Chapter 246-915 WAC
PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

Last Update: 4/11/25

WAC

246-915-010 Definitions.
246-915-020 Physical therapist and physical therapist assistant examinations—Prior to graduation.
246-915-030 Examination.
246-915-039 Initial eligibility and application requirements.
246-915-040 Licensure by endorsement.
246-915-050 Reactivation of expired credential.
246-915-075 Temporary permit—National background checks.
246-915-076 Temporary practice permit—Military spouse.
246-915-078 Interim permits.
246-915-085 Continuing competency.
246-915-086 Suicide assessment training standards.
246-915-100 Approved physical therapist schools.
246-915-105 Approved physical therapist assistant schools.
246-915-120 Foreign educated applicants.
246-915-130 Initial evaluation—Referral—Recommendations—Follow-up.
246-915-140 Personnel identification.
246-915-180 Professional conduct principles.
246-915-181 Supervision responsibilities.
246-915-182 Unprofessional conduct—Sexual misconduct.
246-915-185 Standards for appropriateness of physical therapy care.
246-915-187 Use of telehealth in the practice of physical therapy.
246-915-190 Division of fees—Rebating—Financial interest—Endorsement.
246-915-200 Physical therapy records.
246-915-210 Mandatory reporting—General provisions.
246-915-300 Philosophy governing voluntary substance abuse monitoring programs.
246-915-310 Terms used in WAC 246-915-300 through 246-915-330.
246-915-320 Approval of substance abuse monitoring programs.
246-915-330 Participation in approved substance abuse monitoring program.
246-915-340 Adjudicative proceedings.
246-915-350 Inactive credential.
246-915-360 Sharp debridement education and training.
246-915-370 Electroneuromyographic examinations education and training.
246-915-381 Spinal manipulation—Endorsement. (Effective July 1, 2020.)
246-915-390 Intramuscular needling—Endorsement.
246-915-990 Physical therapist fees and renewal cycle.
246-915-99005 Physical therapist assistant fees and renewal cycle.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-915-015 Examination appeal procedures. [Statutory Authority: RCW 18.74.023. WSR 92-08-039 (Order 259B), § 246-915-015, filed 3/24/92, effective 4/24/92; WSR 91-05-094 (Order 144B), § 246-915-015, filed 2/20/91, effective 3/23/91.] Repealed by WSR 92-16-082 (Order 294B), filed 8/4/92, effective 9/4/92. Statutory Authority: RCW 18.74.023.

246-915-060 Applications. [Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-060, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). WSR 88-23-014 (Order PM 789), § 308-42-090, filed 11/7/88.] Repealed by WSR 98-05-060, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 43.70.280.

246-915-070 Application due date. [Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-070, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.020. WSR 79-05-035 (Order PL 302), § 308-42-110, filed 4/24/79.] Repealed by WSR 18-15-067, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020.

246-915-080 Renewal of license. [Statutory Authority: RCW 18.74.023. WSR 93-04-081 (Order 328B), § 246-915-080, filed 2/1/93, effective 3/4/93; WSR 91-05-094 (Order 144B), § 246-915-080, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-080, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). WSR 89-21-008, § 308-42-120, filed 10/6/89, effective 11/6/89; WSR 88-23-014 (Order PM 789), § 308-42-120, filed 11/7/88. Statutory Authority: RCW 18.74.023. WSR 84-03-055 (Order PL 455), § 308-42-120, filed 1/18/84. Statutory Authority: RCW 43.24.140. WSR 80-04-057 (Order 337), § 308-42-120, filed 3/24/80.] Repealed by WSR 97-20-103, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.280.

246-915-090 Change of address or name—Notification of department. [Statutory Authority: RCW 18.74.023. WSR 94-05-014 (Order 403B), § 246-915-090, filed 2/4/94, effective 3/7/94; WSR 91-02-011 (Order 103B), recodified as § 246-915-090, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). WSR 89-21-009, § 308-42-121, filed 10/6/89, effective 11/6/89.] Repealed by WSR 97-20-103, filed 9/29/97, effective 10/30/97. Statutory Authority: RCW 43.70.280.

246-915-110 AIDS education and training. [Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-915-110, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. WSR 91-05-094 (Order 144B), § 246-915-110, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-110, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). WSR 88-23-014 (Order PM 789), § 308-42-123, filed 11/7/88.] Repealed by WSR 21-07-021, filed 3/8/21, effective 4/8/21. Statutory Authority: RCW 18.74.023 and 2020 c 76.

246-915-150 Physical therapist assistant and physical therapy aide supervision ratio. [Statutory Authority: RCW 18.74.023. WSR 92-08-039 (Order 259B), § 246-915-150, filed 3/24/92, effec-

tive 4/24/92; WSR 91-05-094 (Order 144B), § 246-915-150, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-150, filed 12/21/90, effective 1/31/91; WSR 85-11-049 (Order PL 531), § 308-42-136, filed 5/16/85.] Repealed by WSR 05-09-046, filed 4/18/05, effective 5/19/05. Statutory Authority: Chapter 18.74 RCW.

246-915-160 Responsibilities of supervision. [Statutory Authority: RCW 18.74.023 (3), (6) and (7). WSR 04-13-052, § 246-915-160, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW 18.74.023. WSR 94-05-014 (Order 403B), § 246-915-160, filed 2/4/94, effective 3/7/94; WSR 91-05-094 (Order 144B), § 246-915-160, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-160, filed 12/21/90, effective 1/31/91; WSR 84-13-057 (Order PL 471), § 308-42-140, filed 6/19/84.] Repealed by WSR 08-17-026, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW 18.74.023.

246-915-170 Special requirements for physical therapist assistant utilization. [Statutory Authority: RCW 18.74.023. WSR 91-05-094 (Order 144B), § 246-915-170, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-170, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). WSR 89-19-007 (Order PM 859), § 308-42-145, filed 9/8/89, effective 10/9/89. Statutory Authority: RCW 18.74.023. WSR 84-17-032 (Order PL 477), § 308-42-145, filed 8/8/84.] Repealed by WSR 05-09-046, filed 4/18/05, effective 5/19/05. Statutory Authority: Chapter 18.74 RCW.

246-915-220 Mandatory reporting—Physical therapists. [Statutory Authority: RCW 18.74.023(3) and 18.130.070. WSR 04-08-100, § 246-915-220, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-220, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 87-18-040 (Order PM 675), § 308-42-220, filed 8/28/87.] Repealed by WSR 18-15-067, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020.

246-915-230 Health care institutions and home health agencies—Mandatory reporting. [Statutory Authority: RCW 18.74.023(3) and 18.130.070. WSR 04-08-100, § 246-915-230, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-230, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 87-18-040 (Order PM 675), § 308-42-230, filed 8/28/87.] Repealed by WSR 18-15-067, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020.

246-915-240 Physical therapy associations or societies—Mandatory reporting. [Statutory Authority: RCW 18.74.023(3) and 18.130.070. WSR 04-08-100, § 246-915-240, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-240, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 87-18-040 (Order PM 675), § 308-42-240, filed 8/28/87.] Repealed by WSR 18-15-067, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020.

246-915-250 Health care service contractors and disability insurance carriers—Mandatory reporting. [Statutory Authority: RCW 18.74.023(3) and 18.130.070. WSR 04-08-100, § 246-915-250, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-250, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 87-18-040 (Order PM 675), § 308-42-250, filed 8/28/87.] Repealed by WSR 18-15-067, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020.

246-915-260 Professional liability carriers—Mandatory reporting. [Statutory Authority: RCW 18.74.023(3) and 18.130.070. WSR 04-08-100, § 246-915-260, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-260, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 87-18-040 (Order PM 675), § 308-42-260, filed 8/28/87.] Repealed by WSR 18-15-067, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020.

246-915-270 Courts—Mandatory reporting. [Statutory Authority: RCW 18.74.023(3) and 18.130.070. WSR 04-08-100, § 246-915-270, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-270, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 87-18-040 (Order PM 675), § 308-42-270, filed 8/28/87.] Repealed by WSR 18-15-067, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020.

246-915-280 State and federal agencies—Mandatory reporting. [Statutory Authority: RCW 18.74.023(3) and 18.130.070. WSR 04-08-100, § 246-915-280, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. WSR 91-02-011 (Order 103B), recodified as § 246-915-280, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 87-18-040 (Order PM 675), § 308-42-280, filed 8/28/87.] Repealed by WSR 18-15-067, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020.

246-915-380 Spinal manipulation—Endorsement. (Effective July 1, 2015, until June 30, 2020.) [Statutory Authority: RCW 18.74.023 and 43.70.442. WSR 15-14-093, § 246-915-380, filed 6/29/15, effective 7/1/15.] Repealed by WSR 20-22-012, filed 10/22/20, effective 11/22/20. Statutory Authority: RCW 18.74.023 and 18.74.190.

246-915-382 Spinal manipulation—Clinical supervisor. (Effective July 1, 2015, until June 30, 2020.) [Statutory Authority: RCW 18.74.023 and 43.70.442. WSR 15-14-093, § 246-915-382, filed 6/29/15, effective 7/1/15.] Repealed by WSR 20-22-012, filed 10/22/20, effective 11/22/20. Statutory Authority: RCW 18.74.023 and 18.74.190.

246-915-995 Waiver of examination—Physical therapist assistants. [Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-995, filed 8/13/08, effective 8/13/08.] Repealed by WSR 15-06-013, filed 2/23/15, effective 3/26/15. Statutory Authority: RCW 18.74.023 and 18.74.038.

WAC 246-915-010 Definitions. The definitions in this section apply throughout this chapter unless the context indicates otherwise:

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

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

(3) "Close supervision" means that the supervisor has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervisor is continuously on-site and physically present in the operatory while the procedures are performed and capable of responding immediately in the event of an emergency.

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

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

(6) "Direct supervision" means the supervisor shall:

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

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

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

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

(8) "NPTE" means the National Physical Therapy Examination.

(9) "Other assistive personnel" means other trained or educated health care personnel, not defined in subsection (13)(a) or (b) of this section, who perform specific designated tasks that are related to physical therapy and within their license, scope of practice, or formal education, under the supervision of a physical therapist including, but not limited to, licensed massage therapists, licensed athletic trainers, and exercise physiologists. At the direction of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, other assistive personnel may be identified by the title specific to their license, training or education.

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

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

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

(13) "Trained supportive personnel" means:

(a) "Physical therapist assistant" means a person who meets all the requirements of this chapter and is licensed as a physical therapist assistant and who performs physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist; or

(b) "Physical therapy aide" means an unlicensed person who receives ongoing on-the-job training and assists a physical therapist or

physical therapist assistant in providing physical therapy patient care and who does not meet the definition of a physical therapist, physical therapist assistant, or other assistive personnel. A physical therapy aide may directly assist in the implementation of therapeutic interventions, but may not alter or modify the plan of therapeutic interventions and may not perform any procedure or task which only a physical therapist may perform under this chapter.

[Statutory Authority: RCW 18.74.023, chapter 18.74 RCW and 2018 c 222. WSR 20-06-029, § 246-915-010, filed 2/26/20, effective 3/28/20. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-010, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-010, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW 18.74.023 (3), (6) and (7). WSR 04-13-052, § 246-915-010, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-915-010, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. WSR 92-08-039 (Order 259B), § 246-915-010, filed 3/24/92, effective 4/24/92; WSR 91-05-094 (Order 144B), § 246-915-010, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-010, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). WSR 89-21-007, § 308-42-010, filed 10/6/89, effective 11/6/89; WSR 88-23-014 (Order PM 789), § 308-42-010, filed 11/7/88. Statutory Authority: RCW 18.74.023. WSR 84-13-057 (Order PL 471), § 308-42-010, filed 6/19/84; Order PL 191, § 308-42-010, filed 5/29/75; Order 704207, § 308-42-010, filed 8/7/70, effective 9/15/70.]

WAC 246-915-020 Physical therapist and physical therapist assistant examinations—Prior to graduation. (1) Physical therapy students in their last year of education may apply for licensure by examination prior to graduation if the department receives a letter from an official of the student's physical therapy school verifying the probability of graduation prior to the date of the examination for which they are applying. Students may apply to take the exam up to one hundred fifty days prior to graduation.

(2) The department will not issue a credential until:

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-020, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-020, filed 8/13/08, effective 8/13/08; WSR 93-04-081 (Order 328B), § 246-915-020, filed 2/1/93, effective 3/4/93; WSR 91-02-011 (Order 103B), recodified as § 246-915-020, filed 12/21/90, effective 1/31/91; WSR 87-08-065 (Order PM 644), § 308-42-040, filed 4/1/87; WSR 84-03-055 (Order PL 455), § 308-42-040, filed 1/18/84. Statutory Authority: RCW 18.74.020. WSR 83-05-032 (Order PL 426), § 308-42-040, filed 2/10/83; WSR 79-05-035 (Order PL 302), § 308-42-040, filed 4/24/79; Order PL 191, § 308-42-040, filed 5/29/75; Order 704207, § 308-42-040, filed 8/7/70, effective 9/15/70.]

WAC 246-915-030 Examination. The examination acceptable and approved for use under the provisions of RCW 18.74.035 is the NPTE.

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

(a) Beginning November 8, 1995, the criterion referenced passing point shall be set to equal a scaled score of 600 based on a scale ranging from 200 to 800.

(b) Beginning February 28, 1991, through July 12, 1995, not less than 68 percent of the raw score.

(c) Prior to February 28, 1991, not less than 60 percent raw score on each of the three examination parts.

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

(a) Beginning November 8, 1995, the criterion referenced passing point shall be set to equal a scaled score of 600 based on a scale ranging from 200 to 800.

(b) Prior to November 8, 1995, a passing score is answering correctly 70 percent of the total number of questions.

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

(4) An applicant may take the NPTE a maximum of six times, except that applicants who receive two very low scores on the exam will not be allowed to test again. A very low score is defined as performing at or below chance level (scale score 400 and below).

[Statutory Authority: RCW 18.74.023, 18.130,077, and 2023 c 425. WSR 25-09-054, s 246-915-030, filed 4/11/25, effective 12/31/25. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-030, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-030, filed 8/13/08, effective 8/13/08; WSR 96-13-008, § 246-915-030, filed 6/6/96, effective 6/7/96; WSR 92-16-082 (Order 294B), § 246-915-030, filed 8/4/92, effective 9/4/92; WSR 91-14-006 (Order 178B), § 246-915-030, filed 6/21/91, effective 7/22/91; WSR 91-05-094 (Order 144B), § 246-915-030, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-030, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW. WSR 90-16-070 (Order 074), § 308-42-045, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023. WSR 86-19-063 (Order PM 619), § 308-42-045, filed 9/16/86; WSR 84-17-032 (Order PL 477), § 308-42-045, filed 8/8/84. Statutory Authority: RCW 18.74.020. WSR 83-05-032 (Order PL 426), § 308-42-045, filed 2/10/83; WSR 81-19-071 (Order PL 384), § 308-42-045, filed 9/15/81; Order PL 191, § 308-42-045, filed 5/29/75.]

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

(a) A completed application;

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

(c) An official transcript from CAPTE; and

(d) Verification of passing NPTE scores.

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

(a) A completed application;

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

(c) An official transcript from CAPTE; and

(d) Verification of passing NPTE scores.

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-039, filed 7/17/18, effective 8/17/18.]

WAC 246-915-040 Licensure by endorsement. (1) A physical therapist or physical therapist assistant applicant who has been licensed for two years or longer may qualify for licensure by endorsement providing the applicant meets the requirements in RCW 18.130.077 (1) and (3). A physical therapist or physical therapist assistant who applies for licensure by endorsement shall submit:

(a) A completed application on forms provided by the department;

(b) The application fee required under WAC 246-915-990 or 246-915-99005; and

(c) Proof of licensure under the laws of another state that the board has deemed to have substantially equivalent licensure requirements.

(2) A physical therapist or physical therapist assistant applicant who has been actively licensed for less than two years in a state that the board has deemed to have substantially equivalent licensure requirements may qualify for licensure by endorsement providing the applicant:

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

(b) Has not been subject to disciplinary action for unprofessional conduct or impairment in any jurisdiction during the time of licensure including the pendency of their application;

(c) Is not under investigation or subject to charges in any jurisdiction during the pendency of their application;

(d) Has no interruption in licensure lasting longer than 90 days;

(e) Submits the following to the department:

(i) A completed application on forms provided by the department;

(ii) Proof of active licensure under the laws of another jurisdiction that the board has deemed to have substantially equivalent licensure requirements;

(iii) A signed attestation verifying the applicant graduated from a board approved school as described in WAC 246-915-100 or 246-915-105;

(iv) A signed attestation verifying the applicant took and passed the National Physical Therapy Examination;

(v) An employer verification form signed by their employer attesting that the applicant has been actively engaged in lawful practice in the state where the applicant is licensed for at least 200 hours within the last two years immediately preceding an application; and

(vi) The application fee required under WAC 246-915-990 or 246-915-99005.

(3) An applicant who does not meet the requirements of this section shall follow the requirements under WAC 246-915-030, and either WAC 246-915-100 or 246-915-105, and follow the initial eligibility and application procedure under WAC 246-915-039.

[Statutory Authority: RCW 18.74.023, 18.130,077, and 2023 c 425. WSR 25-09-054, s 246-915-040, filed 4/11/25, effective 12/31/25. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-040, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 05-06-022, § 246-915-040, filed 2/22/05, effective 3/25/05; WSR 94-05-014 (Order 403B), § 246-915-040, filed 2/4/94, effective 3/7/94; WSR 91-05-094 (Order 144B), § 246-915-040, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-040, filed 12/21/90, effective 1/31/91. Statutory Authority: Chapter 18.74 RCW. WSR 90-16-070 (Order 074), § 308-42-060, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.74.023. WSR 86-19-063 (Order PM 619), § 308-42-060, filed 9/16/86; WSR 84-17-032 (Order PL 477), § 308-42-060, filed 8/8/84. Statutory Authority: RCW 18.74.020. WSR 83-05-032 (Order PL 426), § 308-42-060, filed 2/10/83; WSR 81-19-071 (Order PL 384), § 308-42-060, filed 9/15/81; Order PL 191, § 308-42-060, filed 5/29/75; Order 704207, § 308-42-060, filed 8/7/70, effective 9/15/70.]

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

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

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

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

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

(3) If the license has expired for more than one renewal cycle but less than five years, and the applicant has not been in active practice in another United States jurisdiction, the applicant shall meet the applicable requirements of chapter 246-12 WAC, Part 2.

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-050, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 05-03-009, § 246-915-050, filed 1/6/05, effective 2/6/05. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-915-050, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. WSR 94-05-014 (Order 403B), § 246-915-050, filed 2/4/94, effective 3/7/94; WSR 91-05-094 (Order 144B), § 246-915-050, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-050, filed 12/21/90, effective 1/31/91; WSR 84-03-055 (Order PL 455), § 308-42-070, filed 1/18/84. Statutory Authority: RCW 18.74.020. WSR 83-05-032 (Order PL 426), § 308-42-070, filed 2/10/83.]

WAC 246-915-075 Temporary permit—National background checks. Fingerprint-based background checks may cause a delay in licensing. Individuals who satisfy all other licensing requirements and qualifications may receive a temporary permit while the national background check is completed.

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

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

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

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

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

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

(a) The license is granted;

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

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

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

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

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

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-075, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-075, filed 8/13/08, effective 8/13/08; WSR 92-16-082 (Order 294B), § 246-915-075, filed 8/4/92, effective 9/4/92.]

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-076, filed 7/17/18, effective 8/17/18.]

WAC 246-915-078 Interim permits. (1) The department, upon approval by the board, will issue an interim permit authorizing an applicant for licensure who meets the minimum qualifications stated in RCW 18.74.030 to practice physical therapy under graduate supervision pending notification of the results of the first licensure examination for which the applicant is eligible. The duration of an interim permit must not exceed six months from the date of issuance.

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

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

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

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

(b) A completed physical therapist or physical therapist assistant license application; and

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

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

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

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

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

(i) Remain on the premises at all times to provide graduate supervision as specified in RCW 18.74.075;

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

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

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-078, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-078, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW 18.74.023 (3), (6) and (7). WSR 04-13-052, § 246-915-078, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW 18.74.023. WSR 94-05-014 (Order 403B), § 246-915-078, filed 2/4/94, effective 3/7/94.]

WAC 246-915-085 Continuing competency. (1) Every two years, a physical therapist (PT) shall complete 32 hours of continuing education (CE) through any of the following means:

	CE Type	Maximum Hours Allowed	Documentation Requirements
a.	Participation in a course, live or online, including recorded.	No limit	Keep certificates of completion for each course, and, if not contained in the certificate of completion, information describing the course sponsors, the goals and objectives of the course, the credentials of the presenter as a recognized authority on the subject presented, dates of attendance, and total hours for all continuing education courses being reported.
b.	Live or recorded instructional electronic media relating to the practice of physical therapy that does not include specific goals and objectives.	Four hours	Instead of course goals, objectives and certificate of completion, the PT shall write and submit to the department a minimum of two takeaways for each hour of running time.
c.	Books or articles reviewed.	Eight hours (reading time only)	The PT shall write and submit to the department a one-page synopsis in 12-point font for each hour of reading time. The time spent writing a synopsis is not reportable.
d.	Preparation and presentation of professional physical therapy courses or lectures.	16 hours	The PT shall submit to the department a description and objectives of the presentation, date, and location of presentation.
e.	Written preparation and publication of original scholarly research or work published in a peer-review journal.	10 hours	The PT shall submit to the department proof of publication which may include poster presentations.
f.	Clinical instruction of physical therapy students enrolled in a physical therapy educational program accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education (CAPTE) or clinical instruction in a postgraduate residency or fellowship through the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).	10 hours	The PT shall obtain and submit to the department a letter or certificate from the student's academic institution verifying that the student has completed the course of clinical instruction. Each 32 hours of student mentorship equals one hour for purposes of CE credit.
g.	Courses required for professional certification such as to work in public schools.	15 hours	The PT shall submit a copy of the completion certificate to the department.
h.	Courses provided by an accredited institution of higher education which may include, but are not limited to, courses leading to an advanced degree in physical therapy or other courses that advance the PT's competence.	No limit	The PT shall submit a transcript to the department verifying courses taken. One quarter credit is equal to 10 hours; one trimester is equal to 12 hours; and one semester credit is equal to 15 hours.
i.	Attendance at science-based conferences.	No limit	Certificate of attendance.
j.	Preparing for and successfully taking and passing board certification exams through the American Board of Physical Therapy Specialties.	No limit	Certificate of certification.
k.	Passing the Washington state jurisprudence examination.	One hour	Certificate of completion.

(2) Every two years a physical therapist who holds a spinal manipulation endorsement shall complete at least 10 hours of continuing education directly related to spinal manipulation with at least five hours related to procedural techniques and application of spinal manipulation. For documentation, refer to the documentation required for the particular type of continuing education chosen. The hours spent completing spinal manipulation continuing education count toward meeting any applicable continuing competency requirements.

(3) Every two years, a physical therapist assistant (PTA) shall complete 24 hours of continuing education through any of the following means:

	CE Type	Hours Allowed	Documentation Requirements
a.	Participation in a course, live or online, including recorded.	No limit	Keep certificates of completion for each course, and, if not contained in the certificate of completion, information describing the course sponsors, the goals and objectives of the course, the credentials of the presenter as a recognized authority on the subject presented, dates of attendance, and total hours for all continuing education courses being reported.
b.	Live or recorded instructional electronic media relating to the practice of physical therapy that does not include specific goals and objectives.	Four hours	Instead of course goals, objectives and certificate of completion, the PTA shall submit to the department a minimum of two takeaways for each hour of running time.
c.	Books or articles reviewed.	Eight hours (reading time only)	The PTA shall write and submit a one-page synopsis in 12-point font for each hour of reading time. The time spent writing a synopsis is not reportable.
d.	Preparation and presentation of professional physical therapy courses or lectures.	16 hours	The PTA shall submit to the department a description and objectives of the presentation, date, and location of presentation.
e.	Written preparation and publication of original scholarly research or work published in a peer-review journal.	10 hours	The PTA shall submit proof of publication which may include poster presentations.
f.	Clinical instruction of physical therapist assistant students enrolled in a physical therapy assistant program accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education (CAPTE) or clinical instruction in a postgraduate residency or fellowship through the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).	10 hours	The PTA shall obtain and submit to the department a letter or certificate from the student's academic institution verifying that the student has completed the course of clinical instruction. Each 32 hours of student mentorship equals one hour for purposes of CE credit.
g.	Courses required for professional certification such as to work in public schools.	15 hours	The PTA shall submit a copy of the completion certificate.
h.	Courses provided by an accredited institution of higher education which may include, but are not limited to, courses leading to an advanced degree in physical therapy or other courses that advance the PTA's competence.	No limit	The PTA shall submit a transcript verifying courses taken. One quarter credit is equal to 10 hours; one trimester credit is equal to 12 hours; and one semester credit is equal to 15 hours.
i.	Attendance at science-based conferences.	No limit	Certificate of attendance.
j.	Preparing for and successfully taking and passing board certification exams through the American Board of Physical Therapy Specialties.	No limit	Certificate of certification.
k.	Passing the Washington state jurisprudence examination.	One hour	Certificate of completion.

(4) Every two years, each physical therapist and physical therapist assistant shall complete two hours of health equity continuing competency training as described in WAC 246-12-800 through 246-12-830. For documentation, refer to the documentation required for the particular type of continuing education chosen. The hours spent completing health equity training continuing education count toward meeting any applicable continuing competency requirements.

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

(6) Each physical therapist and physical therapist assistant shall take and pass the Washington state jurisprudence examination within their first full continuing education cycle after initial licensure. Fulfilling this requirement will count as one hour towards the physical therapist or physical therapist assistant's CE requirements.

(7) Every two years, each physical therapist and physical therapist assistant shall complete 200 hours involving the application of physical therapy knowledge and skills which may be obtained in the clinical practice of physical therapy or in the nonclinical activities which include, but are not limited to, the following:

	Clinical Activities	Hours Allowed	Documentation
a.	Physical therapy clinical practice.	No limit	Documentation of physical therapy employment, the PT or PTA shall provide copies of employment records or other proof acceptable to the board of employment for the hours being reported.

	Nonclinical Activities	Hours Allowed (within the 200 hours required)	Documentation
b.	Physical therapy teaching of: • Patient/client management, prevention and wellness. • Physical therapy ethics and standards of practice. • Professional advocacy/involvement.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
c.	Active service on boards or participation in professional or government organizations, or attendance at professional or government organizations meetings specifically related to the practice of physical therapy.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
d.	Developing course work in physical therapy schools or education programs or physical therapy continuing education courses.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
e.	Physical therapy research as a principal or associate researcher.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
f.	Physical therapy consulting.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
g.	Management of physical therapy services.	No limit	The PT or PTA shall provide documentation of such activities as acceptable to the board.
h.	Physical therapy volunteer hours or observation in physical therapy practice.	No limit	The PT or PTA shall provide documentation verifying volunteer or observation hours.

[Statutory Authority: RCW 18.74.023, 18.130,077, and 2023 c 425. WSR 25-09-054, s 246-915-085, filed 4/11/25, effective 12/31/25. Statutory Authority: RCW 18.74.023 and 43.70.613. WSR 23-21-075, § 246-915-085, filed 10/13/23, effective 11/13/23. Statutory Authority: RCW 18.74.023. WSR 21-20-009, § 246-915-085, filed 9/23/21, effective 10/24/21. Statutory Authority: RCW 18.74.023, chapter 18.74 RCW and 2018 c 222. WSR 20-06-029, § 246-915-085, filed 2/26/20, effective 3/28/20. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-085, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and 43.70.442. WSR 15-14-093, § 246-915-085, filed 6/29/15, effective 7/1/15. Statutory

Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-085, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW 18.74.023(4). WSR 04-08-101, § 246-915-085, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-915-085, filed 2/13/98, effective 3/16/98. Statutory Authority: RCW 18.74.023. WSR 94-05-014 (Order 403B), § 246-915-085, filed 2/4/94, effective 3/7/94.]

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

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

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

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-086, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and 43.70.442. WSR 15-14-093, § 246-915-086, filed 6/29/15, effective 7/1/15.]

WAC 246-915-100 Approved physical therapist schools. The board adopts the standards of the CAPTE for the approval of physical therapy schools. Individuals who have a baccalaureate degree in physical therapy or who have a baccalaureate degree and a certificate or advanced degree from an institution of higher learning accredited by the CAPTE or a United States military physical therapy technician program that is substantially equivalent to an accredited United States physical therapist program accredited by the CAPTE will be considered qualified for licensure under RCW 18.74.030.

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-100, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 05-06-020, § 246-915-100, filed 2/22/05, effective 3/25/05; WSR 91-02-011 (Order 103B), recodified as § 246-915-100, filed 12/21/90, effective 1/31/91; WSR 85-10-002 (Order PL 525), § 308-42-122, filed 4/18/85.]

WAC 246-915-105 Approved physical therapist assistant schools. A board approved physical therapist assistant program shall mean a United States physical therapist assistant education program accredited by the CAPTE or a United States military physical therapy technician program that is substantially equivalent to an accredited United States physical therapist assistant program. This program must be accredited by the CAPTE.

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-105, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 05-06-021, § 246-915-105, filed 2/22/05, effective 3/25/05.]

WAC 246-915-120 Foreign educated applicants. (1) An applicant whose professional degree in physical therapy was awarded from a foreign physical therapy program that is not or was not accredited by the CAPTE shall submit:

(a) A completed application on forms provided by the department;

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

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

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

(c) Evidence of English language proficiency:

(i) Verification that English is the native language of the country of origin of the applicant; or

(ii) Verification the physical therapy program the applicant completed employs English as the language of training; or

(iii) Verification that the applicant has achieved a score of not less than 560 on the paper Test of English as a Foreign Language (TOEFL) or a score of not less than 220 on the computer Test of English as a Foreign Language (TOEFL), a score of not less than 50 on the Test of Spoken English (TSE) and a score of not less than four and one-half on the Test of Written English (TWE); or

(iv) Verification that the applicant has achieved an overall score of not less than 89, and the following minimum scores for each category of the internet-based TOEFL (ibTOEFL) examination: Writing, 22; speaking, 24; reading, 22; listening, 21.

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

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

(f) Passing scores for the National Physical Therapy Examination (NPTE) as described in WAC 246-915-030;

(g) The application fee required under WAC 246-915-990; and

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

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

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

(4) The board may allow applicants to correct general education and professional education course work deficiencies by:

(a) Completing course work preapproved by the board. To obtain course work preapproval, the applicant shall submit a written request along with the course description/syllabus for the proposed course; or

(b) Obtaining a new passing education evaluation from a board-approved credentials evaluation agency after correcting deficiencies as recommended by the credentialing agency. The report must be sent directly from the credentialing agency to the board; and

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

[Statutory Authority: RCW 18.74.023, 18.130,077, and 2023 c 425. WSR 25-09-054, s 246-915-120, filed 4/11/25, effective 12/31/25. Statutory Authority: RCW 18.74.023. WSR 23-16-125, § 246-915-120, filed 8/1/23, effective 9/1/23; WSR 22-10-016, § 246-915-120, filed 4/25/22, effective 5/26/22. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-120, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-120, filed 8/13/08, effective 8/13/08; WSR 07-07-066, § 246-915-120, filed 3/15/07, effective 4/15/07; WSR 94-05-014 (Order 403B), § 246-915-120, filed 2/4/94, effective 3/7/94; WSR 93-04-081 (Order 328B), § 246-915-120, filed 2/1/93, effective 3/4/93; WSR 92-08-039 (Order 259B), § 246-915-120, filed 3/24/92, effective 4/24/92; WSR 91-02-011 (Order 103B), recodified as § 246-915-120, filed 12/21/90, effective 1/31/91; WSR 84-13-057 (Order PL 471), § 308-42-125, filed 6/19/84.]

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

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

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

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-130, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 91-05-094 (Order 144B), § 246-915-130, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-130, filed 12/21/90, effective 1/31/91; WSR 84-13-057 (Order PL 471), § 308-42-130, filed 6/19/84.]

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

implies that he or she is licensed as a physical therapist or physical therapist assistant in the state of Washington.

(2) The physical therapist or physical therapist assistant shall post the license or interim permit, or a copy of the license or interim permit, or a printout from the department's provider credential search website, in a safe, conspicuous location at the physical therapist's or physical therapist assistant's work site. The physical therapist or physical therapist assistant may block out his or her address before posting the license or interim permit.

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-140, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 (3), (6) and (7). WSR 04-13-052, § 246-915-140, filed 6/11/04, effective 7/12/04. Statutory Authority: RCW 18.74.023. WSR 94-05-014 (Order 403B), § 246-915-140, filed 2/4/94, effective 3/7/94; WSR 91-05-094 (Order 144B), § 246-915-140, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-140, filed 12/21/90, effective 1/31/91; WSR 84-17-032 (Order PL 477), § 308-42-135, filed 8/8/84.]

WAC 246-915-180 Professional conduct principles. (1) The patient's lawful consent is to be obtained before any information related to the patient is released, except to the consulting or referring authorized health care practitioner or an authorized governmental agency(s).

(a) Physical therapists are responsible for answering legitimate inquiries regarding a patient's physical dysfunction and treatment progress, and

(b) Information is to be provided by physical therapists and physical therapist assistants to insurance companies for billing purposes only.

(2) Physical therapists and physical therapist assistants are not to compensate or to give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity in a news item. A paid advertisement is to be identified as such unless it is apparent from the context it is a paid advertisement.

(3) It is the physical therapist's and physical therapist assistant's responsibility to report any unprofessional, incompetent or illegal acts that are in violation of chapter 18.74 RCW or any rules established by the board.

(4) It is the physical therapist's and physical therapist assistant's responsibility to recognize the boundaries of his or her own professional competencies and that he or she uses only those in which he or she can prove training and experience.

(5) Physical therapists and physical therapist assistants shall recognize the need for continuing education and shall be open to new procedures and changes.

(6) It is the physical therapist's and physical therapist assistant's responsibility to represent his or her academic credentials in a way that is not misleading to the public.

(7) It is the responsibility of the physical therapist and physical therapist assistant to refrain from undertaking any activity in which his or her personal problems are likely to lead to inadequate performance or harm to a client or colleague.

(8) A physical therapist and physical therapist assistant shall not use or allow to be used any form of public communication or advertising connected with his or her profession or in his or her professional capacity as a physical therapist which:

(a) Is false, fraudulent, deceptive, or misleading;

(b) Guarantees any treatment or result; or

(c) Makes claims of professional superiority.

(9) Physical therapists and physical therapist assistants are to recognize that each individual is different from all other individuals and to be tolerant of and responsive to those differences.

(10) Physical therapists shall not receive reimbursement for evaluating or treating him or herself.

(11) Physical therapists shall only delegate physical therapy tasks to trained supportive personnel as defined in WAC 246-915-010 (13)(a) and (b).

[Statutory Authority: RCW 18.74.023, chapter 18.74 RCW and 2018 c 222. WSR 20-06-029, § 246-915-180, filed 2/26/20, effective 3/28/20. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-180, filed 8/13/08, effective 8/13/08; WSR 05-06-023, § 246-915-180, filed 2/22/05, effective 3/25/05; WSR 92-08-039 (Order 259B), § 246-915-180, filed 3/24/92, effective 4/24/92; WSR 91-05-094 (Order 144B), § 246-915-180, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-180, filed 12/21/90, effective 1/31/91; WSR 84-13-057 (Order PL 471), § 308-42-150, filed 6/19/84.]

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

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

(a) Interpretation of referrals;

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

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

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

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

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

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

(h) Establishment of a discharge plan.

(2) If patient care given by the physical therapist assistant, or other assistive personnel, supervision by the physical therapist requires that the patient reevaluation is performed:

(a) The later of every fifth visit or every thirty days if a physical therapist has not treated the patient for any of the five visits or within the thirty days;

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

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

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

(5) Supervision of assistive personnel means:

(a) Physical therapist assistants may function under direct or indirect supervision;

(b) Physical therapy aides shall function under direct supervision at all times. Other assistive personnel must function under direct supervision when treating a patient under a physical therapy plan of care;

(c)(i) Except as provided in (c)(ii) of this subsection, at any one time, the physical therapist may supervise up to a total of three assistive personnel, who may be physical therapist assistants, other assistive personnel, or physical therapy aides. If the physical therapist is supervising the maximum of three assistive personnel at any one time, no more than one of the assistive personnel may be a physical therapy aide. The physical therapist has the sole discretion, based on the physical therapist's clinical judgment, to determine whether to utilize assistive personnel to provide services to the patient;

(ii) A physical therapist working in a nursing home as defined in RCW 18.51.010 or in the public schools as defined in RCW 28A.150.010, may supervise a total of only two assistive personnel at any one time;

(iii) In addition to the assistive personnel authorized in (c)(i) and (ii) of this subsection, the physical therapist may supervise a total of two persons who are pursuing a course of study leading to a degree as a physical therapist or a physical therapist assistant.

[Statutory Authority: RCW 18.74.023, chapter 18.74 RCW and 2018 c 222. WSR 20-06-029, § 246-915-181, filed 2/26/20, effective 3/28/20. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-181, filed 7/17/18, effective 8/17/18.]

WAC 246-915-182 Unprofessional conduct—Sexual misconduct. (1) A physical therapist or a physical therapist assistant shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, as defined in WAC 246-16-020, inside or outside the health care setting. Sexual misconduct shall constitute grounds for disciplinary action. Sexual misconduct includes, but is not limited to:

(a) Sexual intercourse;

(b) Touching the breasts, genitals, anus or any sexualized body part except as consistent with accepted community standards of practice for examination, diagnosis and treatment and within the health care practitioner's scope of practice;

(c) Rubbing against a patient or client or key party for sexual gratification;

(d) Kissing;

(e) Hugging, touching, fondling or caressing of a romantic or sexual nature;

(f) Examination of or touching genitals without using gloves;

(g) Not allowing a patient or client privacy to dress or undress except as may be necessary in emergencies or custodial situations;

(h) Not providing the patient or client a gown or draping except as may be necessary in emergencies;

(i) Dressing or undressing in the presence of the patient, client or key party;

(j) Removing patient or client's clothing or gown or draping without consent, emergent medical necessity, or being in a custodial setting;

(k) Encouraging masturbation or other sex act in the presence of the health care provider;

(l) Masturbation or other sex act by the physical therapist or physical therapist assistant in the presence of the patient, client or key party;

(m) Suggesting or discussing the possibility of a dating, sexual, or romantic relationship after the professional relationship ends;

(n) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;

(o) Soliciting a date with a patient, client, or key party;

(p) Discussing the sexual history, preferences or fantasies of the physical therapist or physical therapist assistant;

(q) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;

(r) Making statements regarding the patient, client, or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;

(s) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client, or key party;

(t) Photographing or filming the body or any body part or pose of a patient, client, or key party, other than for legitimate health care purposes; and

(u) Showing a patient, client, or key party sexually explicit photographs, other than for legitimate health care purposes.

(2) Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent, or a conviction of a sex offense as defined in RCW 9.94A.030.

(3) A physical therapist or physical therapist assistant shall not:

(a) Offer to provide health care services in exchange for sexual favors;

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

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

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

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

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

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

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

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

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

(c) Duration of the provider-patient relationship;

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

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

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

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

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

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

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

(8) These rules do not prohibit:

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

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-182, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-182, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW 18.74.023(3), 18.74.025, 18.130.050(1), and 18.130.180(24). WSR 04-08-102, § 246-915-182, filed 4/6/04, effective 5/7/04.]

WAC 246-915-185 Standards for appropriateness of physical therapy care. (1) Appropriate, skilled physical therapy treatment is treatment which is reasonable in terms of accepted physical therapy practice, and necessary to recovery of function by the patient. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.

(2) Appropriate physical therapy services must be of such a level of complexity and sophistication, or the condition of the patient must be such, that the services required can be safely and effectively performed only by a physical therapist or physical therapist assistant under supervision of a physical therapist.

[Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-185, filed 8/13/08, effective 8/13/08; WSR 92-08-039 (Order 259B), § 246-915-185, filed 3/24/92, effective 4/24/92.]

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

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

(3) For the purposes of this section:

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-187, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023 and 18.74.025. WSR 11-05-026, § 246-915-187, filed 2/7/11, effective 3/10/11.]

WAC 246-915-190 Division of fees—Rebating—Financial interest—Endorsement. A physical therapist or physical therapist assistant shall comply with chapter 19.68 RCW.

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-190, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-190, filed 8/13/08, effective 8/13/08; WSR 91-02-011 (Order 103B), recodified as § 246-915-190, filed 12/21/90, effective 1/31/91; WSR 84-13-057 (Order PL 471), § 308-42-155, filed 6/19/84.]

WAC 246-915-200 Physical therapy records. In order to maintain the integrity of physical therapy practice, the physical therapist is

responsible for obtaining all necessary information, such as medical history, contraindications, or any special instructions from an authorized health care practitioner. The evaluation and treatment plan must be written according to acceptable physical therapy practice consistent with the delegated health care task. Records must be maintained and include date of treatment, treatment record, and signature of person responsible for the treatment.

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-200, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 92-08-039 (Order 259B), § 246-915-200, filed 3/24/92, effective 4/24/92; WSR 91-02-011 (Order 103B), recodified as § 246-915-200, filed 12/21/90, effective 1/31/91; WSR 84-17-032 (Order PL 477), § 308-42-160, filed 8/8/84.]

WAC 246-915-210 Mandatory reporting—General provisions. The board adopts the model rules for mandatory reporting as contained in chapter 246-16 WAC.

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-210, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023(3) and 18.130.070. WSR 04-08-100, § 246-915-210, filed 4/6/04, effective 5/7/04. Statutory Authority: RCW 18.74.023. WSR 91-05-094 (Order 144B), § 246-915-210, filed 2/20/91, effective 3/23/91; WSR 91-02-011 (Order 103B), recodified as § 246-915-210, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. WSR 87-18-040 (Order PM 675), § 308-42-210, filed 8/28/87.]

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-300, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-300, filed 8/13/08, effective 8/13/08; WSR 91-14-006 (Order 178B), § 246-915-300, filed 6/21/91, effective 7/22/91.]

WAC 246-915-310 Terms used in WAC 246-915-300 through 246-915-330. (1) "Monitoring contract" is a comprehensive, structured

agreement between the recovering physical therapist or physical therapist assistant and WRAMP defining the requirements of the physical therapist or physical therapist assistant program participation.

(2) "Approved treatment facility" is a facility certified by the department under chapter 246-341 WAC. Drug and alcohol treatment facilities located out-of-state must have substantially equivalent standards.

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

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

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

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

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

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

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

[Statutory Authority: RCW 18.74.023, chapter 18.74 RCW and 2018 c 222. WSR 20-06-029, § 246-915-310, filed 2/26/20, effective 3/28/20. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-310, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-310, filed 8/13/08, effective 8/13/08; WSR 91-14-006 (Order 178B), § 246-915-310, filed 6/21/91, effective 7/22/91.]

WAC 246-915-320 Approval of substance abuse monitoring programs. (1) WRAMP is the board approved monitoring program. WRAMP will employ staff with the qualifications and knowledge of both substance abuse and the practice of physical therapy as defined in this chapter to be able to evaluate:

(a) Clinical laboratories;

(b) Laboratory results;

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

(d) Support groups;

(e) The physical therapy work environment; and

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

(2) WRAMP will enter into a monitoring contract with the physical therapist or physical therapist assistant and the board to oversee the physical therapist's or physical therapist assistant's required recovery activities.

(3) WRAMP may make exceptions to individual components of the contract that may be made on an individual basis as needed.

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

(5) WRAMP will maintain records on participants.

(6) WRAMP will be responsible for providing feedback to the physical therapist or physical therapist assistant as to whether treatment progress is acceptable.

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

(8) The board approves WRAMP's procedures on treatment, monitoring, and limitations on the practice of physical therapy for those participating in the program.

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-320, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-320, filed 8/13/08, effective 8/13/08; WSR 91-14-006 (Order 178B), § 246-915-320, filed 6/21/91, effective 7/22/91.]

WAC 246-915-330 Participation in approved substance abuse monitoring program. (1) Any physical therapist or physical therapist assistant participating in the substance abuse monitoring program shall:

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

(b) Enter into a contract with WRAMP which shall include, but not be limited to, the following terms, which require the physical therapist or physical therapist assistant to:

(i) Undergo the recommended level of treatment in an approved treatment facility, including aftercare.

(ii) Abstain from all mind-altering substances including alcohol and cannabis except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) Complete any prescribed aftercare program of the intensive treatment facility, which may include individual or group psychotherapy.

(iv) Cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports must include treatment, prognosis and goals.

(v) Complete random or for cause drug screening as specified by WRAMP.

(vi) Attend support groups facilitated by a health care professional or recovery-oriented group meetings as specified by the monitoring contract.

(vii) Comply with specified employment conditions and restrictions as defined by the monitoring contract.

(viii) Agree in writing to allow WRAMP to release information to the board if the physical therapist or physical therapist assistant does not comply with the requirements of the monitoring contract or is unable to practice with reasonable skill and safety.

(ix) Pay the costs of the substance use disorder evaluation, substance abuse treatment, and random drug screens.

(x) Sign any requested release of information authorizations.

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-330, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-330, filed 8/13/08, effective 8/13/08; WSR 91-14-006 (Order 178B), § 246-915-330, filed 6/21/91, effective 7/22/91.]

WAC 246-915-340 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.74.023. WSR 94-05-014 (Order 403B), § 246-915-340, filed 2/4/94, effective 3/7/94.]

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

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

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

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

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

(4) A physical therapist or physical therapist assistant with an inactive credential for more than three years, but less than five

years, who has not been in active practice in another United States jurisdiction, and wishes to return to active status shall:

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

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

(5) A physical therapist or physical therapist assistant with an inactive credential for five years or longer, who has not been in active practice in another United States jurisdiction, and wishes to return to active status shall:

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-350, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023. WSR 08-17-026, § 246-915-350, filed 8/13/08, effective 8/13/08. Statutory Authority: RCW 18.74.073. WSR 05-09-003, § 246-915-350, filed 4/7/05, effective 5/8/05.]

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

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

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

[Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-360, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023, 18.74.010(11), and 18.74.160. WSR 06-18-044, § 246-915-360, filed 8/30/06, effective 9/30/06.]

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

A minimum of four hundred hours of instruction in electroneuromyographic examinations including at least two hundred needle EMG studies under direct supervision from a qualified provider. A quali-

fied provider includes a physical therapist with board certification in clinical electrophysiology from the American Board of Physical Therapy Specialties, a neurologist, or a physiatrist.

[Statutory Authority: RCW 18.74.023, chapter 18.74 RCW and 2018 c 222. WSR 20-06-029, § 246-915-370, filed 2/26/20, effective 3/28/20. Statutory Authority: RCW 18.74.023 and chapter 18.74 RCW, RCW 18.340.020. WSR 18-15-067, § 246-915-370, filed 7/17/18, effective 8/17/18. Statutory Authority: RCW 18.74.023, 18.74.010(11), and 18.74.160. WSR 06-18-044, § 246-915-370, filed 8/30/06, effective 9/30/06.]

WAC 246-915-381 Spinal manipulation—Endorsement. (Effective July 1, 2020.) (1) A physical therapist may perform spinal manipulation only after being issued a spinal manipulation endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of full-time, orthopedic, postgraduate practice experience that consists of direct patient care and averages at least thirty-six hours a week and who provides evidence in a manner acceptable to the board of all of the following additional requirements:

(a) Training in differential diagnosis of no less than one hundred hours outlined within a course curriculum;

(b) Didactic and practical training related to the delivery of spinal manipulative procedures of no less than two hundred fifty hours clearly delineated and outlined in a course curriculum;

(c) Specific training in spinal diagnostic imaging of no less than one hundred fifty hours outlined in a course curriculum; and

(d) At least three hundred hours of supervised clinical practical experience in spinal manipulative procedures. The supervised clinical practical experience must:

(i) Be supervised by a clinical supervisor who:

(A) Holds a spinal manipulation endorsement under this section; or

(B) Is a licensed chiropractor or osteopathic physician and surgeon;

(ii) Be under the close supervision of the clinical supervisor for a minimum of the first one hundred fifty hours of the supervised clinical practical experience, after which the supervised clinical practical experience must be under the direct supervision of the clinical supervisor.

(iii) Be completed within eighteen months of completing the educational requirements in (a) through (c) of this subsection, unless the physical therapist has completed the educational requirements in (a) through (c) of this subsection prior to July 1, 2015, in which case the supervised clinical practical experience must be completed by January 1, 2017.

(2) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section shall consult with a health care practitioner, other than a physical therapist, authorized to perform spinal manipulation if spinal manipulative procedures are required beyond six treatments.

(3) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section may not:

(a) Have a practice in which spinal manipulation constitutes the majority of the services provided;

(b) Practice or utilize chiropractic manipulative therapy in any form;

(c) Delegate spinal manipulation; or

(d) Bill a health carrier for spinal manipulation separately from, or in addition to, other physical therapy procedures.

(4) A physical therapist holding a spinal manipulation endorsement under this section shall complete continuing education directly related to spinal manipulation as specified in WAC 246-915-085.

(5) If a physical therapist is intending to perform spinal manipulation on a patient who the physical therapist knows is being treated by a chiropractor for the same diagnosis, the physical therapist shall make reasonable efforts to coordinate patient care with the chiropractor to prevent conflict or duplication of services.

[Statutory Authority: RCW 18.74.023 and 43.70.442. WSR 15-14-093, § 246-915-381, filed 6/29/15, effective 7/1/15.]

WAC 246-915-390 Intramuscular needling—Endorsement. (1) "Intramuscular needling" also known as "dry needling" is defined under RCW 18.74.010.

(2) As established in RCW 18.74.200 a physical therapist may perform intramuscular needling, also known as dry needling after being issued an intramuscular needling endorsement by the secretary.

(3) The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of postgraduate practice experience that averages at least 36 hours a week and consists of direct patient care and who provides evidence in a manner acceptable to the board of a total of 325 hours of instruction and clinical experience that meet or exceed the following criteria:

(a) A total of 100 hours of didactic instruction in the following areas:

(i) Anatomy and physiology of the musculoskeletal and neuromuscular systems;

(ii) Anatomical basis of pain mechanisms, chronic pain, and referred pain;

(iii) Trigger point evaluation and management;

(iv) Universal precautions in avoiding contact with a patient's bodily fluids; and

(v) Preparedness and response to unexpected events including, but not limited to, injury to blood vessels, nerves, and organs, and psychological effects or complications.

(b) A total of 75 hours of in-person intramuscular needling instruction in the following areas:

(i) Intramuscular needling technique;

(ii) Intramuscular needling indications and contraindications;

(iii) Documentation and informed consent for intramuscular needling;

(iv) Management of adverse effects;

(v) Practical psychomotor competency; and

(vi) Occupational safety and health administration's bloodborne pathogens protocol.

(c) A successful clinical review of a minimum of 150 hours of at least 150 individual intramuscular needling treatment sessions by a qualified provider. After receiving 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction, a physi-

cal therapist seeking endorsement has up to 18 months to complete a minimum of 150 treatment sessions for review.

(4) A physical therapist may not delegate intramuscular needling and must remain in constant attendance of the patient for the entirety of the procedure.

(5) A physical therapist can apply for endorsement before they have one year of clinical practice experience if they can meet the requirement of 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction through their prelicensure coursework and have completed all other applicable requirements.

(6) For the purpose of subsection (3)(c) of this section, "clinical review" may include:

(a) The direct or indirect supervision of intramuscular needling treatment sessions by a qualified provider.

(b) Review of chart notes from intramuscular needling treatment sessions by a qualified provider.

(c) Oversight by a qualified provider of intramuscular needling treatment sessions completed through an internship or apprenticeship.

(7) For the purpose of subsections (3)(c) and (6) of this section, a qualified provider is one of the following:

(a) A physician licensed under chapter 18.71 RCW; an osteopathic physician licensed under chapter 18.57 RCW; a licensed naturopath under chapter 18.36A RCW; a licensed acupuncture and Eastern medicine practitioner under chapter 18.06 RCW; or a licensed advanced registered nurse practitioner under chapter 18.79 RCW;

(b) A physical therapist credentialed to perform intramuscular needling in any branch of the United States armed forces;

(c) A licensed physical therapist who currently holds an intramuscular needling endorsement in Washington state; or

(d) A physical therapist licensed under the laws of another jurisdiction who meets the requirements for obtaining an intramuscular needling endorsement but does not currently hold an endorsement in Washington state.

(8) To apply for the endorsement:

(a) A licensed physical therapist shall submit to the department:

(i) A completed endorsement application as provided by the department;

(ii) Endorsement fees required under WAC 246-915-990;

(iii) Evidence of completion of the education and training requirements listed in RCW 18.74.200; and

(iv) A completed affidavit demonstrating successful completion of the clinical review requirement listed in RCW 18.74.200.

(b) A licensed physical therapist who is credentialed to perform intramuscular needling through any branch of the military meets the requirements of the intramuscular needling endorsement and shall submit to the department:

(i) A completed endorsement application verifying their military credential to perform intramuscular needling; and

(ii) Endorsement fees required under WAC 246-915-990.

(9) A physical therapist shall have patients receiving intramuscular needling sign an informed consent form that includes:

(a) The definition of intramuscular needling as set forth in RCW 18.74.010;

(b) A description of the risks of intramuscular needling;

(c) A description of the benefits of intramuscular needling;

(d) A description of the potential side effects of intramuscular needling; and

(e) A statement clearly differentiating the procedure from the practice of acupuncture. Acupuncture shall be defined in accordance with the definition of "acupuncture and Eastern medicine" under RCW 18.06.010.

(10) Intramuscular needling may not be administered as a stand-alone treatment within a physical therapy care plan.

(11) If a physical therapist is intending to perform intramuscular needling on a patient who the physical therapist knows is being treated by an acupuncturist or acupuncture and Eastern medicine practitioner for the same diagnosis, the physical therapist shall make reasonable efforts to coordinate patient care with the acupuncturist or acupuncture and Eastern medicine practitioner to prevent conflict or duplication of services.

[Statutory Authority: RCW 18.74.023, 43.70.110, 43.70.250, 43.70.280, and 18.74.200. WSR 24-11-160, § 246-915-390, filed 5/22/24, effective 6/22/24.]

WAC 246-915-990 Physical therapist fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC.

(2) The following nonrefundable fees will be charged:

Title of Fee	Fee
Original application	
Application	$80.00
Active license renewal	
License renewal	100.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Inactive license renewal	
License renewal	35.00
Expired license reissuance	50.00
Duplicate license	10.00
Endorsement	
Intramuscular needling endorsement	100.00
Verification of license	25.00

[Statutory Authority: RCW 18.74.023, 43.70.110, 43.70.250, 43.70.280, and 18.74.200. WSR 24-11-160, § 246-915-990, filed 5/22/24, effective 6/22/24. Statutory Authority: RCW 43.70.110, 43.70.250, and 43.70.280. WSR 23-07-057, § 246-915-990, filed 3/9/23, effective 6/1/23. Statutory Authority: RCW 18.74.510, 43.70.250, and 43.70.320. WSR 18-21-140, § 246-915-990, filed 10/19/18, effective 2/1/19. Statutory Authority: RCW 43.70.280. WSR 15-19-149, § 246-915-990, filed 9/22/15, effective 1/1/16. Statutory Authority: RCW 43.70.110, 43.70.250, 2008 c 329. WSR 08-15-014, § 246-915-990, filed 7/7/08, effective 7/7/08. Statutory Authority: RCW 43.70.250, [43.70.]280 and 43.70.110. WSR 05-12-012, § 246-915-990, filed 5/20/05, effective 7/1/05. Statutory Authority: RCW 18.74.073. WSR 05-09-003, § 246-915-990, filed 4/7/05, effective 5/8/05. Statutory Authority: RCW 43.70.250. WSR 99-08-101, § 246-915-990, filed 4/6/99, effective 7/1/99. Statutory Authority: RCW 43.70.280. WSR 98-05-060, § 246-915-990, filed 2/13/98, effective

3/16/98. Statutory Authority: RCW 43.70.250. WSR 91-13-002 (Order 173), § 246-915-990, filed 6/6/91, effective 7/7/91; WSR 91-05-004 (Order 128), § 246-915-990, filed 2/7/91, effective 3/10/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-915-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. WSR 87-10-028 (Order PM 650), § 308-42-075, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. WSR 83-17-031 (Order PL 442), § 308-42-075, filed 8/10/83. Formerly WAC 308-42-100.]

WAC 246-915-99005 Physical therapist assistant fees and renewal cycle. (1) Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC.

(2) The following nonrefundable fees will be charged for physical therapist assistant:

Title of Fee	Fee
Original application	
Application	$75.00
Active license renewal	
License renewal	95.00
Late renewal penalty	50.00
Expired license reissuance	50.00
Inactive license renewal	
License renewal	35.00
Expired license reissuance	50.00
Duplicate license	10.00
Verification of license	25.00

[Statutory Authority: RCW 43.70.110, 43.70.250, and 43.70.280. WSR 23-07-057, § 246-915-99005, filed 3/9/23, effective 6/1/23. Statutory Authority: RCW 18.74.510, 43.70.250, and 43.70.320. WSR 18-21-140, § 246-915-99005, filed 10/19/18, effective 2/1/19. Statutory Authority: RCW 43.70.280. WSR 15-19-149, § 246-915-99005, filed 9/22/15, effective 1/1/16. Statutory Authority: RCW 43.70.250. WSR 08-13-068, § 246-915-99005, filed 6/13/08, effective 7/1/08.]