

**WEST VIRGINIA
SECRETARY OF STATE
NATALIE E. TENNANT
ADMINISTRATIVE LAW DIVISION**

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OFFICE WEST VIRGINIA
SECRETARY OF STATE

Form #3

**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE
AND
FILING WITH THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE**

AGENCY: WV BOARD OF PHYSICAL THERAPY TITLE NUMBER: TITLE 16

CITE AUTHORITY: 30-20-6

AMENDMENT TO AN EXISTING RULE: YES NO

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF RULE BEING PROPOSED: SERIES 4

TITLE OF RULE BEING PROPOSED: FEES FOR PHYSICAL THERAPIST AND PHYSICAL THERAPIST
ASSISTANT

THE ABOVE PROPOSED LEGISLATIVE RULE HAVING GONE TO A PUBLIC HEARING OR A PUBLIC COMMENT PERIOD IS HEREBY APPROVED BY THE PROMULGATING AGENCY FOR FILING WITH THE SECRETARY OF STATE AND THE LEGISLATIVE RULE-MAKING REVIEW COMMITTEE FOR THEIR REVIEW.

Leslie M. Spruce, PT, OPT
Authorized Signature

APPENDIX B

FISCAL NOTE FOR PROPOSED RULES

FEEES FOR PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

Rule Title: _____

Type of Rule: Legislative Interpretive Procedural

Agency: WV BOARD OF PHYSICAL THERAPY

Address: 101 DEE DRIVE
CHARLESTON, WV 25311

Phone Number: 304-558-0367 Email: WVBOPT@WV.GOV

Fiscal Note Summary

Summarize in a clear and concise manner what impact this measure will have on costs and revenues of state government.

THIS RULE WILL HAVE NO IMPACT ON COSTS OR REVENUES OF STATE GOVERNMENT; OR THE AGENCY ITSELF.

Fiscal Note Detail

Show over-all effect in Item 1 and 2 and, in Item 3, give an explanation of Breakdown by fiscal year, including long-range effect.

FISCAL YEAR			
Effect of Proposal	Current Increase/Decrease (use "-")	Next Increase/Decrease (use "-")	Fiscal Year (Upon Full Implementation)
1. Estimated Total Cost	0.00	0.00	0.00
Personal Services			
Current Expenses			
Repairs & Alterations			
Assets			
Other			
2. Estimated Total Revenues	0.00	0.00	0.00

Rule Title: _____

Rule Title: FEES FOR PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

3. **Explanation of above estimates (including long-range effect):**

Please include any increase or decrease in fees in your estimated total revenues.

N/A

MEMORANDUM

Please identify any areas of vagueness, technical defects, reasons the proposed rule **would not** have a fiscal impact, and/or any special issues **not** captured elsewhere on this form.

THE CHANGES IN THIS RULE WILL NOT INCUR ANY COSTS ASSOCIATED WITH PHYSICAL THERAPIST OR PHYSICAL THERAPIST LICENSE.

Date: July 29, 2010

Signature of Agency Head or Authorized Representative

Leslie Sprane, PT, DPT

- e. Date you filed in State Register the agency approved proposed Legislative Rule following public hearing: (be exact)

- f. Name, title, address and phone/fax/e-mail numbers of agency person(s) to receive all written correspondence regarding this rule: (Please type)

LESLEIGH SPROUSE, BOARD CHAIR
WV BOARD OF PHYSICAL THERAPY

101 DEE DRIVE CHARLESTON, WV

(304) 558-0367 PHONE (304) 558-0369 FAX
WVBOPT@WV.GOV

- g. **IF DIFFERENT FROM ITEM 'f'**, please give Name, title, address and phone number(s) of agency person(s) who wrote and/or has responsibility for the contents of this rule: (Please type)

3. If the statute under which you promulgated the submitted rules requires certain findings and determinations to be made as a condition precedent to their promulgation:

- a. Give the date upon which you filed in the State Register a notice of the time and place of a hearing for the taking of evidence and a general description of the issues to be decided.

b. Date of hearing or comment period:

c. On what date did you file in the State Register the findings and determinations required together with the reasons therefor?

d. Attach findings and determinations and reasons:

Attached

**TITLE 16
LEGISLATIVE RULE
WV BOARD OF PHYSICAL THERAPY**

**SERIES 4
FEES FOR
PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT**

SUMMARY OF PROPOSED RULE

The WV Board of Physical Therapy is requesting to remove the "Fees" section from §16-1-11 Series I- General Provision. We are proposing Series 4 be designated for "Fees". This change is in line with what other WV Boards Rules are like.

TITLE 16
LEGISLATIVE RULE
WV BOARD OF PHYSICAL THERAPY

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SERIES 4
FEES FOR
PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

OFFICE WEST VIRGINIA
SECRETARY OF STATE

§16-4-1. General.

- 1.1. Scope. -- This legislative rule describes and defines requirements for licensure as well as nature of practice for Physical Therapists, Physical Therapist Assistants and support personnel.
- 1.2. Authority. -- W. Va. Code §30-20-1, et. seq.
- 1.3. Filing Date. --
- 1.4. Effective Date. --

§16-4-2. Fees.

2.1 The West Virginia Board of Physical Therapy is an autonomous State Licensing Board Agency and as such receives no monies from the State's general revenue fund; nor does it receive any Federal money. All money necessary to efficiently staff and equip a public office must be generated by services performed by the Board in behalf of its licensees or other interested parties.

2.2. Applicants shall pay to the Board the fees established and authorized by WV Code §30-20-1, et. seq.

2.2.a. Physical Therapist Application.....	\$ 25.00
2.2.b. Physical Therapist License.....	\$220.00
2.2.c. Physical Therapist Temporary Permit.....	\$35.00
2.2.d. Physical Therapist Biennial Renewal.....	\$120.00
2.2.e. Physical Therapist Delinquent License.....	\$250.00
2.2.f. Physical Therapist Assistant Application.....	\$25.00
2.2.g. Physical Therapist Assistant License.....	\$140.00
2.2.h. Physical Therapist Assistant Temporary Permit.....	\$20.00
2.2.i. Physical Therapist Assistant Biennial Renewal.....	\$80.00
2.2.j. Physical Therapist Assistant Delinquent License.....	\$170.00
2.2.k. Permanent License Verification.....	\$25.00

2.2.l. Duplicate Wallet Card/License	\$5.00
2.2.m. Duplicate Wall Certificate.....	\$15.00
2.2.n. Name Change Requiring New Card/License (Outside of Renewal Season)	\$5.00
2.2.o. Exam Processing Fee.....	\$25.00
2.2.p. Mailing List/Directory	
2.2.p.1. Label-ready List Rate @ 10 cents/name and address	
2.2.p.2. Hard-copy Directory Rate @ 15 cents/name and address	
2.2.p.3. Labels Rate @ 30 cents/name and address	
2.2.q. Continuing Education Course Review	\$50.00

2.2.r. All fees not paid by the due date shall be assessed a penalty to be determined by the Board not to exceed 25% of the original fee required.