

## PT COMPLIANCE OFFICER ACKNOWLEDGEMENT FOR PHYSICAL THERAPY FACILITY APPLICATION

I acknowledge that I am the Physical Therapy Compliance Officer (PTCO) for the following physical therapy facility:

\_\_\_\_\_

Physical Therapy Facility License #: \_\_\_\_\_  
(Leave Blank if new application)

1. I have agreed to accept the responsibilities of a PTCO in accordance with the Massachusetts Board of Registration of Allied Health Professionals (“Board”) regulation, [259 CMR 6.01-6.07](#).
2. I understand the laws and regulations pertaining to physical therapy facilities and to the practice of physical therapy in Massachusetts.
3. I understand that failure to carry out the responsibilities of a PTCO may result in discipline by the board.
4. I agree to notify the Board within 5 days of resigning my duties as PTCO and I also agree to notify the Board within 10 days if any owner or staff member is criminally convicted or received professional discipline.

Name of PTCO: \_\_\_\_\_  
Last First Middle

Physical Therapist License #: \_\_\_\_\_

Other licenses in any jurisdiction (list state, profession, license number and current status): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Discipline against physical therapy or any other professional or establishment license: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information about any felony or misdemeanor, other than a traffic violation for which a fine of less than \$200.00 was assessed: (use a separate sheet if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Physical Therapist Compliance Officer

\_\_\_\_\_  
Date