
Call to Order – Megan Bureau, PT, DPT, Board President

- Welcome and Introductions
- Mission of the Board
- Emergency Egress Instructions

Approval of Minutes (p. 4-23)

- Board Meeting – November 14, 2025
- Formal Administrative Hearings – August 13, 2025; November 14, 2025; November 21, 2025

Ordering and Approval of Agenda

Public Comment

The Board will receive public comment on agenda items at this time. To allow ample time for the Board to conduct its business, public comment will be allocated up to a maximum of 20 minutes. The Board will not receive comment on any pending regulation process for which a public comment period has closed or any pending or closed complaint or disciplinary matter.

Agency Report – Director, Department of Health Professions

Staff Reports

- Executive Director’s Report and Physical Therapy Compact Update – **Corie E. Tillman Wolf, JD, Executive Director** (p. 25-27)
- Discipline Report – **Annette Kelley, MS, CSAC, Deputy Executive Director**
- Licensing Report – **Sarah Georgen, Board Administrator**

Board Counsel Report – Sara Blose, Senior Assistant Attorney General

Legislative and Regulatory Reports – Matt Novak, Agency Regulatory Coordinator

- Legislative Report
- Report on Status of Regulatory Actions (p. 29)

Board Action – Matt Novak, Corie E. Tillman Wolf

- Adoption of the Electronic Meeting Policy (Virginia Code § 2.2-3708.3) (p. 31-33)

New Business – Corie E. Tillman Wolf, Matt Novak

- Imaging Referrals by Physical Therapists – Letter from APTA-Virginia (p. 36-39)
 - Overview of Licensing Provisions for Military Members and Spouses (p. 41-49)
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- Updates to TOEFL Score Requirements for Graduates of Non-CAPTE Accredited Programs (p. 51-55)
 - Healthcare Workforce Data Center Updates - **Yetty Shobo, Ph.D., Director, Healthcare Workforce Data Center**
 - Supply and Demand Dashboard – Physical Therapists and Physical Therapist Assistants
 - Consideration of Addition of Renewal Survey Questions on Burnout
-
-

Board Member Development

- Training and Development Topics for 2026
 - Discussion of Best Practices for Meetings and Hearings
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-

Next Meeting – May 12, 2026

Business Meeting Adjournment

This information is in **DRAFT** form and is subject to change. The official agenda and packet will be approved by the public body at the meeting and will be available to the public pursuant to the Code of Virginia.

Approval of Minutes

The Virginia Board of Physical Therapy convened for a full Board meeting on Friday, November 14, 2025, at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, 2nd Floor, Board Room #4, Henrico, Virginia.

BOARD MEMBERS PRESENT

Megan Bureau, PT, DPT, President
Srilekha Palle, PT, DPT, Vice-President
Elizabeth Locke, PT, PhD*
Melissa Fox, PT, DPT
Susan Szasz Palmer, MLS
Michele Wiley, PT, DPT, DHSc

BOARD MEMBERS NOT PRESENT:

Rebecca Duff, PTA, DHSc

DHP STAFF PRESENT FOR ALL OR PART OF THE MEETING

Sarah Georgen, Board Administrator
Annette Kelley, MS, CSAC, Deputy Executive Director
Laura Mueller, Senior Licensing Program Coordinator
Matt Novak, Agency Regulatory Coordinator
Corie Tillman Wolf, JD, Executive Director
Joi Yancey, Administrative Support Specialist

**Participant indicates attendance to count toward continuing education requirements*

BOARD COUNSEL:

Sara Blose, Senior Assistant Attorney General

OTHER GUESTS PRESENT:

Jessica (No Last Name Provided)
Ken Hutcheson, Old Dominion Public Affairs, LLC

CALL TO ORDER

Dr. Bureau called the meeting to order at 10:03 a.m. and asked the Board members and staff to introduce themselves.

Dr. Bureau welcomed Michele Wiley, PT, DPT, DHSc, to her first meeting as a newly appointed Board Member.

With six Board members present at the meeting, a quorum was established.

Dr. Bureau read the mission of the Board, which is also the mission of the Department of Health Professions.

Dr. Bureau reminded the Board members and audience about microphones, computer agenda materials, breaks, sign-in sheets, and attendance for continuing education requirements.

Ms. Tillman Wolf then read the emergency egress instructions.

APPROVAL OF MINUTES

Dr. Bureau opened the floor to any edits or corrections regarding the draft minutes for a Board meeting and Legislative/Regulatory Committee meeting held on May 8, 2025, and Telephonic Conferences held on June 2, 2025, June 4, 2025, and June 25, 2025. Hearing none, the minutes were approved as presented.

ORDERING OF THE AGENDA

Dr. Bureau opened the floor to any additional items to add to the agenda.

Ms. Tillman Wolf informed the Board that Mr. Owens was unable to attend the meeting and, as a result, there would be no Agency Report.

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Fox, the Board voted to approve the agenda as amended. The motion carried unanimously (6-0).

PUBLIC COMMENT

There was no public comment.

STAFF REPORTS

Executive Director's Report – Corie E. Tillman Wolf, JD, Executive Director

Welcome

Ms. Tillman Wolf welcomed Dr. Wiley, as a recently appointed Board Member, and Sara Blose, Senior Assistant Attorney General, as Board Counsel.

Congratulations

Ms. Tillman Wolf congratulated Dr. Mariano, a former Board Member, on receiving the 2025 Federation of State Boards of Physical Therapy (FSBPT) Outstanding Service Award.

Board Updates

Ms. Tillman Wolf provided several updates to the Board including, that the Department of Health Professions (DHP) published a LinkedIn post in October to recognize Physical Therapy Month and to congratulate Dr. Mariano on receiving the FSBPT Outstanding Service Award.

She stated that regulatory amendments became effective on June 18, 2025, resulting from the Board's regulatory reduction efforts. She indicated that additional details related to the implementation of these amendments would be presented later in the agenda.

Ms. Tillman Wolf further reported that a Board Newsletter was electronically distributed to licensees in September 2025 and received favorable responses. She stated that the goal is to issue at least one newsletter per calendar year, in addition to the standard renewal reminder and updates as needed.

Additionally, Ms. Tillman Wolf provided updates on a presentation to third-year students at Old Dominion University (ODU) on October 9, 2025, plans for a future meeting of the Legislative/Regulatory Committee, and planning and development of the biennial budget. Updated committee assignments will be shared with Board members.

Ms. Tillman Wolf reported on plans for an upcoming communication to Physical Therapy and Physical Therapist Assistant programs in Virginia aimed at promoting awareness of available FSBPT resources and enhancing engagement with the Board.

FSBPT Updates

Ms. Tillman Wolf reported on the Leadership Issues Forum held on July 19–20, 2025, in Alexandria, Virginia, which she attended along with Dr. Bureau and Dr. Mariano. She noted that Dr. Mariano served as a presenter during the meeting. She reported that the FSBPT Annual Meeting, took place from October 23 to 25, 2025, in Spokane, Washington, and was attended by Dr. Bureau, Dr. Palle, and herself.

Ms. Tillman Wolf announced that Bill Hatherill, Chief Executive Officer of the Federation of State Boards of Physical Therapy (FSBPT), will retire in January 2026, and that Susan Newman has been named as his successor. She further reported that the FSBPT has several upcoming webinars scheduled and encouraged Board members to participate.

Ms. Tillman Wolf provided updates from the Leadership Issues Forum (LIF), to include the following:

- FSBPT has ongoing litigation concerning the use of the "DPT" designation currently before the United States Patent and Trademark Office (USPTO), with no resolution at this time.
- There will be no increase in the FSBPT examination fee through the year 2027.
- The Commission on Accreditation in Physical Therapy Education (CAPTE) provided a presentation regarding trends in physical therapy education programs. Since 2017, there has been an increase of 57 Doctor of Physical Therapy (DPT) programs, while Physical Therapist Assistant (PTA) programs have declined by 29, resulting in a reduction of approximately 2,500 PTA students.

- LIF discussions focused on workforce data collection and analysis, continuing competence requirements, the practice of animal physical therapy, professional boundaries and informed consent, and challenges related to testing and examination processes.

Ms. Tillman Wolf provided updates from the FSBPT Annual Education Meeting, to include the following:

- The availability of new resources through the Health Regulatory Research Institute (HRRI), which supports research in the health regulatory space, including the newly released Healthy Practice Resource. The Healthy Practice Resource is a self-assessment tool designed to help physical therapy practitioners identify stressors affecting their practice and connect them with appropriate resource materials.
- FSBPT administered a total of 104,480 examinations, including 18,457 Physical Therapist (PT) NPTE exams and 7,865 Physical Therapist Assistant (PTA) NPTE exams. A continued decline in pass rates was noted, with an 8% decrease for PTs and an 11% decrease for PTAs between 2016 and 2024. The FSBPT is continuing to review potential contributing factors.
- Additional topics addressed at the Annual Education Meeting included the increasing role of artificial intelligence and digital practice in physical therapy and demonstrating the value of licensing boards to legislators, stakeholders, and the public.

Ms. Tillman Wolf noted several upcoming/ongoing FSBPT initiatives, including updates to the Coursework Tool (CWT 7) and PTA Tool 3, used for credentials evaluations for internationally educated or non-CAPTE-trained PTs and PTAs. The new tools have an anticipated launch date of January 1, 2027. Additionally, changes to the score standards for the Test of English as a Foreign Language (TOEFL) were likely to be implemented in late 2027 or early 2028. A task force will be convened in 2026 to review the TOEFL and evaluate standards for other available English proficiency assessments. She will keep the Board informed of any changes in these areas as there may be an impact on Board regulations and/or application requirements.

PT Compact Updates

Ms. Tillman Wolf provided an update on the Physical Therapy Compact. She announced that the Compact has reached a milestone of 40 member states, with Nevada being the most recent state to join. Of the total member states, 35 states are currently issuing Compact Privileges (CPs). She noted that Pennsylvania began issuing CPs on July 7, 2025.

She referenced third-quarter data included in the agenda packet, reporting that as of September 30, 2025, a total of 843 Physical Therapists and 188 Physical Therapist Assistants hold Compact Privileges to practice in Virginia. Additionally, 707 Virginia-licensed Physical Therapists and 130 Physical Therapist Assistants have obtained Compact Privileges to practice in other member states.

Ms. Tillman Wolf announced that the PT Compact Annual Meeting is scheduled to be held virtually on December 10, 2025, and encouraged Board members to attend. The meeting will include elections for the positions of Vice Chair and two Members-at-Large, as well as the approval of the 2026 Annual Budget. She also noted that proposed amendments to the Compact Rules will be reviewed during the meeting. She stated that the draft language for these amendments was included in the agenda packet.

Additionally, Ms. Tillman Wolf reported that the PT Compact website has been updated to enhance accessibility and improve the user experience for licensees purchasing Compact Privileges. She noted that continuing education, outreach efforts, and webinars are planned for the upcoming year to support licensee engagement and awareness.

Expenditure and Revenue Summary

Ms. Tillman Wolf presented a financial overview of Fiscal Year 2025 (FY2025), noting that the Board operates on a biennial renewal cycle, with license renewals occurring at the end of each even-numbered calendar year. As a result, the revenue generated from renewals is reflected in the following odd-numbered fiscal year and is used to fund Board operations over the two-year biennium. Ms. Tillman Wolf noted a 22% increase in expenses reported for the Board between FY24 and FY25. This increase is attributed to rising salary costs and agency-wide personnel overhead, as well as higher allocated costs related to investigations and adjudication of disciplinary cases.

Ms. Tillman Wolf presented the Expenditure and Revenue Summary as of July 31, 2024.

Cash Balance as of June 30, 2024	\$1,388,883
YTD FY 2025 Revenue	\$1,597,674
Less: YTD FY 2025 Direct and Allocated Expenditures + Cash Transfers	<u>\$ 758,083</u>
Cash Balance as of June 30, 2025	\$2,063,849

2026 Board Meetings

Ms. Tillman Wolf provided the 2026 Board meeting schedule.

- February 4, 2026
- May 12, 2026
- August 18, 2026
- November 17, 2026

Notes and Reminders

Ms. Tillman Wolf provided reminders on participation in Committees, Workgroups, and FSBPT-funded meetings when attending as a Board Member. Additionally, she provided reminders of changes to contact information and thanked the Board Members for their hard work and dedication.

Ms. Tillman Wolf answered questions from the Board related to NPTE pass rates.

With no other questions, Ms. Tillman Wolf concluded her report.

Discipline Report – Annette Kelley, MS, CSAC, Deputy Executive Director

As of September 30, 2025, Ms. Kelley reported the following disciplinary statistics:

- 44 Patient Care Cases:
 - 5 at Informal Conferences
 - 2 at Formal Hearings
 - 9 at Enforcement
 - 27 at Probable Cause
 - 1 at Administrative Proceedings Division

- 25 Non-Patient Care Cases:
 - 0 at Informal Conferences
 - 1 at Formal Hearings
 - 4 at Enforcement
 - 20 at Probable Cause
 - 0 at Administrative Proceedings Division

- 3 cases were listed in Compliance

Ms. Kelley provided an update on disciplinary case activity as of September 30, 2025. She reported an increase in both patient care and non-patient care cases, noting that the team has remained busy managing Informal Conferences (IFCs) and Formal Hearings (FHs). During the first quarter, the Board experienced the highest number of disciplinary cases received and closed in nearly two years. This upward trend in disciplinary activity is being observed across all three boards, though the cause of the increase remains unclear. Ms. Kelley stated that staff will continue to monitor the trend to determine any underlying patterns or contributing factors. She concluded by expressing her appreciation to Board members for their continued efforts in conducting probable cause reviews.

Ms. Kelley reported the following Total Cases Received and Closed:

- | | |
|-------------------|-------------------|
| • Q4 2022 – 3/10 | • Q3 2024 – 10/15 |
| • Q1 2023 – 15/21 | • Q4 2024 – 9/29 |
| • Q2 2023 – 13/18 | • Q1 2025 – 18/12 |
| • Q3 2023 – 10/8 | • Q2 2025 – 15/9 |
| • Q4 2023 – 4/5 | • Q3 2025 – 16/15 |
| • Q1 2024 – 10/14 | • Q4 2025 – 15/8 |
| • Q2 2024 – 27/4 | • Q1 2026 – 28/14 |

With no questions, Ms. Kelley concluded her report.

Licensure Report – Sarah Georgen, Licensing and Operations Supervisor

Licensure Statistics – All Licenses

Ms. Georgen presented licensure statistics that included the following information and trends in license count:

License	Q4 2025	Q1 2025	Change +/-
Physical Therapist	9,483	9,708	+225
Physical Therapist Assistant	3,712	3,796	+84
Total PTs and PTAs	13,195	13,504	+309
Direct Access Certification	1,211	1,217	+6

Examination Statistics

Ms. Georgen presented the statistics for the Physical Therapist and Physical Therapist Assistant examinations from the April, July, and October 2025 administrations, providing information on examination trends.

Board Newsletter

Ms. Georgen reported that the Board distributed an electronic newsletter on September 30, 2025. The newsletter was sent to 13,735 licensees and achieved a 76% open rate. She noted that the majority of recipients accessed the content via mobile devices. The top three links accessed within the newsletter were related to legislative updates, pending regulatory actions, and the Department of Health Professions’ License Lookup.

With no questions, Ms. Georgen concluded her report.

BOARD COUNSEL REPORT

Ms. Blose provided an update on a court case involving the Board.

COMMITTEE AND BOARD MEMBER REPORTS

Legislative/Regulatory Committee Report - Megan Bureau, PT, DPT

Dr. Bureau provided a brief report on the Legislative/Regulatory Committee meeting held on May 8, 2025, and referenced the meeting minutes for additional information.

With no questions, Dr. Bureau concluded her report.

Report from the FSBPT Leadership Issues Forum - Megan Bureau, PT, DPT

Dr. Bureau provided a summary of key discussions from the FSBPT Leadership Issues Forum. She noted that the meeting included time dedicated to hearing updates from various FSBPT task forces. She stated that CAPTE has issued a stay related to its rule surrounding diversity, equity, and inclusion (DEI) within the field of physical therapy education. She reported that several states are currently addressing deregulation efforts, including proposals to consolidate licensing boards and eliminate jurisprudence examination requirements. The Health Regulatory Research Institute (HRRI) is actively examining the use of the

Jurisprudence Assessment Module (JAM) and its connection to boundary violations. Additionally, policy discussions are underway regarding the evolving role of artificial intelligence in clinical practice, declining national examination pass rates, scope of practice considerations, and the integration of primary care responsibilities within the profession.

With no questions, Dr. Bureau concluded her report.

Report from the FSBPT Annual Education Meeting - Megan Bureau, PT, DPT, and Srilekha Palle, PT, DPT

Dr. Palle provided a report on her attendance at the FSBPT Annual Education Meeting and expressed her appreciation to the Board for the opportunity to attend as a first-time participant. She shared her reflections on several sessions she found particularly valuable, including those focused on the emerging field of animal physical therapy and the growing need to address the regulation and delivery of such services. She highlighted discussions on the importance of standardizing practitioner qualifications, Compact Privileges, and the tracking and sharing of disciplinary information across jurisdictions.

Dr. Palle also noted policy discussions centered on the role and value of licensing boards, emphasizing the importance of proactive engagement with consumers and legislative bodies. She reported on efforts to improve the sharing of workforce data between jurisdictions and the increasing integration of artificial intelligence in clinical documentation. Additionally, she reported on sessions regarding informed consent in patient care.

Dr. Palle brought attention to Virginia's requirement for a 1,000-hour traineeship for non-CAPTE-educated applicants, noting that Virginia is one of the few states with such a requirement. She suggested that the Board consider reviewing and documenting the rationale and supporting evidence for this standard. She also inquired whether there has been an increase in disciplinary cases involving foreign-educated licensees and requested that the Board explore this further. Dr. Palle concluded by once again thanking the Board for the opportunity to attend the meeting.

Dr. Bureau provided brief remarks on the FSBPT Annual Education Meeting and recognized the Department of Health Professions and Board staff for their continued hard work and support. She emphasized the importance of collaboration with state physical therapy associations and educational programs across jurisdictions to strengthen regulatory and professional alignment. Dr. Bureau suggested that the Board review recent updates to the APTA Code of Ethics. She also encouraged fellow Board members and representatives from educational programs to utilize the FSBPT website as a valuable resource for practitioners, noting the range of tools and information available to support professional development and regulatory compliance.

LEGISLATIVE AND REGULATORY REPORT

Legislative Report – Matt Novak, Agency Regulatory Coordinator

Mr. Novak reviewed a draft legislative proposal included in the agenda materials which seeks to amend the Callahan Act. The proposed amendments would allow fee actions to be implemented through exempt regulatory action, permit the Department to request general fund appropriations for discrete costs, and authorize the recovery of costs associated with investigations and disciplinary proceedings. Mr. Novak noted

that this proposal was developed jointly with the Department of Professional and Occupational Regulation (DPOR), which the Callahan Act also governs. It was emphasized that this is a draft proposal only, and any legislative initiative must be approved by the Agency Director and the Governor's Office before proceeding. He stated that no action was required by the Board at this time and that the item was presented for informational purposes only.

Mr. Novak answered questions from the Board.

With no further questions, Mr. Novak concluded this report.

Report on Status of Regulatory Actions – Matt Novak, Agency Regulatory Coordinator

Mr. Novak provided an update on the status of pending regulatory actions.

With no questions, Mr. Novak concluded this report.

BOARD ACTION

Consideration and Initiation of a Notice of Intended Regulatory Action (NOIRA) to Conduct a Periodic Review of Regulations (Chapter 18VAC112-20)

Mr. Novak provided information on the consideration and initiation of a Notice of Intended Regulatory Action (NOIRA) to conduct a periodic review of the regulations (Chapter 18VAC112-20).

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Palle, the Board voted to issue a Notice of Intended Regulatory Action to conduct a periodic review of 18VAC112-20 as presented. The motion carried unanimously (6-0).

Review and Consideration of Recommendations from Legislative/Regulatory Committee - Approval of Digital Practice Policy Document

Mr. Novak presented information on the recommendations from the Legislative/Regulatory Committee, including the approval of a policy document addressing digital practice. He outlined the Committee's work in evaluating the evolving landscape of digital healthcare delivery and the need for clear guidance to support licensees in this area.

Ms. Tillman Wolf provided additional context, noting that while digital practice continues to develop rapidly, the Board's existing Guidance Document 112-21 on telehealth includes relevant information pertaining to privacy and security of client records, exchange of information, and informed consent. She emphasized the importance of continuing to review and to provide up-to-date guidance to ensure regulatory clarity and support for practitioners.

Upon a **MOTION** by Dr. Locke, and properly seconded by Dr. Palle, the Board voted to adopt the policy document as a policy statement on the use of technology in the provision of Physical Therapy Services as presented. The motion carried unanimously (6-0).

Review and Consideration of Recommendations from Legislative/Regulatory Committee - Amendments to Regulations related to Informed Consent, Use of Chaperones, and Sensitive Physical Therapy Treatment

Mr. Novak presented information on the recommendations from the Legislative/Regulatory Committee regarding amendments to regulations related to informed consent, the use of chaperones, and sensitive physical therapy treatments.

Mr. Novak answered questions from the Board Members related to the definition of chaperones and a minor's legally authorized person for consent. Mr. Novak stated that rolling the committee's recommended language into the periodic review of regulations would enable the Board to consider additional modifications to the language based upon concerns raised.

Upon a **MOTION** by Ms. Szasz Palmer, and properly seconded by Dr. Palle, the Board voted to incorporate the recommendations from the Legislative/Regulatory Committee regarding amendments for 18VAC112-20-120 and 18VAC112-20-170 into the periodic review. The motion carried unanimously (6-0).

Review and Consideration of Recommendations from Legislative/Regulatory Committee - Initiation of Amendments to CE Requirements

Mr. Novak provided information on the discussion and recommendations from the Legislative/Regulatory Committee pertaining to the initiation of amendments to continuing education (CE) requirements. Mr. Novak and Ms. Tillman Wolf noted that there is no draft language for consideration, as the Committee's recommendation was to roll consideration of amendments in this area into the periodic review of regulations.

Upon a **MOTION** by Dr. Fox, and properly seconded by Dr. Locke, the Board voted to initiate amendments to the continuing education requirements as part of the periodic review as discussed. The motion carried unanimously (6-0).

Review and Consideration of Recommendations from Legislative/Regulatory Committee – Consideration of and Adoption of Policy Document – Approved Continuing Education Providers

Mr. Novak and Ms. Tillman Wolf presented information related to the policy document, which reflects approved continuing education providers previously listed in the Board's regulations prior to the recent regulatory reduction.

Ms. Tillman Wolf answered questions from the Board related to the policy document.

Upon a **MOTION** by Dr. Palle, and properly seconded by Ms. Szasz Palmer, the Board voted to approve the policy document reflecting approved continuing education providers as discussed. The motion carried unanimously (6-0).

Consideration of Type 2 Continuing Education for Completion of Healthy Practice Tool Modules - Health Regulatory Research Institute

Ms. Tillman Wolf provided information to the Board of a new resource developed by the Health Regulatory Research Institute (HRRI) in collaboration with FSBPT. The Healthy Practice Resource is a ten-module,

self-guided tool designed to help practitioners identify potential stressors that may impact their ability to practice safely. She stated that HRRI and FSBPT recommend awarding 1.0 hour of continuing education credit for the completion of each module. Upon completion, practitioners receive individual certificates that reflect joint sponsorship by HRRI and FSBPT.

Ms. Tillman Wolf outlined considerations for the Board in determining whether these modules may be considered for continuing education credit, depending on the Board’s interpretation of its regulations.

Upon a **MOTION** by Dr. Palle, and properly seconded by Dr. Locke, the Board voted to approve Type 2 continuing education credit for the completion by licensees of the Healthy Practice Resource Modules as discussed. The motion carried unanimously (6-0).

NEXT MEETING

The next meeting date is February 4, 2026.

ADJOURNMENT

Dr. Bureau called for any objections to adjourn the meeting. Hearing no objections and with all business concluded, the meeting adjourned at 11:44 a.m.

Corie E. Tillman Wolf, JD, Executive Director

Date

Unapproved
VIRGINIA BOARD OF Physical Therapy
FORMAL ADMINISTRATIVE HEARING
MINUTES

Wednesday August 13, 2025

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER:

The formal hearing of the Board was called to order at 1:03 p.m.

MEMBERS PRESENT:

Megan Bureau, PT, DPT, President (Chair)
Srilekha Palle, PT, DPT, MBA
Melissa Fox, PT, DPT
Mira Mariano, PT, PhD
Susan Szasz Palmer, MLS, Citizen Member

BOARD COUNSEL:

Sara Blose, Assistant Attorney General

DHP STAFF PRESENT:

Corie Tillman Wolf, Executive Director
Annette Kelley, Executive Deputy Director
Florence Venable, Discipline and Operations Supervisor

COURT REPORTER:

Colleen Grgory-Gettel, County Court Reporters

**PARTIES ON BEHALF OF
COMMONWEALTH:**

Emily Tatum, Senior Adjudication Consultant,
Administrative Proceedings Division

**COMMONWEALTHS
WITNESS:**

Todd Troutner, Senior Investigator, DHP

MATTER:

Rogelio Santos, Jr., PT
License No.: 2305-005552
Case Number: 242864

**ESTABLISHMENT OF A
QUORUM:**

With five (5) members present, a quorum was

established.

DISCUSSION:

Rogelio Santos, Jr., PT, did not appear before the Board in accordance with the Notice of Formal Hearing dated June 5, 2025, nor was he represented by counsel at the Formal Hearing.

The Board received evidence and sworn testimony on behalf of the Commonwealth regarding the allegations in the Notice.

CLOSED SESSION:

Upon a motion by Dr. Palle, and duly seconded by Dr. Fox, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Rogelio Santos, Jr., PT.

Additionally, Dr. Palle moved that Ms. Blose, Ms. Tillman Wolf, Ms. Kelley and Ms. Venable attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION:

Upon a motion by Dr. Palle, and duly seconded by Dr. Mariano, the Board voted to **Revoke** the license of Rogelio Santos, Jr.

The motion carried.

VOTE:

The vote was unanimous. (5-0)

ADJOURNMENT:

The Board adjourned at 2:24 p.m.

For the Board:

Corie Tillman Wolf, JD, Executive Director

Date

Unapproved
**VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL ADMINISTRATIVE HEARING
MINUTES**

Friday November 14, 2025

**Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233**

CALL TO ORDER: The formal hearing of the Board was called to order at 1:07 p.m.

MEMBERS' PRESENT: Megan Bureau, PT, DPT, Chair
Srilekha Palle, PT, DPT, MBA
Elizabeth Locke, PT, PhD
Melissa Fox, PT, DPT
Michele Wiley, PT, DPT, DHSc
Susan Szasz Palmer, MLS, Citizen Member

BOARD COUNSEL: Sara Blose, Senior Assistant Attorney General

DHP STAFF PRESENT: Corie Tillman Wolf, J.D., Executive Director
Annette Kelley, Deputy Executive Director
Florence Venable, Discipline Operations Manager

COURT REPORTER: Juan Ortega, Juan Ortega Court Reporting

PARTIES ON BEHALF OF COMMONWEALTH: Emily Tatum, Senior Adjudication Specialist

COMMONWEALTHS WITNESS: Todd Troutner, Senior Investigator, DHP
Tasneem Shaikh, PT
Emmanuel Debra, PTA
Angel Tejada
Keitel Maring
Brendan Vasquez
Allison Burns
Ryan Kim

MATTER:

Oludare Iyiola Ewetusa, PTA
License No.: 2306-604918
Case Numbers: 244543

**ESTABLISHMENT OF A
QUORUM:**

With six (6) members present, a quorum was established.

DISCUSSION:

Mr. Ewetusa appeared before the Board in accordance with the Board's notice dated June 26, 2025, and was not represented by an attorney.

The Board received evidence and sworn testimony from witnesses called by the parties and Mr. Ewetusa regarding the allegations in the Notice.

The Board heard arguments on behalf of the parties.

CLOSED SESSION:

Upon a motion by Dr. Bureau, and duly seconded by Dr. Wiley, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Oludare Ewetusa, PTA.

Additionally, Dr. Bureau moved that Ms. Blose, Ms. Tillman Wolf, Ms. Kelley, and Ms. Venable attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION:

Upon a motion by Dr. Bureau and duly seconded by Dr. Wiley, the Board voted to issue an order to continue Mr. Ewetusa's license on indefinite suspension for not less than 12 months.

The motion carried.

VOTE:

The vote was unanimous. (6-0)

ADJOURNMENT:

The Board adjourned at 7:47 p.m.

For the Board:

Corie Tillman Wolf, JD, Executive Director

Date

Unapproved
VIRGINIA BOARD OF PHYSICAL THERAPY
FORMAL ADMINISTRATIVE HEARING
MINUTES

Friday November 21, 2025

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The formal hearing of the Board was called to order at 9:01 a.m.

MEMBERS' PRESENT: Megan Bureau, PT, DPT, Chair
Srilekha Palle, PT, DPT, MBA
Elizabeth Locke, PT, PhD
Michele Wiley, PT, DPT, DHSc
Susan Szasz Palmer, MLS, Citizen Member

BOARD COUNSEL: Brent Saunders, Senior Assistant Attorney General
Sara Blose, Senior Assistant Attorney General

DHP STAFF PRESENT: Corie Tillman Wolf, J.D., Executive Director
Florence Venable, Discipline Operations Manager

COURT REPORTER: Juan Ortega, Juan Ortega Court Reporting

PARTIES ON BEHALF OF COMMONWEALTH: Christine Corey, Senior Adjudication Specialist

COMMONWEALTHS WITNESS: William Gorwood, Senior Investigator, DHP
Jennifer Challis, Senior Investigator, DHP
Nicole Kellam

MATTER: **Scott Jonathan Roberts, PT**
Reinstatement Applicant
Case Numbers: 237363, 240780

ESTABLISHMENT OF A QUORUM:

With five (5) members present, a quorum was established.

DISCUSSION:

Mr. Roberts appeared before the Board in accordance with the Board's notice dated May 12, 2025, and continuance letter dated September 15, 2025. He was represented by his attorney, William Hurd, Esq.

The Board received evidence and sworn testimony from witnesses called by the parties and Mr. Roberts regarding the allegations in the Notice.

The Board heard arguments on behalf of the parties.

CLOSED SESSION:

Upon a motion by Dr. Bureau, and duly seconded by Dr. Locke, the Board voted to convene a closed meeting, pursuant to §2.2-3711.A (27) of the Code of Virginia, for the purpose of deliberation to reach a decision in the matter of Scott Roberts, PT Reinstatement Applicant.

Additionally, Dr. Bureau moved that Mr. Saunders, Ms. Blöse, Ms. Tillman Wolf, and Ms. Venable attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Board in its deliberations.

RECONVENE:

Having certified that the matters discussed in the preceding closed session met the requirements of §2.2-3712 of the Code, the Board reconvened in open session.

DECISION:

Upon a motion by Dr. Bureau and duly seconded by Dr. Locke, the Board voted to issue an order to **Reinstate** Mr. Roberts' license and place his license on **Indefinite Probation** for a period of not less than 2 years subject to terms and conditions.

The motion carried.

VOTE:

The vote was unanimous. (5-0)

ADJOURNMENT:

The Board adjourned at 4:53 p.m.

For the Board:

Corie Tillman Wolf, JD, Executive Director

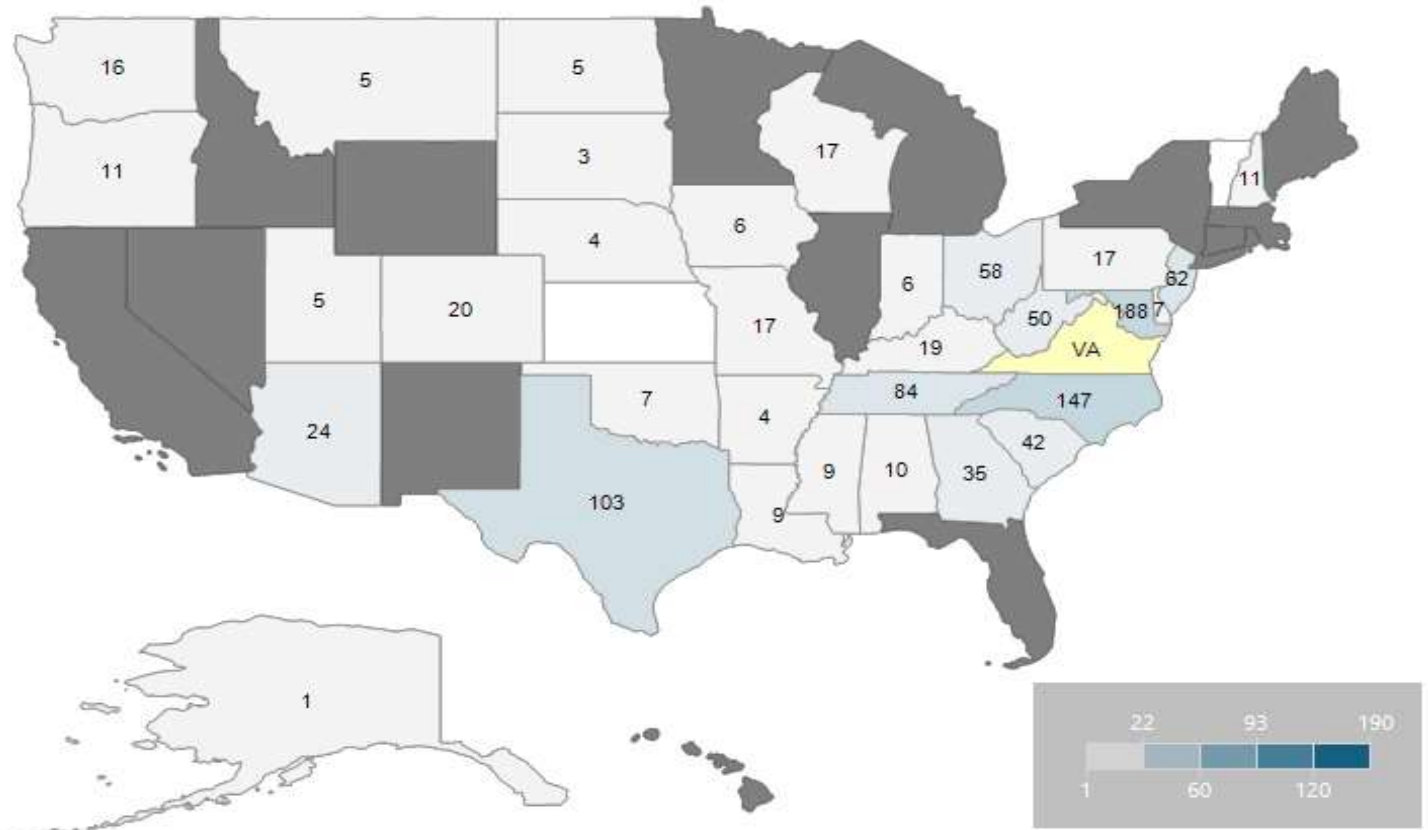
Date

Staff Reports

PT Compact VIRGINIA Status Report

January 1, 2026

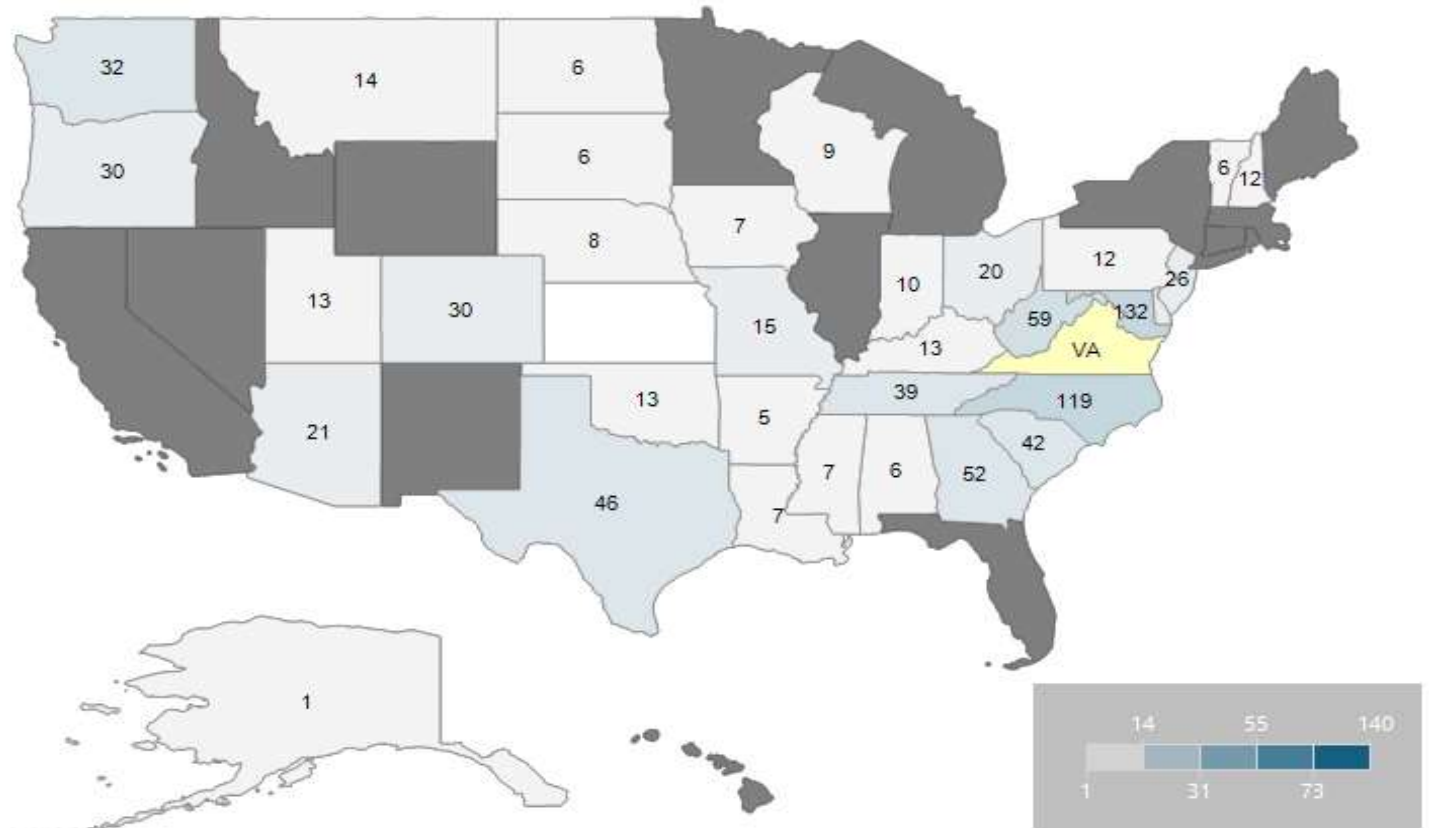
Where do individuals live that have a Compact Privilege for VIRGINIA? (Coming From)



Home State	Privilege State	Privilege PTs	Privilege PTAs	Privilege Totals
MD	VA	164 (19.34%)	24 (12.83%)	188 (18.16%)
NC	VA	110 (12.97%)	37 (19.79%)	147 (14.20%)
TX	VA	84 (9.91%)	19 (10.16%)	103 (9.95%)
TN	VA	65 (7.67%)	19 (10.16%)	84 (8.12%)
NJ	VA	61 (7.19%)	1 (0.53%)	62 (5.99%)
OH	VA	49 (5.78%)	9 (4.81%)	58 (5.60%)
WV	VA	26 (3.07%)	24 (12.83%)	50 (4.83%)
SC	VA	32 (3.77%)	10 (5.35%)	42 (4.06%)
GA	VA	33 (3.89%)	2 (1.07%)	35 (3.38%)
DC	VA	31 (3.66%)	2 (1.07%)	33 (3.19%)
AZ	VA	19 (2.24%)	5 (2.67%)	24 (2.32%)
CO	VA	20 (2.36%)	0 (0.00%)	20 (1.93%)
KY	VA	7 (0.83%)	12 (6.42%)	19 (1.84%)
MO	VA	17 (2.00%)	0 (0.00%)	17 (1.64%)
PA	VA	16 (1.89%)	1 (0.53%)	17 (1.64%)
WI	VA	15 (1.77%)	2 (1.07%)	17 (1.64%)
WA	VA	10 (1.18%)	6 (3.21%)	16 (1.55%)
OR	VA	10 (1.18%)	1 (0.53%)	11 (1.06%)
NH	VA	9 (1.06%)	2 (1.07%)	11 (1.06%)
AL	VA	10 (1.18%)	0 (0.00%)	10 (0.97%)
MS	VA	8 (0.94%)	1 (0.53%)	9 (0.87%)
LA	VA	7 (0.83%)	2 (1.07%)	9 (0.87%)
DE	VA	7 (0.83%)	0 (0.00%)	7 (0.68%)
OK	VA	7 (0.83%)	0 (0.00%)	7 (0.58%)

IA	VA	3 (0.35%)	3 (1.60%)	6 (0.58%)
IN	VA	4 (0.47%)	2 (1.07%)	6 (0.58%)
ND	VA	5 (0.59%)	0 (0.00%)	5 (0.48%)
MT	VA	4 (0.47%)	1 (0.53%)	5 (0.48%)
UT	VA	5 (0.59%)	0 (0.00%)	5 (0.48%)
NE	VA	4 (0.47%)	0 (0.00%)	4 (0.39%)
AR	VA	3 (0.35%)	1 (0.53%)	4 (0.39%)
SD	VA	2 (0.24%)	1 (0.53%)	3 (0.29%)
AK	VA	1 (0.12%)	0 (0.00%)	1 (0.10%)
Totals		848	187	1035

Where do VIRGINIA Licensees purchase Compact Privileges for? (Going To)



Home State	Privilege State	Privilege PTs	Privilege PTAs	Privilege Totals
VA	MD	115 (14.86%)	17 (11.33%)	132 (14.29%)
VA	NC	89 (11.50%)	30 (20.00%)	119 (12.88%)
VA	DC	86 (11.11%)	1 (0.67%)	87 (9.42%)
VA	WV	46 (5.94%)	13 (8.67%)	59 (6.39%)
VA	GA	44 (5.68%)	8 (5.33%)	52 (5.63%)
VA	TX	40 (5.17%)	6 (4.00%)	46 (4.98%)
VA	SC	31 (4.01%)	11 (7.33%)	42 (4.55%)
VA	TN	26 (3.36%)	13 (8.67%)	39 (4.22%)
VA	WA	27 (3.49%)	5 (3.33%)	32 (3.46%)
VA	OR	23 (2.97%)	7 (4.67%)	30 (3.25%)
VA	CO	26 (3.36%)	4 (2.67%)	30 (3.25%)
VA	NJ	22 (2.84%)	4 (2.67%)	26 (2.81%)
VA	AZ	19 (2.45%)	2 (1.33%)	21 (2.27%)
VA	OH	17 (2.20%)	3 (2.00%)	20 (2.16%)
VA	DE	16 (2.07%)	3 (2.00%)	19 (2.06%)
VA	MO	13 (1.68%)	2 (1.33%)	15 (1.62%)
VA	MT	10 (1.29%)	4 (2.67%)	14 (1.52%)

VA	OK	12 (1.55%)	1 (0.67%)	13 (1.41%)
VA	UT	13 (1.68%)	0 (0.00%)	13 (1.41%)
VA	KY	10 (1.29%)	3 (2.00%)	13 (1.41%)
VA	NH	11 (1.42%)	1 (0.67%)	12 (1.30%)
VA	PA	8 (1.03%)	4 (2.67%)	12 (1.30%)
VA	IN	10 (1.29%)	0 (0.00%)	10 (1.08%)
VA	WI	8 (1.03%)	1 (0.67%)	9 (0.97%)
VA	NE	8 (1.03%)	0 (0.00%)	8 (0.87%)
VA	LA	6 (0.78%)	1 (0.67%)	7 (0.76%)
VA	MS	6 (0.78%)	1 (0.67%)	7 (0.76%)
VA	IA	5 (0.65%)	2 (1.33%)	7 (0.76%)
VA	AL	6 (0.78%)	0 (0.00%)	6 (0.65%)
VA	ND	5 (0.65%)	1 (0.67%)	6 (0.65%)
VA	SD	6 (0.78%)	0 (0.00%)	6 (0.65%)
VA	VT	5 (0.65%)	1 (0.67%)	6 (0.65%)
VA	AR	4 (0.52%)	1 (0.67%)	5 (0.54%)
VA	AK	1 (0.13%)	0 (0.00%)	1 (0.11%)
Total		774	150	924

VIRGINIA Revenue Generated Through Compact Privilege Purchases Thru January 1, 2026

Purchase Year	Purchaser Count *	Privilege Count	Refund Count	Net Revenue
2020	163	186	0	\$8,928.00
2021	268	284	0	\$13,632.00
2022	430	465	0	\$22,320.00
2023	558	605	1	\$28,992.00
2024	700	772	2	\$36,960.00
2025	750	822	0	\$39,456.00

* Some individuals purchase their first Compact Privilege (CP) for a state and then renew the CP as they renew their home state license during the same year.

Legislative and Regulatory Reports

Board of Physical Therapy
Current Regulatory Actions
As of January 13, 2026

In the Governor's Office

VAC	Stage	Subject Matter	Submission from agency	Time in current location	Notes
18VAC112-20	Fast-Track	Changes to comply with Compact rules	5/6/2022	5 days	Changes to licensure for Canadian applicants to comply with Compact requirements

In the Secretary's Office

VAC	Stage	Subject Matter	Submission from agency	Time in current location	Notes
18VAC112-20	NOIRA	Periodic review and implementation of resulting amendments to 18VAC112-20	12/1/2025	32 days	Conducting periodic review of regulations and implementing identified changes in this action

At DPB

None.

At OAG

None.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC112-20	Final	Regulatory reduction	5/19/2025	Effective 6/18/2025

Board Action

Agenda Item: Readoption of electronic meeting policy

Included in your agenda package:

- Electronic participation policy.

Staff notes: Virginia Code § 2.2-3708.3(D) requires public bodies to adopt electronic participation policies. The attached policy is consistent with the law and is applied across DHP.

Action needed:

- Motion to readopt the electronic participation policy.

Virginia Department of Health Professions

Meetings Held with Electronic Participation

Purpose:

To establish a written policy for allowing electronic participation of board or committee members for meetings of the health regulatory boards of the Department of Health Professions or their committees.

Policy:

Electronic participation by members of the health regulatory boards of the Department of Health Professions or their committees shall be in accordance with the procedures outlined in this policy.

Authority:

This policy for conducting a meeting with electronic participation shall be in accordance with [Virginia Code § 2.2-3708.3](#).

Procedures:

1. One or more members of the Board or a committee may participate electronically if, on or before the day of a meeting, the member notifies the chair and the executive director that he/she is unable to attend the meeting due to:
 - a. a temporary or permanent disability or other medical condition that prevents the member's physical attendance;
 - b. a medical condition of a member of the member's family requires the member to provide care that prevents the member's physical attendance;
 - c. the member's principal residence is more than 60 miles from the meeting location identified in the required notice for such meeting; or
 - d. the member is unable to attend the meeting due to a personal matter and identifies with specificity the nature of the personal matter.

No member, however, may use remote participation due to personal matters more than two meetings per calendar year or 25% of the meetings held per calendar year rounded up to the next whole number, whichever is greater.

2. Participation by a member through electronic communication means must be approved by the board chair or president. The reason for the member's electronic participation shall

be stated in the minutes in accordance with Virginia Code § 2.2-3708.3(A)(4). If a member's participation from a remote location is disapproved because it would violate this policy, it must be recorded in the minutes with specificity.

3. The board or committee holding the meeting shall record in its minutes the remote location from which the member participated; the remote location, however, does not need to be open to the public and may be identified by a general description.

New Business

Imaging Referrals by
Physical Therapists –
Letter from APTA-
Virginia

January 13, 2026

To: Members of the Virginia Board of Physical Therapy

Regarding: Request for clarification on imaging referral by physical therapists

Dear Esteemed Board Members:

A workforce study projected that by 2030 Virginia will have a shortage of Primary Care Physicians of 1,622 and total Physician shortage of 3,911. Virginia currently ranks 8% worse for total Physician to patient ratio compared to the national average. Physician office caseloads indicate that back and spine pain and arthritis account for two of the top ten reasons for a primary care visit (Finley, 2018). Physical Therapists have established a primary healthcare role in expediting musculoskeletal care to ensure timely health equity, cost effective care, and public safety. With this additional responsibility, coupled with an implicit or explicit duty to refer to our medical colleagues, the topic of Physical Therapist Musculoskeletal radiological referral/ordering has emerged as a key issue.

In a nation beset by critical and acute healthcare workforce shortfalls, exploring the Physical Therapist's role in expediting musculoskeletal care to ensure health equity, cost effective care, and public safety is both timely and pertinent. Our national governing body, the American Physical Therapy Association (APTA), has produced multiple documents including the *Guide to Physical Therapist Practice*, the *Normative Model of Physical Therapist Professional Education*, and *APTA House of Delegates Policies* which contain specific language directing Physical Therapists to refer to another health care professional if required services for evaluation or treatment are beyond the scope of the Physical Therapist. Specifically, the *Code of Ethics*, Principle 3C states "Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or **refer to peers or other health care professionals when necessary.**" Likewise, the *Normative Model of Physical Therapist Professional Education* includes a specific requirement to "determine the need for **referral to other health care providers.**" The language used by our national governing body clearly delineates a duty to act, rather than an option to do so.

Given that:

1. The Federation of State Boards of Physical Therapy: The FSBPT's Model Practice Act for Physical Therapy, 7th edition, states that the practice of physical therapy means determining a diagnosis and plan of intervention and **referring** patients/clients "to other healthcare providers and facilities for services and testing to inform the physical therapist plan of care." The Model Practice Act defines testing as: "Testing" means standard methods and techniques used to gather data about the patient/client, including but not limited to imaging, electrodiagnostic and electrophysiologic tests and measures."

2. The American Physical Therapy Association (APTA) recognizes imaging as being within the scope of practice of a licensed physical therapist. The APTA's official policy explain in its House of Delegates' position statement HOD P06-12-10-09 concerning "Diagnosis by Physical Therapists" which states: *"When indicated, physical therapists order appropriate tests, including but not limited to imaging and other studies, that are performed and interpreted by other health professions. Physical Therapists may also perform or interpret selected imaging or other studies."*

3. United States Department of Defense, US Public Health Service, and the Department of Veterans Affairs: Imaging referral by physical therapists is practiced in the federal systems' military branches. Most recently, in a 2022 publication and 2024 press release, the Department of Defense (DoD) recognized physical therapists as Neuromusculoskeletal Experts (NMSEs). Specifically, the DoD has shown that direct access to physical therapy in the primary care role is safe and effective and will improve patient outcomes, military readiness, preservation of the force, and reduce costs associated with imaging and more invasive procedures.

4. The Virginia Code requires a physical therapist to refer a patient to an appropriate provider when the patient's condition is outside the physical therapist's scope of practice. Does referral to a Radiologist when a condition is suspected that requires imaging fulfill such requirement?

§ 54.1-3482. Practice of Physical Therapy; certain experience and referrals required; physical therapist assistants.

E. It shall be unlawful for any licensed physical therapist to fail to immediately refer any patient to a licensed doctor of medicine, osteopathy, chiropractic, podiatry, or dental surgery, or a licensed advanced practice registered nurse practicing in accordance with the provisions of § 54.1-2957 when such patient's medical condition is determined, at the time of evaluation or treatment, to be beyond the physical therapist's scope of practice. Upon determining that the patient's medical condition is beyond the scope of practice of a physical therapist, a physical therapist shall immediately refer such patient to an appropriate practitioner.

5. Currently, the DOD Military branches, ten states and the District of Columbia expressly permit Physical Therapists to order imaging for patients. Of them, six are via explicit statutes, and six are via physical therapy licensure board rules, policies, or opinions. These include Colorado, Utah, Nevada, Wisconsin, North Dakota, Rhode Island, District

of Columbia, New Jersey, Maryland, Arizona, West Virginia, and Iowa (APTA 2023). Additionally, states such as Arizona, Montana, Tennessee, Nevada, and Louisiana are currently pursuing changes to allow for Physical Therapists to order imaging.

6. The Commission on Accreditation in Physical Therapy Education (CAPTE) has requirements that physical therapist entry-level education programs must include in their curricula regarding referral.

Element 7D16: Requires that the curriculum includes content to prepare the graduate to "determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional."

Element 7D24: Mandates that graduates be able to "select and perform appropriate tests and measures" to formulate a diagnosis and prognosis. Imaging is explicitly categorized as a "test and measure" in the *Guide to Physical Therapist Practice*.

Element 7D37: Requires students to be able to "assess the health care needs of individuals... and provide consultation" within their scope. This includes interpreting imaging reports to determine if physical therapy is safe or if a medical red flag exists.

Given that the Laws and Regulations Governing Physical Therapist and Physical Therapist Assistant Practice in Virginia do not explicitly address the issue of imaging referral/ordering by Physical Therapists— something that FSBPT, APTA, and the DoD all consider to be within the scope of physical therapy practice— and in consideration that a referral to a Radiologist for the performance of a radiological study or test is an effective order of that test, we would like the Board's response to the following questions:

1. When a Physical Therapist has reasonable cause to believe that symptoms or conditions are present requiring services beyond their practice scope, does the therapist have a duty to refer the patient, in the timeliest fashion, to an appropriate healthcare provider/ practitioner to assist in managing the case when warranted?
2. In reference to the first query and the Statute cited above, does the Board consider a board-certified radiologist to be an "appropriate practitioner"?
3. Do the Statutes in Virginia Governing the Practice of Physical Therapy explicitly prohibit Physical Therapists from referring patients directly to a radiologist for appropriate diagnostic imaging studies? AND is such a referral effectively considered an order for that imaging study?

Regarding the third question, we respectfully ask the Board to consider as part of its clarification that referral to a radiologist/ordering an imaging test at an outside imaging center that utilizes ionizing radiation does not constitute “use” of radiation by the physical therapist within his or her practice. Rather, we are seeking clarification that Physical Therapists are not prohibited from referring elsewhere for imaging, effectively issuing an order for that imaging test. Of note, as a precedent, Colorado’s Practice Act contains similar language, and its Licensing Board made a similar determination without requiring any changes to the Practice Act. We seek guidance from the board to aid us in achieving the most appropriate method to codify the ability of a Physical Therapist to explicitly refer a patient for imaging, be it via a regulatory or legislative process.

We appreciate the Board’s time and attention to this matter.

Sincerely and respectfully,

Emily Hawkins, PT, DPT, PhD
President, APTA Virginia

Tom Bohanon, PT, DPT
Legislative Chair, APTA Virginia

References

American Physical Therapy Association. (July 3, 2023). State Advocacy for Imaging Orders by Physical Therapists.

Steiner, et. all. (Nove, 13, 2023). The Physical Therapist-Directed Imaging Resource Guide: A Review of Current Evidence. The APTA’s Academy of Orthopedic Physical Therapy and the Imaging Special Interest Group.

Finley CR, Chan DS, Garrison S, et al. What are the most common conditions in primary care? Systematic review. *Can Fam Physician*. 2018;64(11):832-840.

Rules of the Tennessee Board of Physical Therapy. (July 2018, revised). Chapter 1150-01 General Rules Governing the Practice of Physical Therapy. [Rules of TN Bd of PT](#)

A Normative Model of Physical Therapist Professional Education: Version 2004, American Physical Therapy Association

[CAPTE 2024 Standards and Required Elements for Accreditation of Physical Therapist Education Programs.](#)

Overview of Licensing Provisions for Military Members and Spouses

Licensing Provisions – Military Members and Spouses

Applicable Laws	Purpose/Intent	Application
State Provisions		
§ 54.1-117 – Expiration of documents issued to persons in diplomatic service and the armed services of the U.S.	Extension of expiration date of license for service member and/or their spouse during active military service outside of the U.S., up to a maximum of 5 years	DHP Guidance Document 76-80.12 – extension of expiration date until after next renewal date; waiver of CE requirements for time period outside of U.S.
§ 54.1-118 – Qualifications for licensure, etc.; substantially equivalent military training and education	Acceptance of military training, education, or experience to the extent that such training, education, or experience is substantially equivalent to the requirements established by law and regulations of the respective board for issuance of any license...	Military education and training, if not CAPTE-accredited, will be reviewed via credentials evaluation to determine substantial equivalence
§ 54.1-119 - Expediting the issuance of licenses, etc., to spouses of military service members; issuance of temporary licenses, etc.	Expedited processing and review of licensure applications for military members and their spouses	Applications submitted by military members or spouses are flagged and expedited; applicant may be able to access § 54.1-2408.4 for temporary practice authorization based upon practice setting
§ 54.1-3485 et seq. – Physical Therapy Licensure Compact	Interstate agreement to facilitate practice of physical therapy through a system of compact privileges	If basic qualifications met, compact privileges for Virginia can be obtained within minutes from the PT Compact Commission through the ptcompact.org website
Federal Provisions		
50 USC § 4025a – Service Members Civil Relief Act (SCRA)	Servicemember or spouse with a “covered license” who has military orders to practice in another state can apply for licensure in that other state by meeting application requirements outlined in the federal law, including submission of a notarized affidavit	Expedited online licensure by endorsement application with checklist items that mirror federal law and completion of CBC and NPDB; standard license issued on same renewal cycle; access to PT Compact through Virginia Where servicemember or spouse already holds licensure in Compact member state that satisfies military “home state” requirements, they can go through PT Compact and obtain compact privilege through fast, online process

Code of Virginia

Title 54.1. Professions and Occupations

Subtitle I. General Provisions Relating to Regulatory Boards

Chapter 1. General Provisions

§ 54.1-117. Expiration of documents issued to persons in diplomatic service and the armed services of the United States

Notwithstanding any contrary provision of law, any license, permit, certificate, or other document, however styled or denominated, that is related to the practice of any business, profession, or calling and issued under this title to any citizen of the Commonwealth shall be held not to have expired during the period of such person's service outside the United States, in the armed services of the United States or as a member of the diplomatic service of the United States, appointed under the Foreign Service Act of 1946, serving outside the United States and 60 days thereafter. However, no extension granted under this section shall exceed five years from the date of expiration of the document. The provisions of this section shall apply to the spouse of a member of the armed services of the United States if the spouse accompanies the member during periods of service outside of the United States.

For the purposes of this section "service in the armed services of the United States" includes active duty service with the regular Armed Forces of the United States or the National Guard or other reserve component.

2004, c. [975](#);2011, cc. [342](#), [357](#).

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Extension of Time for Active Duty Servicemembers and Spouses

The Department of Health Professions will make arrangements as necessary to ensure that persons serving on active duty as a member of the military or in the foreign service outside of the United States, or their spouses, are afforded the benefit of an extension of time for any deadline or requirement pertaining to renewal of a license, certification, or registration. Extensions should be granted for at least 60 days after the individual's return to the United States, not to exceed five years from the date of expiration.

The executive director of each health regulatory board will ensure that the benefit provided in Virginia Code § 54.1-117 is adequately publicized by inclusion of information on websites, newsletters, or other means of communication.

All staff who process renewals or audit continuing competency requirements should be aware of the policy to assist licensees who may be eligible for this benefit.

A copy of military orders or form DD214 placing the licensee on active duty outside of the United States will be considered sufficient documentation to determine eligibility. A request for an extension of renewal fee or continuing education deadlines should include the projected return date to the United States.

If the spouse of a servicemember accompanies the servicemember during periods of service outside the United States, the extension may also apply. Proof that the spouse has accompanied the servicemember outside the United States must be provided.

If a licensee qualifies for the extension, staff of the boards should contact Technology and Business Services staff to assist with modification of the licensee's record in the internal licensure software system to ensure that the license is maintained as active and current beyond the renewal date through the period of the assignment outside of the United States.

To maintain the ordinary renewal cycle for the licensee and give the benefit to the licensee, the license should be made current until the next renewal date beyond the expected date of return, *even if the renewal date is beyond 60 days after the return to the United States*. The licensee will not owe renewal fees for previous renewal cycles to the board, and the licensee's continuing education requirements will be waived for the renewal cycles in which the licensee is outside the United States. The following provides an example:

CAPT Jones holds a license that is renewed annually. CAPT Jones left the United States for an active duty assignment in Germany in June 2022. He expects to return to the United States in June 2025. His license should be made current until the next renewal date of December 2025. He does not pay the renewal fees that were due in December 2022, December 2023, or December 2024, nor is he responsible for submitting evidence of or obtaining continuing education for those three renewal cycles.

If a licensee voluntarily pays renewal fees, the board may accept such payment. A refund is not necessary. If it is determined, however, that any person who meets the criteria set out in Virginia Code § 54.1-117 has been improperly charged a late fee or required to reinstate a license, that person is eligible for a refund from the agency. Staff must submit a refund request to Finance to complete re-payment.

References

[Va. Code § 54.1-117](#)

§ 54.1-118. Qualifications for licensure, etc.; substantially equivalent military training and education

A. Except as provided in this section, the regulatory boards within the Department of Professional and Occupational Regulation, the Department of Health Professions, or any board named in this title shall accept the military training, education, or experience of a service member honorably discharged from active military service in the armed forces of the United States, to the extent that such training, education, or experience is substantially equivalent to the requirements established by law and regulations of the respective board for the issuance of any license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth. To the extent that the service member's military training, education, or experience, or portion thereof, is not deemed substantially equivalent, the respective board shall credit whatever portion of the military training, education, or experience that is substantially equivalent toward meeting the requirements for the issuance of the license, permit, certificate, or other document.

The provisions of this subsection shall not apply to the Board of Medicine in the regulation of the practice of medicine or osteopathic medicine. Nor shall this subsection apply to the Board of Dentistry in the regulation of dentists or oral and maxillofacial surgeons.

B. The Board of Medicine may accept a service member's military training, education, or experience as an intern or resident in an approved facility to satisfy the requirement of one year of satisfactory postgraduate training as an intern or resident in a hospital or health care facility, provided the applicant for licensure (i) has been honorably discharged from active military service in the armed forces of the United States, (ii) is a graduate of a Board-approved institution, (iii) has successfully completed all required examinations for licensure, and (iv) applies for licensure within six months of discharge from active military service.

C. The Board of Dentistry may accept the military training, education, or experience of a service member provided the applicant for licensure (i) has been honorably discharged from active military service in the armed forces of the United States, (ii) has been in continuous clinical practice for four of the six years immediately preceding the application for licensure, (iii) holds a diploma or certificate of a dental program accredited by the Commission on Dental Accreditation of the American Dental Association, and (iv) has successfully completed all required examinations for licensure. Active patient care in the Dental Corps of the United States armed forces, voluntary practice in a public health clinic, or practice in an intern or residency program may be accepted by the Board to satisfy requirements for licensure.

D. Any regulatory board may require the service member to provide such documentation of his training, education, or experience as deemed necessary by the board to determine substantial equivalency.

E. As used in this section, "active military service" means federally funded military duty as (i) a member of the armed forces of the United States on active duty pursuant to Title 10 of the United States Code or (ii) a member of the Virginia National Guard on active duty pursuant to either

Title 10 or Title 32 of the United States Code.

2012, c. [524](#).

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

§ 54.1-119. Expediting the issuance of licenses, etc., to spouses of military service members; issuance of temporary licenses, etc

A. Notwithstanding any other law to the contrary and unless an applicant is found by the board to have engaged in any act that would constitute grounds for disciplinary action, a regulatory board within the Department of Professional and Occupational Regulation or the Department of Health Professions or any other board named in this title shall expedite the issuance of a license, permit, certificate, or other document, however styled or denominated, required for the practice of any business, profession, or occupation in the Commonwealth to an applicant whose application has been deemed complete by the board and (i) who holds the same or similar license, permit, certificate, or other document required for the practice of any business, profession, or occupation issued by another jurisdiction; (ii) whose spouse is (a) on federal active duty orders pursuant to Title 10 of the United States Code or (b) a veteran, as that term is defined in § 2.2-2000.1, who has left active-duty service within one year of the submission of an application to a board; and (iii) who accompanies the applicant's spouse to the Commonwealth or an adjoining state or the District of Columbia, if, in the opinion of the board, the requirements for the issuance of the license, permit, certificate, or other document in such other jurisdiction are substantially equivalent to those required in the Commonwealth. A board may waive any requirement relating to experience if the board determines that the documentation provided by the applicant supports such a waiver.

B. If a board is unable to (i) complete the review of the documentation provided by the applicant or (ii) make a final determination regarding substantial equivalency within 20 days of the receipt of a completed application, the board shall issue a temporary license, permit, or certificate, provided the applicant otherwise meets the qualifications set out in subsection A. Any temporary license, permit, or certification issued pursuant to this subsection shall be limited for a period not to exceed 12 months and shall authorize the applicant to engage in the profession or occupation while the board completes its review of the documentation provided by the applicant or the applicant completes any specific requirements that may be required in Virginia that were not required in the jurisdiction in which the applicant holds the license, permit, or certificate.

C. The provisions of this section shall apply regardless of whether a regulatory board has entered into a reciprocal agreement with the other jurisdiction pursuant to subsection B of § 54.1-103.

D. Any regulatory board may require the applicant to provide documentation it deems necessary to make a determination of substantial equivalency.

2012, c. 604;2014, c. 602;2016, c. 33;2020, cc. 28, 35.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

50 USC 4025a: Portability of professional licenses of servicemembers and their spouses

Text contains those laws in effect on January 22, 2026

From Title 50-WAR AND NATIONAL DEFENSE

CHAPTER 50-SERVICEMEMBERS CIVIL RELIEF

SUBCHAPTER VII-FURTHER RELIEF

Jump To:

[Source Credit](#)

[Miscellaneous](#)

[Amendments](#)

§4025a. Portability of professional licenses of servicemembers and their spouses

(a) In general

If a servicemember or the spouse of a servicemember has a covered license and relocates residence because such servicemember receives military orders for military service in a State other than the State of the licensing authority that issued the covered license, such covered license shall be considered valid for the scope of practice in the State of the new residence if such servicemember or spouse submits to the licensing authority of such State an application described in subsection (c).

(b) Temporary licenses

If a licensing authority is required to consider a covered license valid under subsection (a) but cannot carry out such requirement during the 30 days after receiving an application described in subsection (c), the licensing authority may issue to the applicant a temporary license that confers the same rights, privileges, and responsibilities as a permanent license.

(c) Application

An application described in this subsection includes the following:

- (1) Proof of military orders described in subsection (a).
- (2) If the applicant is the spouse of a servicemember, a copy of the marriage certificate.
- (3) A notarized affidavit affirming, under the penalty of law, that-
 - (A) the applicant is the person described and identified in the application;
 - (B) all statements made in the application are true and correct and complete;
 - (C) the applicant has read and understands the requirements to receive a license, and the scope of practice, of the State of the licensing authority;
 - (D) the applicant certifies that the applicant meets and shall comply with requirements described in subparagraph (C); and
 - (E) the applicant is in good standing in all States in which the applicant holds or has held a license.

(d) Background checks

A licensing authority that receives an application described in subsection (b) may conduct a background check of the applicant before carrying out subsection (a) or (b).

(e) Interstate compacts

If a servicemember or spouse of a servicemember has a covered license to operate in multiple States pursuant to an interstate compact described in section 1784 of title 10-

- (1) the servicemember or spouse of a servicemember shall be subject to the requirements of such compact or the applicable provisions of law of the applicable State; and
- (2) this section shall not apply to such servicemember or spouse of a servicemember.

(f) Definitions

In this section:

- (1) The term "covered license" means a professional license that, with respect to a scope of practice-
 - (A) is in good standing with the licensing authority that issued such license;
 - (B) has not been revoked or had discipline imposed by any State;
 - (C) does not have an investigation relating to unprofessional conduct pending in any State relating to it; and
 - (D) has not been voluntarily surrendered while under investigation for unprofessional conduct in any State.
- (2) The term "license" means any license, certificate, or other evidence of qualification that an individual is required to obtain before the individual may engage in, or represent himself or herself to be a member of, a particular profession.
- (3) The term "licensing authority" means any State board, commission, department, or agency that-

(A) is established in the State for the primary purpose of regulating the entry of persons into or the conduct of persons within, a particular profession; and

(B) is authorized to issue licenses.

(4) The term "military orders" has the meaning given such term in section 3955 of this title.

(5) The term "scope of practice" means the defined parameters of various duties or services that may be provided by an individual under a license.

(Oct. 17, 1940, ch. 888, title VII, §705A, as added Pub. L. 117–333, §19(a), Jan. 5, 2023, 136 Stat. 6137 ; amended Pub. L. 118–159, div. A, title V, §587, Dec. 23, 2024, 138 Stat. 1912 .)

EDITORIAL NOTES

AMENDMENTS

2024-Pub. L. 118–159 amended section generally. Prior to amendment, section related to portability of professional licenses of servicemembers and their spouses.

Updates to TOEFL
Score Requirements for
Graduates of Non-
CAPTE Accredited
Programs

Board of Physical Therapy

Board Guidance on Credentialing and TOEFL Requirements for Physical Therapy Graduates of Schools Not Approved by CAPTE

Section 18VAC112-20-50(B)(1) of the Board's Regulations Governing the Practice of Physical Therapy provides the following:

B. The board shall only approve a credentialing agency that:

1. Utilizes the FSBPT Coursework Evaluation Tool for Foreign Educated Physical Therapists, as required to sit for FSBPT examination, and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;

The Board interprets this requirement to mean that the Federation of State Boards of Physical Therapy (FSBPT) Coursework Evaluation Tool utilized by the credentialing agency should be based upon the year of the applicant's graduation from the physical therapy program.

Further, Sections 18VAC112-20-50(B)(3) and (C)(1) of the Board's Regulations provide the following for applicants for licensure as physical therapists and physical therapist assistants:

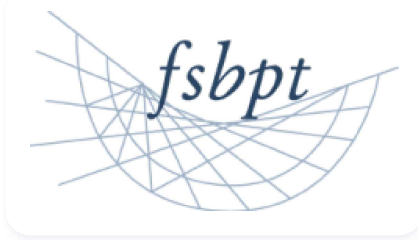
B. The board shall only approve a credentialing agency that:

3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.

With regard to passage of the TOEFL examination, the Board follows the recommended passing scores from FSBPT.



Exam Information

Licensees

Member Services

Educators

Volunteers

Consumer Information

Exam Candidates



National Exam (NPTE)

NPTE FAQs

The NPTE in Sixty Seconds

Dates and Deadlines

Journey Map

Eligibility Requirements

Recommendations for Non-CAPTE

Registration Process

Schedule Exam

Prepare for Exam

During Exam

After Exam

Retake Exam

Non-U.S. Candidates

Withheld Scores

Applying for State License

Jurisprudence Exam

Jurisprudence Assessment Module (JAM)

NPTE Security Agreement

Testing Accommodations

FSBPT Recommended Standards:

FSBPT research has shown that candidates who meet the following criteria are more likely to pass the NPTE.

- Meeting the minimum TOEFL standards (below)
- Having education deemed substantially equivalent on the most recent Coursework Evaluation Tool (CWT)

FSBPT cannot guarantee that meeting these standards will ensure a passing score on the NPTE.

Our goal is to provide you with information and research you may find useful. **State licensing boards may have requirements that differ from FSBPT's recommended standards.**

Individuals MUST meet their state requirements in order to be made eligible for the exam or be considered for licensure.

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RECOMMENDED ENGLISH LANGUAGE PROFICIENCY

Obtain the following scores in each section of the TOEFL on one attempt.

TOEFL Section	Minimum Score
Reading	22
Listening	21
Writing	22
Speaking	24

Effective January 21, 2026, TOEFL adopted a 1-6 score scale (in 0.5 increments), replacing the previous 0-120 scale.

Until a new standard setting can be completed, FSBPT recommends following the test publisher's guidance for mapping to the new scale.

**Report an Exam
Security Concern**

TOEFL Section	FSBPT Current Minimum Recommendation	ETS/TOEFL Recommendation
Reading	22	4.5
Listening	21	4.5
Writing	22	4.5
Speaking	24	4.5

Click [here](#) for the complete concordance table and more information on this score scale update.

NOTE: TOEFL standards for states may differ from FSBPT's recommended standard.

RECOMMENDED EDUCATIONAL EQUIVALENCE

An individual must have an education that is deemed substantially equivalent to a CAPTE-accredited education. The agency performing the credentials evaluations should be authorized to use FSBPT's Coursework Evaluation Tool. The education should be substantially equivalent based on the most recent version of the CWT, currently CWT 6.

NOTE: Education equivalence requirements for states may differ from FSBPT's recommended standard.

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Part II. Licensure: General Requirements

18VAC112-20-50. Education requirements: graduates of schools not approved by an accrediting agency approved by the board.

A. An applicant for initial licensure as a physical therapist who is a graduate of a school not approved by an accrediting agency approved by the board shall submit the required application and fee and provide documentation of the physical therapist's certification by a report from the FCCPT or of the physical therapist eligibility for licensure as verified by a report from any other credentialing agency approved by the board that substantiates that the physical therapist has been evaluated in accordance with requirements of subsection B of this section.

B. The board shall only approve a credentialing agency that:

1. Utilizes the FSBPT Coursework Evaluation Tool for Foreign Educated Physical Therapists, as required to sit for FSBPT examination, and utilizes original source documents to establish substantial equivalency to an approved physical therapy program;
2. Conducts a review of any license or registration held by the physical therapist in any country or jurisdiction to ensure that the license or registration is current and unrestricted or was unrestricted at the time it expired or was lapsed; and
3. Verifies English language proficiency by passage of the TOEFL and TSE examination or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing or by review of evidence that the applicant's physical therapy program was taught in English or that the native tongue of the applicant's nationality is English.

C. An applicant for licensure as a physical therapist assistant who is a graduate of a school not approved by the board shall submit with the required application and fee the following:

1. Proof of proficiency in the English language by passing TOEFL and TSE or the TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing by a score determined by the board or an equivalent examination approved by the board. TOEFL iBT or TOEFL and TSE may be waived upon evidence that the applicant's physical therapist assistant program was taught in English or that the native tongue of the applicant's nationality is English.
2. A copy of the original certificate or diploma that has been certified as a true copy of the original by a notary public, verifying the applicant's graduation from a physical therapy curriculum. If the certificate or diploma is not in the English language, submit either:
 - a. An English translation of such certificate or diploma by a qualified translator other than the applicant; or

b. An official certification in English from the school attesting to the applicant's attendance and graduation date.

3. Verification of the equivalency of the applicant's education to the educational requirements of an approved program for physical therapist assistants from a scholastic credentials service approved by the board and based upon the FSBPT coursework tool for physical therapist assistants.

D. An applicant for initial licensure as a physical therapist or a physical therapist assistant who is not a graduate of an approved program shall also submit verification of having successfully completed a 1,000-hour traineeship within a two-year period under the direct supervision of a licensed physical therapist. The board may grant an extension beyond two years for circumstances beyond the control of the applicant, such as temporary disability, officially declared disasters, or mandatory military service.

1. The traineeship shall be in accordance with requirements in 18VAC112-20-140.

2. The traineeship requirements of this part may be waived if the applicant for a license can verify, in writing, the successful completion of one year of clinical physical therapy practice as a licensed physical therapist or physical therapist assistant in the United States, its territories, the District of Columbia, or Canada, equivalent to the requirements of this chapter.

Statutory Authority

§§54.1-2400 and 54.1-3474 of the Code of Virginia.

Historical Notes

Derived from Virginia Register Volume 16, Issue 25, eff. September 27, 2000; amended, Virginia Register Volume 20, Issue 24, eff. September 8, 2004; Volume 22, Issue 23, eff. August 23, 2006; Volume 25, Issue 26, eff. September 30, 2009; Volume 29, Issue 21, eff. July 17, 2013; Volume 37, Issue 14, eff. April 30, 2021.