



South Dakota Board of Physical Therapy

Mailing Address:
810 North Main Street, Suite 298
Spearfish, SD 57783

Phone: (605) 642-1600
E-Mail: office@sdlicensing.com

Draft-Video Conference BOARD MEETING AGENDA

TO: All Board Members
FROM: Brooke Tellinghuisen Geddes
DATE: September 18, 2024
MEETING DATE: October 8, 2024
LOCATION: Video Conference

The public is invited to attend the meeting via Microsoft Teams at the following link:

https://teams.microsoft.com/l/meetup-join/19%3ameeting_NTRmMmI1MWQtNDJIYS00ZWY4LTg3NTQtNzNkODExNDAwMThl%40thread.v2/0?context=%7b%22Tid%22%3a%22e69efb98-56ef-4797-a76b-e1ec658a639c%22%2c%22Oid%22%3a%22ee0a24e7-6d2c-4495-ade5-4377098865d2%22%7d

If members of the public would like to be sent the Microsoft Teams invitation to the meeting instead of using the above link, please contact the board office prior to the meeting at office@sdlicensing.com. If you are having issues accessing the link, please contact the board office at 605-642-1600.

MEETING TIME: 11:00AM MDT / 12:00PM CDT

Agenda Item Number

1. Call to Order/Welcome
2. Roll Call
3. Approval of the Agenda

4. Public Comment
5. Approval of the Minutes from August 20, 2024
6. Financial Update
7. Administrative Rules Update
8. CEU Workgroup Update/Guiding Documents
9. Workforce Data Collection on Renewal Application
10. Foreign Educated PT's & PTA's
11. Schedule Next Meeting(s)
12. Executive Session pursuant to SDCL 1-25-2
 - a. Complaints/Investigations- if any
 - b. Re-Entry Applications-if any
13. Ratification on Re-Entry Applications-if any
14. Any other Business
15. Adjourn

DRAFT

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OFFICIAL BOARD MINUTES FOR AUGUST 20, 2024 VIDEO CONFERENCE

MEMBERS PRESENT: Patti Berg-Poppe, President
Leonard Suel, Vice-President (joined at 12:14 PM CDT)
Rebeca Schmitz, Secretary
Matthew Weigel, Member
Brad Thuringer, Member
Janelle Toman, Lay Member
Linda Ahrendt, Lay Member

MEMBERS ABSENT: None

OTHERS PRESENT: Brooke Tellinghuisen Geddes, Executive Director
Katie Funke, Executive Assistant
Ann Bowar, Administrative Assistant
Howard Pallotta, SD Dept. of Health, General Counsel
Steven Blair, Deputy Attorney General, Prosecuting Counsel

CALL TO ORDER: Berg-Poppe called the meeting to order at 12:08 PM CDT.

ROLL CALL: Tellinghuisen Geddes called the roll. Berg-Poppe, yes; Suel, absent; Schmitz, yes; Thuringer, yes; Toman, yes; Ahrendt, yes; Weigel, yes. A quorum was present.

PUBLIC HEARING TO ADOPT PROPOSED RULES/VOTE: The public rules hearing was conducted by Pallotta. Tellinghuisen Geddes provided a report on the draft rules and recommendations from LRC. Toman made a motion to adopt the draft rules with LRC edits for form, style and clarity. Thuringer seconded the motion. **MOTION PASSED** by roll call vote: Berg-Poppe, yes; Suel, absent; Schmitz, yes; Thuringer, yes; Toman, yes; Ahrendt, yes; Weigel, yes.

APPROVAL OF THE AGENDA: Schmitz made a motion to approve the agenda. Toman seconded the motion. **MOTION PASSED** by unanimous voice vote.

PUBLIC COMMENT PERIOD: None.

APPROVAL OF THE MINUTES FROM MAY 14, 2024: Weigel made a motion to approve the minutes from May 14, 2024. Suel seconded the motion. **MOTION PASSED** by roll call vote: Berg-Poppe, yes; Suel, yes; Schmitz, yes; Thuringer, yes; Toman, yes; Ahrendt, yes; Weigel, yes.

FINANCIAL UPDATE: Tellinghuisen-Geddes reported year-end financials as of June 30, 2024: Revenue of \$204,114.01, expenses of \$136,631.37 and a Cash Balance of \$1,226,130.64.

CEU WORKGROUP UPDATE: Berg-Poppe advised that the members of the workgroup and SD-APTA will be meeting with CEU locker in early September. The board will review a final draft of the guidelines at the October meeting and take a vote to implement them.

API GRANT/VOTE: Tellinghuisen Geddes presented the letter approving the SD Board of Physical Therapy for a grant from FSBPT to implement an API. She advised that an API is a set of rules that allows software programs to communicate. The API would allow the database of the board to communicate with database of FSBPT, rather than uploading a weekly spreadsheet. Schmitz made a motion to move forward with the API. Toman seconded the motion. **MOTION PASSED** by roll call vote: Berg-Poppe, yes; Suel, yes; Schmitz, yes; Thuringer, yes; Toman, yes; Ahrendt, yes; Weigel, yes.

UPDATED REINSTATEMENT/RE-ENTRY APPLICATION PROCESS/VOTE: The board was presented with an updated memorandum outlining the process for considering applications. The updated memorandum included policies for considering reinstatement or re-entry applications based on how long the applicant has gone without active licensure. The memorandum will create a set of standards for considering applicants without active licensure to ensure they are competent to practice. Thuringer made a motion to approve the updated reinstatement/re-entry application process. Weigel seconded the motion. **MOTION PASSED** by roll call vote: Berg-Poppe, yes; Suel, yes; Schmitz, yes; Thuringer, yes; Toman, yes; Ahrendt, absent; Weigel, yes.

WORKFORCE DATA COLLECTION ON RENEWAL APPLICATION/VOTE: The board discussed cross profession data questions to ask licensees at renewal time and were presented with a list of questions. Following discussion, the board decided to form a workgroup with Berg-Poppe, Schmitz and Thuringer to review the questions and come to the next board meeting with an updated draft to be adopted. The discussion and vote were tabled until the next meeting in October.

LEADERSHIP ISSUES FORUM REPORT-THURINGER: Thuringer reported he attended the Leadership Issues Forum through FSBPT. Topics discussed included AI, sexual misconduct, workforce issues and FSBPT's candidates for office.

FSBPT ANNUAL EDUCATION MEETING-OCTOBER 31-NOVEMBER 2- CEDAR RAPIDS VOTE TO SEND DELEGATE/ALTERNATE: Thuringer made a motion to send Weigel as the Delegate and Schmitz as the Alternate Delegate to the Annual Education Meeting in Cedar Rapids, IA. Weigel seconded the motion. **MOTION PASSED** by roll call vote: Berg-Poppe, yes; Suel, yes; Schmitz, yes; Thuringer, yes; Toman, yes; Ahrendt, absent; Weigel, yes.

SCHEDULE NEXT MEETING(S): The next meeting is scheduled for October 8, 2024, at 11AM MDT/12

PM CDT via Microsoft Teams. Two more meetings are scheduled as follows: December 10, 2024, at 11AM MST/12 PM CST via Microsoft Teams and February 25, 2025, at 11AM MST/ 12 PM CST via Microsoft Teams.

EXECUTIVE SESSION PURSUANT TO SDCL 1-25-2: Schmitz made a motion to enter executive session at 12:49 PM CDT to discuss application 2024-1. Toman seconded the motion. **MOTION PASSED** by roll call vote: Berg-Poppe, yes; Suel, yes; Schmitz, yes; Thuringer, yes; Toman, yes; Ahrendt, absent; Weigel, yes.

The board exited executive session at 12:56.

COMPLAINTS/INVESTIGATIONS: None to report.

APPLICATION 2024-1 VOTE: Suel made a motion to deny application 2024-1 due to the criminal history of the applicant. Thuringer seconded the motion. **MOTION PASSED** by roll call vote: Berg-Poppe, abstain; Suel, yes; Schmitz, yes; Thuringer, yes; Toman, yes; Ahrendt, absent; Weigel, yes.

ANY OTHER BUSINESS: Tellinghuisen Geddes reminded the board they will be getting a form from the rules hearing today that needs to be returned to the board office as soon as possible.

Weigel made a motion to adjourn at 12:58 PM CDT. Toman seconded the motion. **MOTION PASSED** by roll call vote: Berg-Poppe, yes; Suel, yes; Schmitz, yes; Thuringer, yes; Toman, absent; Ahrendt, absent; Weigel, yes.



Respectfully submitted,
Brooke Tellinghuisen Geddes
Executive Director

1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

STATE OF SOUTH DAKOTA
 REVENUE SUMMARY BY BUDGET UNIT
 FOR PERIOD ENDING: 08/31/2024

AGENCY	BUDGET UNIT	09	HEALTH	BOARD OF PHYSICAL THERAPY - INFO				
CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE			
COMPANY NO		6503	PROFESSIONAL & LICENSING BOARDS					
COMPANY NAME		PROFESSIONAL & LICENSING BOARDS						
092140066701	6503	4293881	PT APPLICATION	960.00	1,440.00			
092140066701	6503	4293882	PTA APPLICATION	360.00	480.00			
092140066701	6503	4293883	PT RENEWAL	.00	60.00-			
092140066701	6503	4293886	COMPACT CHECKS	780.00	1,260.00			
ACCT:	4293	BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)		2,100.00	3,120.00			*
ACCT:	42	LICENSES, PERMITS & FEES		2,100.00	3,120.00			**
CNTR:	092140066701			2,100.00	3,120.00			***
CNTR:	092140066			2,100.00	3,120.00			****
CNTR:	0921400			2,100.00	3,120.00			*****
COMP:	6503			2,100.00	3,120.00			*****
B UNIT:	09214			2,100.00	3,120.00			*****
AGENCY:	09			11,232,016.63	18,350,439.88			*****

STATE OF SOUTH DAKOTA
 MONTHLY OBJECT/SUB-OBJECT REPORT BY BUDGET UNIT
 FOR PERIOD ENDING: 08/31/2024

AGENCY BUDGET CENTER-5	UNIT 09214	HEALTH BOARD OF PHYSICAL THERAPY - INFO	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE	
COMPANY NO 6503						
COMPANY NAME PROFESSIONAL & LICENSING BOARDS						
092140066701	6503	510103000000000000	BOARD & COMM MERS FEES	1,162.00	1,162.00	*
ACCT: 5101	6503	510201000000000000	EMPLOYEE SALARIES	1,162.00	1,162.00	*
092140066701	6503	510201000000000000	OAST-EMPLOYER'S SHARE	88.91	88.91	*
ACCT: 5102	6503	510201000000000000	EMPLOYEE BENEFITS	88.91	88.91	*
ACCT: 51	6503	510201000000000000	PERSONAL SERVICES	1,250.91	1,250.91	**
092140066701	6503	520409000000000000	MANAGEMENT CONSULTANT	10,594.17	31,855.49	*
092140066701	6503	520420000000000000	CENTRAL SERVICES	.00	348.97	*
092140066701	6503	520443000000000000	PUBLISHING	.00	170.91	*
092140066701	6503	520496000000000000	OTHER CONTRACTUAL SERVICE	.00	9.60	*
ACCT: 5204	6503	520535000000000000	CONTRACTUAL SERVICES	10,594.17	32,384.97	*
092140066701	6503	520535000000000000	POSTAGE	.00	30.87	*
ACCT: 5205	6503	520535000000000000	SUPPLIES & MATERIALS	10,594.17	32,415.84	**
ACCT: 52	6503	520535000000000000	OPERATING EXPENSES	11,845.08	33,666.75	***
COMP: 6503 PROFESSIONAL & LICENSING BOARDS						
CENTER: 092140066701						
B UNIT: 09214						
AGENCY: 09						
				10,608,082.20	21,600,551.58	*****



AGENCY: 09 HEALTH
BUDGET UNIT: 09210 BOARD OF PODIATRY EXAMINERS - INFO

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092100061821	1140000	25,626.91	DR	BOARD OF PODIATRY EXAMINERS
COMPANY/SOURCE TOTAL 6503 618			25,626.91	DR *	
6503	092100066701	1140000	1,234,602.82	DR	PHYSICAL THERAPY BOARD
COMPANY/SOURCE TOTAL 6503 667			1,234,602.82	DR *	
COMP/BUDG UNIT TOTAL 6503 09210			1,260,229.73	DR **	
BUDGET UNIT TOTAL 09210			1,260,229.73	DR ***	



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Guidelines for Acceptable Continuing Education Credits for PTs/PTAs Licensed in South Dakota

This document provides information to physical therapists and physical therapist assistants licensed in South Dakota and seeking guidance about:

- Approved continuing education hours compliant with § [20:66:03:01](#) and § [20:66:03:02](#)
- Applying for a waiver of continuing education hours (§ [20:66:03:04](#))

The Federation of State Boards of Physical Therapy (FSBPT) considers continuing competence “[t]he lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.”^(1, p1) For regulatory agencies such as the FSBPT and the South Dakota Board of Physical Therapy (SDBPT), continuing competence is viewed in the context of public protection.

1. How many continuing education (CE) hours do I need, and by when?
 - Licensees must document 30 continuing education hours during the two-year license cycle (refer to § [20:66:03:01](#))
2. If I complete more than 30 CE hours during the licensing cycle, can the extra hours “roll over” into the next licensing cycle?
 - No; CE hours may only be credited to the licensing cycle within which they are completed.
3. What’s the difference between “continuing education hours” and “continuing education units”?
 - Both CE hours and CE units (CEUs) are measurements of time spent participating in an organized educational experience for continuing education. CEUs are calculated using rules issued by the International Association for Continuing Education and Training with these equivalents:
 - 1 Clock Hour = 1 Continuing Education Hour = 0.10 Continuing Education Units

South Dakota administrative rules establish CE hours as the unit of measurement; however, some CE course certificates report continuing education credit as CEUs. In this case, CEUs must be converted to CE hours (number of CEU's x 10) to determine credits toward SD CE hour requirements. For instance, if 0.5 CEUs are issued on the certificate, the course earns 5.0 CE hours (0.5 x 10 = 5.0) toward the 30 CE hours required within the two-year licensing period.

4. What’s the difference between “certified” and “participatory” CE hours acceptable in South Dakota?
 - Category 1 activities (Table 1) consist of certified coursework. These activities are approved through a formal process used by a credentialing agency (i.e., state board, university unit, designated agency) to determine if an educational activity meets minimum expectations for CE credit. As many as 30 CE hours (100%) may be used to meet § 20:66:03:01 requirements.
 - Category 2 activities (Table 2) are designed as options that help licensees individualize their professional development and continued competence. These participation activities are designed for completion apart from typical structured coursework pedagogy. If audited, licensees seeking renewal must be prepared to provide evidence of completion, as detailed in the tables below. During biennial renewals, licensees may receive CE credit for **no more than 15 CE hours** (or 1.5 CEU credits) from Category 2 activities.

¹ APTA and FSBPT Joint Commission on Continuing Competence, January 23, 2012. Access at: <https://www.fsbpt.org/Free-Resources/Continuing-Competence/Continuing-Competence-Discussion-Paper>

Table 1. Category 1 (Certified) Activities Approved by the State Board of Physical Therapy		Evidence SDBPT may request upon random audit
Activity ²	Maximum CE Hour Credits/ 2-year license cycle	
Continuing Education Coursework that is related to the practice of physical therapy -AND- approved by: (1) SDBPT, or (2) A physical therapy licensing board in another state, or (3) APTA, or (4) APTA-SD	No limit 1 CEU = 10 CE hours • Convert CEUs to CE hours using [#CEUs x 10 = CE hours]	Certificate of Completion Information: • Licensee Name • Course Name • Number of contact hours/CEUs • Presentation date and location • Official signature of the sponsor • Approval seal/stamp from APTA, APTA-SD or PT licensing board in states other than SD
Post-Professional Coursework (related to the practice of physical therapy) • NOTE: University coursework offered by an accredited PT/PTA program that is part of the required curriculum plan of study for the entry level professional degree is not accepted for CE credit.	No limit 1 Academic Credit = 15 CE hours • Convert credits to CE hours using [#Credits x 15 = CE hours]	Transcript Evidence of Course Completion with Grade of "C" or higher

Table 2. Category 2 (Participatory) Activities Approved by the State Board of Physical Therapy			Evidence SDBPT may request upon random audit
Activity ²	Continuing Education (CE) Hour Credits	Maximum CE Hour Credits/ 2-year license cycle ³	
First-time development of an academic course teaching/lecturing physical therapy or primarily healthcare students in formal classroom setting, <i>if teaching is not your primary occupation.</i>	1 classroom contact hour = 0.20 CE hour credits • Conversion: Student contact hours ÷ 5 = CE hour credits	4.0 CE hour credits	Verification of topic, date, number of contact hours from course director.
Clinical instruction for Student Physical Therapists or Student Physical Therapist Assistants	160 instructional contact hours = 5.0 CE hour credits	5.0 CE hour credits	Certificate from CAPTE Accredited Program, including number of contact hours of clinical instruction
Performing clinical mentorship in a credentialled/ accredited clinical residency or fellowship program.	160 instructional contact hours = 7.5 CE hour credits	7.5 CE hour credits	Letter from credentialled/ accredited residency or fellowship director with number of mentorship hours
Credentialled/ accredited clinical residency or fellowship (i.e., ABPTRFE) hours under mentorship	160 hours = 15 CE hour credits	15.0 CE hour credits	Letter from credentialled/ accredited residency or fellowship director or mentor with number of residency or fellowship hours under mentorship
Authorship in a peer-reviewed publication in a content area that pertains to PT, <i>if research dissemination is not a requirement for your primary occupation</i>	Case Studies = 2 CE hour credits Original Research = 5 CE hour credits	5.0 CE hour credits	Published journal articles
ABPTS Specialist Certification or specialist certification through an accredited and professionally recognized organization (i.e., RESNA ATP, Advanced Proficiency Pathways for PTAs)	15 CE hour credits – initial certification 5 CE hour credits – re-certification	15.0 CE hour credits	Evidence of specialist certification
Web Seminars (aka, Webinars) ³ that are not developed by a manufacturer or product company to promote a commercial product.	1 hour = 0.10 CE hour credit • Conversion: Contact hours ÷ 10 = CE hour credits	0.5 CE hour credits	Evidence of attendance that includes topic, date, and number of hours
Volunteerism related to the practice of physical therapy	≥ 4 volunteer hours or more = 1 CE hour credit	1.0 CE hour credit	Evidence of volunteerism from organization, including number of volunteer hours

³Note: There is a limit of 15 CE hour credits on Category 2 activities for the 2-year license cycle.

²licensees should be prepared to demonstrate that the activity deals with matters directly related to the practice of physical therapy (§ 20-66-03-01; General Authority SDCL 36-10-36)

³Web seminars (aka webinars) are live events during which a presenter or group of presenters delivers educational content on a topic of special interest to a virtual audience. Attendance is not self-monitored. Many webinars are recorded and made available for on-demand viewing after the live session. Webinars acceptable for CE hour credits comply with § 20-66-03-01 and § 20-66-03-02.

Box 1. Activities *Not Accepted* as credit for CE hours

- Breaks in instruction time;
- Courses less than 60 minutes in duration;
- CPR certification/recertification;
- Credit for repetitions of the same activity, except where explicitly allowed within one of the above categories;
- Employment orientation sessions;
- Entertainment or recreational activities or programs;
- Holding an office or serving as an organizational delegate;
- Management seminars not directly concerning physical therapy operations;
- Meetings for the purpose of making policy;
- Non-educational association meetings;
- Presentations delivered by students;
- Regularly scheduled institutional activities such as rounds;
- Routine teaching as a part of a job requirement;
- Staff meetings, presentations, publications directed at lay groups;
- Training developed by a manufacturer or product company, unless the training has specifically been approved for CEUs by SDBPT, a regulatory board of physical therapy in another state, APTA, or APTA-SD;
- University coursework completed prior to graduating from an accredited PT/PTA program.

5. Is there a limit to the number of CE hour credits that I can complete through online activities?

- There is no limit to the number of online CE hours, as long as the online course:
 1. Deals with matters directly related to the practice of physical therapy;
 2. Is not among the activities deemed as "not acceptable" (Box 1);
 3. Is approved by the APTA, APTA-SD or a physical therapy licensing board in another state (Categories 1 and 2); and,
 4. Complies with Category 2 maximum CE hour limitations (Table 2)

6. How do I share evidence of my CE hour credits?

- You will select an indicator box on your renewal application verifying you have met the CE hour requirements for renewal (§ 20:66.03:03), and you will attach the SDBPT [CE hour summary form](#) (Appendix A) to your application. You are not required to provide evidence of completion of activities unless you are randomly audited by SDBPT. You will receive specific instructions on how to provide evidence of CE hour completion if you are audited.

Commented [PB1]: Add hyperlink to online form.

7. I am a new licensee who completed a continuing education course prior to graduating from an accredited program, but within the 2-year licensing cycle. Can I use the continuing education credits earned from this course toward my renewal CE hours?

- Yes. If you completed a CE course that was not a part of your regular education in an accredited PT/PTA program and if the course dates are within the 2-year SDBPT licensing cycle, you may use these hours as a part of your first-time renewal requirements. For instance, if your license expires 1/1/2026, you may use Category 1 CE hours earned between 1/1/2024 and 1/1/2026. You may not use Category 2 activities earned prior to your initial licensure date for use toward the required CE hours.

8. I am a new licensee who graduated from an accredited DPT/PTA program within the 2-year licensing cycle. Do I need to complete the full 30 CE hours to apply for renewal?

- You may complete a [waiver form](#) (Appendix B) requesting a partial waiver based upon financial hardship experienced by students and new graduates. SDBPT allows a waiver of up to 15 CE hours for first renewal licensees who graduated from an accredited DPT/PTA program within the same 2-year licensing cycle.

Commented [PB2]: Add hyperlink to online form.

9. I have experienced unusual hardship that has made completing my CE hours a challenge. How do I request a waiver for the CE hour requirement?

- A provision to Codified Law [36-10-51](#) (§ 20:66.03:04) exists for requesting a waiver because of illness, disability, military service, or financial hardship. Instructions for requesting a waiver of CE requirements are found on the SDBPT application renewal [webpage](#) (see also, Appendix B for a copy of the waiver form). A request for a waiver of continuing education is not an assurance that the waiver will be granted. Second, consecutive requests for CE waiver receive a higher level of approval scrutiny, since a 4-year period without CE may present a greater public protections risk than a 2-year period without CE.

Commented [PB3]: Add hyperlink to the online form.

10. I am planning to take [or have taken] a continuing education course that has not been approved by APTA, APTA-SD, or a licensing board in any state, but I believe it should be approved for continuing education credit. What is the process for seeking approval for this course?

- SDBPT and APTA-SD use CEU Locker to help SD licensees (a.k.a., CEU holders) manage and maintain their CE records. One of the functions of this system is that SD licensees may submit a course inquiry through CEU Locker to determine if the course meets § [20:66:03:02](#) requirements. This is an individual approval that does not grant broad course approval for all individuals who complete the course. There is a separate, different process that CEU providers undertake to receive a seal assuring approval in SD for attendees who have completed the provider's course. Licensees are encouraged to seek course approvals as individuals prior to completing the continuing education course in question.

Additional, unique questions can be directed to the South Dakota Board of Physical Therapy at 605.642.1600 or office@sdlicensing.com.

Commented [PB4]: Check with CEU locker to make sure that advanced course approvals are possible. Add links to CEU Locker and the APTA-SD site page with instructions.

DRAFT



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SDBPT Continuing Education Summary Form

Refer to the [Guidelines for Acceptable Continuing Education Credit for PTs/PTAs Licensed in South Dakota](#) document for information about approved continuing education hours compliant with § 20:66:03:01 and § 20:66:03:02, including details about CE hour equivalents for acceptable Category 2 activities and activities that are not accepted as CE hours.

Commented [PB5]: Add hyperlink to the Guidelines, for use when this form is separate and not an appendix attached to the guidelines.

Licensees Name: _____
 License Number: _____
 Professional Designation: Physical Therapist Physical Therapist Assistant
 Did you graduate from an accredited PT/PTA program within the last 2 years? Y N

Record of Category 1 Activities (add additional page as needed)

Course Title	Date	CE hours ^a
Total		

^aConvert from CEUs to CE hours using: #CEUs x 10 = CE hours; convert from academic credits (AC) using: #ACs x 15 = CE hours

Record of Category 2 Activities (add additional page as needed)

Participatory Activity	Date	CE hour Equivalence ^b
Total		

^bCE hour equivalencies can be found in the [Guidelines for Acceptable Continuing Education Credit for PTs/PTAs Licensed in South Dakota](#)

Commented [PB6]: Add hyperlink to the Guidelines, for use when this form is separate and not an appendix attached to the guidelines.

Affidavit: Waiver of Physical Therapy Continuing Education Requirements

SDCL 36-10-51 states that the Board may grant a full or partial waiver of continuing education requirements if an applicant submits evidence satisfactory to the board that the applicant was unable to comply because of illness, disability, military service, or financial hardship. Per ARSD 20:66:03:04, an applicant must submit this affidavit to the board stating they were prevented from completing the requirement because of the circumstances listed in SDCL 36-10-51. The affidavit for a waiver must be submitted at least thirty days prior to the expiration date of the license.

To Submit the Waiver of Physical Therapy Continuing Education Requirements Affidavit:

1. Complete the "Licensee Information" section and print this form.
2. Sign this affidavit in the presence of a Notary.
3. Scan the document.
4. Email the document to office@sdlicensing.com.

Licensee Information

Licensee Name: _____ SD License Number: _____

Reason for Waiver Request: illness disability military service financial hardship

Did you graduate from an accredited DPT or PTA program within the 2-year licensing period for which you seek a waiver?

No Yes

Provide more information about the reason for waiver request using the box below.

Have you previously received a waiver of continuing education? No Yes

If your response to the above question is "yes," please specify all dates: _____

*The Board may request additional information and/or documentation if necessary

Signatures and Notary

X _____ Date _____
Licensee's Signature (must be signed in the presence of a notary - No Electronic or Stamp Signatures will be Accepted)

Licensee's Printed Legal Name (First Name, Middle Initial, Last Name, and Suffix (e.g., Jr.))

NOTARY

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following form(s) of identification as proof of his/her legal name identity:

- Valid passport; or,
 Other USD Government Issued ID.

I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

X _____
US Notary Public Signature
State of _____
County of _____
SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.
My commission expires*: _____

(US NOTARY PUBLIC SEAL)



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Guidelines for CEU Providers Seeking Continuing Education Approval From the South Dakota Board of Physical Therapy

This document provides information to **CEU Providers** about:

- Approval mechanisms and processes for CE hour approval compliant with § [20:66:03](#)

Continuing education providers create educational content for physical therapists and physical therapist assistants. This content may be delivered in-person, through online on-demand (asynchronous) or synchronous forums, or as a hybrid of in-person and online.

1. **Who has the authority to approve continuing education (CE) hours for physical therapists and physical therapist assistants licensed by the South Dakota Board of Physical Therapy?**
 - Activities that meet CE hour expectations must be directly related to the practice of physical therapy and be approved by (§ [20:66:03:01](#))
 1. South Dakota Board of Physical Therapy;
 2. A regulatory board of physical therapy in a state;
 3. American Physical Therapy Association (APTA); or
 4. South Dakota Chapter of the American Physical Therapy Association (APTA-SD).
2. **I have developed a CE course and am seeking CE hour approval for PTs/PTAs licensed in SD, but I do not have approval from one of the above approval entities. How can I secure this approval?**
 - You may apply for approval in SD by creating a CEU Provider Account with CEU Locker ([SITE INFORMATION HERE](#)) and submitting your course information as prompted.
3. **As someone who develops and provides numerous CE courses, I would like to receive credentialed provider status. How do I apply for this credential?**
 - SDBPT recognizes that education can be delivered flexibly and affordably. At the same time, public protections require education is delivered with a high level of educational rigor and with attention to course design and instructional excellence. SDBPT has developed standards and expectations for providers who compile continuing education on-demand portals. Applications for receiving an assigned provider number are found on the APTA-SD website ([SITE INFORMATION HERE](#)).
4. **Are there specific needs that will improve the likelihood that my course will be approved for CE hours in South Dakota?**
 - You will be asked to provide information that includes: course name, course contact hours and CEU equivalents, course objectives, course agenda/schedule, intended audience, brief instructor biographical sketch, means of assessment, and support statements for the relevance of the topic to PTs/PTAs.
 - You should provide a strong justification that the CE course is directly related to the practice of physical therapy, that it is evidence-based, and that the course instructors are reputable, knowledgeable, and possess credentials appropriate to the subject matter.
 - SD PT/PTA licensees may be asked to show evidence of course completion in the form of a course certificate. As a courtesy, course providers should include the following information on the course certificate: licensee name, course name, number of contact hours and/or CEUs¹, presentation date and location, and an official signature of the sponsor.

Commented [PB1]: Checking on terminology that may differentiate providers who simply need single-course approval and those seeking provider credentialing for courses offered by their company/agency.

¹ 10 Clock hours = 10 CE hours = 1.0 CEU; 1 Academic Credit = 15 Clock hours = 15 CE hours = 1.5 CEUs

The SD Board of Physical Therapy, with guidance from the SD Department of Health, is requesting applicants and licensees complete the following survey questions to help the DOH gather vital workforce information. These efforts are aimed at improving public health planning, resource allocation, and workforce development strategies, ensuring that healthcare needs are effectively met within our South Dakota communities. Your participation contributes to enhancing the quality and accessibility of healthcare services in South Dakota.

Demographic Characteristics

What is your sex? **SINGLE-SELECT**

- a. Male
- b. Female
- c. Prefer not to answer

What is your race? Mark one or more boxes. **MULTI-SELECT**

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African American
- d. Native Hawaiian/Pacific Islander
- e. White
- f. Some Other Race

Are you of Hispanic, Latino/a, or Spanish origin? **SINGLE-SELECT**

- a. No
- b. Yes

What is your birth year? **OPEN FIELD**

Professional Education

What year did you complete the education program/degree that first qualified you for this license? **OPEN FIELD**

What type of degree/credential first qualified you for this license? **SINGLE-SELECT**

- a. Associate's Degree
- b. Bachelor's Degree
- c. Master's Degree
- d. Professional/Doctorate Degree
- e. Other (Specify:)

What is your highest level of formal education? **SINGLE-SELECT**

- a. Associate's Degree
- b. Bachelor's Degree
- c. Master's Degree
- d. Professional/Doctorate Degree
- e. Academic Doctorate Degree (i.e., PhD, DSc, EdD)
- f. Professional + Academic Doctoral Degree

g. Other (Specify:)

Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed.) **SINGLE-SELECT**

- a. **[LIST OF U.S. STATES and territories]**
b. Other (Specify country other than U.S.:)

Practice Profile

Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select "not applicable." **SINGLE-SELECT**

- a. Acute care hospital
- b. Academic institution (post-secondary)
- c. Health system or hospital-based outpatient facility or clinic
- d. Health and wellness facility
- e. Indian Health Services
- f. Industry
- g. Patient's home/home care
- h. Private outpatient office or group practice
- i. Research center
- j. Rural practice with a mix of practice settings
- k. School system or early intervention
- l. SN/ECF/ICF
- m. Subacute rehab hospital (inpatient)
- n. Telehealth
- o. Not applicable (choose if not currently practicing)
- p. Other (Specify _____)

Display highlighted section if c, d, e, g, h, j, l are selected. Skip to "Which of the following BEST describes the specialty/field/area of practice in which you spend MOST of your professional time?" if any other choice is selected.

Which of the following best describes your patient case workload over the past year?

- a. I was able to provide care to all who requested appointments without extending my work hours.
 - i. **Follow-up 1 (display if choice "a" is selected):** Could you have accommodated more appointments with patients over the past year without extending your work hours?
 - Yes
 - No
 - ii. **Follow-up 2 (if response to above question is yes):** On average, how many additional appointments with patients could you have accommodated per week without extending your work hours? _____ **[Open Response]**
- b. I was able to provide care to all who requested appointments but had to extend my work hours to accommodate.

- i. Follow-up 1 (display if choice "b" is selected): On average, how many additional appointments were you able to accommodate per week by extending your work hours? _____ [Open Response]
- ii. Follow-up 2 (display if choice "b" is selected): You've indicated that you had to extend your work hours to provide care to all who requested appointments, to what degree would having additional physical therapists, physical therapist assistants, and/or aides have alleviated the situation?
- Not at all
 - Partially
 - Mostly

c. I was unable to provide care to all who requested appointments.

- i. Follow-up 1 (display if choice "c" is selected): On average, how many appointment requests were you unable to accommodate per week over the past year? _____ [Open Response]
- ii. Follow-up 2 (display if choice "c" is selected): You've indicated that you were unable to provide care to all who requested appointments, to what degree would having additional physical therapists, physical therapist assistants, and/or aides have alleviated the situation?
- Not at all
 - Partially
 - Mostly

What is the average amount of time (in minutes) scheduled at your facility for an examination (on a one-to-one basis)?

Minutes: _____ [Open response, allow a range: 1-120]

What is the average amount of time (in minutes) scheduled at your facility for a direct intervention (on a one-to-one basis)?

Minutes: _____ [Open response, allow a range: 1-120]

Which of the following **BEST** describes the specialty/field/area of practice in which you spend **MOST** of your professional time? **SINGLE-SELECT**

- Academic Institution (educating student PTs/PTAs)
- Balanced Mix of Other Choices (often seen with PRN and/or Rural Practice)
- Cardiovascular and Pulmonary
- Chronic Pain Management
- Durable Medical Equipment Provision
- Ergonomics and/or Occupational Health
- Health, Wellness, and/or Pre-habilitation
- Indian Health Services
- Older Adults (Geriatrics)
- Oncology
- Orthopedics
- Neurology
- Pediatrics
- Pelvic Health
- Sports
- Wound Management
- None of the above (select if you are not actively treating patients/clients)

How has the number of your patient visits changed in the past year?

- a. Increased
- b. Decreased
- c. No change

Provide a best estimate of the percentage of your time spent treating patients/clients within the below lifespans (total must be 100%).

- a. 0-12 years
- b. 13-21 years
- c. 22-64 years
- d. 65+ years
- e. None of the above (select if you are not actively treating patients/clients)

Please indicate the population groups to which you provide services. Please check all that

apply. **MULTI-SELECT CHECKBOXES**

- a. Newborns
- b. Children (ages 2-10)
- c. Adolescents (ages 11-19)
- d. Adults (20- 64 years)
- e. Older adults (ages 65+)
- f. Pregnant women
- g. Veterans
- h. Incarcerated individuals
- i. Individuals with disabilities
- j. Individuals who speak a language other than English
- k. Medicaid
- l. Medicare
- m. Native American populations
- n. Sliding Fee Scale
- o. None of the above (select if you are not actively treating patients/clients)

Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, store-and forward imaging, streaming media, and terrestrial and wireless communications. Do you use telehealth to deliver services to patients? **SINGLE SELECT**

- a. No
- b. Yes

Practice Location

In what state is your primary practice location? If this does not apply, please select "N/A"
[LIST OF U.S. STATES AND TERRITORIES AND OPTION FOR N/A]

In what state(s) and/or jurisdiction(s) do you hold an active license or have authority to practice? (Select all that apply) **MULTI-SELECT**
[LIST OF U.S. STATES and territories]

Do you hold compact privileges?"

- a. No
- b. Yes

If "yes", "Within which states do you hold compact privileges?" **MULTI-SELECT**
[LIST OF U.S. STATES and territories]

What is the five-digit ZIP code of your primary practice location? If this does not apply, please indicate "N/A." **OPEN TEXT FIELD**

What is the size of the community of your primary practice location?

- a. Less than 1000
- a. 1000-4999
- b. 5000-9999
- c. 10,000-24,999
- d. 25,000-49,999
- e. 50,000-250,000
- f. Greater than 250,000
- g. NA (select if you are not actively treating patients/clients)

Employment Profile

Please identify the role/title(s) that **MOST CLOSELY** correspond(s) to your primary employment/practice type. ***MULTI-SELECT***

- a. Administrator
- b. Clinical Practice
- c. Faculty/Educator
- d. Researcher
- e. Other
- f. Not Applicable (choose if not currently treating patients/clients)

What is your employment status? ***SINGLE-SELECT***

- a. Actively working in a position that requires this license
- b. Actively working in a position in the field of Physical Therapy that does not require this license
- c. License
- d. Actively working in a position in a field other than Physical Therapy
- e. Not currently working
- f. Retired

Which of the following **BEST** describes your current employment arrangement at your **principle** practice location? ***MULTI-SELECT***

- a. Self-employed/Consultant
- b. Salaried employee
- c. Hourly employee
- d. Temporary employment/Locum tenens/PRN
- e. Other
- f. Not Applicable (select if you are not actively treating patients/clients)

Estimate the AVERAGE number of hours per week spent at your primary practice location. If

this does not apply, please select “not applicable.” **SINGLE-SELECT**

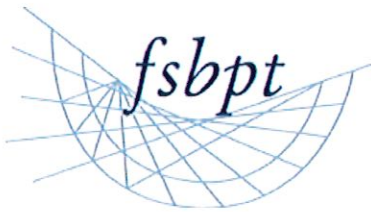
- a. 0 hours per week/Not applicable
- b. 1 – 4 hours per week
- c. 5 – 8 hours per week
- d. 9 – 12 hours per week
- e. 13 – 16 hours per week
- f. 17 – 20 hours per week
- g. 21 – 24 hours per week
- h. 25 – 28 hours per week
- i. 29 – 32 hours per week
- j. 33 – 36 hours per week
- k. 37 – 40 hours per week
- l. 41 or more hours per week
- m. Highly variable hours per week (i.e., PRN practice)

What percentage of the number of hours per week reported above is spent IN DIRECT PATIENT CARE? Include aspects of caseload management such as documentation and interprofessional communication in this percentage. Do not include administrative or supervisory tasks in this percentage. **SINGLE-SELECT**

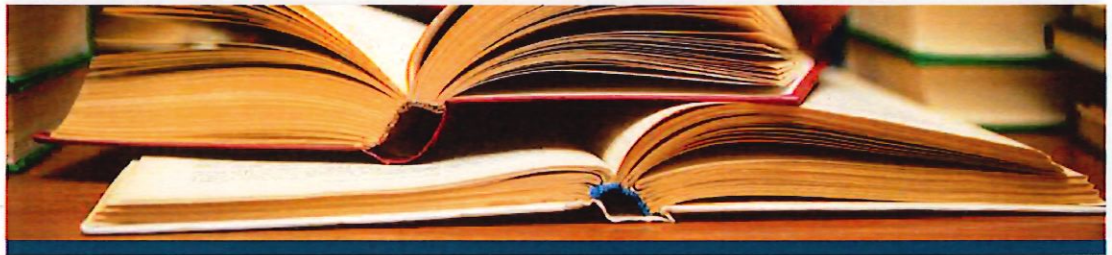
- a. 0%
- b. 1% - 10%
- c. 11% - 25%
- d. 26% - 50%
- e. 51% - 75%
- f. 76% - 100%

Which decision BEST describes your employment plans for the next 2 and 5 years? **SINGLE SELECT**

	In the next 2 years, I will...	In the next 5 years, I will ...
Increase my hours in a field related to this license.		
Decrease my hours in a field related to this license.		
Seek employment in a field unrelated to this license.		
Retire.		
Continue as I am.		
I am unsure about my plans.		



Free Resources



Acronyms A-Z

Continuing Competence

Credentialing Organizations for Non-US Candidates

Ethics Articles

Faculty Newsletter

Foreign Educated PTs and PT Assistants

Licensure by Endorsement

Immigration Information

State Licensure & NPTE Information

Other Requirements for FEPTs/PTAs

Resolving Deficits in Education

Education Credentials Review

FSBPT Forum

Licensing Authorities Contact Information

NPTE Candidate Handbook

NPTE Development

Foreign Educated Physical Therapists

Credentialing Agency, Education Credentials, Coursework Tools (CWT)

In order to become licensed as a physical therapist or physical therapist assistant, your education must be deemed equivalent to a first professional physical therapy degree in the United States. You are responsible for coordinating a review of your education credentials. The information below will help you understand what you need to have an educational credentials review completed.

Credentialing Agency

An educational credentials review is a comparison of the foreign education curriculum to the current United States standards, and when appropriate, to previous standards to match the year of graduation. Credentialing is completed by organizations independent of FSBPT or jurisdictions. The physical therapist or physical therapist assistant applying for licensure is responsible for making arrangements to have credentials evaluated by one or more of the agencies. However, some jurisdictions specify which agencies reviews will be accepted.

Only two agencies, Foreign Credentialing Commission on Physical Therapy (FCCPT) and the Commission on Graduates of Foreign Nursing Schools (CGFNS), are recognized by United States Citizenship and Immigration Services (USCIS) to issue Health Care Worker Certifications for visa purposes.

For More Information:

- <http://www.fsbpt.org/FreeResources/CredentialingOrganizationsforNonUSCandidates.aspx>
- <http://www.fccpt.org/>
- <http://www.cgfns.org/>
- <http://www.icdeval.com/>
- <http://www.ierf.org/>

Education Credentials Review

NPTE Pass Rate Reports**NPTE Standards****Physical Therapy Licensure Compact****Presentation & Educational Materials for Members****Regulatory Resources****Related Links****School Codes for Faculty****Textbook Survey Data**

The purpose of an Educational Credentials Review (ECR), also known as a credentials evaluation, is to compare the applicant's education to the first professional degree of a graduate of a U.S. physical therapy (PT) degree program that has been accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE). The ECR is a course by course comparison of the original source documents to a standard tool which defines substantial equivalency performed by independent credentialing agencies. The agencies collect the original source documents. They verify that the documents are authentic, that the school is recognized by the appropriate agency in that country, and that the school provided a Physical Therapy Degree at the time the applicant indicates attendance. The official syllabi are used to identify evidence of content in the educational program. When all content has been identified the education is determined to be substantially equivalent, if some required content is absent the education is determined to be not equivalent. The applicant is then able to provide supplemental educational coursework from an accredited college or university to meet the requirements.

Coursework Tools

The Coursework Tools for Foreign Educated Physical Therapists (CWT) and Coursework Tools for Foreign Educated Physical Therapist Assistants are owned and developed by the Federation of State Boards of Physical Therapy (FSBPT). The CWT is a standardized method to evaluate the educational equivalence of foreign educated physical therapists and assistants. (FEPT/FEPTA). Each CWT reflects the general and professional educational requirements for substantial equivalence at the time of graduation with respect to a US first professional degree in physical therapy. The CWT may be used to determine qualifications for an FEPT/FEPTA applicant to sit for the NPTE, as one component for licensure eligibility in US jurisdictions, and for physical therapists only- as a prescreening certification for the United States Citizenship and Immigration Services (USCIS).

The CWT has been validated against the Commission on Accreditation of Physical Therapy Education (CAPTE) criteria for PT and PTA education by an objective, independent, outside organization. Agencies are not required to use any particular tool; however, they must provide an evaluation on a tool the customer (the board) will accept. The CWT is the most widely accepted tool with which to evaluate the educational credentials of an applicant.

Agencies licensed to use the Coursework Tools:

- Foreign Credentialing Commission on Physical Therapy ([FCCPT](#))
- International Consultants of Delaware ([ICD](#))
- International Education Research Foundation ([IERF](#))

For More Information:

[https://www.fsbpt.org/FreeResources/RegulatoryResources/CourseworkTools\(CWT\).aspx](https://www.fsbpt.org/FreeResources/RegulatoryResources/CourseworkTools(CWT).aspx)

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FSBPT®

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Federation of State Boards of Physical Therapy

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Alexandria, VA 22314

Initial Licensure [<https://www.fsbpt.org/lrg/Home/LicensureByExamNonCapteRequirement>]

Description: Requirements for graduates of education programs NOT accredited by CAPTE that do not hold a license in another US jurisdiction.

South Dakota Requires	South Dakota does NOT Require (but other states might)
<ul style="list-style-type: none">• Education Credentials Review (completed by agencies licensed for use -- https://www.fsbpt.org/Free-Resources/Foreign-Educated-PTs-and-PT-Assistants/Education-Credentials-Review)• Pass National Examination• Test of English Language Proficiency• Criminal Background Check (SDCL 36-10-27.1) (<i>international?</i>)	<ul style="list-style-type: none">• Supervised Clinical Practice• Jurisprudence Assessment• Professional Liability Insurance• Proof of Meeting Requirements to Practice in Country of Education; Good Standing with Licensing Authority (<i>application policy?</i>)• Proof of Legal Authorization to Reside/Work in the US (<i>application policy?</i>)

FSBPT's recommendation is for a first time USA licensee is to demonstrate equivalence on the **most current CWT**. For endorsement, they should demonstrate equivalence on the CWT for their year of graduation. More and more, especially states that are members of the compact, they are handling foreign trained applications for endorsement exactly the same endorsement of CAPTE educated grads (not requiring anything extra).