects of a procedure or treatment;
 - (G) Failure to disclose reasonable alternative treatments to a proposed procedure or treatment;
 - (H) Failure to obtain informed consent from the patient or other person authorized by law to consent to treatment on the patient's behalf before performing tests, treatments, or procedures;
 - (I) Termination of patient care without providing reasonable notice to the patient;
- (2) Unprofessional and Dishonorable Conduct. Unprofessional and dishonorable conduct that is likely to deceive, defraud, or injure the

public within the meaning of the Act and these Rules include, but is not limited to:

- (A) Violation of a Board order;
- (B) Failure to comply with a Board subpoena, request for information or action;
- (C) Providing false information to the Board;
- (D) Failure to cooperate with Board staff;
- (E) Engaging in sexual contact with one's patient;
- (F) Engaging in sexually inappropriate behavior or comments directed towards one's patient;
- (G) Inappropriate financial or personal involvement with one's patient;
- (H) Referral of one's patient to a facility without disclosing the existence of an ownership interest in the facility;
- (I) Use of false, misleading, or deceptive advertising;
- (J) Providing medically unnecessary services to a patient or submitting a billing statement to one's patient or their third-party payer that the licensee knew, or should have known, was improper, false, fraudulent, misrepresents services provided, or otherwise does not meet professional standards;
- (K) Failure to timely respond to communications from a patient;
- (L) Failure to complete the required CCUs;
- (M) Failure to maintain the confidentiality of a patient;
- (N) Failure to report suspected abuse of a patient by a third-party, when the report of that abuse is required by law;
- (O) Abusive, assaultive, or otherwise disruptive behavior toward licensees, hospital personnel, other medical personnel, patients and their family members or representatives that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient;
- (P) Commission of the following violations of federal and state laws whether or not there is a complaint, indictment, or conviction:
 - (i) Any felony;

- (ii) Any offense in which assault or battery, or the attempt of either is an essential element;
- (iii) Any criminal violation of statutes regulating other professions in the healing arts;
- (iv) Any misdemeanor involving dishonesty, fraud, deceit, misrepresentation, deliberate violence, or other actions that adversely reflect on a licensee's honesty, trustworthiness, or fitness to practice;
- (v) Bribery or corrupt influence;
- (vi) Burglary;
- (vii) Child molestation or endangerment;
- (viii) Kidnapping or false imprisonment;
- (ix) Obstruction of governmental operations;
- (x) Public indecency; and
- (xi) Substance abuse or substance diversion.

(3) Disciplinary Actions by Other Licensing Agencies.

- (A) Actions which lead to the imposition of disciplinary action by other licensing agencies shall constitute violations of the Act and these Rules.
- (B) The voluntary surrender of a license in lieu of disciplinary action by another licensing agency or while an investigation related thereto is pending constitutes disciplinary action within the meaning of the Act and these Rules. The voluntary surrender shall be considered to be based on acts that are alleged in a complaint or stated in the order of voluntary surrender, whether or not the licensee has denied the facts involved.

(4) Failure to Timely Report.

- (A) The failure to timely report to the Board any of the following occurrences regarding the licensee or another licensee shall be a violation of the Act and these Rule:
 - (i) Impairment by physical or mental illness, chemical use, or chemical dependency, that affects the applicant's or licensee's ability to practice with reasonable skill and safety;

- (ii) A felony conviction;
- (iii) A misdemeanor conviction when the act that constituted the misdemeanor occurred during the practice of physical therapy;
- (iv) The termination, revocation, or suspension of membership by a state or national physical therapy professional association; and
- (v) A positive drug and/or alcohol screening.

165b-12. Sanctions

(a) Power to issue sanctions.

- (1) The Board shall render the final decision in a contested case and has the authority to assess sanctions against licensees who are found to have violated either the Act or these Rules. Determinations of the appropriate sanction are reserved to the Board and are not to be considered findings of fact or conclusions of law.
- (2) Sanctions should be consistent with those imposed in other similar cases and should reflect the Board's determination of the severity of the violation and the amount required to deter future violations.
- (3) The Board shall defer to the Federation of State Physical Therapy Boards Model Board Action Guidelines to determine sanctions and penalties.

(b) 165b-13. Impaired Practitioner Orders

(a) The purposes of an Impaired Practitioner Order are:

- (1) To provide an incentive to a licensee or applicant to seek early assistance with drug or alcohol related problems or mental or physical conditions that present a potentially dangerous limitation or inability to practice physical therapy with reasonable skill and safety; and
- (2) To protect the public by requiring the impaired licensee or applicant to obtain treatment and/or limit or refrain from the practice of medicine while suffering from an impairment.

(b) Authority to issue Impaired Practitioner Orders.

- (1) The Board may issue an Impaired Practitioner Order for a licensee or applicant, as a prerequisite for issuing a license, for the following reasons:

- (A)The licensee or applicant suffers from an addiction caused by treatment;
- (B)The licensee or applicant self-reported intemperate use of drugs or alcohol as set out in these Rules, and has not previously been the subject of a substance abuse-related order of the Board;
- (C)a court has determined that the licensee or applicant is of unsound mind;
- (D)The licensee or applicant has an impairment as determined by a mental or physical examination; or
- (E)An admission by the licensee or applicant of an illness or a physical or mental condition that limits or prevents the person's practice of medicine with reasonable skill and safety.

(c) Factors to consider.

- (1)In determining whether to recommend an Impaired Practitioner Order to an otherwise eligible licensee or applicant, the Board shall consider all factors it considers relevant to the determination.
- (2)Licensees or applicants otherwise eligible for an Impaired Practitioner Order should provide evidence of the following factors to be considered by the Board prior to the Board proposing an Impaired Practitioner Order:
 - (A)Steps taken to prevent potential future harm to the public that may include a treatment and monitoring plan;
 - (B)Existence of rehabilitative potential;
 - (C)A clinical diagnosis of a physical or mental condition and supporting medical records; and
 - (D)Proof that the licensee or applicant cooperated with Board staff during the course of the investigation.
- (3)If applicable, the Board staff shall present evidence of the following factors to be considered by the Board prior to the board proposing an Impaired Practitioner Order:
 - (A)A licensee or applicant caused patient harm;
 - (B)A licensee or applicant caused economic harm to any individual or entity;

(C)Licensee or applicant has a disciplinary history, including criminal convictions, disciplinary orders with board or other state medical boards, disciplinary actions by other state or federal regulatory agencies, and peer review actions by hospitals or medical societies; and

(D)Licensee or applicant violated other provisions of the Act or these Rules.

(d)Instances requiring good cause.

(1)Absent a showing of good cause by the licensee or applicant, the Board may not grant an Impaired Practitioner Order if any of the following factors exist:

(A)The licensee or applicant has been found guilty, pled guilty, or received deferred adjudication of any felony or misdemeanor related to the intemperate use of drugs or alcohol at issue; or

(B)The licensee or applicant was required to or voluntarily surrendered their drug license(s) or certification(s) issued by the Federal Drug Enforcement Administration, or comparable authority of another state in connection with a criminal investigation related to the intemperate use of drugs or alcohol at issue.

(e)Confidentiality.

(1)Consideration of proposed agreed Impaired Practitioner Orders shall be conducted so as to keep the identity of the licensee or applicant confidential.

(2)Confidentiality may be preserved through one or more of the following:

(A)Confidential informal show compliance proceedings;

(B)Confidential modification and termination requests and proceedings;

(C)Executive sessions by the Board and board committee; and/or;

(D)Redaction of identifying information when such orders are considered in open session.

(3)The Board, Board staff, and agents of the Board will attempt in good faith to ensure that the terms and conditions of an Impaired Practitioner Order remain confidential. However, in order to ensure compliance with an Impaired Practitioner Order, it may be necessary to disrupt the

activities of a licensee or applicant and to contact the licensee or applicant, including but not limited to telephone calls, mail, or unannounced visits to the licensee's or applicant's place of employment or residence.

(4) Upon a determination by the board that licensee or applicant has violated an Impaired Practitioner Order, the Impaired Practitioner Order will become a public document.

(f) Concurrent Public Agreed Order.

(1) The Board may recommend a concurrent Public Agreed Order for a licensee or applicant in addition to, or in lieu of, a confidential Impaired Practitioner Order, for violations of the Act or these Rules.

(g) Any and all costs associated with the Impaired Practitioner Order shall be borne by the licensee.

165b-14. Guidelines for Mental or Physical Condition Determinations

(a) Absent a showing of good cause, a licensee or applicant suffering from a mental condition should provide evidence to the Board, including medical records, of a clinical diagnosis by a physician or mental health care provider of a condition listed under DSM-IV.

(b) Absent a showing of good cause, a licensee or applicant suffering from a physical condition should provide evidence to the Board, including medical records, of a clinical diagnosis by a physician.

(c) A licensee's or applicant's diagnosis shall be considered along with the following additional factors:

(1) Current and past levels of functioning;

(2) Concurrent medical disorders;

(3) Complicating factors such as substance-related disorders;

(4) Compliance with treatments;

(5) Response to treatment;

(6) Prognosis; and

(7) Stage of recovery from the illness.

(d) An informal show compliance proceeding may be ordered and shall be

considered an evidentiary hearing for the purposes of this subsection and in accordance with the Act.

165b-15. Duty to Self-Report Violations

- (a) Each licensee or applicant subject to the Act and these Rules shall be responsible for self-reporting any violations of the Act or these Rules of which they are aware or should be aware.
- (b) Procedure for self-reporting.
 - (1) Self-reports of violations by licensees or applicants shall be made through one or more of the following methods:
 - (A) A hand-written or typed statement submitted to the Board or Board staff by mail, messenger, or hand-delivery, which has been signed by the licensee or applicant and may include responses provided as part of an application for a license or a writing submitted for purposes of licensure renewal; or
 - (B) A hand-written or typed statement submitted to the Board or Board staff by mail, messenger, or hand-delivery which has been signed by an authorized agent of the licensee or applicant with the prior approval of the licensee or applicant.
- (c) Contents of self-report.
 - (1) Prior to the Board considering whether to propose a sanction or penalty, the licensee or applicant shall provide a complete self-report of the violation that includes, but is not limited to, the following information:
 - (A) the approximate dates of the violation;
 - (B) a full description of the violation, including the extent of the violation;
 - (C) if involving substance abuse, the method of ingestion, and all history of substance abuse treatment including approximate dates of treatment and the specific locations where treatment was received.
- (d) Timing of self-report.
 - (1) To be considered a self-report, the notice given to the board by the licensee or applicant must:

(A) be given within sixty (60) days from the last commission of the violation; and

(B) be given prior to the Board receiving a complaint regarding the violation.

165b-16. Complaints

(a) A complainant may initiate a complaint by submitting to the Board, at minimum, the following information concerning the complaint:

(1) The name and contact information of the complainant;

(2) The name of the licensee or applicant against whom the complaint is filed;

(3) The time and place of the alleged violation of the Act or these Rules; and

(4) If applicable, the name and birth date of the patient who the physical therapist has allegedly harmed.

(b) The Board may file a complaint on its own initiative.

(c) The Board shall keep confidential the identity of any non-testifying complainant, as well as the complaint itself.

(d) Each licensee, as well as the peer review committee and all other groups named in the Act, shall report relevant information to the Board relating to the acts of licensees in this Territory if, in their opinion, that licensee's continued practice poses a continuing threat to the public welfare. The report shall include a narrative statement describing the time, date, and place of the acts or omissions on which the report is based, and it shall be made to the Board as soon as possible after the risk is identified and the relevant information can be assembled

(e) Once a complaint has been received by the Board, the Board's staff shall conduct an initial evaluation of the complaint within thirty (30) days.

(f) As part of the initial evaluation of a complaint, the following minimum additional evidence shall be gathered:

(1) The history of the subject licensee collected and maintained by the Board; and

(2) The history of the subject licensee maintained by the National

Practitioner's Data Bank and FSBPT Examination, Licensure, and Disciplinary Database.

- (g) During this initial evaluation period, the Board or its designee may make reasonable efforts to contact the complainant concerning the complaint. The subject licensee may also be given the opportunity to respond to the allegations during the initial evaluation period. If the subject licensee is given this opportunity, the response must be received within the time prescribed by the Board staff. Any additional information received from either the complainant or the subject licensee shall be added to the information maintained on the complaint.
- (h) At the conclusion of the thirty (30) day initial evaluation period, the Board or its designee shall determine whether a complaint is within the jurisdiction of the Board.
 - (1) If a complaint is determined to be outside the jurisdiction of the Board, the complaint may be referred to the government agency determined to have jurisdiction for further investigation, and the complainant shall be notified of this decision.
 - (2) If a complaint is determined to be within the jurisdiction of the Board, the complaint will be filed with the Board for further investigation, and both the complainant and the subject licensee shall be notified of the filing of the complaint.
- (i) After a complaint has been filed, the complaint will be investigated as provided in the Act and these Rules.
- (j) Complaints received based on information and facts that have previously been or currently are being investigated will not warrant additional investigation.
- (k) After sufficient information and evidence has been gathered, a determination will be made as to whether the information and evidence gathered indicate that a violation of the Act or these Rules has occurred.
- (l) If the information and evidence gathered indicate that a violation of the Act or these Rules has occurred, the investigation will be referred for an Informal Show Compliance Proceeding. This hearing must be scheduled to take place not later than one hundred and eighty (180) days after the complaint has been filed, unless good cause is shown for scheduling the meeting after that date. Once the Informal Show Compliance Proceeding is

scheduled, the complaint shall be governed by these Rules.

- (m) If the information and evidence gathered is insufficient to support that a violation of the Act of these Rules has occurred, the investigation will be referred to a disciplinary committee of the Board for further evaluation. If the Board's disciplinary committee determines that there is insufficient evidence to support that a violation of the Act or these Rules has occurred, the case will be recommended to the Board for the dismissal of the complaint. If the Board accepts the disciplinary committee's recommendation, the complaint will be dismissed and a letter shall be sent to the complainant explaining the reason for the dismissal. In the event of dismissal based on insufficient evidence, a letter shall also be sent to the address of record of the subject licensee informing him of the dismissal and any recommendations of the Board that may improve the subject licensee's practice.
- (n) If the complaint is determined to be baseless or unfounded, the complaint shall be dismissed, and a letter shall be sent to the address of record of the subject licensee and complainant informing him or her that the complaint was dismissed due to the fact that it was baseless and unfounded.

165b-17. Appeals

- (a) Following the receipt of a notice of dismissal of a complaint, the filing complainant may appeal the dismissal of his complaint with the Board. Only one appeal shall be allowed for each complaint.
 - (1) To be considered by the Board, the appellant must file a Notice of Appeal in writing with the Board within 60 days of the mailing of the notice of dismissal of the complaint listing the reason(s) therefore.
 - (2) The Notice of Appeal must provide sufficient information to determine that additional review is warranted.
- (b) Appeals warranting additional review shall be considered by a disciplinary committee of the Board. Upon review of an appeal, subject to the approval of the Board, the Board's disciplinary committee may determine any of the following:
 - (1) The investigation should remain closed;
 - (2) Additional information needs to be obtained before a determination on the appeal can be made;

- (3) Additional information needs to be obtained before a determination can be made as to whether a violation of the Act occurred; and
- (4) The case should be referred to an Informal Show Compliance Proceeding for a determination.
- (c) The appellant has the right to personally appear before the Board's disciplinary committee. This appearance must be scheduled by agency staff. This appearance may be limited in time and scope by the chair of the Board's disciplinary committee.
- (d) The appellant shall be notified of the Board's decision concerning the appeal.

165b-18. Investigations

(a) Complaints.

- (1) All complaints, adverse reports, investigation files, investigation reports, and other investigative information received by, gathered by or otherwise in the possession of the Board shall be kept confidential as provided by the Act and these Rules.
- (2) The Board may only disclose information contained in such files under the following circumstances:
 - (A) Upon written request by an appropriate licensing authority in the United States, the District of Columbia, or a territory or country in which the physical therapist is licensed or is applying for licensure;
 - (B) Upon written request by an appropriate law enforcement agency if the information is relevant to an active criminal investigation or if the investigative information indicates a crime may have been committed;
 - (C) Upon written request by a health care entity, if there is a current complaint under active investigation that has been assigned by the Board to a person authorized by the Board to pursue legal action;
 - (D) If deemed necessary during the course of the Board's investigation of a complaint; and
 - (E) When required by law.

(b) Impaired licensees.

- (1) Under the Act and these Rules, an impaired licensee is considered to be one who poses a continuing threat to the public welfare or is unable to practice within his field with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other substance, or as a result of any mental or physical condition.
- (2) Licensees shall report to the Board any licensee known to them to be impaired.
- (3) If probable cause that a licensee is impaired exists, the Board shall require a licensee to submit to a mental and/or physical examination by a physician designated by the Board at the licensee's expense. Probable cause may include, but is not limited to, any one of the following:
 - (A) Sworn statements from at least two (2) people stating that they are willing to testify before the Board that a certain licensee is impaired;
 - (B) A sworn statement from a representative of the Virgin Islands Medical Society stating that the representative is willing to testify before the Board that a certain licensee is impaired;
 - (C) Evidence that a certain licensee left a treatment program for alcohol or chemical dependency before completion of that program;
 - (D) Evidence that a certain licensee is guilty of intemperate use of drugs or alcohol;
 - (E) Evidence that a certain licensee has repeatedly been arrested for intoxication;
 - (F) Evidence that a certain licensee has recurring temporary commitments to a mental institution; or
 - (G) Evidence that the medical records of a certain licensee show illness or condition that results in the inability to function properly in his or her practice.
- (c) Past complaints made against a subject licensee and investigations conducted by the Board concerning the subject licensee may be examined during the course of a new investigation concerning the subject licensee to determine if there is a pattern or practice of behavior on the part of the subject licensee
- (d) Response to Board requests.

- (1) Upon the request by the Board or its representatives, a licensee shall furnish to the Board copies of the licensee's physical therapy records or the original records within thirty (30) calendar days unless an extension is granted by the Board for good cause.
- (2) In addition to the requirements of responding or reporting to the Board under this section, a physical therapist or physical therapist assistant license holder shall respond in writing to all written Board requests for information within ten (10) calendar days of receipt of such request. Failure to respond timely may be grounds for disciplinary action by the Board.

Table 1

Category A Activities:		
Activity Type	CCUs	Documentation
Conferences	As awarded or CEU amount if not applicable	Certificate of completion
Continuing Education Coursework	As awarded or CEU amount if not applicable	Certificate of completion
ABPTS Specialty Certification or Recertification	20	ABPTS issued notification
Residencies/ fellowships	20	Certificate conferred on licensee
Degree Coursework (per semester credit hour)	10	Transcript with grade or completion status posted
APTA Certification for Advanced Proficiency of the PTA	10	APTA issued notification
Practice Review Tool (PRT) – meeting the standard	10	Certificate of completion

Table 2

Category B Activities:		
Activity Type	CCUs	Documentation
Board & Committee Work ≥ 33 hours/year	5	Organizational materials listing participation, responsibilities and activities; written verification of time spent in activity
Board & Committee Work 16 to 32 hours/year	3	
Structured Interactive Activities (e.g. group study)	3	Group attendance records reporting time spent, student group goals, analysis of goal attainment and learning
In-service	1	Attendance verification
Mentorship - mentor or protégé	5	Learning objectives, action plans, documentation of activities, and contact hours
Publication – peer- reviewed	5	Copy of published book chapter or article and resources
Publication – non peer-reviewed	4	
Research	5	Title, abstract, funding agency, grant period documented
Self-Assessment – objective tool of physical therapy knowledge/skills developed	5	Completed self-assessment and a comprehensive learning plan, including development of specific goals and an action plan for meeting those goals. Document progress towards and achievement of goals.
Self-Study – preparation for teaching	3	Presentation advertising materials; topic and objectives; Record of study objectives, activities and time spent meet objectives, analysis of learning outcomes
Self-Study	1	
Clinical Instructorship	3	Verification of the clinical supervision agreement with the student's accredited educational program and a reporting supervision hours

**CERTIFICATION BY THE LIEUTENANT GOVERNOR THAT
REGULATIONS WERE DULY PUBLISHED AND CONFORM TO
FORMATTING REQUIREMENTS**

In my capacity as Lieutenant Governor of the United States Virgin Islands, I have reviewed the foregoing Rules and Regulations from the Office of the Lieutenant Governor, and find them to be in compliance with Title 3, Chapter 25, and the *Amended Rules and Regulations for Filing and Publication of Regulations in the Territory of the United States Virgin Islands* and hereby approve the same in accordance with 3 V.I.C. § 936.

TREGENZA A. ROACH, ESQ.
Lieutenant Governor
United States Virgin Islands

Date

GOVERNOR'S CERTIFICATE OF COMPELLING CIRCUMSTANCES

Pursuant to the authority granted under Section 938 of Title 3 of the Virgin Islands Code, in my capacity as Governor of the United States Virgin Islands, I certify that because of compelling circumstances, including lengthy delays before publication, the public interest requires that the attached *Amended Rules and Regulations for Filing and Publication of Regulations in the Territory of the United States Virgin Islands* become effective immediately on the date noted below.

ALBERT A. BRYAN, JR.
Governor
United States Virgin Islands

Date

GOVERNOR'S APPROVAL & LIEUTENANT GOVERNOR'S ATTEST

Pursuant to the powers vested in me by Section 11 of the Revised Organic Act of 1954, the above *Amended Rules and Regulations for Filing and Publication of Regulations in the Territory of the United States Virgin Islands* of the Office of the Lieutenant Governor, which will be published in a newspaper of general circulation for public comment for at least thirty (30) days after the date of approval noted below.

ALBERT A. BRYAN, JR.
Governor
United States Virgin Islands

Date

Attest:

TREGENZA A. ROACH, ESQ.
Lieutenant Governor

Date

*Rules and Regulations for Physical Therapy in the
Territory of the United States Virgin Islands*

CERTIFICATION OF TRANSMITTAL TO LEGISLATURE

I hereby certify that the above approved *Amended Rules and Regulations for Filing and Publication of Regulations in the Territory of the United States Virgin Islands* from the Office of the Lieutenant Governor were transmitted to the Legislature of the United States Virgin Islands pursuant to 3 V.I.C. § 913(a) on the date noted below.

Governor/Governor's Designee

Date

PUBLIC NOTICE

NOTICE OF THE DEPARTMENT OF HEALTH INTENT TO
CREATE RULES AND REGULATIONS FOR THE VIRGIN
ISLANDS OF THE UNITED STATES PURSUANT TO THE VI
PHYSICAL THERAPY ACT, TITLE 27, CHAPTER 1, SUBCHAPTER
VII AND TITLE 3, SECTIONS 415(B) OF THE VI CODE.

The Department of Health will accept written comments via email or regular mail submitted prior to December 15th, 2022. To submit written comments, send your comments to Ms. Deborah Richardson-Peter via email to: viboardslicensure@gmail.com or via regular mail to: Deborah Richardson-Peter, MPA. Director, Professional Licensure and Health Planning. PO Box 222995, Christiansted, VI 00822-2995.

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