

MISSISSIPPI STATE BOARD OF PHYSICAL THERAPY



Newsletter

Issue 2

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A Word from the Chair

BOARD ACTIVITIES

Members of the Board have been both attending to regular business activities and working to keep abreast of the changing professional regulatory climate. Board actions continue to focus on protection of the public through education, clarification of policies, disciplinary actions and exploring additional ways to ensure competency of practitioners. In this issue of is an example of Board actions to educate practitioners regarding disciplinary actions. This document contains information that describes classes of violations, some of the criteria used to determine sanctions and the monetary fines which may be levied. This Board uses this guideline document in determining penalties for professional misconduct.

Across the country in all of the professions, the single most common type of infraction is in the realm of ethics. With the last two years, the Board instituted two measures that are meant to remind practitioners of their legal/ethical responsibilities and hopefully prevent some acts of professional misconduct. All applicants for licensure are required to take and pass a Mississippi jurisprudence exam as a part of the application process. Practicing therapist must complete two hours of continuing education every biennium as a part of the relicensing process. This year the Board began having access to ProBE-PT, a special in-depth ethics program developed through the Federation of State Boards of Physical Therapy. This in-depth ethics program can

be used as one element of a discipline and remediation plan. As health care services continued to rapidly evolve ways to ensure practitioner currency and continued competency of practice skills is a topic that is getting more and more attention. Presently the Board has a task force that is reviewing our present competency measures and researching the methods used by other professional boards. A sampling of some other measures now being used by other licensing agencies include requiring the submission of professional portfolios, a certain number of hours of practice annually, completing the Federation of State Boards of Physical Therapy Practice Exam and Assessment Tool (PEAT) and constructing a development plan for enhancing clinical skills.

The final two activities areas that focus on ensuring safe care from qualified physical practitioners are the programs for random auditing of practice settings and the background/finger printing policy for new licensees. The auditing program will become operational within the year. Licensees should check the Board website <http://www.msbpt.state.ms.us> and the next issue of the newsletter for detailed information on the audit program.

Please contact the Board office, if you have any concerns or questions.

Neva F. Greenwald, PT



Important Reminders

- ◆ All licensees must take two-hours of board-approved programs in ethics/professional responsibility as part of their total CE requirements.
- ◆ Address changes must be submitted on the change of address form located on the Board's website no later than thirty (30) days after such change is effective.
- ◆ You should always verify that a course is approved on the Board's website if you plan to submit it for continuing education credit.
- ◆ Failing to report to the Board any unprofessional, incompetent or illegal acts that appear to be in violation of this law or any rules established by the Board is a violation for which a licensed physical therapist or physical therapist assistant may be disciplined.

The Board and Medicare/Medicaid

Licensees frequently send questions to the Board Office concerning Medicare/Medicaid reimbursement issues. The Board and its staff cannot answer questions about Medicare/Medicaid reimbursement requirements or codes. The Board has no authority to issue directives to the divisions of Medicare or Medicaid, but trusts that no government entity, whether state or federal, would direct any healthcare practitioner to violate law.

The Board is aware that there are some procedures which are not reimbursable by Medicare/Medicaid but are perfectly legal under the physical therapy law. This is a policy of the governmental entity, and is not under the control of the Mississippi State Board of Physical Therapy.

The important thing to remember is that while you must fulfill the requirements for reimbursement for these two entities, you must foremost assure that you are practicing within the physical therapy law at all times. Reimbursement is an end result. Keeping your license is the means to the end.

Attention!

Look what's available on our website at www.msbt.state.ms.us.

Please visit the website frequently for updated information.

You can find:

- Verification of License – check to see if someone is licensed
- Practice Act and Rules and Regulations
- Continuing Education – approved courses are available for review
- Current Board members
- Links to APTA, MPTA, FSBPT and more
- How to file a complaint
- Scheduled Board meetings
- List of current disciplinary actions
- Information on how to get a course approved
- Application packet
- Licensure renewal information
- Name/Address change forms and many more

Did you know?

- ◆ There are 1516 physical therapists and 779 physical therapist assistants with active Mississippi licenses to practice physical therapy.
- ◆ The next scheduled Board meeting is June 4, 2010 at 9:00 a.m.
- ◆ All Board members are appointed by the Governor.

Not only is it a violation of law to practice physical therapy without a license, but it is also a violation of law to employ, permit, or assist unlicensed personnel to provide physical therapy services. Some examples of what supportive personnel cannot do:

- ◆ Physical therapy aides/techs, cannot perform debridement or ultrasound treatments.
- ◆ Techs cannot perform massage.
- ◆ Massage Therapist cannot do massage and the employer bill as physical therapy services.
- ◆ Athletic Trainers cannot provide exercises and bill under physical therapy services.
- ◆ Kinesiologists cannot perform gait training and bill as physical therapy services.
- ◆ Other healthcare practitioners cannot provide services and bill as physical therapy care.
- ◆ Students in other health related professions doing internships cannot provide exercise, heat and cold agents or any other physical therapy treatments.

These examples are not all inclusive and are intended only as a guideline.

- ◆ The Board is authorized to suspend the license of any licensee for being out of compliance with an order for support.
- ◆ The Board may order a licensee to submit to a reasonable physical or mental examination if the licensee's physical or mental capacity to practice safely is at issue in a disciplinary hearing.
- ◆ The Board may assess and levy upon any licensee or applicant for licensure the costs incurred or expended by the Board in the investigation and prosecution of any licensure or disciplinary action.

Complaints & Disciplinary Actions in 2009

Complaints received:

Physical Therapists – 7
Physical Therapist Assistants – 2

Disposition of complaints:

2 closed – no violation
1 closed – no jurisdiction
3 pending

Disciplinary Actions:

2 physical therapist assistant consent order
1 physical therapist consent order
1 physical therapist 90-day suspension

Anonymous Letters

An anonymous letter of inquiry was received at the Board Office and was presented to the Board at the March 25, 2010 meeting. The Board unanimously voted that it would not consider or act upon anonymous letters. It is the position of the Board that if an inquiry has true merit, the inquirers should not be concerned about identifying themselves.

Re-Appointments to the Board

Governor Haley Barbour has re-appointed Quoinsetta Franklin, PT and Rahul Vohra, MD. Mrs. Franklin is a physical therapist from Jackson who is representing the 2nd Congressional District. She is currently employed by Deaconess Home Care and has been licensed as a physical therapist since July 1, 1980. Her re-appointment begins immediately and expires June 30, 2013. Rahul Vohra, MD is the medical practitioner member from Flowood. He is currently employed by the NewSouth Neurospine. His re-appointment begins immediately and expires June 30, 2012. The Board and staff would like to welcome both members back to the Board and look forward to their continued contributions and commitment to fellow physical therapy practitioners and to the public.

New Licensees

The Board is pleased to welcome 26 new licensees to the physical therapy community in Mississippi. These licensees have been issued since the Fall 2009 newsletter. Welcome to Mississippi!!

Physical Therapists:

Brandie D. Bennett
Preston G. Denley
Mary W. Horne
Juan V. Limtengco
Melissa P. McElroy
Christopher S. Markham
Debra A. Ottens
Mary C. Peterson
Claire L. Rose
John P. Showers
Joe H. Smelser
Gabriel E. Snow
Jennifer M. Turner
John V. Umbrello
Chereny S. Woodard

Physical Therapist Assistants:

Melissa D. Beck
John R. Buckley
Jennifer L. Corso
Kimberly M. Crane
Cortez R. Jackson
Jeanice D. Jackson
Lucy B. McCreedy
Tammy A. Morris
Sheila A. Myers
Kathleen L. Rodgers
Andre J. Stone

Important Licensure Renewal Reminders

The Board suggests that you to keep the following information in mind when renewing your license:

Address Changes: Have you moved or had a change in employment? Did you notify the Board office in writing of the change? The Board will mail notices, approximately sixty (60) days prior to the end of the licensure period. This means the renewal application will be mailed around May 1, 2010 to the last home address on file with the Board. Please notify the Board immediately by fax, email or mail if you have recently moved, changed employment or forgot to notify the Board of this change. Refer to Section 3.8 of the regulations.

Completion of renewal application: Please complete the renewal application in its entirety. Verify that you have answered every question, including updating any changes to your personal and professional addresses and telephone numbers and that you have listed all CEU's completed on the back on the application. The entire address should be included on the form (name, address, city, state, zip and telephone number). The information requested is pertinent for your licensure file. Forms that are missing **ONE** piece of information will be returned as incomplete and may result in a lapsed license if the form is not completed in its entirety prior to the expiration date.

Renewal Fee: The renewal fee is \$150.00 for physical therapist and \$125.00 for physical therapist assistants. Check or money order should be made payable to Mississippi State Board of Physical Therapy (MSBPT).

Continuing Education: Appropriate documentation of CE credits should be listed on the back of the renewal application and copies of course completion should be submitted with the renewal form. Please refer to Section 7-2 (4) of the regulations for information on licensees who have not yet received proof of course completion (90-proof).

Change of name: If you are requesting a change of name, a copy of a legal documentation must accompany the name change request. Legal documents consist of a copy of your marriage license, divorce decree, social security card or driver's license.

Be on Time: It is in your best interest to submit the renewal application prior to June 30, 2010 to avoid late and reinstatement fees. Renewal applications completed in their entirety and not returned by the Board for completion should have their new identification card and licensure seal before the end of licensure period. The Board staff cannot guarantee applications received the after June 14, 2010 will be processed in time for licensees to receive confirmation of renewal in the mail prior to June 30, 2010. **Remember... employers should not let you work until your new renewal licensure information has been received.**

Verify receipt of renewal: It is strongly recommended by the Board staff that you send the renewal application by certified or priority mail which requires return receipt.

Failure to renew before the deadline: A licensee who does not file, with the Board, all requirements for renewal before the end of the licensure period will be deemed to have allowed his/her license to lapse. Then individuals will be required to pay the late fee in addition to the renewal fee. Failure to submit all renewal requirements postmarked on or before September 30 shall result in the necessity of the payment of a reinstatement fee in addition to the late fee and renewal fee. Refer to Section 6-3 of the regulations. Remember...you may not practice as a physical therapist or as a physical therapist assistant until your license has been reinstated. Practicing with a lapsed license could result in disciplinary action by the Board.



Therapist Corner

The Beacons Are Lit: Help for Haiti

Like the clarion call for aid for the beleaguered nation of Rohan in the epic movie, “Lord of the Rings”, so the beacons have been lit for Haiti. It’s a heart felt cry for help from our brothers and sisters in earthquake ravaged Haiti. Nonetheless one may ask: what can one physical therapist possibly do to make a real difference?

For the private practice owner, life is already a demanding adventure. Often we are called to wear many hats and balance work and family life and still leave time for rest and recovery. Will my patients feel neglected if I’m gone? Will my family be okay while I’m away?

These questions quickly evaporate in the sweltering heat of Haiti as our small DC3 airplane descends the air strip in Port au Prince. Mission Aviation Fellowship (MAF) pilots skillfully deposit yet another medical relief team into the middle of this broken city. It has been just 3 weeks since the 7.0 earthquake produced a crushing blow to exact damage and loss of life on the people of Haiti.

At first glance Hope Hospital appears relatively unscathed by the earthquake as compared to the mostly collapsed surrounding structures. Reportedly an engineer has deemed it as “safe” for now. I’ll have to ignore the slow growing crack running completely down the length of the floor and ceiling in the middle of this structure.

It is my first day on the job and my mind is racing with excitement. Admittedly I’m a little anxious not knowing what lies ahead. It’s a pleasant surprise to be introduced to the medical team as we gather together for introductions and instructions. I am fortunate to join this team and to work alongside these outstanding orthopedic surgeons, nurses, and medical students as well as the support staff supplied by Humedica International.



This German based humanitarian relief organization soon becomes an extended family for me. We are also joined by our French-Creole speaking translators as we daily discuss our patients’ care problems and plans for the day. Before we begin patient rounds, the group always pauses for prayer. In the coming days, the nation of Haiti will also observe three days of prayer and fasting.

I am careful to take notes on each patient. My questions for the physicians are brief but essential. In spite of my halting German, Dr. Matthias, a German physician, is very patient and gives excellent instructions. I am challenged by the current volume of surgical orthopedic patients. Many of these patients have undergone external skeletal fixation for fractures of the femur and tibia. Other patients I saw were challenged by nerve injuries due to compression from being trapped in rubble some of which led to amputation. I find most of my patients living in tents. These

patients are lying on mats or cots. It is now my job to assess their equipment

needs and begin transfer and gait training activities. Additionally I seek to establish effective therapeutic exercise programs. We are careful to address all impairments to promote favorable functional outcomes.

It is a unique situation that requires patience and perseverance. On occasions I frantically dig-through supply boxes looking for much needed splints, braces, and crutches. Amazingly the supplies are just enough to meet the present needs for these patients.

My translator, Daniel, proves invaluable as he helps overcome the language barrier and provide technical assistance. Thus far the patients have only relied on NSAIDS for pain relief. Initially the progress is slow as we begin to mobilize the stiff joints above and below their injuries. It is essential to win the confidence of the people to help them overcome their fears. Even in Haiti, success is contagious. These patients are overjoyed to finally be up and about after, in many cases, three to four weeks of being confined to bed rest. In turn, many of these patients encourage one another. Sadly, most of these patients have lost at least one family member due to the earthquake. It's amazing to see their gratitude and appreciation, demonstrated by warm smiles, in spite of their circumstances.

Super-imposed on regular patient rehab sessions, I am challenged by a steady flow of unscheduled orthopedic out-patients. Some children are physically carried in by family members, while adults may arrive by stretchers. There are no wheelchairs. The days go fast and the patient progress is encouraging. The doctors are also pleased. "Right now you are the most important member of the team" they say encouragingly.



After ten days on the ground, it is now time to return home. Thankfully a Canadian physical therapist arrives in time to continue the rehab process. Another plane load of medical supplies arrives just in time as well. Exhausted and exhilarated, I hop aboard the small Cessna Caravan. It effortlessly lifts off the run way and we are now headed home. I close my eyes to relax as I recall the many Haitian voices singing in unity "Count Your Many Blessings". Their music and message rings softly yet sweetly in my ear and I know that I will never be the same.

Still the urgent need for physical therapists, prosthetists, and other rehab specialists remains for the hurting yet hopeful Haitian people. This need will continue for many months. If you are encouraged by this story and would like to join in the relief effort, please feel free to contact me at: 1stplacetherapy@bellsouth.net.

Carroll Brown, PT, DPT, OCS

Supervision of Physical Therapist Assistants

One of the most frequently asked questions that the Board receives is about supervision of physical therapist assistants. The requirements concerning supervision are detailed in Section 10-2 of the Regulations. The Section explains joint first visit, supervisory visits and the requirements that must be met during a supervisory visit. The Section contains information on the final patient treatment and discharge summary. Additionally, the Board issued a declaratory opinion concerning counting the number of treatment days between supervisory visits. This opinion can be viewed on the Board's website (www.msbt.state.ms.us) under the Rules and Regulations Section.

An important fact to remember is that the rules concerning supervision are the same for all practice settings. They do not vary from setting to setting.

The supervision requirements stated in the Regulations are minimal. It is the professional responsibility and duty of the licensed physical therapist to provide the physical therapist assistant with more supervision if deemed necessary in the physical therapist's professional judgment.

GUIDELINES FOR DISCIPLINARY ACTIONS AND THE ASSESSMENT OF MONETARY PENALTIES

SECTION 1. ENFORCEMENT OPTIONS

Upon a finding by the Mississippi State Board of Physical Therapy (Board) that a physical therapist or physical therapist assistant has violated any provision of Title 73, Chapter 23 of the Mississippi Code of 1972, as amended, and/or the rules and regulations promulgated by the Board for the practice of physical therapy, the Board may impose any of the following actions/sanctions separately or in any combination deemed appropriate to the offense.

A. Advisory Censure. An official written document retained in the Board's file, which is issued to the physical therapist or physical therapist assistant for minor or technical infractions. An advisory censure is not formal disciplinary action but is informal communication between the licensee and the Board, which delineates the Board concerns with the licensee's professional practice and may address any or all of the following:

- (i) the allegations upon which the Board's concerns are based;
- (ii) the potential for administrative or judicial action; and
- (iii) educational intervention.

B. Formal Censure or Reprimand. A public admonishment issued to a physical therapist or physical therapist assistant for one time and less severe violations. It is a formal disciplinary action.

C. Probation. This constitutes formal disciplinary action against a physical therapist or physical therapist assistant and consists of a period of time during which the physical therapist or physical therapy assistant's practice is monitored and he or she is allowed to continue to practice under conditions and/or restrictions imposed by the Board. Probation may be considered where the circumstances indicate that future monitoring, training, or other follow-up is necessary or appropriate

D. Licensure Suspension. This is a formal disciplinary action allowing for the temporary withdrawal of a physical therapist or physical therapist assistant's license. The physical therapist or physical therapist

assistant is subject to loss of license for a specified period of time and/or until conditions imposed by the Board are met. During the period of suspension, the physical therapist or physical therapist assistant is prohibited from practicing for the fixed period of time. A suspension contemplates the reentry of the individual into the practice under the license previously issued by the Board.

E. Licensure Revocation. Formal disciplinary action which removes an individual from the practice of the profession in the State of Mississippi and terminates the license previously issued by the Board. Unless otherwise specified in the Board's Order, the individual retains rights to apply to the Board for restoration of the license.

If revoked, an individual is returned to the status that he or she possessed prior to application for licensure. Reinstatement may be allowed, in the Board's discretion, upon conditions and after a period of time deemed appropriate by the Board. However, no revoked license is eligible for reinstatement until the expiration of at least one (1) year after revocation, unless otherwise stated in the Board's revocation order.

F. Voluntary Surrender. Voluntary relinquishment of a license by a physical therapist or physical therapy assistant which has the force and effect of a revocation. This is a formal disciplinary action and may be permanent or for a fixed period of time.

G. Refuse to Issue or Renew a License. This is a determination by the Board that an applicant fails to meet requirements specified under law and rules for licensure.

H. Fine. A monetary penalty imposed by the Board. The monetary penalty may be in an amount not to exceed Five Hundred Dollars (\$500.00) for the first violation, One Thousand Dollars (\$1,000.00) for the second violation, and Five Thousand Dollars (\$5,000.00) for the third violation and for each subsequent violation.

SECTION 2. TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE NON-PRACTICE

If a physical therapist or physical therapist assistant should leave Mississippi to reside or to practice outside the State or for any reason

should the physical therapist or physical therapist assistant stop practicing in the State of Mississippi, any probationary period, condition or restriction imposed on the physical therapist or physical therapist assistant is tolled and his or her license shall be placed on inactive status, during which time the practice of the profession is prohibited in this State. The probationary period, condition or restriction will not commence again until the physical therapist or physical therapist assistant activates his or her Mississippi license and resumes practicing in the State of Mississippi.

SECTION 3. DURATION OF SANCTION(S)

Once ordered, probation, suspension, revocation, assessment of a monetary penalty, or any other condition of any type of disciplinary action may not be lifted unless and until after the period of initial probation, suspension, revocation, or other conditioning has run and all conditions placed on the probation, suspension, revocation have been met and after any monetary penalties assessed have been paid.

SECTION 4. COMPLIANCE DETERMINATION

A. In order for the Board to determine whether a licensee has complied with the conditions necessary to lift sanctions imposed by the Board, the licensee must supply the Board with a copy of all documents that prove compliance with all the terms or conditions of the previously issued order. If proof of compliance requires testimony of any individual, the licensee must submit a notarized statement from each individual, including the licensee, attesting, under oath, to the compliance. No documentation or testimony other than that submitted will be considered by the Board in making a determination regarding the licensee's compliance with the Board's order.

B. Should the matter proceed for hearing before the Board, the licensee may not submit any additional documentation or testimony other than that contained in the documentation as originally submitted to show proof of the licensee's compliance with the Board's order.

C. If the Board finds that the licensee has

complied with all the terms of the previous order, the disciplinary sanction(s) will be lifted.

SECTION 5. PROCEDURES FOR DETERMINING ADMINISTRATIVE SANCTIONS AND PENALTIES

A. Levels of Enforcement. A one time offense may result in either an advisory censure or formal censure and fine. Repetitive, egregious or non-remedial offenses may result in suspension, revocation, or voluntary surrender of license and fine.

The Board's administrative staff and the Board Chair may issue an Advisory Censure and/or may assess a monetary penalty for a Type III Administrative Penalty and, upon acceptance by the licensee, present a report to the Board concerning the facts on which the determination was made and the amount of the monetary penalty.

B. Schedule of Administrative Penalties. The following criteria will be used to categorize each penalty event with regard to its nature and severity:

(i) A **Type I Administrative Penalty** may be imposed for violations of legal requirements identified by the Board as directly related to the protection of the individual patient or public health, safety, or welfare. Such violations include, but are not necessarily limited to, acts which have caused or have the potential to cause harm to the health, safety, or welfare of the individual patient or public; acts or failures to act which are in complete contravention of a requirement of the laws or rules governing the practice of physical therapy or, if part of the requirement is met, which severely impair or undermine the operation or intent of the requirement; any failure to obtain a required license or approval from the Board; or any failure to comply with an order or directive of the Board or its designee.

(ii) A **Type II Administrative Penalty** may be imposed whenever the Board finds the person required to be licensed guilty of an offense that impacts directly on the care of patients or the public. Such violations include, but are not necessarily limited to, acts that pose or may pose a significant risk to human health, safety or welfare; any act that partially deviates from any requirement of the law and/or any rule or condition regarding the practice of physical therapy; or a failure to monitor, report or make records.

(iii) A **Type III Administrative Penalty** may be imposed whenever the Board finds the person required to be licensed guilty of an offense that does not pose a serious threat to patients or the public, is not widespread, and/or is not a repeat violation of the same nature for which the licensee has been cited within the previous five (5) years. Such violations include, but are not necessarily limited to, a first time failure to report address change(s) to the Board; a first time failure to properly display a license as required by Board rule; a failure to submit a report in a timely manner; a failure to pay fees; inaccurate record-keeping; acts or omissions that are isolated single incidences and that cause no measurable detrimental effect to human health; or acts or omissions that are administrative in nature.

C. Amount of Monetary Penalties. The following schedule will be used as a guide to determine the dollar amount of a penalty:

(i) **Type I Administrative Penalties** shall be **assessed** in the amount of not less than \$100.00 nor more than \$500.00 for a first offense; not less than \$500.00 nor more than \$1,000.00 for a second offense; and not less than \$500.00 nor more than \$5,000.00 for a third offense and subsequent offenses.

(ii) **Type II Administrative Penalties** may be **assessed** in the amount of not less than \$100.00 and not more than \$250.00 for a first offense; not less than \$100.00 nor more than \$500.00 for a second offense; and not less than \$250.00 nor more than \$1,000.00 for a third offense and subsequent offenses.

(iii) **Type III Civil Penalties** may be **assessed** in the amount of not less than \$50.00 and not more than \$100.00 for a first offense; not less than \$100.00 nor more than \$250.00 for a second offense; and not less than \$150.00 nor more than \$500.00 for a third offense and subsequent offenses.

SECTION 6. FACTORS CONSIDERED IN ASSESSMENT OF PENALTIES

The Board may, in its discretion, adjust the amount of a penalty and assess a monetary penalty that is greater or less than that prescribed herein based on any or a combination of the factors listed below. No such factor, however, constitutes a defense to any violation. Factors considered by the Board include:

- (i) The history of previous violations or repeated noncompliance;
- (ii) Whether the violation occurred or was repeated over a significant length of time;
- (iii) Whether the licensee has previously been disciplined by the Board or in another jurisdiction;
- (iv) Whether the licensee received some benefit from committing the current violation;
- (v) The significant chance for harm that the violation caused to the patient or the public;
- (vi) The licensee's acceptance of responsibility for the violation;
- (vii) The period of time during which the licensee practiced without complaints or disciplinary action taken by the Board or any other jurisdiction;
- (viii) Whether the amount imposed will be a substantial economic deterrent to the violator;
- (ix) The circumstances leading to the violation;
- (x) The measures taken by the violator to mitigate or correct the effects of the current violation; and
- (xi) Any other extenuating, mitigating or aggravating circumstances.

SECTION 7. COSTS AND EXPENSES

The Board may also assess any licensee or applicant for licensure with the costs incurred or expended by the Board in the investigation and prosecution of any licensure or disciplinary action, including, but not limited to, the cost of process service, court reports, investigators, and attorney's fees.

SECTION 8. NON-EXCLUSIVITY OF ENFORCEMENT PROVISIONS

The provisions contained herein are not intended, and shall not be construed, to limit the ability or authority of the Board to pursue to any other civil or criminal action and remedy and enforcement under other laws when appropriate.

Change of Home Address, Worksite or Name

It is the responsibility of licensees to provide the Board with written notification of address changes (home or work) no later than 30 days after such change is effective according to Section 3-8. For a name change, a notarized copy of the legal document must accompany the request. Failure to keep your address or name change current will result in a \$25.00 fee for the cost of resending any correspondence or materials.

NAME

LICENSE #

OLD NAME

OLD ADDRESS (City, State, Zip)

COUNTY

NEW ADDRESS (City, State, Zip)

COUNTY

PHONE NUMBER

EMAIL ADDRESS

PRIMARY EMPLOYER

ADDRESS (City, State, Zip)

PHONE NUMBER

Mail this form to the Mississippi Board of Physical Therapy, P.O. Box 55707, Jackson, MS 39296-5707 or fax to (601) 939-5246.

**Mississippi State Board
of Physical Therapy
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