



ARIZONA STATE BOARD OF PHYSICAL THERAPY

1740 W. Adams Street, Suite 2450 ♦ Phoenix, AZ 85007 ♦ (602) 274 – 0236

ptboard.az.gov

Dry Needling Standards of Education and Training

Submission Cover Sheet

Name _____ License No. _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

This cover sheet is provided for the purpose of submitting documentation of meeting the requirements of A.A.C. R4-24-313 Professional Standards of Care and Training and Education Qualifications for delivery of Dry Needling Skilled Intervention.

The documentation you provide must demonstrate completion of the following requirements:

1. The course content shall be approved by one or more of the following entities prior to the course(s) being completed by the physical therapist.
 - a. Commission on Accreditation in Physical Therapy Education
 - b. American Physical Therapy Association
 - c. State Chapters of The American Physical Therapy Association
 - d. Specialty Groups of The American Physical Therapy Association, or
 - e. The Federation of State Boards of Physical Therapy
2. The course content shall include the following components of education and training:
 - a. Sterile needle procedures to include one of the following standards:
 - i. The U.S. Centers For Disease Control And Prevention, or
 - ii. The U.S. Occupational Safety And Health Administration
 - b. Anatomical Review
 - c. Blood Borne Pathogens
 - d. Contraindications and indications for “dry needling”
3. The course content required shall include, but is not limited to, passing of both a written examination and practical examination before completion of the course content. Practice application course content and examinations shall be done in person to meet the qualifications of paragraph C.
4. The course content required in paragraph (c) of this subsection shall total a minimum of 24 contact hours of education.

I do hereby swear and affirm that the foregoing statements contained in this registration are true and correct.

Signature

Date

Remit completed form and documentation to monica.crowley@ptboard.az.gov