Physical Therapy Facility Licensure Application

Request for Waiver re: Experience of PT Compliance Officer

The statutes and regulations governing physical therapists in Massachusetts require all Physical Therapy Facilities to identify a PT Compliance Officer. The PT Compliance Officer is responsible for the operation of the Physical Therapy Facility in compliance with the laws of the Commonwealth and the rules and regulations of the Board. The appointment of the PT Compliance Officer is subject to approval by the Board of Registration of Allied Health Professionals.

The Physical Therapy Facility regulations state,

Unless a waiver is granted by the Board, the PT Compliance Officer must have a minimum of four years of verifiable experience as a Physical Therapist licensed in the Commonwealth or another jurisdiction, where the person’s responsibilities included but were not limited to patient care, record keeping, and billing. (259 CMR6.04 (4)).

To request a waiver of the four-year experience requirement, please complete this form. If the Board needs additional information, their representative will contact you.

General Information
Name of the Physical Therapy Facility: _____________________________________________

Name of the Business Entity: ____________________________

Type of Establishment (select only one):
- Sole Proprietorship
- Limited Liability Company
- Partnership
- Corporation

Federal ID Number (*required): ____________________________

Facility Address: _______________________________________________________

Street, Suite #

______________________________________________________________

City/ town State Zip Code

Facility telephone number: _____________________________________________

Email address: _______________________________________________________

Website address: ___________________________________________________

Contact person: ____________________________________________________

Please describe the practice briefly (number and type of practitioners, e.g.): ____________________________________________________________

____________________________________________________________________

____________________________________________________________________
PT Compliance Officer

Name of the proposed PT Compliance Officer (PTCO):

________________________________________________________________________

First Name Last Name

________________________________________________________________________

MA PT License Number Year of Issue Expiration Date

Has the proposed PTCO ever held any other Mass. professional license? ___ Yes ___ No
If yes, please list (attach additional pages if necessary):

_________________________________________________

License number Profession

_________________________________________________

License number Profession

Has the proposed PTCO ever held a professional license issued by another state? ___ Yes ___ No
If yes, please list (attach additional pages if necessary):

_________________________________________________

License number Profession State

_________________________________________________

License number Profession State

Has the proposed PTCO ever been convicted of a crime, a violation of state or federal law or been
the subject of any disciplinary action(s) taken by any licensing or regulatory body? ___ Yes ___ No
If yes, please describe (attach additional pages if necessary):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you have questions about this form or the Physical Therapy Facility Application process in
general, you may contact the Physical Therapy Facility Coordinator, Sonia Jordan by phone at 617-
727-0054 or by email at Alliedhealth@state.ma.us.