



**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 Therapist Assistant

CITE AUTHORITY §30-20-1, et. seq.

**COMMENTS LIMITED TO
Written**

DATE OF PUBLIC HEARING

LOCATION OF PUBLIC HEARING

**DATE WRITTEN COMMENT PERIOD ENDS
Monday, April 18, 2016 2:00 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

Nonnie S Ramsey -- 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: 10093



Document: 27453



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

AGENCY Physical Therapy

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RULE NAME Fees for Physical Therapist and Physical Therapist Assistant

CITE AUTHORITY §30-20-1, et. seq.

PROVIDE A BRIEF SUMMARY OF YOUR PROPOSAL

Reduce online verification fee for licensees

Office Generated verification will remain the same at \$25.00 per verification

Online Verification will be reduced from \$25.00 to No Charge.

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 Therapist Assistant**

CITE AUTHORITY **§30-20-1, et. seq.**

PRIMARY CONTACT

Nonnie Ramsey
101 Dee Drive

Charleston, STATE ZIP

Nonnie S Ramsey -- 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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CITE AUTHORITY §30-20-1, et. seq.

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 GOVERNMENT OTHER THAN REDUCING ANY SWEEP FUNDS FROM OUR SPECIAL REVENUE.

THE BOARDSD SPECIAL REVENUE FUNDS WILL BE REDUCED; HOWEVER, WILL NOT CAUSE ANY IMPACT ON THE FINANCIAL STABILITY OF THE BOARD.

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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**

RULE NAME **Fees for Physical Therapist and Physical Therapist Assistant**

CITE AUTHORITY §30-20-1, et. seq.

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**

-\$29,000

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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 Therapist Assistant**

CITE AUTHORITY **§30-20-1, et. seq.**

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 LICENSURE VERIFICATIONS BEING SUBMITTED ONLINE.

OFFICE GENERATED VERIFICATIONS WILL STILL BE CHARGED A FEE OF \$25.00

Nonnie S Ramsey -- 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)

AGENCY **Physical Therapy**

RULE TYPE **Legislative** **AMENDMENT TO EXISTING RULE** **Yes** **TITLE-SERIES** **16-04**

RULE NAME **Fees for Physical Therapist and Physical Therapist Assistant**

CITE AUTHORITY **§30-20-1, et. seq.**

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.

Nonnie S Ramsey -- 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**

RULE TYPE **Legislative** **AMENDMENT TO EXISTING RULE** **Yes** **TITLE-SERIES** **16-04**

RULE NAME **Fees for Physical Therapist and Physical Therapist Assistant**

CITE AUTHORITY **§30-20-1, et. seq.**

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 ONLINE VERIFICATION FEE TO NO CHARGE WHILE OFFICE GENERATED VERIFICATION CHARGE WILL REMAIN THE SAME AT \$25.00.

THIS WILL CUT 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

Nonnie S Ramsey -- 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: 10093



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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. -- ~~May 13, 2015.~~

1.4. Effective Date. -- ~~June 1, 2015.~~

§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	\$100.00
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	\$60.00
2.2.j. Physical Therapist Assistant Delinquent License	\$170.00
2.2.k. Permanent License Verification	\$25.00
<u>2.2.k.1 Office Generated</u>	<u>\$25.00</u>

16CSR4

<u>2.2.k.2 Online</u>	<u>No Charge</u>
2.2.1. 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	
2.2.q.1 Provider	\$50.00
2.2.q.2 Individual Licensee Review	\$15.00
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.	