



ARIZONA STATE BOARD OF PHYSICAL THERAPY

1740 W. Adams Street, Suite 2450 • Phoenix, AZ 85007 • (602) 274 – 0236
ptboard.az.gov

INTERSTATE TELEHEALTH PROVIDER REGISTRATION INSTRUCTIONS

Governor Doug Ducey signed [HB2454](#) telehealth bill which makes permanent telehealth flexibility that had been permitted under executive order. The law takes effect immediately.

The ability to engage in telehealth services for physical therapists residing out-of-state requires the completion of the Interstate Telehealth Provider Registration Form below. Please review the following details before completing the form.

- **This registration is only for purposes of providing interstate telehealth services to patients in Arizona.** If you are seeking an Arizona PT license or PTA certificate submit the appropriate application via elicense.az.gov.
- **This registration process is not required of AZ licensed PTs treating AZ patients.**
- **A health care provider who is registered pursuant to this section may NOT:**
 - Open an office in this state except as part of a multi-state provider group that includes at least one health care provider who is licensed in this state through the Arizona State Board of Physical Therapy
 - Provide in-person health care services to persons located in this state without first obtaining a license through the Arizona State Board of Physical Therapy
- The registration form below provides interstate telehealth registration services to health care providers that are required to register to provide interstate telehealth service encounters with patients in the State of Arizona. **You are requesting to register to provide telehealth services across state lines (into Arizona) which will require at a minimum that you:**
 - Hold a current, valid, and unrestricted license in another state and are NOT subject to any past or pending disciplinary proceedings in any jurisdiction where you hold a professional license.
 - Provide verification proof of all professional licenses including all US jurisdictions in which the provider is licensed and the license numbers.
 - Provide evidence of Professional Liability Insurance Coverage.
 - Provide proof of a Duly Appointed Statutory Agent for Service of Process in Arizona.
 - Act in full compliance with all applicable laws and rules in this state.
 - Consent to this state's jurisdiction for any disciplinary action or legal proceedings.
 - Follow Arizona standards of care for the physical therapy profession.
- **If registering as a PTA**, the supervising PT must also be an interstate telehealth registrant. PTAs must include in their registration the name and the Arizona Interstate Telehealth Provider Registration (ITP) number of the supervising PT
- You **DO NOT** need to complete this interstate telehealth registration if either of the following applies:
 - 1. The services are provided under one of the following circumstances:
 - In response to an emergency medication condition.
 - In consultation with a health care provider who is licensed in Arizona and who has the ultimate authority over the patient's diagnosis and treatment.
 - To provide after-care specifically related to a medical procedure that was delivered in person in another state.
 - To a person who is a resident of another state, the telehealth provider is the primary care provider located in the person's state of residence.
 - 2. The health care provider provides fewer than ten telehealth encounters in a calendar year.
- Fees – Registration \$100, non-refundable
- Mail completed form, all supporting documents, and fees to:
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INTERSTATE TELEHEALTH PROVIDER REGISTRATION FORM

Name _____

Address _____

Email _____ Telephone _____

Urgent Situation Contact Info _____

Social Security Number _____ Birthdate _____

Are you a Physical Therapist Assistant (PTA)? Yes No

If you are a PTA, you **must** provide the **Supervising Physical Therapist** details:

Name _____ AZ ITP Registration Number _____

Email Address _____

License Verifications – List State and License number for every professional license/certificate held regardless of status.
If additional space is needed, provide separate page.

State	License/Certificate Number	State	License/Certificate Number

Initial the following:

_____ I affirm I am including with this registration, official verification details from my licensing board (or their website). Note, license verification is NOT a copy of your license, but official details obtained through your licensing board including, but not limited to, issue date, expiration date, status, discipline history (or lack thereof).

_____ I affirm I hold a current, valid, and unrestricted license in another state.

_____ I affirm I am not subject to any past or pending disciplinary proceedings in any jurisdiction.

_____ I affirm I must notify the AZ PT Board within 5 days after any restriction or disciplinary action is initiated or imposed on any license/certificate.

Professional Liability Insurance Coverage Required

_____ I affirm I have professional liability insurance coverage.

_____ I affirm that my liability insurance covers telehealth services provided in Arizona.

_____ I affirm I am including with this registration, proof of professional liability insurance coverage.

Duly Appointed Statutory Agent for Service of Process in Arizona Required

_____ I affirm I have a duly appointed statutory agent for service of process in Arizona.

_____ I affirm I am including with this registration, proof of a duly appointed statutory agent on that agent's letterhead.

Provide Duly Appointed Statutory Agent Contact Information:

Name _____

Address _____

Email _____ Telephone _____

Interstate Telehealth Registration Annual Update/Renewal

_____ I understand that I must update/renew this registration annually

_____ I understand that as part of my annual registration update/renewal I must submit a report to the AZ State Board of Physical Therapy that includes the number of patients I have served in Arizona and the total number and type of encounters in this state for the preceding year.

Signing this document affirms that the registry applicant:

- Acts in full compliance with all applicable laws and rules of this state, including scope of practice, laws and rules governing prescribing, dispensing, and administering prescription drugs and devices, telehealth requirements and the best practice guidelines adopted by the telehealth advisory committee on telehealth best practices established by section 36-3607.
- Complies with all existing requirements of this state and any other state in which the health care provider is licensed regarding maintaining professional liability insurance, including coverage for telehealth services provided in this state
- Consents to this state's jurisdiction for any disciplinary action or legal proceeding related to the health care provider's acts or omissions under this article
- Follows this state's standards of care for the Physical Therapy profession
- Understands that a health care provider who is registered pursuant to this section may **NOT**
 - Open an office in this state except as part of a multi-state provider group that includes at least one health care provider who is licensed in this state through the Arizona State Board of Physical Therapy
 - Provide in-person health care services to persons located in this state without first obtaining a license through the Arizona State Board of Physical Therapy
- Understands that failure to comply with the applicable laws and rules of this state is subject to investigation and both non-disciplinary and disciplinary by the Arizona State Board of Physical Therapy

Under penalty of perjury, I declare and affirm that the statements made in this interstate telehealth provider registry are complete and correct and that any false or misleading information may be cause for denial or disciplinary action. To the best of my knowledge and belief I am not in violation of the provisions of the Arizona Physical Therapy Law.

Signature

Date

Remit form, required attachments, and fees to:
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