



**WEST VIRGINIA
SECRETARY OF STATE**

NATALIE E. TENNANT

ADMINISTRATIVE LAW DIVISION

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OFFICE OF
WEST VIRGINIA SECRETARY OF STATE

**FORM 1 -- NOTICE OF A PUBLIC HEARING OR COMMENT PERIOD ON A PROPOSED RULE
(Page 1)**

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY **§16-4-1**

COMMENTS LIMITED TO
Written

DATE OF PUBLIC HEARING

LOCATION OF PUBLIC HEARING

DATE WRITTEN COMMENT PERIOD ENDS
Thursday, May 01, 2014 4:00 PM

WRITTEN COMMENTS MAY BE MAILED TO
**WV Board of Physical Therapy
101 Dee Drive
Charleston, WV 25311**

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes
Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



Title-Series: 16-04



Rule Id: 9371



Document: 25611



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**FORM 1 -- NOTICE OF A PUBLIC HEARING OR COMMENT PERIOD ON A PROPOSED RULE
(Page 2)**

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CITE AUTHORITY **§16-4-1**

PROVIDE A BRIEF SUMMARY OF YOUR PROPOSAL

Reduce renewal and continuing education review fee for licensees.

Physical Therapist biennial renewal reduce from \$120 to \$100. Physical Therapist Assistant biennial renewal reduce from \$80 to \$60.

Continuing education course review for individual licensee reduce from \$50 to \$15.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes
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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 1)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY **§16-4-1**

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 COST OR REVENUES OF STATE GOVERNEMENT OTHER THAN REDUCING ANY SWEEP FUNDS FROM OUR SPECIAL REVENUE.

THE BOARDS SPECIAL REVENUE FUNDS WILL BE REDUCED; HOWEVER, WILL NOT CAUSE ANY IMPACT ON THE FINANCIAL STABILITY

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 2)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** AMENDMENT TO EXISTING RULE **Yes** TITLE-SERIES **16-04**
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CITE AUTHORITY **§16-4-1**

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.

Effect Of Proposal	Current Increase/Decrease (use ' - ')	Next Increase/Decrease (use ' - ')	Fiscal Year (Upon Full Implementation)
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**ESTIMATED
TOTAL COST**

PERSONAL SERVICES

CURRENT EXPENSES

**REPAIRS AND
ALTERATIONS**

ASSETS

OTHER

**ESTIMATED
TOTAL REVENUES**

-\$23,000

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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 3)

AGENCY **Physical Therapy**
RULE TYPE **Legislative** **AMENDMENT TO EXISTING RULE** **Yes** **TITLE-SERIES** **16-04**
RULE NAME **Fees for Physical Therapist and Physical Therapists Assistant**

CITE AUTHORITY §16-4-1

**3. EXPLANATION OF ABOVE ESTIMATES (INCLUDING LONG-RANGE EFFECT). PLEASE INCLUDE ANY INCREASE OR DECREASE IN FEES IN YOUR ESTIMATED TOTAL REVENUES.
ESTIMATES ARE BASED FROM CURRENT NUMBER OF LICENSEES RENEWING. BECAUSE NOT ALL LICENSEES RENEW THEIR LICENSE, WE CANNOT PREDICT THE EXACT AMOUNT.**

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 11 -- FISCAL NOTE FOR PROPOSED RULES (Page 4)

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CITE AUTHORITY **§16-4-1**

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.

THERE ARE NO AREAS OF CONCERN.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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FORM 12 -- BRIEF SUMMARY AND STATEMENT OF CIRCUMSTANCES (Page 1)

AGENCY **Physical Therapy**
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CITE AUTHORITY **§16-4-1**

SUMMARIZE IN A CLEAR AND CONCISE MANNER CONTENTS OF CHANGES IN RULE AND STATEMENT OF CIRCUMSTANCES REQUIRING THE RULE.

WV BOARD OF PHYSICAL THERAPY IS FUNDED BY LICENSEES, REGISTRANTS, AND APPROVALS OF CONTINUING EDUCATION.

SINCE THIS BOARD DOES NOT RECEIVE STATE FUNDING, OUR BOARD WOULD LIKE TO DECREASE THE LICENSEES RENEWAL FEES AND CE APPROVAL FEES IN ORDER TO CUT THEIR EXPENSES TO THOSE INDIVIDUALS THAT PAID THE MONIES INTO OUR SPECIAL REVENUE ACCOUNT.

BY CHOOSING 'YES', I ATTEST THAT THE PREVIOUS STATEMENTS ARE TRUE AND CORRECT.

Yes
Patricia A Holstein -- By my signature, I certify that I am the person authorized to file legislative rules, in accordance with West Virginia Code §29A-3-11 and §39A-3-2.



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TITLE 16
LEGISLATIVE RULE
WV BOARD OF PHYSICAL THERAPY

SERIES 4
FEES FOR PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT

§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. -- ~~June 16, 2011.~~

1.4. Effective Date. -- ~~June 16, 2011.~~

§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 W. Va. 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 <u>\$100.00</u>
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 <u>\$60.00</u>
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

16CSR4

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
<u>2.2.q.1 Provider</u>	<u>\$50.00</u>
<u>2.2.q.2 Individual Licensee Review</u>	<u>\$15.00</u>

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.