



KENTUCKY BOARD OF PHYSICAL THERAPY

Matthew G. Bevin
Governor

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Scott D. Majors
Executive Director

Affidavit

Comes the Affiant, _____ after being duly sworn, states:

1. I am responding to the Kentucky Board of Physical Therapy regarding my practicing physical therapy after my credential (license/certificate) expired for non-renewal on March 31, 2019;

2. I acknowledge "physical therapy" is defined by KRS 327.010(1):
"Physical therapy" means use of selected knowledge and skills in planning, organizing, and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, dentistry, chiropractic, or podiatry and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy. Physical therapy includes screening or evaluations performed to determine the degree of impairment of relevant aspects, such as but not limited to nerve and muscle function including subcutaneous bioelectrical potentials, motor development, functional capacity, and respiratory or circulatory efficiency. Physical therapy also includes physical therapy treatment performed upon referral by a licensed doctor of medicine, osteopathy, dentistry, chiropractic, or podiatry, including but not limited to exercises for increasing or restoring strength, endurance, coordination and range of motion, stimuli to facilitate motor activity and learning, instruction in activities of daily living, and the use of assistive devices and the application of physical agents to relieve pain or alter physiological status."

3. Prior to submitting my reinstatement application on _____:

_____ I confirm I did not practice physical therapy after March 31, 2019, nor did I provide any health care service directly to any person, nor act as a physical therapist/physical therapist assistant during that time. The following is a true and accurate listing of my work activities after March 31, 2019, to the date of my reinstatement application submission:

Or:

_____ I acknowledge I practiced physical therapy defined by KRS 327.010(1) on the following date(s) after March 31, 2019, and the following is a true and accurate listing of all such dates:

4. I understand this information will be reported to the Board to determine what, if any, further action is appropriate regarding my practicing physical therapy after my credential expired for non-renewal on March 31, 2019, and I will further cooperate with the Board.

Further Affiant sayeth naught.

Subscribed and sworn by _____ before me, this the ____ day of _____, 2019.

Notary Public: _____

My commission expires: _____

Signature of Credential Holder