



# **BOARD OF PHYSICAL THERAPY PRACTICE**

## **APPLICATION MATERIALS FOR THE FLORIDA LAWS AND RULES EXAMINATION**

**May 2015 Edition**

**Board of Physical Therapy Practice**

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

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# Florida Physical Therapy Laws & Rules Examination Application

This application should be used by current license holders only to fulfill a Final Order requirement or to apply for continuing education credit.

## **Instructions**

**Step 1:** Complete each question on the application. Leaving blanks may cause a delay in your application process. Mail your completed application to:

Florida Board of Physical Therapy Practice  
P.O. Box 6330  
Tallahassee, FL 32314-6330

**Step 2:** Register online with the Federation of State Boards of Physical Therapy (FSBPT) at [www.fsbpt.net/pt](http://www.fsbpt.net/pt) for the Florida Law exam. A delay in this step will delay your processing.

Once your application has been received by the Board office, your registration will be processed within 3-5 business days. You will receive an Authorization to Test letter by mail from the FSBPT. This letter will provide you with scheduling instructions.

**NOTE: The exam will be given through FSBPT and will be on the following:**

- Chapter 456, Florida Statutes, Health Professions and Occupations: General Provisions
- Chapter 486, Florida Statutes, Physical Therapy Practice Act
- Rules 64B17, Florida Administrative Code
- Candidate Information Booklet for the Physical Therapy Laws & Rules Computer Based Testing Examination may be obtained on our website at: [www.FloridasPhysicalTherapy.gov](http://www.FloridasPhysicalTherapy.gov).
  - **The FSBPT Laws and Rules Exam fee must be paid directly to the FSBPT.** Please visit [www.fsbpt.org](http://www.fsbpt.org) for fee and payment information.
  - **The Prometric Testing fee must be paid directly to the Prometric Testing Center at the time of scheduling.** Please visit [www.prometric.com](http://www.prometric.com) for fee and payment information.

**Special Testing Accommodations: (Forms must be completed and submitted at the time of application)**

Special testing accommodations may be requested by submitting the following:

- Application for candidates requesting special testing accommodations in accordance with the American's with Disabilities Act
- Application for special testing accommodations due to a religious conflict

The application must be submitted no later than sixty (60) days prior to sitting for the examination. Please contact the Bureau of Operations immediately for an application at (850) 245-4252 or download the application directly from our website: <http://floridasphysicaltherapy.gov/resources/>.



Applications are good for one year from date of original submission of the application and fee.  
 Application fees are non-refundable.  
 Failure to complete this entire application will result in a delay in your processing.  
 PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

### Application for the Florida Laws and Rules Examination

<p>1. <input type="checkbox"/> <b>Application to fulfill a Final Order Requirement</b>  <b>Case Number:</b> _____  <b>License Number:</b> _____  <input type="checkbox"/> Physical Therapist (5501)   <input type="checkbox"/> Physical Therapist Assistant (5502)   <input type="checkbox"/> I have registered online with the FSBPT (<a href="http://www.fsbpt.net/pt">www.fsbpt.net/pt</a>) for the Florida laws &amp; rules exam. <b>A delay in this step may delay your processing.</b></p>	<p>2. <input type="checkbox"/> <b>Application for CE credit</b>  <b>License Number:</b> _____   <input type="checkbox"/> Physical Therapist (5501)   <input type="checkbox"/> Physical Therapist Assistant (5502)   <input type="checkbox"/> I have registered online with the FSBPT (<a href="http://www.fsbpt.net/pt">www.fsbpt.net/pt</a>) for the Florida laws &amp; rules exam. <b>A delay in this step may delay your processing.</b></p>
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The Federation of State Boards of Physical Therapy (FSBPT) will issue an Authorization-To-Test e-mail to each examination applicant.

3. PROFILE INFORMATION (List your full, legal name as it should appear on license, no nicknames or shortened versions.)

**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

List all names by which you are currently known or have been known in the past. \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**IMPORTANT:** Postal Service does not forward Government mail. You must keep address updated during licensure process to avoid delay. **If you use a P.O. Box address as mailing address we must also have a physical address.**

Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**PRACTICE ADDRESS** (If not applicable indicate with N/A)

\_\_\_\_\_

Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

**Mailing address will display on the Internet if you have not provided a practice location address.**

<b>DATE OF BIRTH (m/d/yr)</b> _____	<b>CORRESPONDENCE VIA E-MAIL?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>WORK NUMBER:</b> _____ <b>HOME NUMBER:</b> _____ <b>CELL NUMBER:</b> _____ <b>FAX NUMBER:</b> _____	<b>E-MAIL ADDRESS:</b> _____@_____

Please print legibly. By checking "yes", you agree to allow the board office to contact you with information regarding your application via e-mail. Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

**4. NAME OF SCHOOL, COLLEGE OR UNIVERSITY:** (List below all higher education and earned degrees)

Name of Institution	Location	Student Last Name	Major	Degree	Date of Graduation

**CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE\***

<b>Name:</b>			<b>Social Security Number:</b>
<hr/>	<hr/>	<hr/>	<hr/>
<b>Last</b>	<b>First</b>	<b>Middle</b>	

The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

**5. SPECIAL TESTING ACCOMMODATION:**

**Are you applying for special testing?** Yes \_\_\_\_ NO \_\_\_\_

If yes, please see application instructions.

\* This page is exempt from public records disclosure.

## **FSBPT CONTENT OVERVIEW**

The Florida Laws and Rules Examination consists of fifty (50) multiple-choice questions, 40 of which are scored and 10 that are pilot questions. Applicants are given one hour (60 minutes) to complete the computer-based test.

Applicants are **NOT** allowed to bring any reference materials including Laws and Rules Study Guide into the examination room.

The Florida Laws and Rules portion of the examination will cover:

**Chapter 486, Florida Statutes, Physical Therapy Practice**

**Chapter 456, Florida Statutes, Health Professions & Occupations: General Provisions**

**Chapter 64B-17, Florida Administrative Code, Physical Therapy Rules**

## **Florida Jurisprudence Examination Content Outline**

<b>Category</b>	<b>Subcategory</b>	<b>Florida Law</b>	<b>Florida Rules</b>	<b>Specs</b>
1. Legislative Intent and Definitions	1.1 Legislative intent	486.015;456.003		10
	1.2 Definition of Physical therapy/practice of physical therapy	486.021(8)(11)		
	1.3 Definition of Physical Therapist, Physical Therapist Assistant, Support Personnel	486.021(5)(7) 486.021(6)(7)		
	1.4 Types of Licenses, inactive status, etc.	486.021(3)	64B17-5	
	1.5 Definition of supervision and levels of supervision	486.021(9)		
2. Board Powers and Duties	2.1 Continuing education	486.109	64B17-8; 64B17-9	2
3. Licensure and Examination	3.1 Renewal/name changes	486.085(PT), 456.036 486.108(PTA)	64B17-2.005 (PT, PTA) 64B17-6.004	3
	3.2 Reinstatement of license	486.085 (PT), 486.108(PTA)	64B17-5.001	
4. Patient Care Management and Use of Titles	4.1 Use of Titles	486.135, 486.151		14
	4.2 Components of Care/Standards of Practice	486.021(10)(11)	64B17-6.001 64B17-6.003 64B17-6.006	
	4.3 Supervision requirements and ratios (not definitions)		64B17-6.001 64B17-6.002 64B17-6.007	
	4.4 Referral if outside scope of physical therapist practice		64B17-6.001	
	4.5 Documentation/Medical Records		64B17-6.0042 64B17-6.0044 64B17-6.005	
	4.6 Responsibilities of the physical therapist and physical therapist assistant		64B17-6.007 64B17-6.002 64B17-6.001	
5. Disciplinary Action and Unlawful Practice	5.1 Grounds for disciplinary action	486.125(1) 486.123 456.072		6
	5.2 Receipt of complaint, Investigative powers, emergency action, hearing officers	456.073		

	5.3 Unlawful practice, classification, civil penalties, injunctive relief, aiding and abetting unlawful practice	486.151, 456.065 486.153		
6. Consumer Advocacy	6.1 Reporting violations, immunity	456.061		5
	6.2 Substance abuse recovery program	456.076		
	6.3 Rights of Consumers, disclosure of financial interests, freedom of choice, confidentiality, public records.	456.052, 456.053, 456.054		

**Sample Questions:**

\_\_\_\_ 1. Appropriate general supervision of a physical therapist assistant in an outpatient setting requires:

- A. Direct supervision by the physical therapist.
- B. On-site supervision by the physical therapist.
- C. Communication accessibility and geographic proximity by the physical therapist.
- D. Direct supervision by the referring physician.

\_\_\_\_ 2. An athletic trainer is employed in an outpatient physical therapy center to assist in the delivery of patient care treatment with direct supervision by the physical therapist. The athletic trainer may document which of the following?

- A. Tasks and activities of patients during treatment
- B. Evaluation of a physical therapy patient
- C. Re-evaluation of a physical therapy patient
- D. Patient progress notes during treatment

\_\_\_\_ 3. Which of the following may a physical therapist delegate to a physical therapist assistant?

- A. Initial evaluation of a patient
- B. Re-evaluation of a patient
- C. Interpretation of the initial evaluation
- D. Assessment of the patient's progress

Correct Answers: 1. C; 2. A; 3. D

**Check List for Re-examination to take the Florida Laws and Rules Examinations**

- \_\_\_\_ Complete the two page application
- \_\_\_\_ Special Testing Accommodations (if applicable)
- \_\_\_\_ Register online to the FSBPT and pay the FSBPT registration fee