

JANET NAPOLITANO  
Governor



HEIDI HERBST PAAKKONEN  
Executive Director

JONI KALIS, P.T.  
President

**ARIZONA STATE BOARD OF PHYSICAL THERAPY**  
4205 NORTH 7<sup>TH</sup> AVENUE, SUITE 208 PHOENIX, ARIZONA 85013  
(602) 274-0236 Fax (602) 274-1378  
www.ptboard.state.az.us

**REGULAR SESSION MEETING MINUTES**  
**December 18, 2007**

**MEMBERS PRESENT:** Joni Kalis, P.T., President  
Mark Cornwall, P.T., Ph.D., Vice President  
Randy Robbins, Secretary  
James Sieveke, P.T., O.C.S., Member  
Lisa Akers, P.T., Member

**MEMBERS ABSENT:** Merlin Gossman, Member

**OTHERS PRESENT:** Heidi Herbst Paakkonen, Executive Director  
Peg Hiller, P.T., Investigator  
Paula Brierley, Licensing Administrator  
Elizabeth Campbell, Assistant Attorney General

**CALL TO ORDER – 8:30 a.m.**

**1. Review and Approval of Draft Minutes:**

**November 19, 2007; Regular Session Meeting**

The Board identified a correction to agenda item number 12 noting that the applicants Joy Wilson and Amber Rusk's motions need to reflect that they both had to take and pass the Board's jurisprudence examination. Mr. Robbins seconded the motion. The motion carried by a unanimous vote.

**November 19, 2007; Executive Session**

Hearing no revisions to the draft minutes Ms. Kalis moved they be approved. Dr. Cornwall seconded the motion. The motion carried by a unanimous vote.

**November 29, 2007; Special Session Meeting**

Hearing no revisions to the draft minutes Ms. Kalis moved they be approved. Mr. Robbins seconded the motion. The motion carried by a unanimous vote.

**COMPLAINTS, INVESTIGATIONS and COMPLIANCE**

**2. Informal Hearing and Possible Action on Complaint**

**#07-02; Tracy Carroll, P.T.**

Ms. Carroll was present with legal counsel, Philip Grant. Tanis Eastridge, Court Reporter, swore in Ms. Carroll. Ms. Kalis reviewed the Board's informal hearing procedures and possible outcomes. The Board members and staff exchanged introductions with the licensee and her attorney. Mr. Sieveke stated for the record that he previously worked with Ms. Carroll but had not done so for several years, does not work with her currently, and that he could preside over this case without bias. Ms. Hiller summarized the complaint allegations stating that the initial review and discussion of this case was conducted on September 25, 2007. The complaint was opened in response to a written complaint filed by Dr. J. David Gibeault, the Chairman of PacifiCare's Peer Review Committee and alleged that Ms. Carroll provided unsatisfactory and inappropriate care to patient L.F. following surgical reconstruction of her right thumb on April 5,

2006. Ms. Hiller reminded the Board that the allegations concerned L.F.'s single visit on May 10, 2006 at which Ms. Carroll performed an initial evaluation and treatment, alleged she failed to provide the custom splint prescribed by the referring physician and she did not provide follow-up assessment of the splint or on-going physical therapy as prescribed. Ms. Hiller advised the Board that Ms. Carroll affirmed her treatment of L.F. was appropriate and met the standard of care, that the prescription did not specify a custom splint, and that it was L.F.'s decision to not return for treatment at the frequency ordered by her surgeon. Ms. Hiller reminded the Board that during the initial review of this complaint the Board raised questions about Ms. Carroll's communication with L.F.'s referring physician, discussed whether Ms. Carroll met the standard of care in referring L.F. for an off-the-shelf splint, and questioned Ms. Carroll's use of the CPT code 97504 to bill for the splinting services she provided to L.F. Ms. Hiller also noted the Board discussed the records submitted by Ms. Carroll on September 19, 2007 and questioned whether there was any alteration to the records based on inconsistencies of dated entries. Ms. Hiller informed the Board that when the case was remanded to an informal hearing the Board added possible violations involving misrepresentation, fraudulent fees and interfering with an investigation; she also called to the Board's attention the information that Ms. Carroll submitted relative to those allegations. In her opening statement to the Board Ms. Carroll indicated that she has worked as a physical therapist in Tucson for 21 years and currently teaches at the University of Arizona; additionally she practices at Rehab Solutions which is an outpatient setting where she treated L.F. She indicated that she has never before had a complaint filed against her. Ms. Carroll stated that she has made only true statements relative to this case, but the complainant, Dr. Gibeault, has made false statements. Ms. Carroll noted that the physician did not order a custom splint for L.F. She showed the Board the off-the-shelf splint that she requested for L.F. and stated that it is very appropriate for L.F.'s condition. Ms. Carroll stated that she invited some individuals to speak to the Board in support of her and who could address some of the Board's questions. In response to the question whether she would have preferred to use a custom splint for L.F.; she stated that she would not and that the off-the-shelf splint is the one typically used for patients. She also noted that Dr. Gibeault advised her that he used that very splint until the payer ceased to reimburse for it. Ms. Carroll noted that if the prescription had in fact specified the custom splint, she would have informed the patient that she was unable to provide it and would have referred the patient elsewhere. Ms. Carroll commented that she had never before had a patient experience difficulty donning and doffing the splint, and stated that it would be extremely difficult to force the thumb to adduction in this splint. Ms. Carroll commented that the patient L.F. was very knowledgeable about her condition and what her rehabilitation entailed. She stated that she is not aware of any studies comparing off-the-shelf splints with custom splints. She advised the Board that L.F. was to go to Hangar Orthotics and Prosthetics for a consult and splint fitting, L.F. had scheduled a follow up appointment with her, and that L.F. was also to see Dr. Gibeault again soon. Ms. Carroll advised the Board that she anticipated that if Dr. Gibeault had a problem with the splint, he would have called either her or Hangar directly to address his concerns as had been done in the past. She also noted that at the time of this complaint she was seeing three of Dr. Gibeault's patients; after the filing of the complaint she refused to accept any more patients referred by him but noted that the three existing patients remained in her care. Ms. Carroll demonstrated the donning of the splint noting that the thumb does not adduct in the process. She commented that this particular splint is more comfortable than the custom splints. Additionally she commented that L.F. was very smart and was quite vested in regaining the use of her hands. She stated that she did not observe L.F. don and doff the splint, but did observe her doing the same in a safe manner with her cast which is more complicated than the splint. Ms. Carroll advised the Board that she was recruited to serve as a hand therapist for PacifiCare and was marketed to the Tucson area physicians given her expertise. She noted that she did extensive research into splints prior to coming to Rehab

Solutions and has even remodeled splints to serve her patients. She stated she advised L.F. that she would need physical therapy two times per week in spite of the fact that L.F. didn't want to go that frequently. Ms. Carroll indicated that the ideal situation for L.F. would have been that she returned after the first appointment for her assessment. Ms. Carroll advised the Board that she believed she and Dr. Gibeault were on the same page with respect to L.F.'s plan of care. In response to the Board's questions she stated that she did send the initial evaluation to Dr. Gibeault but admitted that she didn't talk to Dr. Gibeault about his concerns until the day after L.F. cancelled her second appointment. She admitted that she did not document the frequency with which L.F. was to receive therapy, but that she anticipated she would establish the frequency as part of the plan of care over the course of the next visits. In response to the Board's questions she indicated that she documented the CPT code 97504 because she spent a lot of time thinking about the splint and anticipating L.F.'s needs, noting that the code was for internal use only. She stated that no billing was performed using that code and was intended only for tracking of her time. Ms. Hiller called to the Board's attention where the billing documentation for L.F.'s treatment indicates there was no charge for 97504. Ms. Carroll explained the ease with which the patient could go to Hangar, see an orthotist, and leave with the splint; she stated that she has no concerns about this arrangement. Ms. Carroll noted that L.F.'s chart was placed on her desk following an office review for completeness at which time she prepared a discharge summary. She stated that the chart may have been set aside in a special place in the office given that multiple copies were made for various reasons and that she wasn't always aware of where it was. She commented that she felt L.F. was in safe hands by being sent to Hangar for the splint, then being seen by Dr. Gibeault, and then returning to her for her next appointment. Ms. Carroll advised the Board that William Martz, P.T., M.D. and Mr. Ronald Favors from Hanger could provide the Board with additional information. Ms. Eastridge swore in Dr. Martz who stated that in March of 2006 Rehab Solutions entered into a contract with PacifiCare with awareness that hand surgeons could not refer their patients for custom splints. He noted that he had attempted to communicate with Dr. Gibeault the false statements he made in his complaint to PacifiCare concerning Ms. Carroll, and stated that the physician has made repeated false statements in the past in order to obtain what he desired for his patients. Mr. Grant avowed to the Board that the representative from Hangar has substantiated the statements made by Ms. Carroll relative to L.F. The Board deliberated the case and debated whether the donning of the splint does or does not involve thumb adduction. The Board also discussed the timing of the education of the patient that should be conducted relative to the donning and doffing of the splint. Additionally the Board discussed whether it was reasonable for Ms. Carroll to trust the orthotist and the patient's surgeon. The Board questioned the content of the written communications between Ms. Carroll and Dr. Gibeault as the referring physician relative to the frequency of the visits and the lack of documentation as to the planned frequency of visits noting that the testimony indicates the communication was done verbally. The Board discussed the dates on the discharge summary and noted concerns about the possible recreation of the dates on the cover sheet of the records. Ms. Carroll stated to the Board that she did indeed discharge the patient in May of 2007 and not in 2006 and admitted that she made a mistake with the sticky-note that she attached to the records that she hastily sent to the Board office. Dr. Cornwall moved to issue an advisory letter to Ms. Carroll stating her communication to the referring physician of a change in the plan of care should be documented in the evaluation as well as communicated in a timely fashion. Mr. Robbins seconded the motion. The motion carried by a unanimous vote.

### **3. Initial Review and Possible Action on Complaint**

#### **#07-07; Randy Bratrud, P.T.**

Ms. Hiller summarized the investigation of this case noting that it was opened in response to a written complaint filed by M.C., a licensed physical therapist who was employed at Desert View Physical Therapy and Hand Rehab from June of 2006 to February of 2007. M.C. alleged that she

witnessed incidents at Desert View P.T. that jeopardized patient safety and that Mr. Bratrud, the owner of the clinic, created a hostile work environment that affected both patients and staff. Specifically M.C. alleged employees did not wear nametags and licensed personnel had to monitor their own licensure and CPR expiration; therapy equipment was not labeled to reflect yearly inspection and no owner's manuals were available; sanitation and infection control procedures were haphazard and irregular; and Mr. Bratrud created a hostile work environment because of his emotional outbursts and berating of employees. In his response to the complaint Mr. Bratrud stated his company does monitor employee compliance with licensure and CPR and affirmed employees had access to procedures and owner manuals for each piece of equipment. Mr. Bratrud admitted after receiving notification of this complaint he discovered that some of the annual equipment checks had not been performed. He further accepted responsibility for this situation and stated that the check was promptly performed. Mr. Bratrud also noted sanitation and infection control procedures have been in place and are followed for all therapy modalities and he included pages from his Policy and Procedures Manual relating to patient communication, emergency care and medical assistance, infection control and equipment maintenance. He commented that M.C. is exaggerating about the mental/emotional atmosphere at the clinic and provided written statements from two of the employees identified in M.C.'s complaint denying a hostile work environment at Desert View P.T. Mr. Bratrud was present for the Board's review and discussion and stated that he submitted a thorough response and that he hoped the Board would see this as a difference of opinion and of employee-employer expectations. The Board questioned whether it was appropriate practice for employers to simply refer an employee to the policies and procedures manuals rather than to provide training on the content of the policies and procedures. The Board also noted that it would have been helpful for Mr. Bratrud to maintain a log of the inspections of the equipment. The Board also discussed the fact that employees of the facility submitted letters that did not substantiate the complainant's statements even though they were identified as complaint witnesses. Ms. Kalis moved to issue an advisory letter stating that Mr. Bratrud should ensure that routine inspections of his equipment be performed and documented in a log to record key data and dates. Dr. Cornwall seconded the motion. The motion carried by a unanimous vote.

#### **4. Initial Review and Possible Action on Complaint**

##### **#07-08; Candace Studebaker, P.T.**

Ms. Hiller reviewed the complaint allegations concerning this case and advised the Board that this complaint was filed by the Clinical Director, C.C., of Sunrise Home Care in Tucson. C.C.'s alleged that Ms. Studebaker may have been practicing while impaired as indicated by her erratic and forgetful behavior, inadequate records, missed treatment visits, patterns of early discharges and non-admitted clients outside of her "preferred" area. Ms. Hiller noted the complaint mentioned that upon her hire in October 2006 Ms. Studebaker disclosed some health issues but on February 21, 2007 she reported to her employer that she couldn't see her clients that day because she was having surgery the next morning and would be unable to work for an unknown time for recuperation; because she was not eligible for FLMA Ms. Studebaker's position was terminated. Ms. Hiller explained that following Ms. Studebaker's termination C.C. performed an audit of all of Ms. Studebaker's charts for clients seen from January 1 through February 21, 2007 and observed that of the 28 clients 20 were out of her 'preferred area', of the 28 only four were discharged with goals met, and 17 were either not admitted or were discharged early without goals met. Ms. Hiller noted that C.C. also alleged during this timeframe Ms. Studebaker missed a number of visits due either to her health or to her reports of clients not being home or not answering their phones, but she did not call ahead or attempt to reschedule missed visits. Additionally, C.C. alleged several clients were not seen by Ms. Studebaker because she "forgot" and then later claimed she had never accepted the case to begin with. Ms. Hiller summarized Ms. Studebaker's response to the complaint in which she states that C.C. was aware of her health

issues prior to her being hired at Sunrise Home Care as well as the fact that these issues do not limit her ability to practice physical therapy. Ms. Hiller noted the response states she never refused any patients during her employment, she always contacted her patients in the morning of the day they were scheduled, she never forgot to see any patients, and her patients were either discharged or were not admitted according to Medicare guidelines and based upon the status of the patient. Ms. Hiller advised the Board that she and Karen Donahue, P.T., (investigative consultant) made a scheduled site visit to Sunrise Home Care and interviewed several staff members including C.C. about the complaint allegations and the findings from the audit of Ms. Studebaker's patient records. Ms. Hiller explained her own review of the patient records. The Board noted that the records were very difficult to follow in order to ascertain whether any possible violations had occurred and whether the allegations could be proved or disproved. The Board expressed appreciation to Ms. Donahue for assisting with the investigation and to Ms. Hiller for her summaries. The Board commented that for the patient F.S. there were some concerns relative to lack of information to explain the length of time between visits. However, the Board members concurred that the preponderance of the evidence indicates that the problems expressed in the complaint were not present. The Board expressed concerns that there were so many missed or cancelled visits and questioned whether this was reasonable. Ms. Campbell advised the Board that the state would have the burden of proving an allegation as opposed to the respondent proving that the allegation was false. The Board discussed the electronic communications that occurred between Ms. Studebaker and the complainant and noted some disconcerting and inappropriate statements. The Board also debated whether there was any evidence that Ms. Studebaker practiced while impaired, and reviewed the communications that ensued once Ms. Studebaker notified her employer that she had a sudden and unanticipated opportunity to have the surgery that would address her health conditions. The Board reviewed the possible jurisdiction and discussed whether any of the allegations could be substantiated. Dr. Cornwall moved to dismiss the complaint allegations. Ms. Akers seconded the motion. The motion carried by a unanimous vote.

## **5. Review and Possible Action on Compliance with Consent Agreement**

### **#07-10; Margaret (Peggy) Gurnett, P.T.**

Ms. Gurnett was present for the Board's review of this case and noted that she had previously supplied the Board with some personal background information. She stated that she is an alcoholic and that she has attended AA since 1991. Ms. Gurnett advised the Board that she has recently learned how she is to document her participation in AA for reporting to the Board and that she has only missed one reporting period. She stated she has been drug tested three times since being placed on probation. Ms. Gurnett mentioned she is on public assistance and can't afford to have one medical provider; she didn't anticipate at the time she signed the consent agreement establishing her substance abuse monitoring program that she would be off of work for two months. She stated that as soon as she is able she will have a physician. Ms. Gurnett noted that her AA sponsor's name is Bonnie and that she is attending AA meetings in Green Valley once or twice a week. She stated that she has attended these meetings since January of 2007 and that she will begin reporting her attendance to the Board this week. The Board questioned Ms. Gurnett relative to her access to prescriptions for Vicodin through Urgent Care clinics. Ms. Gurnett admitted that in March and in May she went to Urgent Care because she injured her leg in 2004. Ms. Campbell advised the Board that there are two consent agreement terms that Ms. Gurnett has failed to comply with – she admitted to failing to report to a recent drug screening and she has not complied with the requirement that she have one medical provider coordinating her health care and her prescriptions. Ms. Kalis moved to meet in Executive Session in order to obtain legal advice from Board counsel. Dr. Cornwall seconded the motion. The motion carried by a unanimous vote. Upon resuming the meeting in public session Ms. Gurnett stated to the Board that the consent agreement requires that she comply with

the substance abuse evaluator's recommendations; she further noted that the closing paragraph of the evaluation indicates that other evidence would change the assessment results. Ms. Gurnett advised the Board that the people with whom she has been living have stated to the Board that they have observed no drug use on her part. She also produced a report from a licensed social worker who believes that Ms. Gurnett can self-abstain and that her current environment is supportive of recovery. Ms. Gurnett stated that she believed Dr. Jacquelyn St. Germaine, the substance abuse evaluator dragged her feet in preparing the report and that Dr. St. Germaine made mis-statements to her relative to how the substance abuse evaluation would impact her ability to return to work. She stated that she has pursued inpatient treatment and has been told that she does not qualify and that she does not have the ability to pay for private treatment. She stated that she is doing her best to comply with the Board's requirements in spite of having no financial resources. The Board asked why she didn't comply with the AA sponsor reporting requirement. She responded that she didn't realize how she had to do that and that she has been scrambling to comply with all of the other terms. Ms. Kalis moved to open a complaint against Ms. Gurnett concerning her non-compliance with a Board order and that the case be remanded to a formal hearing. Mr. Sieveke seconded the motion. The motion carried by a unanimous vote.

**6. Review and Possible Action Concerning Audited Licensees' Compliance with Continuing Competence Requirements for 2004-2006 Licensure Period**

Ms. Herbst Paakkonen reported that Susan Hillman and Darcy Norman recently reinstated their physical therapist licenses and accordingly were sent a notice of continuing competence audit. Neither Ms. Hillman nor Ms. Norman complied with the requirement that they respond to the notice within 30 days of receipt which is required by Board rule at R4-24-401. Ms. Herbst Paakkonen advised the Board that a license is not reinstated if the licensee applicant fails to affirm that she is in compliance with the Board's continuing competence requirements. The Board questioned the time frames of the licensure reinstatement and the compliance period under review. Ms. Kalis moved to open complaints against Ms. Hillman and Ms. Norman with the conclusions of law and disciplinary terms described in the Board memorandum. Mr. Robbins seconded the motion. Ms. Kalis amended her motion to indicate the Board would also accept the voluntary surrender of the physical therapist license through a consent agreement. Mr. Robbins concurred with the amended motion. The motion carried by a unanimous vote.

**APPLICATIONS FOR LICENSURE & CERTIFICATION**

**7. Substantive Review and Possible Action on Applications for Physical Therapist Licensure**

<b>Aghai, Jennifer</b>	<b>Blum, Jeffrey</b>	<b>Burbank, Jacqueline</b>
<b>Boyle, Kyndall</b>	<b>Cantwell, Brandy</b>	<b>Colt, Kristine</b>
<b>Colt, Thomas</b>	<b>DiNobile, Katie</b>	<b>Dunkley, Cheryl</b>
<b>Dunn, Leah</b>	<b>Dworak, Jessica</b>	<b>Endlein, Margaret-Anne</b>
<b>Esch, Jamel</b>	<b>Graul, Kasi</b>	<b>Hostetler, Jessica</b>
<b>Kane, Margaret</b>	<b>Kipker, Joshua</b>	<b>Lane, Valerie</b>
<b>Mieckowski, Breh</b>	<b>Moore, Mark</b>	<b>Mordhorst, Deborah</b>
<b>Nelson, Eric</b>	<b>Socha, Diane</b>	<b>Van Poorten, Erika* *</b>
<b>Vrable, Allan K</b>		

*\*Applicant disclosure on "Personal Information" section of application*

*\*\* Applicant from a CAPTE Approved Foreign Program*

For purposes of the initial substantive review of the applications the Board removed Ms. Van Poorten and Ms. Boyle from consideration. Ms. Kalis moved to grant licensure to all remaining listed applicants. Mr. Sieveke seconded the motion. The motion carried by a unanimous vote. The Board then noted that Ms. Van Poorten is a graduate of a foreign program accredited by the Commission on Accreditation of Physical Therapy Education and that the Board has traditionally waived the requirements that these applicants have a credential evaluation report prepared of

their education and that they complete a supervised clinical practice period. Ms. Kalis moved to grant licensure to Ms. Van Poorten. Ms. Akers seconded the motion. The motion carried by a unanimous vote. The Board then reviewed the application of Ms. Boyle and Dr. Cornwall announced that he would recuse himself from the discussion and possible action. The Board reviewed the statute A.R.S. §32-2001(11)(d) and noted that the term “teaching” is contained within the definition of “practice of physical therapy”. The Board noted that her written statement submitted with her application indicates that she is a laboratory assistant for muscular skeletal courses at Northern Arizona University. The Board reviewed the statutes that provide licensure exemptions and concurred that none of them apply. Dr. Cornwall was granted permission to address the Board. He stated that Ms. Boyle is an Associate Professor hired in August and noted that she is licensed as a physical therapist in two other states. Dr. Cornwall advised the Board that she is supervising students in the muscular skeletal lab and has lectured on this topic. He further stated that he does not consider Ms. Boyle to be practicing physical therapy and she is teaching skills that a number of professions other than physical therapists use. Dr. Cornwall affirmed that Ms. Boyle does not represent herself as a physical therapist, nor has she provided any treatment. He concluded that a very strict interpretation of “teaching” by the Board would restrict the educational programs from hiring non-physical therapists to teach certain courses. Jim Roush, P.T., Ph.D. stated that when the legislation that currently defines “practice of physical therapy” was proposed the educators were concerned relative to how it would be interpreted. He stated educators were assured by the legislation proponents that the Board would not adopt a very narrow interpretation. Dr. Roush indicated that educators would take an adversarial position to the statute if the Board were to adopt a strict position with respect to how educators are regulated. Ms. Akers moved to grant licensure to Ms. Boyle. Mr. Robbins seconded the motion. The motion carried by a vote of 3 to 1.

**8. Substantive Review and Possible Action on Applications for Physical Therapist Assistant Certification**

<b>Dier, Brenda</b>	<b>Eng, Mickie</b>	<b>Erickson, Kathleen</b>
<b>Gabut, Barbara*</b>	<b>Hoblet, Michael</b>	<b>Michael, Whitney</b>
<b>Sauder, Jo Ann</b>	<b>Semingson Green, Tara</b>	<b>Stewart, Kristine</b>
<b>Whipp, Catherine</b>		

*\* Applicant disclosure on “Personal Information” section of application*

For purposes of the initial substantive review of the applications the Board removed Ms. Gabut from the discussion. Ms. Kalis moved to grant certification to the remaining listed applicants. Mr. Robbins seconded the motion. The motion carried by a unanimous vote. The Board reviewed Ms. Gabut’s file and noted that she has admitted to abusing alcohol in the past and has an alcohol related misdemeanor criminal history. The Board discussed the fact that Ms. Gabut states she abstains from alcohol and participates in AA. Ms. Kalis moved to grant certification to Ms. Gabut. Mr. Robbins seconded the motion. The motion carried by a unanimous vote.

**9. Request for Approval to Take National Physical Therapist Examination; Review of Documentation Related to Disclosure on “Personal Information” Section of Application**

No applications to review.

**BOARD BUSINESS AND REPORTS**

**10. Executive Director’s Report – Discussion and Possible Action**

**a. Financial Report:** No additional information to report.

**b. Board Staff Activities:** In response to the Board’s questions Ms. Herbst Paakkonen reported that in her opinion the webinar she delivered to the students of Pima Medical Institute was a very positive experience. She commented that the webinar application allows the participants to review the same materials through the secure webinar internet site, and noted that

it may be useful for the Board's purposes as long as doing so complied with the Arizona Open Meeting Laws by allowing the public access to the meeting. In response to the Board's questions she explained that the cost of conducting a webinar is \$0.18 per minute which is considerably less costly than travel and presents a cost-effective option for conducting presentations to students in Flagstaff and Tucson.

**c. FSBPT Initiatives and News:** The Board noted that the issue relative to approval of the national licensing examination in the proposed regulations of the Centers for Medicare and Medicaid has largely been resolved and that the regulations will appropriately reflect that the examination is to be approved by the Federation of State Boards of Physical Therapy. The Board also congratulated Ms. Kalis for her appointment to the Federation's foreign education committee.

**d. Rule Writing Update:** No additional information to report.

**e. Legislative Update:** No additional information to report.

### **11. Review and Possible Action on Suggested Language for Administrative Rule Addressing Documentation Requirements**

Ms. Herbst Paakkonen summarized the outcome of the Board's directive to develop a survey for the purpose of collecting input and feedback to the suggested rule language for patient documentation. She noted that she and Ms. Hiller developed a very open-ended survey so respondents could comment freely. The Board concurred that the majority of comments were favorable but that a few respondents offered language that could potentially make any proposed rule language lengthier, but not necessarily improve it. The Board discussed the danger in becoming too prescriptive with proposed rule language which can be too limiting and problematic. The Board debated on how to best incorporate and consider the survey responses. Ms. Herbst Paakkonen reviewed with the Board the steps of the rulemaking process and advised that the public would have opportunity to provide comments during the public comment period to the proposed language. There was some discussion whether the suggested documentation language adequately addresses documentation in the instance of abandonment of care by the patient. The Board directed Ms. Herbst Paakkonen to provide the suggested language as drafted by the Documentation Task Force to Jeanne Hann, contract rule writer for purposes of developing a draft for the Board to consider, revise and approve at a future meeting.

### **12. Discussion and Possible Action on A.R.S. §1-501. Eligibility for public programs; documentation; definition**

Ms. Herbst Paakkonen advised the Board that a bill proposed in the last Legislative session that she had listed on her tracking report was amended near the end of the session and was signed into law. The Arizona Attorney General's office recently advised professional and occupational licensing agencies that this new legislation requires an applicant for licensure to verify she is either a U.S. citizen or lawfully residing in the U.S. Ms. Herbst Paakkonen explained that not only does the requirement encompass applicants for initial licensure, but that all applicants for licensure renewal are also subject to the requirement. The Board discussed the fact that it will need to review the Arizona Statement of Citizenship and Alien Status form when conducting the substantive review of initial applications for licensure and certification. Ms. Herbst Paakkonen explained the implications that this requirement will place on the on-line licensure and certification renewal option that was offered for the first time in 2006, but advised the Board that she and the staff had already brainstormed at least one potentially viable solution that would ensure compliance with the law while allowing on-line licensure renewal to remain a realistic option. She assured the Board that she would continue to provide updates on this policy change.

## **CALL TO THE PUBLIC**



*Public input is encouraged. Presentations will be limited to five minutes. Please be aware, however, that the Board may not discuss, consider or take action at this meeting on any item not appearing on its agenda. During the Board meeting, additional public comment may be requested, but is generally not allowed.*

**ADJOURNMENT**

The meeting adjourned at 1:00 p.m.

Prepared by,

Heidi Herbst Paakkonen  
Executive Director

Approved by,

Randy Robbins  
Secretary