



**ARIZONA STATE BOARD OF PHYSICAL THERAPY**  
1740 W. ADAMS STREET, SUITE 2450 PHOENIX, ARIZONA  
85007 (602) 274-0236 E-mail: monica.crowley@ptboard.az.gov  
www.ptboard.az.gov

## Dry Needling Standards of Education and Training Submission Cover Sheet

Name: \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_(\_\_\_\_\_) \_\_\_\_\_ E-mail 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