

Mandatory Reporting in Physical Therapy

Preface

The purpose of mandatory reporting of potential violations is to protect the public. Conduct suspected of violating licensure regulations should be reported to the appropriate state regulatory agencies or departments for investigation. Examples of violations may include reporting of negligent or illegal behavior, gross incompetence, sexual misconduct, or impaired practice due to alcohol, drugs, physical, mental, or other issue.

Reporting Forms

Two mandatory reporting form templates have been created to serve as “samples” for jurisdictions to review and modify as applicable to their own state laws and regulations:

- 1) A self-reporting form for individuals to report violations related to their own practice or behaviors; and
- 2) A form to report alleged violations of other health care providers.

Customizing templates is important as reporting requirements are often located in multiple statutes in the same jurisdiction and the conduct required to be reported, and by whom, varies amongst jurisdictions. To the extent possible, consolidating reporting requirements into a single form facilitates awareness of requirements and streamlines the process for reporters. Completed forms should be submitted for investigation following applicable policies and procedures relevant to individual state jurisdictions and could be incorporated into existing more general complaint forms.

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Licensed Health Professional Mandatory Self-Reporting Form

** This form is for self-reporting only. Please do not use to report other health professionals.*

Submit completed report to the (appropriate regulatory agency-customize with appropriate information) in your jurisdiction. [Or if online form, identify which agency is receiving this form]

Licensed Professional Being Self-Reported (Your Information):

Name: _____

Profession: _____

License #: _____

Today's Date: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Preferred method of contact:

☐ Mailing Address

☐ Phone

☐ Email Address

List the profession and license number for each professional license, certificate, or registration you hold in any jurisdiction, including all Compact Privileges:

List all facilities, boards, associations, jurisdictions, or locations where you work as a physical therapy provider or with which you are affiliated:

Provide a Detailed Description/Reason for Self-Reporting (attach additional page if needed):

Sample reason(s) for self-reporting (check any that apply): *(Jurisdictions should customize this section listing its own requirements for reporting.*

- ☐ Loss or voluntary limitation of privileges or resignation from employment.
- ☐ I voluntarily limited my privileges or resigned from the staff of a health care facility while under formal or informal investigation or evaluation by the facility or a committee of the facility.
- ☐ Credential denied or disciplined, membership lost, or court conviction with official report.
- ☐ Professional liability misconduct.
- ☐ I was convicted of a misdemeanor or felony in the state, territory, or jurisdiction of _____, including any federal or military jurisdiction. Include copy of conviction with submission. *(Excluding speeding or parking tickets).*
- ☐ I had disciplinary action taken against a credential or other form of permit by another state, territory, or jurisdiction, including any federal or military jurisdiction, or I had a settlement of such action, or I voluntarily surrendered or had a limitation placed on my credential or other form of permit.
- ☐ Impairment related to alcohol or substance use that affects my ability to practice.

Please attach any additional relevant documentation.

Statement of Attestation: *(Customize for your jurisdiction, but recommended there is a statement)*

The statements I have made are true and correct to the best of my knowledge. I understand that an electronic signature has the same legal effect and enforceability as a written signature on a complaint.

Signature: _____

Date: _____