

Physical Therapy Advisory Committee

Minutes

The Physical Therapy Committee of the Board of Medical Licensure and Supervision met on January 31, 2024, at 2:00 p.m. at the office of the Board at 101 NE 51st Street, Oklahoma City, Oklahoma. This special meeting is being held consistent with the Oklahoma Open Meeting Act. Advance notice of this special meeting was transmitted to the Oklahoma Secretary of State on January 23, 2024, and posted on the Board's website on January 23, 2024, at 11:21 a.m. in accordance with Title 25 O. S. § 311(A)(9).

Members present:

Kelly Berry, PT, MPH, Cert. MDT, Chair
Deb Mason, PT, Vice-Chair
Sharon Lawrence, DHSc, PTA
Samantha Chamberlain, PT, DPT, Cert. MMOA

Member(s) absent:

Public Member – Vacant

Others present:

Sandra Harrison, JD, Deputy Director
Barbara J. Smith, Executive Secretary
Valeska Barr, Assistant Director of Licensing

Having noted a quorum, Ms. Berry called the meeting to order at 2:00 p.m. Barbara Smith confirmed the quorum via roll call for purposes of the record.

Following Committee review, Ms. Lawrence moved to approve the minutes of December 5, 2023, as written. Ms. Mason seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee entertained nominations to fill the roles of **2024 Federation of State Boards of Physical Therapy Delegate and Alternate Delegate**. Following discussion, Ms. Mason moved to nominate Ms. Lawrence to serve as Voting Delegate. Ms. Lawrence accepted the nomination. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative. Then Ms. Lawrence nominated Ms. Mason to serve as Alternate Delegate. Ms. Mason accepted the nomination. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

DAVID COX appeared virtually in support of his application for Physical Therapist licensure. His application is complete. He last practiced on August 2022 and his license lapsed January of 2023. He is not currently licensed in any other state. Following discussion, Ms. Mason moved to recommend approval of the application for licensure pending completion of 22 days of direct supervision with an adequate performance evaluation from the supervising physical therapist

provided at the conclusion thereof. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

Ms. Barr advised the Committee that upon further review, a personal appearance of **VALERIA FLEMING**, applicant, Physical Therapist, was not required for licensure. Her application is complete. The Committee reviewed the application and Ms. Mason moved to recommend approval of the application by endorsement. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

SHELBY REYNOLDS appeared virtually in support of her application for Physical Therapist Assistant licensure. Her application is incomplete. She did not provide any PDUs for the 2022 compliance period. Ms. Mason moved to recommend approval of the application pending completion of the file to include 44 days of direct supervision with an adequate performance evaluation from the supervising physical therapist provided at the conclusion thereof and completion of 90 PDUs. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

WINTER WILLIAMS, applicant, Physical Therapist Assistant, appeared personally in support of her request to sit for the Federation of State Boards of Physical Therapy exam a third time. Following discussion and review, Ms. Lawrence moved to recommend granting the request to sit for the Federation of State Boards of Physical Therapy exam a third time. Ms. Mason seconded the motion and the vote was unanimous in the affirmative.

Following Committee review, Ms. Mason moved to recommend approval of the incomplete applications for Physical Therapist Assistant licensure pending completion of the files as shown on *Attachment #1* hereto. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to recommend approval of the incomplete applications for Physical Therapist licensure pending completion of the files as shown on *Attachment #1* hereto. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to recommend approval of the incomplete application(s) for reinstatement of Physical Therapist licensure pending completion of the file(s) as shown on *Attachment #1* hereto. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to recommend approval of the complete applications for Physical Therapist licensure as shown on *Attachment #1* hereto. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to recommend approval of the continuing education courses that did not meet the statutory authorization for automatic approval but have been previously reviewed and recommended for approval by the education subcommittee as shown on *Attachment #2* hereto. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

Following discussion and review, Ms. Mason moved to recommend denial of the continuing education courses previously reviewed and recommended for denial by the education

subcommittee as shown on *Attachment #3* hereto. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to recommend approval of the continuing education providers previously reviewed and recommended for approval by the education subcommittee and as shown on *Attachment #4* hereto. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to ratify the continuing education courses and providers previously reviewed and recommended for approval by the CEU/PDU Review Subcommittee from January 19, 2024 through January 31, 2024 pursuant to applicable rule. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

There being no further business, Ms. Berry moved to adjourn the meeting. The time was 2:28 p.m.

PHYSICAL THERAPY ADVISORY COMMITTEE
JANUARY 23, 2024

INCOMPLETE PHYSICAL THERAPIST ASSISTANT APPLICATIONS

TA 3596	BROWN, CATHY
TA 3650	THOUVENEL, HANNAH
TA 3768	ROLLER, OLIVIA BELLE
TA 3769	NIXON, TAYLOR
TA 3770	COWAN, MCKINNA RENE'
TA 3771	SCOTT, CHRISTINA
TA 3772	PLUNK, MACEY FAYE
TA 3773	BEAL, MICHAELYNNE
TA 3774	CORBIN, NOELANI KANIELE
TA 3775	HOLLADAY, AUTUMN KAY
TA 3776	MORGAN, BRAYDEN CADE
TA 3777	HALL, REAGAN THOMAS

INCOMPLETE PHYSICAL THERAPIST APPLICATIONS

PT 5965	JACKSON, IMANI ZAKIYYA
PT 6277	HIGNITE, KARMEN ELYSIA
PT 6526	WAGNER, MICAIAH JOEL
PT 6527	HEATON, HANNAH
PT 6528	RAMIREZ, MADISON BLAIR
PT 6529	KEPFORD, NICOLE LYN
PT 6530	JORGENSEN, CYNTHIA ELIZABETH
PT 6531	SPENCER, NATHAN
PT 6532	PERKINS, DYLAN L
PT 6533	LYLES, RENEE KATHERINE
PT 6535	DEMCO, ISABELLA ANNE
PT 6536	MARTINEZ, DOMINIC JACOB
PT 6537	LILLY, VICTORIA LYNN
PT 6538	MILLER, IAN JOB
PT 6539	IGBOH, KALE-ANE SARO
PT 6540	TURNBULL, SPENCER
PT 6541	PUCKETT, KATHRYN CLAIRE
PT 6543	STARK, TIMOTHY TROY
PT 6544	NESHEM, TAYLOR
PT 6545	DOAN, HELEN
PT 6546	PITLER, JULIE ANN
PT 6547	PHILLIPS, SHELBY L
PT 6549	SOAP, JULIA ELYSE
PT 6550	KASH, MARY
PT 6551	PALEN-RAMER, SHARON SERENIO
PT 6552	LAMBETH, JESSICA LEIGH

INCOMPLETE PHYSICAL THERAPIST REINSTATEMENT APPLICATION

PT 1380	FERGUSON, TERESA HOSEY
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COMPLETE PHYSICAL THERAPIST APPLICATION

PT 6534	BARNES, DANIEL
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COURSES RECOMMENDED FOR APPROVAL
01/23/2024

LICENSEE NUMBER	PROVIDER	COURSE TITLE	PDU HOURS	ETHICS HOURS	RECOMMENDATION	COMMITTEE DATES	COMMENTS
644	HAND REHABILITATION FOUNDATION	Surgery and Rehabilitation of the Hand and Upper Extremity The Itis' of March	22.5		APPROVED	1/23/2024	APPROVED
1826	ACTIVE LEARNING	Active Learning: From Assessment to Curriculum	11		APPROVED	1/23/2024	APPROVED
1826	ACTIVE LEARNING	Active Learning: From Assessment to Curriculum	11		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Opening the Breath	2		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	EASING THE NECK	2		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Fascia and the Anatomy Trains Home Study Series	5		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	New Science of the Body: The Physiology of Emotional Release Series	2		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Deeper Ground: Restoration and Vitality for the Female Pelvis	4		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Embryology of Fascia Series	6		APPROVED	1/23/2024	APPROVED
2219	ANATOMY TRAINS	Opening the Breath	2		APPROVED	1/23/2024	APPROVED
2261	ASHT	American Society of Hand Therapists 2023 conference	21.5		APPROVED	1/23/2024	APPROVED
2483	FRANKLIN METHOD	The Embodied Brain	2		APPROVED	1/23/2024	APPROVED
2483	FRANKLIN METHOD	Finding Flexibility	2		APPROVED	1/23/2024	APPROVED
2483	FRANKLIN METHOD	The Kidney Revolution			APPROVED	1/23/2024	APPROVED
2523	PROGRESSING BALLET TECHNIQUE	Certification in Progressing Ballet Technique	6		APPROVED	1/23/2024	APPROVED
2610	PACIFIC NORTHWEST PILATES	Injuries and Special Populations	24		APPROVED	1/23/2024	APPROVED
2970	OLA GRIMSBY INSTITUTE	STEP 1: Scientific Therapeutic Exercise Progressions for the Shoulder and Upper Quarter	16		APPROVED	1/23/2024	APPROVED
3137	PWR! Moves	PWR! Moves	15		APPROVED	1/23/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

01/23/2024

3453	SOONERSTART	Feeding and Eating in Early Intervention	10.5		APPROVED	1/23/2024	APPROVED
3819	CEREBRAL PALSY FOUNDATION	Early cerebral palsy health summit	13		APPROVED	1/23/2024	APPROVED
3828	AACVPR	PULMONARY REHABILITATION CERTIFICATE COURSE	12		APPROVED	1/23/2024	APPROVED
4151	patient succes systems	Psychologically Informed for Better Results	8.5		APPROVED 8.5 HOURS	1/23/2024	APPROVED 8.5 HOURS
4272	GORDON COOPER TECHNOLOGY CENTER	Emergency Medical Responder	64		APPROVED	1/23/2024	APPROVED
4347	Effective AAC Evaluations	Empowering Voices	5		APPROVED	1/23/2024	APPROVED
4636	NEURO COLLABORATIVE	Optimizing Outcomes for Individuals with Parkinson's Disease: An Interdisciplinary Approach	6		APPROVED	1/23/2024	APPROVED
4636	NEURO COLLABORATIVE	From Theory to Practice: Applying Autonomic Management Techniques in Neuro Rehab	3.6		APPROVED	1/23/2024	APPROVED
4636	NEURO COLLABORATIVE	Advanced Neuro Skills for PTs and OTs: Parkinson's Disease Conference	6		APPROVED	1/23/2024	APPROVED
4636	NEURO COLLABORATIVE	Advanced Neuro Skills for PTs and OTs: Autonomic Bundle	3.6		APPROVED	1/23/2024	APPROVED
4838	womens health training associates	Prolapse and Stress Incontinence An Advanced Level 3 Pelvic Floor Course	35		APPROVED	1/23/2024	APPROVED
4960	MERCY POST	Concussion Rehabilitation Conference	7.5		APPROVED	1/23/2024	APPROVED
5091	REHAB KNOWLEDGE ADVANTAGE	The NCS Advantage: Preparation Course for the Neurologic Clinical Specialist Examination	32		APPROVED	1/23/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL
01/23/2024

5091	Rehab Knowledge Advantage	The NCS Advantage: Preparation Course for the Neurologic Clinical Specialist Examination	32		APPROVED	1/23/2024	APPROVED
5115	GENERAL MOVEMENTS TRUST	The GM Trust Course on the Prechtl Assessment of General Movements - Basic Course	21		APPROVED 21 HOURS	1/23/2024	APPROVED 21 HOURS
5115	Cerebral Palsy Foundation	Hammersmith Infant Neurological Exam Training	4		APPROVED	1/23/2024	APPROVED
5160	International Tennis Performance Association	Certified Tennis Performance Specialist	20		APPROVED	1/23/2024	APPROVED
5843	THE CLIMBING DOCTOR	Clinical Management of The Rock Climber	16		APPROVED	1/23/2024	APPROVED
	BARBELL REHAB	The Barbell Rehab Method Certification	15		APPROVED	1/23/2024	APPROVED
	CYNTHIA HOSODA LAM	Medical Spanish for Rehabilitation Professionals	1		APPROVED	1/23/2024	APPROVED
	HINGE HEALTH	Ethics for Physical and Occupational Therapy Professionals		2	APPROVED	1/23/2024	APPROVED
	INNOVATIVE EDUCATIONAL SERVICES	Ethics - Oklahoma Physical Therapy		3	APPROVED	1/23/2024	APPROVED
	INSTITUTE FOR NATURAL RESOURCES	MEDICAL ETHICS AND LEGAL ISSUES		6	APPROVED	1/23/2024	APPROVED
	MYOFASCIAL RELEASE SEMINARS	PENDING PROVIDER - Myofascial Release I	12		APPROVED	1/23/2024	APPROVED
	NATIONAL AMBUCS INC AND AMTRYKE LLC	Amtryke Evaluation and Fitting for Therapists	6		APPROVED	1/23/2024	APPROVED
	OKLAHOMA THROWING ASSOCIATION	Injuries in the Throwing Athlete (2nd Annual)	7		APPROVED	1/23/2024	APPROVED
	PEGGY DECELLE NEWMAN	Is there a connection between Passion & Ethical PT Practice?	3	3	APPROVED	1/23/2024	APPROVED

COURSES RECOMMENDED FOR APPROVAL

01/23/2024

	SELECT MEDICAL	Ethics Training for Physical Therapists Oklahoma		3	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics for the SNF Therapy Professional (Jennings - Live Interactive Webinar)		2	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics: A Physical Therapists Guide to Excellent Practice (Harvey)		2	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics: Explanation, Interpretation, and Application of the APTA's Code of Ethics (Adamson - Online)		1	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics for the SNF Therapy Professional (Jennings - Online)		2	APPROVED	1/23/2024	APPROVED
	SUMMIT PROFESSIONAL EDUCATION	Ethics in Physical Therapy Practice (Sims - Online)		1	APPROVED	1/23/2024	APPROVED
	MEDBRIDGE	Ethics in Practice: Resources for PTs and PTAs		1.5	APPROVED	1/23/2024	APPROVED
	MEDBRIDGE	Professionalism in Practice: Examining Common Ethical Challenges		2.5	APPROVED	1/23/2024	APPROVED
	MEDBRIDGE	Rising to the Challenges for Assuring Ethical Practice		3	APPROVED	1/23/2024	APPROVED
	MEDBRIDGE	Ethics for Physical and Occupational Therapy Professionals (2023)- 3 Hours		3	APPROVED	1/23/2024	APPROVED



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to [REDACTED]

February 8, 2024

Jennifer Bigler, Applicant PT 2332
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Re-Entry Physical Therapist** Licensure has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 4, 2024, at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.** (See: *Okl. Admin. Code 435:20-3-6(b)* provided below).

The application you submitted states the following:

- (a) Your Oklahoma license lapsed on January 31, 2007; and
- (b) You last practiced as a Physical Therapist on January 2001; and
- (c) You are not currently licensed in another state.

Okl. Admin. Code 435:20-3-6. Requirements for renewal and re-entry; re-entry requirements

(b) **Re-entry requirements.** Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses ***lapsed more than three months*** wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.
- (5) Complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

Sincerely,

Handwritten signature of Lisa K. Cullen in blue ink.

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 2332 JENNIFER JOY BIGLER
 Physical Therapist

Practice Address:
 August 29, 2012

NOT OKLAHOMA

Status: I
Res: RI
Received: 06/23/2023
Entered: 06/23/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2332
Sex: F
Ethnic Origin: 1

Endorsed By: NATIONAL EXAMINATION
Orig Issued: 04/03/1995 **Orig. Lic. Exp:** 01/31/2007

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		200			
Okla Passing:		111			
Total Score:		141			

PRE-MED EDUCATION					
School Name: SOUTHWEST BAPTIST UNIVERSITY					
City: BOLIVAR		State: MO	Country: UNITED STATES		
Degree: PHYSICAL THERAPY		From: 8/1990	To: 12/1994	Verified:	
<hr/>					
School Name: MELVILLE HIGH SCHOOL					
City: ST. LOUIS		State: MO	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/1986	To: 5/1990	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 2332 JENNIFER JOY BIGLER
 Physical Therapist

PRACTICE HISTORY

Employed: NONE	Supervisor:		
City: COLUMBIA	State: MO	Country: UNITED STATES	
Specialty: UNEMPLOYED	From: 1 / 2001	To: /	Verified:
Comments:			

Employed: STATE OF OKLAHOMA	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: PT	From: 4 / 1998	To: 1 / 2001	Verified:
Comments:			

Employed: SELF EMPLOYED	Supervisor:		
City: TULSA	State: OK	Country: UNITED STATES	
Specialty: PT	From: 5 / 1996	To: 12 / 1997	Verified:
Comments:			

Employed: State of Oklahoma	Supervisor:		
City: TULSA	State: OK	Country: UNITED STATES	
Specialty: EQUIPMENT AND PATIENT CARE MANAGEMENT	From: 9 / 1995	To: 5 / 1999	Verified:
Comments:			

Employed: Barnes home health care	Supervisor:		
City: TULSA	State: OK	Country: UNITED STATES	
Specialty: HOME HEALTH	From: 7 / 1995	To: 5 / 1999	Verified:
Comments:			

Employed: BARNES HOME CARE SERVICES	Supervisor:		
City: TULSA	State: OK	Country: UNITED STATES	
Specialty: PT	From: 6 / 1995	To: 4 / 1998	Verified:
Comments:			

Employed: SPECIALTY HEALTHCARE MANAGEMNT	Supervisor:		
City: TULSA	State: OK	Country: USA	
Specialty: PT	From: 5 / 1995	To: 5 / 1996	Verified:
Comments:			

Employed: HILLCREST HEALTH CENTER	Supervisor:		
City: OKLAHOMA CITY	State: OK	Country: USA	
Specialty: PT	From: 12 / 1994	To: 6 / 1995	Verified:
Comments:			

Employed: Georgian court nursing facility	Supervisor:		
City: TULSA	State: OK	Country: UNITED STATES	
Specialty: SKILLED NURSING UNIT, REHAB	From: 6 / 1994	To: 5 / 1999	Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	2332	JENNIFER JOY BIGLER
Physical Therapist		

Other Licenses						
State	Lic Type and Number		Status	Issued	Exp	Verif
OK	PT 2332		I	4/3/95	1/31/07	7/17/23

DEFICIENCIES
Application Instructions

Board of Medical Licensure and Supervision
Physical Therapy Committee
Minutes

August 24, 2012

This meeting was held at the office of the Board, 101 NE 51 Street, Oklahoma City, Oklahoma, in accordance with the Open Meeting Act.

Members present:

Carolyn Craven, PT
Nancy Davis, PTA
David Haynes, PT
Tami Spocogee, Public Member
Bob Eskew, PT

Also present:

Alecia George, Assistant Attorney General
Kim Heaton, Assistant Attorney General
Kathy Plant, Executive Secretary
Gwen Smythe, Executive Assistant
Robyn Hall, Director of Licensing

Noting that a quorum was present, Ms. Davis called the meeting to order at 9:00 a.m. She welcomed Heidi Herbst Paakkonen, MPA, Continuing Competence Product Manager for the Federation of State Boards of Physical Therapy (FSBPT) and Jeff Rosa, Executive Director of the Ohio Physical Therapy Board and liaison to the Oklahoma Board from the Federation. Ms. Herbst Paakkonen and Mr. Rosa were present to talk to the Committee about physical therapy continuing competence programs offered by the FSBPT. Topics covered included an overview of the context and background of the continuing competent initiative. Also covered were the continuing competence model, continuing competence activity standards and the ProCert program, jurisprudence exams, and the aPTitude program. Ms. Davis directed the Committee members to review the information available online on their own and then the Committee could discuss future plans for continuing competence in Oklahoma. The Committee thanked them for their presentation.

The Committee reviewed the minutes from the April 2012 Committee meeting. Mr. Eskew moved to approve the minutes. Ms. Craven seconded the motion and the vote was unanimous in the affirmative.

STEPHEN RANDY BULLARD, PT appeared to discuss his arrest for felony animal cruelty and his failure to report the information to the Board. On his application form he answered no to question D, "Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation." When asked about this, he stated he had used poor judgment in responding to the question. When asked about the animal cruelty charges, he stated he was depending on a cousin to take care of the horses but he did not follow-up to make sure it was being done. He stated he is doing community service. He said he was planning on moving out of state but he wanted to clear up this matter first. Ms. Craven moved to refer the matter back to staff to investigate filing a Formal Complaint. Mr. Eskew seconded the motion. After further discussion, the vote was called and was unanimous in the affirmative.

TINA GUERRERO, PTA appeared specifically in response received by the Board that she left a heating pad on an elderly patient that resulted in a burn. Appearing with Ms. Guerrero were her attorney, Raphael Glapion, and Amber Smith, PT, Ms. Guerrero's clinical supervisor. Ms. Guerrero testified regarding the events that led up to the complaint. She stated she placed a heating pad on the patient for 15 minutes through three layers of protection. The next day, the patient's son stated that Ms. Guerrero had burned his mother. The

He stated that these two incidents were several years ago when he was 17 and 19 years of age. He stated that he did attend DUI School and had an assessment. Ms. Spocogee moved to recommend approval of the application. Ms. Craven seconded the motion and the vote was unanimous in the affirmative.

JENNIFER JOY BIGLER – Ms. Bigler was asked to meet with the Committee to discuss her application for reinstatement of Physical Therapist license. Her license expired in 2007. She stated that she has six children who she home schools. She said she unintentionally let the license lapse. She said she would like to work weekends. Ms. Craven made a motion to recommend approval pending satisfactory completion of 110 days of practice under direct supervision and 120 hours of continuing education . Ms. Thompson seconded the motion and the vote was unanimous in the affirmative.

BRANDON KEITH GARVIN – Mr. Garvin appeared to request to re-take the Physical Therapist licensing exam. He graduated in 2001. He explained that he could not pass the test because of anxiety issues. He was put on medication and also had talk therapy. He said the anxiety caused him to go blank when taking a test. He now has gone to a different doctor and is on different medications. He stated he has a new study plan and is seeing a counselor. Ms. Davis moved to allow Mr. Garvin to re-take the test and to recommend approval for licensure pending passing the exam. Mr. Eskew seconded the motion and the vote was unanimous in the affirmative.

RENE OSHOMUVWE attended to discuss her application to re-take the Physical Therapist Assistant licensing examination. Ms. Oshomuvwe stated that she has a new study plan and is utilizing a different process than before. Ms. Cravens moved to allow Ms. Oshomuvwe to re-take the test and to recommend approval for licensure pending her passing the exam. Mr. Haynes seconded the motion and the vote was unanimous in the affirmative.

QUINCY ANDERSON – Mr. Anderson appeared to request to re-take the Physical Therapist exam. He reviewed an extensive study plan. He said he also has a mentor to help him. He stated he is more committed to his study this time. Ms. Craven made a motion to allow Mr. Anderson to r e-take the test and to recommend approval for licensure pending passing the exam. Ms. Davis seconded the motion and the vote was unanimous in the affirmative.

There were 18 complete applications for Physical Therapists:

**BENDER, JUDITH MARGARET
BOYD, SHANNON TAYLOR
CARTER, CYNTHIA ELLEN
HILL, PHILIP LEE
HURST, ANDREW CHRISTIAN
IVERSON, JAMES III
LEES, RUSSELL WADE
OTANICAR, JENNIFER LIN
SPENCER, RICHARD LEE JR**

**BOWERS, MONICA J.
BROWN, CHESTER MARK
GRAY, RICHARD W
HOPPIS, MARY KATHRYN
HYLAND, MICHAEL ANTHONY
JONES, KEVIN PATRICK
MELROY, SARAH ELIZABETH
SARAF, NARENDRA DATTATRAYA
WATSON, KELLY ANNE**

Ms. Craven moved to recommend approval of the applications for Physical Therapist licensure. Ms. Davis seconded the motion and the vote was unanimous in the affirmative.

Following were the applications with incomplete information:

**CLAPP, JAMIE CAROLYNN
MACDONALD, KERRY RENEE
SIMMONS, DENISE EYVONNE EBONI**

**CRISMOND, JAMES ERIC
PETRUS, MALLORY
WILLENBRING, RICK**

SCANNED

August 30, 2012

Jennifer Joy Bigler APT2332
[REDACTED]

Dear Ms. Bigler:

On August 29, 2012 the Oklahoma State Board of Medical Licensure and Supervision approved your application for reinstatement of your Physical Therapist license **pending receipt of the following item(s)**:

Proof of completion of 120 hours approved continuing education
An evaluation from your supervising Physical Therapist after 110 days direct, on-site supervision

Any forms listed above are available at www.okmedicalboard.org.

Upon receipt of the missing documentation and its verification by the Board Secretary, your license will be sent to you.

If you have any questions, please contact the Board office at 405-962-1400.

Sincerely,

Robyn Hall
Director of Licensing

Valeska Barr

From: Jennifer Bigler <[REDACTED]>
Sent: Tuesday, July 18, 2023 1:23 PM
To: Licensing
Subject: [EXTERNAL] PT application 2332

RECEIVED

JUL 18 2023

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

Attn: OK Board of Medical Licensure and Supervision

I last practiced physical therapy in May of 2000 for the State of Oklahoma. I am not licensed in any other state. I have been a stay at home mom, home schooling my 6 children and teaching in the home school community.

Thank you,
Jennifer Bigler

PT 2332
KB



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 6, 2024

Jeannie Brown, Applicant TA 777
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Re-Entry Physical Therapy Assistant** Licensure has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024, at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:20-3-6(b)* provided below).

The application you submitted states the following:

- (a) Your Oklahoma license lapsed on January 31, 2023; and
- (b) You last practiced as a Physical Therapy Assistant on November 2020; and
- (c) You are not currently licensed in another state.

Okla. Admin. Code 435:20-3-6. Requirements for renewal and re-entry; re-entry requirements

(b) **Re-entry requirements.** Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses ***lapsed more than three months*** wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.
- (5) Complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

Sincerely,

Handwritten signature of Lisa K. Cullen in cursive.

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 777 JEANNIE CAROL BROWN
 Physical Therapist Assistant

Practice Address:
 February 13, 2024
 ODYSSEY HEALTH CARE / CLINIC
 1 WEST MAIN STREET #200

 ARDMORE, OK 73401
 CARTER

Status: I
Res: RI
Received: 01/30/2024
Entered: 01/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 777
Sex: F
Ethnic Origin: 1

Endorsed By: NATIONAL EXAMINATION
Orig Issued: 04/01/1999 **Orig. Lic. Exp:** 01/31/2023

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		668			

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: AAS PTA		From: 8/1992	To: 5/1998	Verified:	
School Name: WYNNEWOOD HIGH SCHOOL					
City: WYNNEWOOD		State: OK		Country: UNITED STATES	
Degree: GED		From: 8/1978	To: 9/1981	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 777 JEANNIE CAROL BROWN
Physical Therapist Assistant

PRACTICE HISTORY

Employed: ODYSSEY HEALTH CARE		Supervisor:	
City: ARDMORE	State: OK	Country: UNITED STATES	
Specialty: PTA	From: 2 / 2008	To: 11 / 2020	Verified:
Comments:			

Employed: NORMAN REGIONAL HOSPITAL		Supervisor:	
City: NORMAN	State: OK	Country:	
Specialty: PTA	From: 3 / 2006	To: 2 / 2008	Verified:
Comments:			

Employed: PAULS VALLEY GENERAL HOSPITAL		Supervisor:	
City: PAULS VALLEY	State: OK	Country: USA	
Specialty: PTA	From: 12 / 2002	To: 3 / 2006	Verified:
Comments:			

Employed: PAULS VALLEY GENERAL HOSPITAL		Supervisor:	
City: PAULS VALLEY	State: OK	Country: USA	
Specialty: PTA	From: 6 / 2002	To: 12 / 2002	Verified:
Comments:			

Employed: PAULS VALLEY GENERAL HOSPITAL		Supervisor:	
City: PAULS VALLEY	State: OK	Country: USA	
Specialty: PTA	From: 3 / 1999	To: 6 / 2002	Verified:
Comments:			

Employed: HOUSEWIFE/MOTHER		Supervisor:	
City: LINDSAY	State: OK	Country: USA	
Specialty: STAY AT HOME PARENT	From: 7 / 1984	To: 8 / 1992	Verified:
Comments:			

Employed: VARIOUS		Supervisor:	
City: PAULS VALLEY	State: OK	Country: USA	
Specialty: ALSO WYNNEWOOD & LINDSAY.	From: 10 / 1981	To: 7 / 1984	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	TA 777	I	4/1/99	1/31/23	2/23/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	777	JEANNIE CAROL BROWN

Physical Therapist Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 5/1998 - 3/1999; 11/2020 - PRESENT -- MUST USE TIME DEFICIENCY FORM

PHOTO



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to [REDACTED]

March 6, 2024

Kristal Chenoweth, Applicant TA 752
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Re-Entry Physical Therapist Assistant* Licensure has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024, at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:20-3-6(b)* provided below).

The application you submitted states the following:

- (a) Your Oklahoma license lapsed on January 31, 2023; and
- (b) You last practiced as a Physical Therapist Assistant on September 2017; and
- (c) You are not currently licensed in another state.

Okla. Admin. Code 435:20-3-6. Requirements for renewal and re-entry; re-entry requirements

(b) **Re-entry requirements.** Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses *lapsed more than three months* wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.
- (5) Complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 752 KRISTAL DAWN CHENOWETH
 Physical Therapist Assistant

Practice Address:
 January 29, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 01/30/2024
Entered: 01/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 752
Sex: F
Ethnic Origin: 5

Endorsed By: FSBPT
Orig Issued: 11/05/1998 **Orig. Lic. Exp:** 01/31/2023

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		631			

PRE-MED EDUCATION					
School Name: SOUTHERN NAZARE UNIVERSITY					
City: BETHANY	State: OK	Country: UNITED STATES			
Degree: MASTER OF ARTS - EDUCATIONAL LEADERSHIP	From: 8/2010	To: 12/2011	Verified:		
School Name: NEO A&M COLLEGE					
City: MIAMI	State: OK	Country: UNITED STATES			
Degree: ASSOCIATE OF SCIENCE - PHYSICAL THERAPY ASSISTANT	From: 8/1996	To: 5/1998	Verified:		
School Name: MIAMI UNIVERSITY					
City: OXFORD	State: OH	Country: UNITED STATES			
Degree: BS	From: 8/1992	To: 5/1995	Verified:		
School Name: NEO A & M COLLEGE					
City: MIAMI	State: OK	Country: UNITED STATES			
Degree: AAS	From: 8/1990	To: 5/1992	Verified:		
School Name: PRYOR HIGH SCHOOL					
City: PRYOR	State: OK	Country: UNITED STATES			
Degree: DIPLOMA	From: 8/1988	To: 5/1990	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 752 KRISTAL DAWN CHENOWETH
 Physical Therapist Assistant

PRACTICE HISTORY						
Employed: NORTHEAST TECH						
City: AFTON		State:		Supervisor:		
Specialty: EDUCATOR		From: 6 / 2018	To: 11 / 2019	Country: UNITED STATES		
Verified:						
Comments:						
<hr/>						
Employed: NEO ORTHOPEDICS AND REHABILITATION						
City: MIAMI		State: OK		Supervisor:		
Specialty: PTA		From: 7 / 2015	To: 9 / 2017	Country: UNITED STATES		
Verified:						
Comments:						
<hr/>						
Employed: INTEGRIS BAPTIST REGIONAL HEALTH CENTER						
City: MIAMI		State: OK		Supervisor:		
Specialty: OUTPATIENT		From: 5 / 2005	To: 1 / 2012	Country: UNITED STATES		
Verified:						
Comments:						
<hr/>						
Employed: INTEGRIS BAPTIST REGIONAL HEALTH CENTER						
City: MIAMI		State: OK		Supervisor:		
Specialty: PTA		From: 2 / 2003	To: 7 / 2008	Country: UNITED STATES		
Verified:						
Comments:						
<hr/>						
Employed: INTEGRIS BAPTIST REGIONAL HEALTH CENTER						
City: MIAMI		State: OK		Supervisor:		
Specialty: PTA		From: 2 / 2003	To: 5 / 2005	Country: USA		
Verified:						
Comments:						
<hr/>						
Employed: INTEGRIS BAPTIST REG HLTH CEN						
City: MIAMI		State: OK		Supervisor:		
Specialty: PTA		From: 8 / 1996	To: 1 / 2003	Country: USA		
Verified:						
Comments:						
<hr/>						
Employed: ST FRANCIS HOSPITAL						
City: TULSA		State: OK		Supervisor:		
Specialty: EXERCISE SPECIALIST		From: 5 / 1995	To: 7 / 1996	Country: UNITED STATES		
Verified:						
Comments:						
<hr/>						
Other Licenses						
State	Lic Type and Number	Status	Issued	Exp	Verif	
OK	TA 752	I	11/5/98	1/31/23	2/23/24	

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
TA	752	KRISTAL DAWN CHENOWETH

Physical Therapist Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 1/2012 - 7/2015; 9/2017 - 6/2018; 11/2019 - PRESENT -- MUST USE TIME

DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHEN DID YOU LAST PRACTICE AS A PTA?



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 18, 2024

Corliss Collins, Applicant TA 2896
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Re-Entry Physical Therapist Assistant* Licensure has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024, at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:20-3-6(b)* provided below).

The application you submitted states the following:

- (a) Your Oklahoma license lapsed on January 31, 2022; and
- (b) You last practiced as a Physical Therapist Assistant on August 2021; and
- (c) You are not currently licensed in another state.

Okla. Admin. Code 435:20-3-6. Requirements for renewal and re-entry; re-entry requirements

(b) **Re-entry requirements.** Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses *lapsed more than three months* wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.
- (5) Complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

Sincerely,

Lisa K Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 2896 CORLISS FRANCIS COLLINS
 Physical Therapist Assistant

Practice Address:
 June 09, 2022

NOT OKLAHOMA

Status: I
Res: RI
Received: 03/08/2024
Entered: 03/08/2024
Temp Issued: 02/27/2018
Temp Expires: 03/08/2018
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2896
Sex: M
Ethnic Origin: 1

Endorsed By: FSBPT EXAMINATION
Orig Issued: 03/05/2018 **Orig. Lic. Exp:** 01/31/2022

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		643			

PRE-MED EDUCATION			
<hr/>			
School Name: LAKE AREA TECHNICAL INSTITUTE	State: SD	Country: UNITED STATES	
City: WATERTOWN	From: 8/2010	To: 5/2013	Verified:
Degree: PHYSICAL THERAPIST ASSISTANT			
<hr/>			
School Name: MITCHELL HIGH SCHOOL	State: SD	Country: UNITED STATES	
City: MITCHELL	From: 8/2006	To: 5/2010	Verified:
Degree:			
<hr/>			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 2896 CORLISS FRANCIS COLLINS
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: REDBUD PHYSICAL THERAPY **Supervisor:**
City: TULSA **State:** OK **Country:**
Specialty: TA **From:** 2 / 2019 **To:** 8 / 2021 **Verified:**
Comments:

Employed: REDBUD PHYSICAL THERAPY **Supervisor:**
City: TULSA **State:** OK **Country:**
Specialty: TA **From:** 3 / 2018 **To:** 12 / 2018 **Verified:**
Comments:

Employed: Delta healthcare partners **Supervisor:**
City: MITCHELL **State:** SD **Country:** UNITED STATES
Specialty: TRAVELING PTA **From:** 7 / 2017 **To:** 3 / 2018 **Verified:**
Comments:

Employed: Dakota physical therapy **Supervisor:**
City: MITCHELL **State:** SD **Country:** UNITED STATES
Specialty: PTA **From:** 12 / 2014 **To:** 7 / 2017 **Verified:**
Comments: PHYSICAL THERAPIST ASSISTANT AND FITNESS EQUIPMENT MAINTENANCE

Employed: United Blood Services **Supervisor:**
City: MITCHELL **State:** SD **Country:** UNITED STATES
Specialty: PHLEBOTOMIST TECH I&II **From:** 12 / 2013 **To:** 12 / 2014 **Verified:**
Comments:

Employed: Bob Johnson construction **Supervisor:**
City: MITCHELL **State:** SD **Country:** UNITED STATES
Specialty: GENERAL LABORER I **From:** 5 / 2013 **To:** 10 / 2013 **Verified:**
Comments:

Employed: Dakota physical therapy **Supervisor:**
City: MITCHELL **State:** SD **Country:** UNITED STATES
Specialty: PT TECH **From:** 5 / 2007 **To:** 5 / 2012 **Verified:**
Comments: WORKED AS A PHYSICAL THERAPY TECH AND GENERAL MAINTENANCE

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
SD	TA- CERTIFICATE		1/10/14		
KS	TA 1403208	I	6/23/17	12/31/17	3/21/24
OK	TA 2896	I	3/5/18	1/31/22	3/12/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	2896	CORLISS FRANCIS COLLINS

Physical Therapist Assistant

DEFICIENCIES

Application Instructions

OATH

Time Deficiency Form for: 8/2021-PRESENT- MUST USE TIME DEFICIENCY FORM

PHOTO

Verify License from SD



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 6, 2024

Piper Crossland Physical Therapist Applicant 4949
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Physical Therapist** Licensure has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024 , at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or virtually via Zoom.** (See: *Okla. Admin. Code 435:20-3-4* provided below)

Per your application we have determined the following:

- (a) Your Oklahoma license expired January 31, 2016; and
- (b) Your last practice as a Physical Therapist is March 2023; and
- (c) You are currently licensed in Florida and Virginia.

Okla. Admin. Code 435:20-3-4. Licensure by endorsement

435:20-3-4. Licensure by endorsement

(a) Any person who is currently registered or licensed by examination as a Physical Therapist or Physical Therapy Assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided by the written examination and grade standard, upon which such license is based, is acceptable to the Board. In the event the examination was that of the recognized examination service providing a nationally accepted standardized examination, scores must be submitted through the Interstate Reporting Service, or other recognized reporting service. All such applicants must have Oklahoma passing score on the examination or they must re-take the examination. Failure to achieve Oklahoma passing score on a re-take of the examination, in Oklahoma or elsewhere, shall be considered as an additional failure. ***If the applicant has not been employed as a Physical Therapist during the year prior to application, such applicant may be required to present himself/herself for a personal interview with a member or members of the Board or Committee.***

Please confirm your attendance at the committee meeting.

Sincerely,

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 4949 PIPER LAUREL CROSSLAND
 Physical Therapist

Practice Address:
 August 09, 2022
 5992 BERRYHILL RD SUITE 100

 MILTON, FL 32570
 NOT OKLAHOMA

Status: I
Res: RI
Received: 02/07/2024
Entered: 02/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 4949
Sex: F
Ethnic Origin: 1

Endorsed By: FSBPT EXAMINATION
Orig Issued: 05/29/2015 **Orig. Lic. Exp:** 01/31/2016

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		648			

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Degree: DOCTOR OF PHYSICAL THERAPY		From: 5/2012	To: 5/2015	Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE		From: 8/2007	To: 12/2011	Verified:	
<hr/>					
School Name: DURANT SENIOR HIGH SCHOOL					
City: DURANT		State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2003	To: 5/2007	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 4949 PIPER LAUREL CROSSLAND
 Physical Therapist

PRACTICE HISTORY

Employed: Alliance Physical Therapy **Supervisor:**
City: NORFOLK **State:** VA **Country:** UNITED STATES
Specialty: OUTPATIENT PHYSICAL THERAPY SETTING **From:** 9 / 2022 **To:** 3 / 2023 **Verified:**
Comments:

Employed: Enduracare **Supervisor:**
City: MILTON **State:** FL **Country:** UNITED STATES
Specialty: MIX OF OUTPATIENT AND INPATIENT HOSPITAL SETTING **From:** 2 / 2020 **To:** 5 / 2022 **Verified:**
Comments:

Employed: Enduracare **Supervisor:**
City: MILTON **State:** FL **Country:** UNITED STATES
Specialty: OUTPATIENT AND INPATIENT HOSPITAL BASED PRACTICE **From:** 6 / 2015 **To:** 12 / 2015 **Verified:**
Comments:

Employed: PHYSICAL THERAPY CENTRAL **Supervisor:**
City: **State:** **Country:** **From:** 12 / 2011 **To:** 5 / 2012 **Verified:**
Specialty: PT TECHNICIAN **Comments:**

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
HI	Physical Therapist 4383	I	4/6/17	12/31/22	3/4/24
FL	Physical Therapist PT30366	A	6/2/15	11/30/25	3/4/24
VA	Physical Therapist 2305215427	A	9/14/22	12/31/24	3/4/24

DEFICIENCIES

Application Instructions

OATH

Time Deficiency Form for: 12/2015-2/2020, 5/2022-9/2022, 3/2023-PRESENT MUST USE TIME

DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: WHEN IS THE LAST TIME YOU WERE EMPLOYED AS A PT?/ DO YOU HAVE ANY PRACTICE HISTORY IN HI AS A PT?/ PLEASE GIVE US JOB TITLES FOR ALL JOBS LISTED/ IS YOUR CURRENT LAST NAME "CROSSLAND" OR "REYNOLDS"



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 6, 2024

Gia Do, TA Applicant 3787
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your request for **Special Accommodations** has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024 at 9:00 a.m.**, at the offices of **Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105** or via **Zoom**. Please see the information below from FSBPT regarding Special Accommodation requests.

Applicant Responsibilities

A licensing authority can only make accurate decisions on proper applicant accommodations when it has all of the necessary information and documentation. As a result the applicant has the responsibility of delivering current information to the licensing authority in a timely manner. The responsibilities of the applicant should be clearly stated in any policy or procedure related to ADA. It should also be stated that all of the documentation provided would be kept in a confidential manner. Only those who take part in the decision making process are privilege to documentation concerning an applicant's application for accommodations. Appendix 2 provides a *Sample Applicant Testing Accommodations Request Form* that can be used or modified to fit each licensing authority's requirements. The applicant should keep in mind that appropriate documentation should include a verification of the specific disability. A licensed professional or a certified specialist appropriate for the disability must:

1. Verify the need for the accommodation using professional recognized criteria
2. Provide documentation detailing how the disability leads to functional limitations
3. Provide documentation that illustrates how the limitation or limitations inhibit the individual from performing one or more major life activities.

Please confirm your attendance at this meeting.

Sincerely,

Lisa K Cullen

Lisa K. Cullen
Director of Licensing



State of Oklahoma

Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

February 13, 2024

Theresa Gattenby, Applicant PT 2514
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Re-Entry Physical Therapist** Licensure has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024, at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:20-3-6(b)* provided below).

The application you submitted states the following:

- (a) Your Oklahoma license lapsed on January 31, 2018; and
- (b) You last practiced as a Physical Therapist on May 2014, per application; and
- (c) You are not currently licensed in another state.

Okla. Admin. Code 435:20-3-6. Requirements for renewal and re-entry; re-entry requirements

(b) **Re-entry requirements.** Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses ***lapsed more than three months*** wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.
- (5) Complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

Sincerely,

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 2514 THERESA ROSE GATTENBY
 Physical Therapist

Practice Address:
 March 06, 2024
 CONCENTRA
 7100 S. I-35 SERVICE RD

 OKLAHOMA CITY, OK 73149-2740
 CLEVELAND

Status: I
Res: RI
Received: 01/12/2024
Entered: 01/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2514
Sex: F
Ethnic Origin: 3

Endorsed By: NATIONAL EXAMINATION
Orig Issued: 08/15/1996 **Orig. Lic. Exp:** 01/31/2018

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		603			

PRE-MED EDUCATION			
School Name: UNIVERSITY OF OKLAHOMA HSC		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/1994	To: 5/1996 Verified:
Degree: PT			
School Name: UNIVERSITY OF OKLAHOMA		State: OK	Country: UNITED STATES
City: NORMAN		From: 8/1993	To: 5/1994 Verified:
Degree: NONE			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 1/1991	To: 5/1993 Verified:
Degree: NONE			
School Name: MOORE HIGH SCHOOL		State: OK	Country: UNITED STATES
City: MOORE		From: 8/1979	To: 5/1983 Verified:
Degree: DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 2514 THERESA ROSE GATTENBY
 Physical Therapist

PRACTICE HISTORY

Employed: SELECT PHYSICAL THERAPY **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: OUTPATIENT ORTHOPEDIC **From:** 1 / 2012 **To:** 11 / 2012 **Verified:**
Comments:

Employed: CONCENTRA **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST **From:** 11 / 2011 **To:** 5 / 2014 **Verified:**
Comments:

Employed: INTEGRIS JIM THORPE REHAB CTR FOR
 AMBULATORY MED **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PHYSICAL THERAPY **From:** 5 / 2001 **To:** 10 / 2011 **Verified:**
Comments:

Employed: Rehabworks **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: THERAPY PROGRAM **From:** 4 / 2000 **To:** 5 / 2001 **Verified:**
 MANAGER
Comments: LONG TERM CARE
 THERAPY PROGRAM MANAGER / FACILITY PROGRAM MANAGER

Employed: SUNDANCE CORP **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: NONE REPORTED **From:** 3 / 1999 **To:** 4 / 2000 **Verified:**
Comments:

Employed: REHABWORKS **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: NONE REPORTED **From:** 9 / 1998 **To:** 3 / 1999 **Verified:**
Comments:

Employed: CHICKASAW NATION HEALTH CARE **Supervisor:**
City: ADA **State:** OK **Country:** UNITED STATES
Specialty: NONE REPORTED **From:** 8 / 1996 **To:** 9 / 1998 **Verified:**
Comments:

Employed: KENTUCKY FRIED CHICKEN **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: ASST. MGR. **From:** 2 / 1981 **To:** 4 / 1994 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PT 2514	I	8/15/96	1/31/18	2/13/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	2514	THERESA ROSE GATTENBY

Physical Therapist

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 5/2014- PRESENT MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: WHEN IS THE LAST TIME YOU WORKED AS A PHYSICAL THERAPIST?/

PLEASE GIVE US JOB TITLES FOR YOUR JOBS AT SUNDANCE CORP, REHABWORKS, CHICKASAW

NATION HEALTH CARE & SELECT PHYSICAL THERAPY

Transcript



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

February 8, 2024

Danielle Geary, Applicant TA 1483
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for *Re-Entry Physical Therapist Assistant* Licensure has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024, at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:20-3-6(b)* provided below).

The application you submitted states the following:

- (a) Your Oklahoma license lapsed on January 31, 2020; and
- (b) You last practiced as a Physical Therapist Assistant on January 2020, per 1/3/24 email; and
- (c) You are not currently licensed in another state.

Okla. Admin. Code 435:20-3-6. Requirements for renewal and re-entry; re-entry requirements

(b) **Re-entry requirements.** Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses *lapsed more than three months* wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.
- (5) Complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 1483 DANIELLE NICOLE GEARY
 Physical Therapist Assistant

Practice Address:
 February 20, 2024
 FULL MOTION THERAPY

OKLAHOMA CITY, OK 73139
 OKLAHOMA

Status: I
Res: RI
Received: 01/05/2024
Entered: 01/05/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1483
Sex: F
Ethnic Origin: 1

Endorsed By: FSBPT EXAMINATION
Orig Issued: 08/09/2006 **Orig. Lic. Exp:** 01/31/2020

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		607			

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE			
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Degree: AAS/PTA	From: 8/2004	To: 5/2006	Verified:
School Name: WESTMOORE HIGH SCHOOL			
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Degree:	From: 8/2001	To: 5/2004	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 TA 1483 DANIELLE NICOLE GEARY

Physical Therapist Assistant

PRACTICE HISTORY

Employed: EMERALD CARE CENTER - SW		Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: TA	From: 10 / 2019	To: 1 / 2020	Verified:
Comments:			

Employed: EMERALD CARE CENTER - SW OKC		Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: TA	From: 10 / 2018	To: 12 / 2019	Verified:
Comments:			

Employed: FULL MOTION THERAPY		Supervisor:	
City: STILLWATER	State: OK	Country: UNITED STATES	
Specialty: TA	From: 8 / 2018	To: 1 / 2019	Verified:
Comments:			

Employed: REHAB SOURCE		Supervisor:	
City: OKC	State: OK	Country: UNITED STATES	
Specialty: PTA	From: 12 / 2015	To: 7 / 2018	Verified:
Comments:			

Employed: BALANCED THERAPY		Supervisor:	
City: EDMOND	State: OK	Country: UNITED STATES	
Specialty: PTA	From: 10 / 2014	To: 12 / 2019	Verified:
Comments:			

Employed: NW NURSING CENTER (RELIANT SOUTH)		Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: PTA	From: 5 / 2014	To: 12 / 2014	Verified:
Comments:			

Employed: INDEPENDENT THERAPY SERVICES AND ASSOCIATES		Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: PTA	From: 1 / 2014	To: 1 / 2018	Verified:
Comments:			

Employed: INNOVA HOME HEALTH		Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: PTA	From: 5 / 2013	To: 5 / 2015	Verified:
Comments:			

Employed: EDMOND HEALTH & REHAB		Supervisor:	
City: EDMOND	State: OK	Country: UNITED STATES	
Specialty: PTA	From: 5 / 2013	To: 5 / 2014	Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 1483 DANIELLE NICOLE GEARY

Physical Therapist Assistant

<p>Employed: PRECISION THERAPY SERVICES City: OKLAHOMA CITY Specialty: PTA Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 6 / 2012 To: 2 / 2020 Verified:</p>
<p>Employed: REHAB GROUP City: MIDWEST CITY Specialty: PTA Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 2 / 2010 To: 6 / 2012 Verified:</p>
<p>Employed: FUNCTIONAL REHAB City: OKLAHOMA CITY Specialty: PTA Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 12 / 2009 To: 6 / 2010 Verified:</p>
<p>Employed: JIM THORPE REHABILITATION HOSPITAL City: OKLAHOMA CITY Specialty: PTA Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 8 / 2009 To: 7 / 2010 Verified:</p>
<p>Employed: FUNCTIONAL REHAB City: OKLAHOMA CITY Specialty: PTA Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 6 / 2009 To: 12 / 2014 Verified:</p>
<p>Employed: NORMAN SPECIALTY HOSPITAL City: NORMAN Specialty: PTA Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 5 / 2009 To: 7 / 2010 Verified:</p>
<p>Employed: INDEPENDENT THERAPY SERVICE City: OKLAHOMA CITY Specialty: PTA Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 10 / 2008 To: 5 / 2009 Verified:</p>
<p>Employed: BAPTIST MEDICAL CENTER City: OKLAHOMA CITY Specialty: PTA Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 7 / 2007 To: 5 / 2009 Verified:</p>
<p>Employed: SCHOOL SYSTEM City: NORMAN Specialty: PTA Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 8 / 2006 To: 7 / 2007 Verified:</p>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	1483	DANIELLE NICOLE GEARY
Physical Therapist Assistant		

Other Licenses						
State	Lic Type and Number		Status	Issued	Exp	Verif
OK	TA 1483		I	8/9/06	1/31/20	2/8/24

DEFICIENCIES
 Evidence of Status
 Time Deficiency Form for: 12/2019-PRESENT MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 OTHER DEFICIENCIES: RECEIVED EVIDENCE OF STATUS FORM, COPY OF BIRTH CERTIFICATE WAS NOT ATTACHED AS INDICATED



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 6, 2024

Michael Griffith PT 3524
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee per your request for reconsideration of supervision requirements set forth by the committee. The meeting will be held on **April 9, 2024 at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or via Zoom.**

You previously appeared before the committee on October 17, 2023 (please see excerpt from Committee Recommendation).

MICHAEL GRIFFITH, PT, appeared virtually in support of his request to supervise an additional Physical Therapist Assistant, specifically Rebecca Blossom, PTA, at Maplewood Care Center in Tulsa. They currently have only one PRN PT (which is Mr. Griffith) and one PTA. He went on to say that the physical therapy department currently has a 20-patient caseload at this facility. Ms. Mason moved to recommend approval of the request to supervise Rebecca Blossom, PTA, for a period of one year with a personal appearance and a supervisory log presented at the conclusion thereof. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative. The Committee strongly suggested that the facility work diligently to hire an additional physical therapist and, if possible, for Mr. Griffith to bring documentation of the facility's efforts in that regard when he appears next year.

Please confirm your attendance at this meeting.

Sincerely,

Lisa K. Cullen
Director of Licensing

Physical Therapy Advisory Committee

Minutes

The Physical Therapy Committee of the Board of Medical Licensure and Supervision met on October 17, 2023, at 9:00 AM at the office of the Board at 101 NE 51st Street, Oklahoma City, Oklahoma. This regular meeting is being held consistent with the Oklahoma Open Meeting Act. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on November 22, 2022, and posted on the Board's website on October 11, 2023, at 10:49 AM in accordance with Title 25 O.S. § 311(A)(9).

Members present:

Kelly Berry, PT, MPH, Cert. MDT, Chair
 Deb Mason, PT, Vice-Chair
 Sharon Lawrence, DHSc, PTA
 Samantha Chamberlain, PT, DPT, Cert. MMOA

Member(s) absent:

Public Member – Vacant

Others present:

Barbara J. Smith, Executive Secretary
 Lisa Cullen, Director of Licensing
 Valeska Barr, Assistant Director of Licensing

Having noted a quorum, Ms. Berry called the meeting to order at 9:00 AM. Barbara Smith confirmed the quorum via roll call for purposes of the record.

Following review, Ms. Mason moved to recommend approval of the August 22, 2023 meeting minutes. Ms. Lawrence seconded the motion and the vote was unanimous in the affirmative.

NEALA HARPER appeared personally in support of her complete application for Physical Therapist licensure. Her license lapsed in January of 2023 and she last practiced in 2007. She has been a home caregiver to her parents and in-laws in the interim and she is current on her CEU requirements. Ms. Mason moved to recommend approval of the application pending completion of fifteen (15) days of direct onsite supervision with an adequate performance evaluation from the supervising Physical Therapist at the conclusion thereof. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

MICHAEL GRIFFITH, PT, appeared virtually in support of his request to supervise an additional Physical Therapist Assistant, specifically Rebecca Blossom, PTA, at Maplewood Care Center in Tulsa. They currently have only one PRN PT (which is Mr. Griffith) and one PTA. He went on to say that the physical therapy department currently has a 20-patient caseload at this facility. Ms. Mason moved to recommend approval of the request to supervise Rebecca Blossom, PTA, for a period of one year with a personal appearance and a supervisory log presented at the conclusion thereof. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative. The Committee strongly suggested that the facility work diligently to hire an

additional physical therapist and, if possible, for Mr. Griffith to bring documentation of the facility's efforts in that regard when he appears next year.

CATHY BROWN, applicant, Physical Therapist Assistant, appeared personally in support of her request to sit for the Federation of State Boards of Physical Therapy examination a third time.

**Ms. Lawrence RECUSED. Because there was no objection by the applicant for Ms. Lawrence to remain in the meeting, she remained in the meeting but did not participate in any portion of this matter.*

Ms. Brown is hoping to retake the exam in January of 2024. She provided a study plan for the committee's review. She was advised that this will be the last time she will be able to take the exam in Oklahoma. Following review and discussion, Ms. Lawrence moved to approve the request to sit for the Federation of State Boards of Physical Therapy examination a third time. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

The Committee then reviewed the supervision report of **KEVIN McFARLAND, PT**. No action was needed on this matter.

The Committee then considered applications for licensure. Ms. Mason moved to recommend approval of the incomplete application(s) for Physical Therapist Assistant licensure pending completion of the file(s) as shown on *Attachment #1* hereto. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to recommend approval of the complete application(s) for reinstatement of Physical Therapist Assistant licensure as shown on *Attachment #1* hereto. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to recommend approval of the complete application(s) for Physical Therapist Assistant licensure as shown on *Attachment #1* hereto. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to recommend approval of the incomplete application(s) for Physical Therapist licensure pending completion of the file(s) as shown on *Attachment #1* hereto. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

The Committee reviewed the application of **JUSTIN-EDGAR VILLAFANIA MENDOZA** for Physical Therapist licensure, whose FCCPT report did not meet the current standard of education for Oklahoma. However, Mr. Mendoza is licensed in another state and has passed the Federation of State Boards of Physical Therapy exam. The Committee was comfortable in recommending the approval of licensure by endorsement. Ms. Mason moved to recommend approval of licensure by endorsement pending completion of the file. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

Ms. Mason moved to recommend approval of the incomplete application(s) for reinstatement of Physical Therapist licensure pending completion of the file(s) as shown on *Attachment #1* hereto. Ms. Chamberlain seconded the motion and the vote was unanimous in the affirmative.

Valeska Barr

From: Michael Griffith <[REDACTED]>
Sent: Monday, February 12, 2024 2:51 PM
To: Valeska Barr
Subject: Re: [EXTERNAL] To Kenna in reference to PTA supervision

Thanks for responding. Yes I would like to meet with the board to request a switch from Rebecca Blossom to Abby Williams. Rebecca was an PRN PTA and Abby is moving from New Mexico to Tulsa and starts as a full time PTA on March 8th, so this should be a permanent position 🙏. Is there anyway to expedite the process so Abby can start March 8th if possible? Thank you.

Michael

> On Feb 12, 2024, at 1:22 PM, Valeska Barr <vbarr@okmedicalboard.org> wrote:

>

> Hello,

>

> You can find the minutes from the meeting where you were approved to supervise Rebecca Blossom, specifically, at this link, https://www.okmedicalboard.org/physical_therapists/meetings/rs202310.pdf. If you are requesting to supervise a different PTA, you would need to request an appearance before the PT Committee for approval.

>

> You can email me your request to appear and I will put you on the April 9th Agenda.

>

> Please be advised that applications, email, and items received by mail are processed in the order they are received. We appreciate your patience as our volume is extremely high now. Please do not resend documents as this will further delay the process.

>

> Valeska Barr, Assistant Director of Licensing

>

> Oklahoma State Board of Medical Licensure & Supervision

> 101 NE 51st Street, Oklahoma City, OK 73105

> Phone: 405-962-1400 ext. 131

> Email: vbarr@okmedicalboard.org

> Website: <http://www.okmedicalboard.org>

>

> -----Original Message-----

> From: Michael Griffith <[REDACTED]>

> Sent: Wednesday, February 7, 2024 3:32 PM

> To: Licensing <licensing@okmedicalboard.org>

> Subject: [EXTERNAL] To Kenna in reference to PTA supervision

>

> Hello Kenna,

>

> It's Michael Griffith PT #3524, and I just talked to you on the phone in reference to one of the PTA's I supervise. I received special permission from the board to add an extra individual PTA to supervise at Maplewood Care Center due to their difficulty finding another PT to hire in order to have group supervision for the home. The extra PTA that I supervise is Rebecca Blossom who is PRN and she is no longer able to work PRN for Maplewood and the facility is hiring a full time PTA to replace her. Sorry it's so detailed.

>

> My question is can I add this new PTA to my license to supervise in place of Rebecca Blossom and how do I do so since it was a special situation? Thank you!

>

> Michael Griffith

>



State of Oklahoma

Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 6, 2024

Adam Hackman, TA Applicant 3684
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your request to take the FSBPT examination for the third time has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024, at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105** or you may appear via Zoom. (See: *Okla. Admin. Code 435:20-3-5(d)(3)* provided below)

Please email your study guide before Wednesday, March 20, 2024 and be prepared to discuss with the committee. Your study guide should be in calendar format and should contain a detailed plan of study including your area(s) of deficiency and what resources you are using (i.e., textbooks, study guides, etc.). If your study guide is not received by the deadline, you will be removed from the agenda.

Per your FSPBT Examination Score Reports we have determined the following:

- (a) You graduated from Carl Albert State College on May 2023; and
- (b) Your first attempt of the FSBPT examination occurred on April 4, 2023, and you scored **586**; and
- (c) Your second attempt of the FSBPT examination occurred on October 5, 2023, and you scored **593**

Okla. Admin. Code 435:20-3-5. Licensure by examination; passing score

(d) Passing score.

In the event the examination used, for either Physical Therapists or Physical Therapist Assistants, is provided by the recognized examination service providing a nationally accepted standardized examination, the candidate will pass based on criterion referenced standards as established by the recognized examination service. This passing point will be set equal to a scaled score of 600 based on a scale ranging from 200 to 800. Prior to March 1993 no criterion referenced scoring system existed; examinations taken prior to March 1993 shall be considered to have passed if his/her raw score on the total examination fell within 1.50 standard deviation below the National Average for the particular examination.

(3) In the event of failure to pass the second examination, the applicant:

- (A) may not practice; and
- (B) must meet with the Committee; and
- (C) must submit a new application.

(4) In the event of failure to pass the third examination, an applicant will not be eligible to re-apply for examination in Oklahoma.

(5) The applicant may re-take the examination in another state, if the examination is one provided by the Professional Examination Service or another recognized examination service providing a nationally accepted standardized examination and is the same examination service then providing the examination being given in Oklahoma. All scores must be submitted to the Oklahoma Board for evaluation by the Interstate Reporting Service or another nationally recognized reporting service. Failure to make passing scores accepted in Oklahoma on such re-takes will be considered as having failed the re-take examination in Oklahoma.

(6) Any applicant may be required to make a personal appearance before the Board to discuss individual circumstances at any time.

Sincerely,

Lisa K. Cullen
Director of Licensing

April 2024

Sunday	Monday	Tuesday	Wednesday
	Sam's Nam - diseases 1 - interventions Easter Monday (Canada) April Fools' Day	- non systems 2 - Data	neuro 3 - Cardio
7	- non systems 8 - data	- neuro 9 - musculoskel (Eid) al Fitr begins at sundown	- Cardio 10 - interventions
14	- diseases 15 - Data	- other neuro - musculoskel	- neuro 17 - other
21	- diseases 22 - interventions Earth Day Passover begins at sundown	- non system 23 - data Full Moon	- neuro 24 - cardio Administrative Professionals Day
28	- non systems 29 - data	- neuro 30 - musculoskel	

April 2024

Thursday	Friday	Saturday	Notes
- Cardio 4 - musculoskel	- integumentary 5 - other	- study w/ Bailee - study w/ Bailee - top 3	top study - diseases - neuro - integumentary
- diseases 11 - other	- integumentary 12 - non systems	Peat test 13 (see when I am)	Mid study - non systems - other - Cardio
non system 18 - intervention	integumentary 19 - non systems	study with 20 Kenzi - in macabre - overview	how study - Data - intervention - musculoskeletal
- musculoskel 25 other	- integumentary 26 - non systems	study 27 w/ Bailee - talaga - Big 3	(study time) Bailee M-F
	March S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	May S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	

2024

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Notes
<p>April</p> <p>W T F S</p> <p>3 4 5 6</p> <p>10 11 12 13</p> <p>17 18 19 20</p> <p>24 25 26 27</p>	<p>June</p> <p>S M T W T F S</p> <p>2 3 4 5 6 7 8</p> <p>9 10 11 12 13 14 15</p> <p>16 17 18 19 20 21 22</p> <p>23 24 25 26 27 28 29</p> <p>30</p>	<p>- cardio 1</p> <p>- intervention</p> <p>May Day Labor Day (Mexico)</p>	<p>- diseases 2</p> <p>- other</p> <p>National Day of Prayer</p>	<p>integumentary 3</p> <p>- non systems</p>	<p>score Builders 4</p> <p>test 1</p> <p>re evaluate</p>	
<p>5</p> <p>- diseases</p> <p>- data</p> <p>Box Easter Day (Mexico)</p>	<p>6</p> <p>- other musculo skel</p> <p>7</p> <p>Holocaust Remembrance Day</p>	<p>neuro intervention 8</p>	<p>- non systems 9</p> <p>- data</p>	<p>- integumentary 10</p> <p>- cardio</p> <p>Mother's Day (Mexico)</p>	<p>study w/ Kenzie 11</p> <p>overview</p>	
<p>12</p> <p>- disease</p> <p>- intervention</p>	<p>13</p> <p>non-systems</p> <p>- data</p>	<p>- neuro 15</p> <p>- cardio</p>	<p>musculo skel 16</p> <p>other</p>	<p>integumentary 17</p> <p>- non systems</p>	<p>study w/ Barthe 18</p> <p>Armed Forces Day</p>	
<p>19</p> <p>- non systems</p> <p>- data</p> <p>Victoria Day (Canada)</p>	<p>20</p> <p>- neuro</p> <p>- musculo skeletal</p>	<p>- cardio 22</p> <p>- intervention</p>	<p>- diseases 23</p> <p>- other</p> <p>Full Moon</p>	<p>- integumentary 24</p> <p>- non systems</p>	<p>study w/ 25</p> <p>Kenzie</p>	
<p>26</p> <p>- diseases</p> <p>- data</p> <p>Memorial Day</p>	<p>27</p> <p>musculo skel</p> <p>- data</p> <p>- other</p>	<p>neuro 29</p> <p>- intervention</p>	<p>non systems 30</p> <p>- data</p>	<p>integumentary 31</p> <p>- cardio</p>	<p>study overview</p> <p>all subjects</p>	

June 2024

Sunday	Monday	Tuesday	Wednesday																																																																																				
<p>May</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td></tr> <tr><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td></tr> <tr><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td><td></td></tr> </table>	S	M	T	W	T	F	S				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		<p>July</p> <table border="1"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td></td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td></tr> <tr><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td></tr> <tr><td>28</td><td>29</td><td>30</td><td>31</td><td></td><td></td><td></td></tr> </table>	S	M	T	W	T	F	S		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31					
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<p>9</p>	<p>-non systems 10 - data</p>	<p>-neuro 11 - musculo skel</p>	<p>neuro 12 - cardio - interventions</p>																																																																																				
<p>16</p>	<p>- diseases 17 - data</p>	<p>musculo skel 18 - other</p>	<p>- neuro 19 - interventions</p>																																																																																				
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<p>23</p>	<p>- diseases 24 - intervention</p>	<p>-non systems 25 - data</p>	<p>- Neuro 26 - Cardio</p>																																																																																				
<p>30</p>	<p>St. Jean Baptiste Day (Quebec)</p>																																																																																						

Thursday	Friday	Saturday	Notes
		1	
<p>musculo skel 6 - other</p>	<p>7 - integumentary - non systems</p>	<p>8 score - Barkley test 2</p>	
<p>D-Day</p>			
<p>- diseases 13 - other</p>	<p>14 - integumentary - non systems</p>	<p>15 study / w Barkley</p>	
	<p>Flag Day</p>		
<p>non systems 20 - data</p>	<p>21 - integumentary - cardio</p>	<p>22 study w Krenz</p>	
<p>Summer begins</p>	<p>Full Moon</p>		
<p>- musculo skel 27 - other</p>	<p>28 - integumentary - non systems</p>	<p>29 study / Barkley</p>	



State of Oklahoma

Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 11, 2024

Kayli Keener, TA Applicant 3594
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your request to take the FSBPT examination for the third time has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024, at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105** or you may appear **via Zoom.** (See: *Okla. Admin. Code 435:20-3-5(d)(3)* provided below)

Please email your study guide before Wednesday, March 20, 2024 and be prepared to discuss with the committee. Your study guide should be in calendar format and should contain a detailed plan of study including your area(s) of deficiency and what resources you are using (i.e., textbooks, study guides, etc.). If your study guide is not received by the deadline, you will be removed from the agenda.

Per your FSPBT Examination Score Reports we have determined the following:

- (a) You graduated from Southwestern Oklahoma State University on June 2022; and
- (b) Your first attempt of the FSBPT examination occurred on January 14, 2023, and you scored **530**; and
- (c) Your second attempt of the FSBPT examination occurred on July 5, 2023, and you scored **483**

Okla. Admin. Code 435:20-3-5. Licensure by examination; passing score

(d) Passing score.

In the event the examination used, for either Physical Therapists or Physical Therapist Assistants, is provided by the recognized examination service providing a nationally accepted standardized examination, the candidate will pass based on criterion referenced standards as established by the recognized examination service. This passing point will be set equal to a scaled score of 600 based on a scale ranging from 200 to 800. Prior to March 1993 no criterion referenced scoring system existed; examinations taken prior to March 1993 shall be considered to have passed if his/her raw score on the total examination fell within 1.50 standard deviation below the National Average for the particular examination.

(3) In the event of failure to pass the second examination, the applicant:

- (A) may not practice; and
- (B) must meet with the Committee; and
- (C) must submit a new application.

(4) In the event of failure to pass the third examination, an applicant will not be eligible to re-apply for examination in Oklahoma.

(5) The applicant may re-take the examination in another state, if the examination is one provided by the Professional Examination Service or another recognized examination service providing a nationally accepted standardized examination and is the same examination service then providing the examination being given in Oklahoma. All scores must be submitted to the Oklahoma Board for evaluation by the Interstate Reporting Service or another nationally recognized reporting service. Failure to make passing scores accepted in Oklahoma on such re-takes will be considered as having failed the re-take examination in Oklahoma.

(6) Any applicant may be required to make a personal appearance before the Board to discuss individual circumstances at any time.

Sincerely,

Lisa K. Cullen
Director of Licensing

Morgan - Davis

NPTE Study Schedule



WEEK #	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1		25 peat-exam #1	26 anatomy msk	27 ampel prosthetics	28 ortho - kinematics + ortho - kinematics	29 capsular closed packed	30 end feel
2	31 REST DAY	1 quit	2 ortho surgical conditions	3 pain	4 patho I - msk	5 patho III - msk	6 pharm - cology msk
3	7 REST DAY	8 exam #1	9 physiology - msk	10 ther. ex	11 balance	12 cranial nerves	13 innervation
4	14 REST DAY	15 motor learning	16 myotomes/dermatome screening	17 neuro anatomy	18 patho I - neuro-muscular	19 patho III - neuro-muscular	20 pharmacology neuro-muscular

SB = SCORE BUILDERS
 PB = BOARD PREPPERS
 ★ = PRACTICE EXAM
 = KYLE RICE STUDY VIDEOS

April - May

NPTE Study Schedule



WEEK #	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
5	21 REST DAY!	22 BP exam #1	23 SB- primitive reflexes SB- PNF SB- reflexes	24 SB- sensation	25 SB- terminology neuro-muscular SB- upper vs. lower motor neuron disease	26 SB- rorimo 103 amigps cognitive functioning scale	27 SB- anatomy cardio-pulmonary
	28 REST DAY!	29 SB- airway clearance techniques SB- Ankle Brachial index lepm	30 SB- arterial blood gases SB- Blood pressure	1 SB- breath sounds/voice sounds SB- breathing ex.	2 SB- diagnostic procedures	3 SB- ex. repair - ion SB- heart sounds SB- LAB values	4 10AM-1st DAY BOARD PREPERS CLASS
6	5 REST DAY!	6 Peak exam #2	7 SB- metabolic equivalents SB- pulmonary function tests SB- RPE scale SB- Respiration	8 SB- parno 1- cardiac SB- parno 11- cardiac	9 SB- parno 1- pulmonary SB- parno 11- pulmonary	10 SB- pharma SB- physiology- cardio pulmonary	11 10AM- Live BP review
	12 REST DAY!	13 SB- exam #2 lepm	14 SB- anatomy-integumentary	15 SB- burn types SB- classification	16 SB- dependent SB- risk for developing wounds SB- wound types	17 SB- terminology-integumentary	18 10AM- Live BP review
7	5 REST DAY!	6 Peak exam #2	7 SB- metabolic equivalents SB- pulmonary function tests SB- RPE scale SB- Respiration	8 SB- parno 1- cardiac SB- parno 11- cardiac	9 SB- parno 1- pulmonary SB- parno 11- pulmonary	10 SB- pharma SB- physiology- cardio pulmonary	11 10AM- Live BP review
	12 REST DAY!	13 SB- exam #2 lepm	14 SB- anatomy-integumentary	15 SB- burn types SB- classification	16 SB- dependent SB- risk for developing wounds SB- wound types	17 SB- terminology-integumentary	18 10AM- Live BP review
8	5 REST DAY!	6 Peak exam #2	7 SB- metabolic equivalents SB- pulmonary function tests SB- RPE scale SB- Respiration	8 SB- parno 1- cardiac SB- parno 11- cardiac	9 SB- parno 1- pulmonary SB- parno 11- pulmonary	10 SB- pharma SB- physiology- cardio pulmonary	11 10AM- Live BP review
	12 REST DAY!	13 SB- exam #2 lepm	14 SB- anatomy-integumentary	15 SB- burn types SB- classification	16 SB- dependent SB- risk for developing wounds SB- wound types	17 SB- terminology-integumentary	18 10AM- Live BP review

May = June

NPTE Study Schedule



WEEK #	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9	19 REST DAY!	20 BP-exam #2	21 SB- patho I- metabolic + endocrine	22 SB- terminology metabolic + endocrine	23 SB- patho- gastro-intestinal	24 SB- patho- genitourinary	25 10PM- live BP Review
10	26 REST DAY!	27 SB- pharmacology - basics	28 SB- physiological disorders	29 SB- assistive devices	30 SB- crutches	31 SB- Aquatics	1 10PM- live BP Review
11	2 REST DAY!	3 Pect-exam #3	4 SB- intermittent compression	5 SB- US tract	6 SB- facially standards	7 SB- body mechanics	8 10 AM- live BP Review
12	9 REST DAY!	10 BP-exam #3	11 SB- health insurance	12 SB- sampling health promotion	13 SB- infectious control	14 FOCUS ON WEAKNESSES	15 10 AM- live BP Review

*MSK - anatomy
*disorders - neuro, msk, genetic
*spinal cord injury - functional outcome

Jump = July

NPTE Study Schedule



WEEK #	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
13	REST DAY!	17★ SB-Exam #3	18	19	20	21	22 10AM- LAST DAY OF BP CLASS
14	REST DAY!	24★ peat-Exam #4	25	26	27	28	29
15	REST DAY!	10pm	10AM 3 DAY BP WORKSHOP	3	4	★ LOOK OVER EXAMS & FOCUS ON WEAKNESSES	
16		10pm					

↑ TBD: NPTE DAY ↓

★ LOOK OVER PRACTICE EXAMS →



State of Oklahoma

Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

January 24, 2024

Kea Mays, TA Applicant 3701
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your request to take the FSBPT examination for the third time has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024, at 9:00 a.m., at the offices of the Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 or you may appear via Zoom.** (See: *Okla. Admin. Code 435:20-3-5(d)(3)* provided below)

Please email your study guide before Wednesday, March 20, 2024 and be prepared to discuss with the committee. Your study guide should be in calendar format and should contain a detailed plan of study including your area(s) of deficiency and what resources you are using (i.e., textbooks, study guides, etc.). If your study guide is not received by the deadline, you will be removed from the agenda.

Per your FSPBT Examination Score Reports we have determined the following:

- (a) You graduated from Southwestern Oklahoma State University on July 2023; and
- (b) Your first attempt of the FSBPT examination occurred on July 6, 2023, and you scored **542**; and
- (c) Your second attempt of the FSBPT examination occurred on January 3, 2024, and you scored **562**

Okla. Admin. Code 435:20-3-5. Licensure by examination; passing score

(d) Passing score.

In the event the examination used, for either Physical Therapists or Physical Therapist Assistants, is provided by the recognized examination service providing a nationally accepted standardized examination, the candidate will pass based on criterion referenced standards as established by the recognized examination service. This passing point will be set equal to a scaled score of 600 based on a scale ranging from 200 to 800. Prior to March 1993 no criterion referenced scoring system existed; examinations taken prior to March 1993 shall be considered to have passed if his/her raw score on the total examination fell within 1.50 standard deviation below the National Average for the particular examination.

(3) In the event of failure to pass the second examination, the applicant:

- (A) may not practice; and
- (B) must meet with the Committee; and
- (C) must submit a new application.

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Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

April 2024

Scorebuilders Study Guide

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1 p. 49-51 Energy syst. Kins basics	2 p. 52-54 Joints/levers Joint recept.	3 p. 53-54 MM recept. MM action	4 p. 70-79 MM screen end feels MILT	5 p. 81-86 Edm ROM Gait	
7	8 p. 95-102 Special tests	9 p. 103-112 Athletic Stretching Training	10 p. 112-122 pathologies Surgical proc.	11 p. 122-135 Fractures Pharm.	12 p. 124-135 Orthotics Aimp.	13 Review Day
14	15 p. 142-174 MSK gold	16 ↘	17 p. 177-198 MSK silver/bronze	18 ↘	19 p. 203-207 MSK Review	20
21	22 p. 313-321 CNS PNS	23 p. 221-235 Dermat. Nysp. Cranial N.	24 p. 238-244 Movement balance ADHESIA	25 p. 346-352 Pharm. pathologies CVA	26 p. 353-205 Synergy Rehab NDT, PNF	27 Review
28	29 p. 346-375 SCI Out comes TB1	30 p. 376-385 peds				

Free Printable Calendars from Typecalendar.com

May 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1 p. 390-318 Neuro gold	2	3 p. 323-335 Neuro bronze / silver	4
	5 p. 340-348 Neuro Review	7	8 PTA Elev. Exam I	9 Review	10 p. 355-360 cardio pulm circul. anc. phy	11
	12 p. 361-362 lung vol.	14 p. 362-374 pathology procedure pharm	15 p. 375-385 PT tests lung sounds waveforms	16 p. 386-395 Intervent. post drain breathing	17	18
	19 p. 398-406 cardio gold	21	22 p. 410-421 cardio silver / bronze	23	24 p. 424-432 cardio Review	25
	27 PTA Elev. Exam 2	28 Review	29 p. 434-451 Integ Wounds Dressing	30 p. 451-462 Burns Metabolic Endocrine	31 p. 463-470 pathology diabetes	
26						

Review Days

Free Printable Calendars from Typecalendar.com

June 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3 p. 480-488 Incont OB Lymphatic	4 p. 488-497 oncology disorders	5 p. 498-505 geriatrics bariatrics	6 p. 508-516 Gold	7	8
9	10 p. 550-569 Silver/ brnze	11	12 p. 575-586 Other systems review	13	14 PEAT practice	15
16	17 p. 593-607 transfer w/c AD	18 p. 607-622 Med equip imaging Modakty	19 p. 623-632 US Phono Hydro	20 p. 633-644 traction electro TENS IEC	21 p. 644-649 Ionto Massage	22
23	24 p. 653-666 Review	25	26 p. 674-683 PPE Precautions Emergent access	27 Review	28 PEAT Retired	29-30

Review
Zang

Free Printable Calendars from Typecalendar.com



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 6, 2024

Philemon Nartey, PT Applicant 6574
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your request for **Special Accommodations** has been received. A personal appearance has been scheduled for you before the Physical Therapy Advisory Committee on **April 9, 2024 at 9:00 a.m.**, at the offices of **Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105** or via **Zoom**. Please see the information below from FSBPT regarding Special Accommodation requests.

Applicant Responsibilities

A licensing authority can only make accurate decisions on proper applicant accommodations when it has all of the necessary information and documentation. As a result the applicant has the responsibility of delivering current information to the licensing authority in a timely manner. The responsibilities of the applicant should be clearly stated in any policy or procedure related to ADA. It should also be stated that all of the documentation provided would be kept in a confidential manner. Only those who take part in the decision making process are privilege to documentation concerning an applicant's application for accommodations. Appendix 2 provides a *Sample Applicant Testing Accommodations Request Form* that can be used or modified to fit each licensing authority's requirements. The applicant should keep in mind that appropriate documentation should include a verification of the specific disability. A licensed professional or a certified specialist appropriate for the disability must:

1. Verify the need for the accommodation using professional recognized criteria
2. Provide documentation detailing how the disability leads to functional limitations
3. Provide documentation that illustrates how the limitation or limitations inhibit the individual from performing one or more major life activities.

Please confirm your attendance at this meeting.

Sincerely,

Handwritten signature of Lisa K. Cullen in blue ink.

Lisa K. Cullen
Director of Licensing



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 6, 2024

Annemarie Smith, TA Applicant 3785
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

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Please confirm your attendance at this meeting.

Sincerely,

Lisa K Cullen

Lisa K. Cullen
Director of Licensing



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 6, 2024

Josefina Vandiver, TA Applicant 3788
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

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Sincerely,

Handwritten signature of Lisa K. Cullen in blue ink.

Lisa K. Cullen
Director of Licensing



State of Oklahoma

Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

February 8, 2024

Macy Watts, TA Applicant 3753
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

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Per your FSBPT Examination Score Reports we have determined the following:

- (a) You graduated from Murray State College on August 2023; and
- (b) Your first attempt of the FSBPT examination occurred on October 4, 2023, and you scored **583**; and
- (c) Your second attempt of the FSBPT examination occurred on January 3, 2024, and you scored **574**

Okla. Admin. Code 435:20-3-5. Licensure by examination; passing score

(d) Passing score.

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Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

April

Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31 2hr	1 3hr Exercise phys	2 3hrs	3 3hrs	4 3hrs	5 3hrs	6 Review
7 MM	8 testing	9 	10 Review	11 Posture	12 Review	13 OPEN DAY
14 Posture	15 Review	16 	17 Gait Cycle + deviations	18 	19 	20 Review
21 	22 	23 	24 OP	25 MSK	26 	27 Review
28 	29 	30 	Arthro/osteokinematics & special test & splinting/orthotics			

Practice Test 1

Practice Test 2

Musculoskeletal videos.

THE UNIVERSITY OF SOUTH ALABAMA

PHYSICAL THERAPY

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MAY

Month

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
Foundations	Foundations	Review	Balance	CV A	CV A	Spinal
12	13	14	15	16	17	18
card injury	Review	Neuro pharmac + Rehab.	IBI	CV A	Review	Peds &
19	20	21	22	23	24	25
Peds	Peds	Neuro	Stroke	Neuro	Neuro	Review +
						Mini Test
26	27	28	29	30	31	
OPEN DAY	ADP of Cardio & Respiratory	9/9/5.	Respiratory	Cardio pathology	Cardio pathology	

MULTIPLE
PEAF
EXAM
1

Neuromuscular & Nervous System.
+
Cardiopulmonary.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3594	KAYLI LAYNE KEENER

Physical Therapist Assistant

Practice Address:

May 11, 2023
 IGNITE MEDICAL RESORT OKC
 6312 N PORTLAND AVE

 OKLAHOMA CITY, OK 73112
 OKLAHOMA

 UNITED STATES

Status:

Res:
Received: 03/10/2024
Entered: 03/10/2024
Temp Issued: 03/09/2023
Temp Expires: 07/13/2023
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3594
Sex: F
Ethnic Origin: 1

Endorsed By:

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3594 KAYLI LAYNE KEENER
 Physical Therapist Assistant

PRE-MED EDUCATION			
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY	City: WEATHERFORD	State: OK	Country: UNITED STATES
Degree: ASSOCIATE IN APPLIED SCIENCE PTA	From: 8/2021	To: 6/ 2022	Verified:
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY	City: WEATHERFORD	State: OK	Country: UNITED STATES
Degree:	From: 5/2020	To: 5/ 2023	Verified:
School Name: OKLAHOMA PANHANDLE STATE UNIVERSITY	City: WEATHERFORD	State: OK	Country: UNITED STATES
Degree: BACHELOR??S OF BIOLOGY	From: 5/2019	To: 5/ 2020	Verified:
School Name: OKLAHOMA PANHANDLE STATE UNIVERSITY	City: GOODWELL	State: OK	Country: UNITED STATES
Degree: ASSOCIATE OF APPLIED SCIENCE	From: 8/2017	To: 5/ 2019	Verified:
School Name: CAMERON UNIVERSITY	City: LAWTON	State: OK	Country: UNITED STATES
Degree:	From: 8/2015	To: 8/ 2017	Verified:
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY	City: WEATHERFORD	State: OK	Country: UNITED STATES
Degree:	From: 8/2013	To: 5/ 2015	Verified:
School Name: LOOKEBA SICKLES	City: SICKLES	State: OK	Country: UNITED STATES
Degree:	From: 8/2009	To: 5/ 2013	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3594 KAYLI LAYNE KEENER
Physical Therapist Assistant

PRACTICE HISTORY			
Employed: Mercy City: OKLAHOMA CITY Specialty: REHABILITATION TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2023 To: / Verified:		
Employed: Ignite Medical Resources City: OKLAHOMA CITY Specialty: TEMPORARY LICENSE Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2023 To: 7 /2023 Verified:		
Employed: Great Plains Family YMCA City: WEATHERFORD Specialty: DAY CARE TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2020 To: 5 /2023 Verified:		
Employed: Texas County Family YMCA City: GUYMON Specialty: AFTER SCHOOL TEACHER/GYM MEMBERSHIP REPRESENTATIVE Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2019 To: 4 /2020 Verified:		
Employed: Texas County Family YMCA City: GUYMON Specialty: BUS DRIVER/AFTER-SCHOOL TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2018 To: 10 /2018 Verified:		
Employed: Great Plains Family YMCA City: WEATHERFORD Specialty: DAYCARE TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2018 To: 8 /2018 Verified:		
Employed: OPSU City: GOODWELL Specialty: STUDENT ATHLETE DURING THIS TIME Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2017 To: 5 /2018 Verified:		
Employed: Lawton Family YMCA City: LAWTON Specialty: SUMMER CAMP COUNSELOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2017 To: 8 /2017 Verified:		
Employed: Tiny Maes City: ELGIN Specialty: WAITRESS/BARTENDER Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2016 To: 5 /2017 Verified:		
Employed: Victoria's Secret City: LAWTON Specialty: RETAIL SALESPERSON/STOCKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2015 To: 12 /2015 Verified:		
Employed: Riviera Tanning Spa	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3594 KAYLI LAYNE KEENER
 Physical Therapist Assistant

<p>City: LAWTON Specialty: SALES/MEMBERSHIP REP Comments:</p>	<p>State: OK Country: UNITED STATES From: 8 /2015 To: 2 /2016 Verified:</p>
<p>Employed: Pedro's Mexican Restaurant City: CLINTON Specialty: WAITRESS Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 5 /2015 To: 7 /2015 Verified:</p>
<p>Employed: More Than Medicine City: WEATHERFORD Specialty: CASHIER/STOCKER Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 8 /2014 To: 5 /2015 Verified:</p>
<p>Employed: Crossroads Grocery City: LOOKEBA Specialty: CASHIER, COOK, AND WAITRESS Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 7 /2009 To: 8 /2014 Verified:</p>

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Exam score missing
 OATH
 Extended Background Check (use Service Code 2B7NYB)
 PHOTO
 OTHER DEFICIENCIES: BOARD SECRETARY REQUESTING EXPLANATION OF "NO" ANSWER TO EVER FAILING ANY PART OF A CERTIFICATION OR LICENSURE EXAM/ ARE YOU STILL CURRENTLY WORKING AT MERCY AS A REHAB TECH?/ CANNOT USE TRAK-1 BG CHECK - MUST USE IDENTOGO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3684 ADAM HACKMAN
 Physical Therapist Assistant

Practice Address:
 March 02, 2023

Status:
Res:
Received: 03/04/2024
Entered: 02/28/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3684
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION	
School Name: CARL ALBERT STATE COLLEGE City: POTEAU Degree: AASPTA	State: OK Country: UNITED STATES From: 8/2021 To: 5/ 2023 Verified:
School Name: HEAVENER HIGH SCHOOL City: HEAVENER Degree: HIGH SCHOOL DEPLOMA	State: OK Country: UNITED STATES From: 8/1998 To: 6/ 2002 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3684 ADAM HACKMAN
Physical Therapist Assistant

PRACTICE HISTORY

Employed: Choctaw nation City: POTEAU Specialty: FITNESS COUNSELOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2018 To: 2 /2027 Verified:
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Employed: halliburton City: OKC Specialty: CEMENT DRIVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2014 To: 6 /2017 Verified:
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Employed: d&t trucking City: POTEAU Specialty: FRACK PAD SITE COORDINATOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2013 To: 7 /2014 Verified:
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Employed: snyder lawn and landscap City: POTEAU Specialty: SPRAY TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2012 To: 9 /2013 Verified:
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Employed: MARS PETCARE City: BARLING Specialty: SENIOR OPERATOR Comments:	Supervisor: State: AR Country: UNITED STATES From: 9 /2010 To: 9 /2012 Verified:
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Employed: carl albert kerr conferance City: POTEAU Specialty: UTILITYS MAINT Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2007 To: 9 /2010 Verified:
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Employed: greens energy group City: FT NSMITH Specialty: LEAD AND SAFETY Comments:	Supervisor: State: AR Country: UNITED STATES From: 8 /2004 To: 8 /2007 Verified:
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Employed: doller general City: HEAVENER Specialty: STOCKING Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2002 To: 7 /2004 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Time Deficiency Form for: 6/2017-8/2018 (MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS)

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3701 KEA KAY MAYS
Physical Therapist Assistant

Practice Address:

July 20, 2023
NORMAN REGIONAL
901 N PORTER AVE

NORMAN, OK 73071
CLEVELAND

UNITED STATES

Status:
Res:
Received: 01/23/2024
Entered: 03/04/2023
Temp Issued: 08/09/2023
Temp Expires: 01/06/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3701
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Degree: PHYSICAL THERAPIST ASSISTANT **From:** 8/2022 **To:** 7/ 2023 **Verified:**

School Name: SOUTHWESTERN CHRISIAN UNIVERSITY
City: BETHANY **State:** OK **Country:** UNITED STATES
Degree: BACHELORS OF SCIENCE IN KINESIOLOGY **From:** 8/2019 **To:** 5/ 2022 **Verified:**

School Name: CLARENDON COLLEGE
City: CLARENDON **State:** TX **Country:** UNITED STATES
Degree: ASSOCIATES OF SCIENCE **From:** 8/2017 **To:** 5/ 2019 **Verified:**

School Name: CYRIL HIGH SCHOOL
City: CYRIL **State:** OK **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2016 **To:** 5/ 2017 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3701	KEA KAY MAYS
Physical Therapist Assistant		

PRACTICE HISTORY	
Employed: NORMAN REGIONAL City: NORMAN Specialty: TA Comments: 901 N PORTER AVE NORMAN, OK 73071 405-307-3800	Supervisor: JENNIFER STACY, PT 1645 State: OK Country: UNITED STATES From: 8 / 2023 To: / Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3753 MACY HUDSON WATTS
 Physical Therapist Assistant

Practice Address:

August 22, 2023
 MACY WATTS
 102 WELCH AVE

 MADILL, OK 73446
 MARSHALL

Status:
Res:
Received: 01/24/2024
Entered: 08/22/2023
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3753
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: MURRAY STATE COLLEGE			State: OK	Country: UNITED STATES	
City: TISHOMINGO			From: 1/2022	To: 8/2023	Verified:
Degree: PHYSICAL THERAPIST ASSISTANT					
School Name: OCCC			State: OK	Country: UNITED STATES	
City: OKLAHOMA CITY			From: 8/2017	To: 12/2020	Verified:
Degree:					
School Name: THE UNIVERSITY OF OKLAHOMA			State: OK	Country: UNITED STATES	
City: NORMAN			From: 8/2016	To: 5/2021	Verified:
Degree: BACHELORS IN HEALTH AND EXERCISE SCIENCE					
School Name: SOUTHEASTERN OKLAHOMA STATE UNIVERSITY			State: OK	Country: UNITED STATES	
City: DURANT			From: 1/2015	To: 5/2016	Verified:
Degree:					
School Name: KINGSTON HIGH SCHOOL			State: OK	Country: UNITED STATES	
City: KINGSTON			From: 8/2012	To: 5/2016	Verified:
Degree: HIGH SCHOOL DIPLOMA					

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
 TA 3753 MACY HUDSON WATTS
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: NONE	Supervisor:
City: ARDMORE	State: OK Country: UNITED STATES
Specialty: Shadowing for PTA application	From: 6 / 2021 To: 12 / 2021 Verified:
Comments: I SHADOWED DIFFERENT PT'S AND PTA'S FOR MY APPLICATION TO BE ADMITTED INTO THE PTA PROGRAM	

Employed: UNIVERSITY OF OKLAHOMA	Supervisor:
City: NORMAN	State: OK Country: UNITED STATES
Specialty: ATHLETIC TRAINER AIDE.	From: 8 / 2016 To: 5 / 2021 Verified:
Comments: I WAS PAID BY THE UNIVERSITY OF OKLAHOMA TO BE AN ATHLETIC TRAINER AIDE.	

Employed: NONE	Supervisor:
City: MADILL	State: OK Country: UNITED STATES
Specialty: SUMMER BREAK	From: 5 / 2016 To: 8 / 2016 Verified:
Comments: SUMMER BREAK IN-BETWEEN GRADUATING HIGH SCHOOL AND ATTENDING COLLEGE AT OU	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3778 MONTOYA D PATTERSON
Physical Therapist Assistant

Practice Address:
January 09, 2024

Status:
Res:
Received: 01/09/2024
Entered: 01/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3778
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION				
School Name: CONNORS STATE COLLEGE-INDIAN CAPITAL TECHNOLOGY CE City: MUSKOGEE Degree: AAS-PTA	State: OK From: 1/2023	Country: UNITED STATES To: 12/ 2023	Verified:	
School Name: NORTHEASTERN STATE UNIVERSITY City: TAHLEQUAH Degree: BACHELOR OF ART/ BACHELOR OF GENERAL EDUCATION	State: OK From: 12/2009	Country: UNITED STATES To: 5/ 2012	Verified:	
School Name: CONNORS STATE COLLEGE City: MUSKOGEE Degree: ASSOCIATES OF ART	State: OK From: 8/2003	Country: UNITED STATES To: 5/ 2008	Verified:	
School Name: INDIAN CAPITAL VO- TECH - MUSKOGEE City: MUSKOGEE Degree: PHLEBOTOMY	State: OK From: 7/2000	Country: UNITED STATES To: 10/ 2000	Verified:	
School Name: MUSKOGEE HIGH SCHOOL City: MUSKOGEE Degree: GENERAL STUDY	State: OK From: 8/1997	Country: UNITED STATES To: 5/ 2000	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3778 MONTOYA D PATTERSON

Physical Therapist Assistant

PRACTICE HISTORY

Employed: Sac Nutrition	Supervisor:		
City: MUSKOGEE	State: OK	Country: UNITED STATES	
Specialty: SUPERVISED AND COORDINATED FOOD PREPARATION	From: 9 /2014	To: 10 /2018	Verified:
Comments: SUPERVISED AND COORDINATED FOOD PREPARATION FOR STATE RAN ELDERLY FOOD PROGRAM.			

Employed: Care Dynamics	Supervisor:		
City: TULSA	State: OK	Country: UNITED STATES	
Specialty:	From: 10 /2010	To: 2 /2011	Verified:
Comments: PROVIDED CARES WITH ADL,IDL'S,DEVELOPED CARE PLANS, DOCUMENTED DAILY ACTIVITIES, TAUGHT LIFE SKILLS			

Employed: St. Francis Hospital	Supervisor:		
City: MUSKOGEE	State: OK	Country: UNITED STATES	
Specialty: CNA	From: 7 /2008	To: /	Verified:
Comments: (CNA) PROVIDED PATIENT CARE/ (PHLEBOTOMIST) COLLECT BLOOD DRAWS IN TIMELY MANNER FOR TEST.			

Employed: Volunteers of America	Supervisor:		
City: MUSKOGEE	State: OK	Country: UNITED STATES	
Specialty:	From: 2 /2003	To: 7 /2009	Verified:
Comments: PROVIDED CARES WITH ADL,IDL'S,DEVELOPED CARE PLANS, DOCUMENTED DAILY ACTIVITIES, TAUGHT LIFE SKILLS			

Employed: Wal-Mart	Supervisor:		
City: MUSKOGEE	State: OK	Country: UNITED STATES	
Specialty:	From: 10 /2002	To: 2 /2003	Verified:
Comments: ASSISTED CUSTOMERS WITH PURCHASING PROCESS, ITEM INQUIRES, LIGHT CLEANING, RESTOCKED MERCHANDISE.			

Employed: Incor	Supervisor:		
City: MUSKOGEE	State: OK	Country: UNITED STATES	
Specialty:	From: 4 /2001	To: 1 /2002	Verified:
Comments: PROVIDED CARES WITH ADL,IDL'S,DEVELOPED CARE PLANS, DOCUMENTED DAILY ACTIVITIES, TAUGHT LIFE SKILLS			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Application Instructions

Time Deficiency Form for: 10/2000-4/2001, 1/2002-10/2002 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR ST.FRANCIS HOSPITAL?/ PLEASE GIVE US JOB TITLES FOR ALL JOBS LISTED

Exam score missing

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
 TA 3779 EMILY SINCLAIR
 Physical Therapist Assistant

Practice Address:
 February 08, 2024

Status:
Res:
Received: 01/10/2024
Entered: 01/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3779
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: CENTRAL PENN COLLEGE					
City: LANCASTER		State: PA	Country: UNITED STATES		
Degree: ASSOCIATE'S -PTA		From: 1/2022	To: 12/2023	Verified:	
<hr/>					
School Name: HARRISBURG AREA COMMUNITY COLLEGE					
City: LANCASTER		State: PA	Country: UNITED STATES		
Degree:		From: 8/2020	To: 5/2021	Verified:	
<hr/>					
School Name: CHARLES PAGE HIGH SCHOOL					
City: SAND SPRINGS		State: OK	Country: UNITED STATES		
Degree:		From: 8/2011	To: 5/2014	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3779 EMILY SINCLAIR
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed:	Drayer Physical Therapy	Supervisor:			
	City: LANCASTER	State: PA	Country: UNITED STATES		
	Specialty: CUSTOMER SERVICE; ADMINISTRATION	From: 6 /2022	To: 9 /2023	Verified:	
Comments:	ASSISTING PTS WITH PATIENTS; CUSTOMER SERVICE; ADMINISTRATION				
<hr/>					
Employed:	Stauffer's of Kissel Hill	Supervisor:			
	City: LITITZ	State: PA	Country: UNITED STATES		
	Specialty: DECORATING CAKES; CUSTOMER SERVICE; INVENTORY	From: 4 /2019	To: 11 /2023	Verified:	
Comments:					
<hr/>					
Employed:	Hideaway Pizza	Supervisor:			
	City: TULSA	State: OK	Country: UNITED STATES		
	Specialty: SERVING CUSTOMERS	From: 8 /2018	To: 4 /2019	Verified:	
Comments:	SERVING CUSTOMERS; TIME MANAGEMENT; ATTENTION TO DETAIL				
<hr/>					
Employed:	Ann's Bakery	Supervisor:			
	City: TULSA	State: OK	Country: UNITED STATES		
	Specialty: DECORATING CAKES	From: 8 /2017	To: 7 /2018	Verified:	
Comments:	DECORATING CAKES; CUSTOMER SERVICE; STOCKING DISPLAYS				
<hr/>					
Employed:	Reasor's	Supervisor:			
	City: SAND SPRINGS	State: OK	Country: UNITED STATES		
	Specialty: BAKERY DEPARTMENT; STOCKING SHELVES;	From: 6 /2014	To: 8 /2017	Verified:	
Comments:	BAKERY DEPARTMENT; STOCKING SHELVES; CUSTOMER SERVICE; DECORATING CAKES; INVENTORY				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Exam score missing Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3780 CARIGON OLIVIA KEPNER
 Physical Therapist Assistant

Practice Address:
 January 12, 2024
 COFFEYVILLE REGIONAL MEDICAL CENTER
 1400 W 4TH ST

 COFFEYVILLE, KS 67337
 NOT OKLAHOMA

Status:
Res:
Received: 01/12/2024
Entered: 01/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3780
Sex: F
Ethnic Origin: 1

Endorsed By: FSBPT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		617			

PRE-MED EDUCATION			
School Name: LABETTE COMMUNITY COLLEGE			
City: PARSONS	State: KS	Country: UNITED STATES	
Degree: ASSOCIATES OF APPLIED SCIENCE	From: 8/2017	To: 5/ 2020	Verified:

PRACTICE HISTORY			
Employed: Coffeyville Regional Medical Center		Supervisor:	
City: COFFEYVILLE	State: KS	Country: UNITED STATES	
Specialty: PHYSICAL THERAPIST ASSISTANT	From: 8 /2022	To: /	Verified:
Comments: PHYSICAL THERAPIST ASSISTANT INPATIENT AND OUTPATIENT SETTING			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
TA	3780	CARIGON OLIVIA KEPNER

Physical Therapist Assistant

DEFICIENCIES

PHOTO

OTHER DEFICIENCIES: BOARD SECRETARY REQUESTING EXPLANATION OF ANSWERING "NO" TO EVER FAILING ANY PART OF A LICENSURE/CERTIFICATION/REGISTRATION EXAMINATION (FAILED NPTE 3 TIMES)/ ARE YOU CURRENTLY WORKING FOR COFFEYVILLE REGIONAL MEDICAL CENTER?

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 4/2017-8/2017, 5/2020-8/2022 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3781 JORDAN MICHELLE HITES
 Physical Therapist Assistant

Practice Address:
 February 20, 2024

Status:
Res:
Received: 01/21/2024
Entered: 01/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3781
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2022	To: 5/ 2024 Verified:
Degree: ASSOCIATE IN APPLIED SCIENCE PTA			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2020	To: 5/ 2022 Verified:
Degree: ASSOCIATE IN SCIENCE			
School Name: NEWCASTLE HIGH SCHOOL		State: OK	Country: UNITED STATES
City: NEWCASTLE		From: 8/2016	To: 5/ 2020 Verified:
Degree:			

PRACTICE HISTORY			
Employed: Physical Therapy Central		Supervisor:	
City: NEWCASTLE		State: OK	Country: UNITED STATES
Specialty: PHYSICAL THERAPY TECHNICIAN		From: 3 /2021	To: 1 /2024 Verified:
Comments: I WAS A PHYSICAL THERAPY TECHNICIAN AT PHYSICAL THERAPY CENTRAL.			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3781	JORDAN MICHELLE HITES

Physical Therapist Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

PHOTO

Form 1

Transcript

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3782	JOSLYN FAE LEDUC
Physical Therapist Assistant		

Practice Address:
February 21, 2024

Status:
Res:
Received: 01/22/2024
Entered: 01/22/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3782
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
<hr/>			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	State: OK Country: UNITED STATES		
City: OKLAHOMA CITY	From: 8/2022	To: 5/ 2024	Verified:
Degree: PHYSICAL THERAPIST ASSISTANT PROGRAM - ASSOCIATE			
<hr/>			
School Name: ROSE STATE COLLEGE	State: OK Country: UNITED STATES		
City: MIDWEST CITY	From: 8/2020	To: 12/ 2021	Verified:
Degree: ASSOCIATE			
<hr/>			
School Name: WESTMOORE HIGH SCHOOL	State: OK Country: UNITED STATES		
City: OKLAHOMA CITY	From: 8/2016	To: 5/ 2020	Verified:
Degree:			
<hr/>			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3782 JOSLYN FAE LEDUC
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: Quest Pediatric Therapy **Supervisor:**
City: MOORE **State:** OK **Country:** UNITED STATES
Specialty: PEDIATRIC OUTPATIENT THERAPY **From:** 7 /2022 **To:** 12 /2022 **Verified:**
 CLINIC
Comments:

Employed: Mustang Social Energy and Nutrition **Supervisor:**
City: MUSTANG **State:** OK **Country:** UNITED STATES
Specialty: STORE ASSOCIATE **From:** 12 /2021 **To:** 1 /2024 **Verified:**
Comments: NUTRITION STORE, WORKED HERE FOR GAP SEMESTER BEFORE STARTING PTA
 PROGRAM IN 08/2022.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 PHOTO
 OTHER DEFICIENCIES: PLEASE GIVE US YOUR JOB TITLE FOR QUEST PEDIATRIC THERAPY
 Form 1
 Transcript
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3783 ALLI S IVORY
 Physical Therapist Assistant

Practice Address:
 February 21, 2024

Status:
Res:
Received: 01/23/2024
Entered: 01/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3783
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2022	To: / Verified:
Degree: ASSOCIATES			

PRACTICE HISTORY			
Employed:		Supervisor:	
City:	State:	Country:	
Specialty:	From: /	To: /	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3783	ALLI S IVORY

Physical Therapist Assistant

DEFICIENCIES

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 10/2018-8/2022; WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM
OCCC?; WHERE DID YOU OBTAIN YOUR PTA DEGREE?

PHOTO

Form 1

Transcript

Exam score missing

Evidence of Status

Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3784 JAINA SOODSMA
 Physical Therapist Assistant

Practice Address:
 February 23, 2024

Status:
Res:
Received: 01/30/2024
Entered: 01/30/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3784
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: PHYSICAL THERAPIST ASSISTANT		From: 8/2022	To: /	Verified:	
<hr/>					
School Name: TULSA TECHNOLOGY CENTER					
City: BROKEN ARROW		State: OK		Country: UNITED STATES	
Degree:		From: 8/2019	To: 5/ 2021	Verified:	
<hr/>					
School Name: HOMESCHOOLED					
City: BROKEN ARROW		State: OK		Country: UNITED STATES	
Degree:		From: 8/2017	To: 5/ 2021	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3784 JAINA SOODSMA
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed: Redbud Physical Therapy City: WAGNER Specialty: PHYSICAL THERAPY TECH Comments: PHYSICAL THERAPY AID/TECH. CLEANED EQUIPMENT, HELPED SET UP PATIENT TREATMENT, AND POOL MAINTENANCE.	Supervisor: State: OK Country: UNITED STATES From: 6 /2023 To: 8 /2023 Verified:				
Employed: Xanterra City: KALISPELL Specialty: HOUSEKEEPER Comments: SEASONAL HOUSEKEEPER AT GLACIER NATIONAL PARK, MONTANA.	Supervisor: State: MT Country: UNITED STATES From: 5 /2022 To: 8 /2022 Verified:				
Employed: The Big Biscuit City: BROKEN ARROW Specialty: SERVER Comments: SERVER; PROVIDED GUEST SERVICE WITH CLEAR COMMUNICATION AND PROFESSIONALISM.	Supervisor: State: OK Country: UNITED STATES From: 5 /2021 To: / Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Extended Background Check (use Service Code 2B7NYB) OTHER DEFICIENCIES: WHEN IS ANTICIPATED GRADUATION FROM TCC? Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3785 ANNEMARIE SMITH
 Physical Therapist Assistant

Practice Address:
 February 23, 2024

Status:
Res:
Received: 01/31/2024
Entered: 01/31/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3785
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES OF APPLIED SCIENCES		From: 8/2021		To: /	
Verified:					
<hr/>					
School Name: SMITHVILLE HIGH SCHOOL					
City: SMITHVILLE		State: OH		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOM		From: 9/2019		To: 5/ 2020	
Verified:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3785 ANNEMARIE SMITH
Physical Therapist Assistant

PRACTICE HISTORY

Employed: Tulsa Lifeguard pro City: TULSA Specialty: LIFEGUARD Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2023 To: 9 /2023 Verified:
---	--

Employed: Jewish Community Center City: TULSA Specialty: CAMP COUNSELOR/ LIFEGUARD Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2023 To: 8 /2023 Verified:
---	--

Employed: The YMCA of greater tulsa City: TULSA Specialty: CAMP COUNSELOR Comments: CAMP COUNSELOR/ MEMBERSHIP EXPERIENCE STAFF (FRONT DESK)	Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: / Verified:
---	--

Employed: Crumbl Cookies City: TULSA Specialty: DELIVERY DRIVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2021 To: 10 /2021 Verified:
--	---

Employed: Ignite Volleyball Club City: TWINSBURG Specialty: ASSISTANT COACH Comments:	Supervisor: State: OH Country: UNITED STATES From: 1 /2021 To: 5 /2021 Verified:
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Employed: PNC Bank City: WOOSTER Specialty: BANK TELLER Comments:	Supervisor: State: OH Country: UNITED STATES From: 11 /2020 To: 7 /2021 Verified:
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Employed: Buehler's Fresh Foods City: WOOSTER Specialty: CASHIER Comments:	Supervisor: State: OH Country: UNITED STATES From: 8 /2020 To: 10 /2020 Verified:
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Employed: Sandbox Volleyball Club City: BRECKSVILLE Specialty: REFEREE AND COACH Comments:	Supervisor: State: OH Country: UNITED STATES From: 6 /2020 To: 7 /2021 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Form 1
Transcript
Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3786 ASHLEY LYNN CHAMBERS
 Physical Therapist Assistant

Practice Address:
 February 23, 2024

Status:
Res:
Received: 01/31/2024
Entered: 01/31/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3786
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES OF APPLIED SCIENCE		From: 8/2021		To: 8/ 2024 Verified:	
<hr/>					
School Name: UNIVERSITY OF NORTH GEORGIA					
City: WATKINSVILLE		State: GA		Country: UNITED STATES	
Degree:		From: 5/2020		To: 5/ 2021 Verified:	
<hr/>					
School Name: HOMESCHOOL					
City: LOGANVILLE		State: GA		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2014		To: 5/ 2018 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3786 ASHLEY LYNN CHAMBERS
Physical Therapist Assistant

PRACTICE HISTORY

Employed: Redbud Physical Therapy **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: PT TECH **From:** 3 /2022 **To:** / **Verified:**
Comments: PT TECH
OPERATING EMPLOYMENT TESTS, CLEANING, LAUNDRY, OPEN AND CLOSE FACILITY, SCHEDULE PATIENTS.

Employed: Daily Spruce - Coffee Co. and Candle Co. **Supervisor:**
City: OWASSO **State:** OK **Country:** UNITED STATES
Specialty: MANAGER OF MEDIA AND MARKETING **From:** 7 /2021 **To:** 8 /2022 **Verified:**
Comments: MANAGER OF MEDIA AND MARKETING
PROVIDE CONTENT FOR SOCIAL MEDIA AND WEBSITE. MARKETING, EDITING.

Employed: ROSS Dress for Less **Supervisor:**
City: OWASSO **State:** OK **Country:** UNITED STATES
Specialty: FRONT-END SUPERVISOR **From:** 1 /2021 **To:** 3 /2022 **Verified:**
Comments: FRONT-END SUPERVISOR, RETAIL ASSOCIATE
CASHIERING, CUSTOMER SERVICE, MAINTAINING A CLEAN STORE.

Employed: Grayson School of Ballet **Supervisor:**
City: GRAYSON **State:** GA **Country:** UNITED STATES
Specialty: BALLET TEACHER **From:** 7 /2020 **To:** 7 /2020 **Verified:**
Comments: BALLET TEACHER
TEACHING GIRLS BALLET AND POINTE TECHNIQUE. CHOREOGRAPHING RECITALS. LESSON PLANNING

Employed: Pampered Chef **Supervisor:**
City: OWASSO **State:** OK **Country:** UNITED STATES
Specialty: INDEPENDENT CONSULTANT **From:** 5 /2020 **To:** 3 /2021 **Verified:**
Comments: INDEPENDENT CONSULTANT
REMOTELY SELLING AND PROMOTING PAMPERED CHEF PRODUCTS. ASSISTING CUSTOMERS.

Employed: Hope Local **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: SOCIAL MEDIA COORDINATOR **From:** 4 /2020 **To:** / **Verified:**
Comments: SOCIAL MEDIA COORDINATOR
REMOTELY MANAGE AND CREATE SOCIAL MEDIA CONTENT, CREATE MARKETING MATERIAL

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Time Deficiency Form for: 5/2018 - 4/2020 -- MUST USE TIME DEFICIENCY FORM
Form 1
Transcript
Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3787 GIAT DO
 Physical Therapist Assistant

Practice Address:
 March 01, 2024

Status:
Res:
Received: 02/06/2024
Entered: 02/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3787
Sex: F
Ethnic Origin: 6

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: AAS PHYSICAL THERAPIST ASSISTANT		From: 8/2022	To: 8/ 2024	Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: HEALTH AND EXERCISE SCIENCE		From: 8/2017	To: 12/ 2021	Verified:	
<hr/>					
School Name: BOOKER T WASHINGTON HIGH SCHOOL					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3787 GIA T DO

Physical Therapist Assistant

PRACTICE HISTORY

Employed: Hop the Griffin City: TULSA Specialty: SERVER AND BARTENDER Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2023 To: 3 /2023 Verified:
--	--

Employed: Physical Therapy Central City: NOBLE Specialty: ASSISTED THERAPISTS AS TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: 8 /2022 Verified:
--	--

Employed: Tulsa Responds City: TULSA Specialty: NAVIGATOR Comments: 3/5/2024:CURRENTLY WORKING HERE(SJ) NON-PROFIT THAT ASSIST DISADVANTAGED TULSA RESIDENTS AND BUSINESSES THROUGH A VARIETY OF PROJECTS	Supervisor: State: OK Country: UNITED STATES From: 6 /2020 To: / Verified:
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Employed: EMI Expressive Movement Initiative City: NORMAN Specialty: PR LEADER AND CAMPUS COORDINATOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2019 To: 12 /2021 Verified:
---	---

Employed: Gap City: TULSA Specialty: STORE ASSOCIATE Comments: RETAIL SALE ASSOCIATE ON CLOTHING FLOOR, MAINLY IN MEN OR KIDS DEPARTMENT AND ENSURE STORE INVENTORY	Supervisor: State: OK Country: UNITED STATES From: 5 /2018 To: 3 /2019 Verified:
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Employed: The Brook City: TULSA Specialty: HOSTESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2018 To: 8 /2019 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Form 1
 Transcript
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3788 JOSEFINA CYNTHIA VANDIVER
 Physical Therapist Assistant

PRACTICE HISTORY			
Employed: Medpro City: CHELSEA Specialty: TRAVEL SURGICAL TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2023 To: / Verified:		
Employed: Ascension st. John City: TULSA Specialty: CERTIFIED SURGICAL TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2020 To: 3 /2023 Verified:		
Employed: Fairland veterinary hospital City: FAIRLAND Specialty: VETGROOMER/TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2018 To: 11 /2019 Verified:		
Employed: Tulsazoo City: TULSA Specialty: CONTACT ZOO KEEPER Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2018 To: 8 /2018 Verified:		
Employed: I-44autoauction City: MIAMI Specialty: INVINTORY MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2017 To: 6 /2018 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PTA DEGREE FROM TULSA COMMUNITY COLLEGE? WHEN IS THE ANTICIPATED GRADUATION?
 Form 1
 Transcript
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3789 DAMARIS EUNICE RUANO AMAYA
Physical Therapist Assistant

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree: ASSOCIATE IN APPLIED SCIENCE		From: 9/2022	To: / Verified:
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree:		From: 6/2022	To: 7/ 2022 Verified:
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree:		From: 1/2022	To: 5/ 2022 Verified:
School Name: RHEMA BIBLE TRAINING COLLEGE	City: BROKEN ARROW	State: OK	Country: UNITED STATES
Degree: RHEMA SCHOOL OF MUSIC & MEDIA		From: 9/2020	To: 5/ 2021 Verified:
School Name: RHEMA BIBLE TRAINING COLLEGE	City: BROKEN ARROW	State: OK	Country: UNITED STATES
Degree: RHEMA SCHOOL OF BIBLICAL STUDIES		From: 9/2019	To: 5/ 2020 Verified:
School Name: RHEMA BIBLE TRAINING COLLEGE	City: BROKEN ARROW	State: OK	Country: UNITED STATES
Degree: TWO YEAR PROGRAM DEGREE		From: 9/2017	To: 5/ 2019 Verified:
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree:		From: 3/2017	To: 8/ 2017 Verified:
School Name: VICTORY BIBLE COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree: DIPLOMA IN MINISTRY - SECOND YEAR		From: 5/2015	To: 3/ 2016 Verified:
School Name: VICTORY BIBLE COLLEGE	City: TULSA	State: OK	Country: UNITED STATES
Degree: DIPLOMA IN MINISTRY - FIRST YEAR		From: 3/2014	To: 3/ 2015 Verified:
School Name: UNIVERSIDAD NACIONAL DE EL SALVADOR	City: SAN SALVADOR	State:	Country: EL SALVADOR
Degree:		From: 1/2012	To: 12/ 2012 Verified:
School Name: COLEGIO EXTERNADO DE SAN JOSE	City: SAN SALVADOR	State:	Country: EL SALVADOR
Degree: HIGH SCHOOL DIPLOMA		From: 1/2010	To: 12/ 2011 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3789 DAMARIS EUNICE RUANO AMAYA
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed: Community Action Project of Tulsa County		Supervisor:			
City: TULSA		State: OK	Country: UNITED STATES		
Specialty: COLLABORATE FOR ENGAGING INFANT/TODDLER LEARNING		From: 6 /2023	To: /	Verified:	
Comments: COLLABORATE FOR ENGAGING INFANT/TODDLER LEARNING, TEACHING, DIVERSE RESOURCES, COHESIVE ENVIRONMENT.					
Employed: University of Tulsa		Supervisor:			
City: TULSA		State: OK	Country: UNITED STATES		
Specialty: ACADEMIC MENTOR		From: 8 /2022	To: 5 /2023	Verified:	
Comments: ACADEMIC MENTOR: GUIDED, ADVISED, SUPPORTED, SET GOALS, WROTE PROGRESS REPORTS.					
Employed: RHEMA Bible Church		Supervisor:			
City: BROKEN ARROW		State: OK	Country: UNITED STATES		
Specialty: DAYCARE TEACHER		From: 2 /2018	To: 1 /2022	Verified:	
Comments: DAYCARE TEACHER. EFFECTIVE COMMUNICATION, TAUGHT SKILLS, AND GENERATED CHILD DEVELOPMENT REPORTS					
Employed: Victory Christian Center		Supervisor:			
City: TULSA		State: OK	Country: UNITED STATES		
Specialty: LEAD TEACHER		From: 11 /2015	To: 3 /2017	Verified:	
Comments: LEAD TEACHER. MET KIDS' NEEDS, ADAPTED METHODS, AND FACILITATED CREATIVE PLAY INDOORS/OUTDOORS.					
Employed: None		Supervisor:			
City: TULSA		State: OK	Country: UNITED STATES		
Specialty: SELF-GUIDED ENGLISH LANGUAGE LEARNING		From: 1 /2013	To: 2 /2014	Verified:	
Comments: SELF-GUIDED ENGLISH LANGUAGE LEARNING AND TOURIST ACTIVITIES.					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Form 1
 Transcript
 Exam score missing
 OTHER DEFICIENCIES: ARE YOU CURRENTLY DOING YOUR PTA DEGREE FROM TULSA COMMUNITY COLLEGE? WHEN IS YOUR ANTICIPATED GRADUATION?/ ARE YOU CURRENTLY WORKING FOR COMMUNITY ACTION PROJECT OF TULSA COUNTY?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3790	KELLY VIRGINIA BLATZ

Physical Therapist Assistant

Practice Address:

March 01, 2024

Status:

Res:

Received: 02/06/2024

Entered: 02/06/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

Board Action:

License #: 3790

Sex: F

Ethnic Origin: 1

Endorsed By:

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3790 KELLY VIRGINIA BLATZ
 Physical Therapist Assistant

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE IN APPLIED SCIENCE		From: 8/2022	To: /	Verified:	
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 6/2017	To: 7/ 2017	Verified:	
School Name: NORTHEASTERN STATE UNIVERSITY					
City: BROKEN ARROW		State: OK		Country: UNITED STATES	
Degree:		From: 1/2016	To: 5/ 2017	Verified:	
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014	To: 12/ 2014	Verified:	
School Name: NORTHEASTERN STATE UNIVERSITY					
City: BROKEN ARROW		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF ARTS		From: 8/2012	To: 5/ 2014	Verified:	
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE IN SCIENCE		From: 8/2008	To: 7/ 2012	Verified:	
School Name: BROKEN ARROW HIGH SCHOOL					
City: BROKEN ARROW		State: OK		Country: UNITED STATES	
Degree:		From: 8/2004	To: 5/ 2008	Verified:	
PRACTICE HISTORY					
Employed: Oklahoma State University Medical Center			Supervisor:		
City: TULSA		State: OK		Country: UNITED STATES	
Specialty:		From: 2 /2022	To: 7 /2022	Verified:	
Comments: SCHEDULING OUTPATIENT VISITS AND SETTING UP APPOINTMENT SCHEDULES;COLLECTED CO-PAYMENT/DEDUCTIBLES					
Employed: Oklahoma State University Medical Center			Supervisor:		
City: TULSA		State: OK		Country: UNITED STATES	
Specialty:		From: 1 /2015	To: 1 /2022	Verified:	
Comments: PROPERLY COLLECT AND ENTER FINANCIAL AND DEMOGRAPHIC INFORMATION INTO A COMPUTER					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3790	KELLY VIRGINIA BLATZ

Physical Therapist Assistant

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)

OTHER DEFICIENCIES: PLEASE GIVE US YOUR JOB TITLES AT OSU/ ARE YOU PURSUING YOUR PTA DEGREE FROM TULSA COMMUNITY COLLEGE? WHEN IS THE ANTICIPATED GRADUATION?

Form 1

Transcript

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3791	TRAVIS GORDON ROGERS

Physical Therapist Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3792 MIGUEL DONATO MORA
 Physical Therapist Assistant

Practice Address:

February 06, 2024
 MIGUEL MORA
 2114 E. 32ND ST. N.
 2114 E. 32ND ST. N.
 TULSA, OK 74110
 TULSA

Status:
Res:
Received: 02/06/2024
Entered: 02/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3792
Sex: M
Ethnic Origin: 4

Endorsed By:

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE OF APPLIED SCIENCE PTA		From: 8/2022		To: 8/ 2024 Verified:	
<hr/>					
School Name: AMERICAN SCHOOL OF CORRESPONDENCE					
City: LANSING		State: IL		Country: UNITED STATES	
Degree:		From: 8/2009		To: 8/ 2011 Verified:	
<hr/>					
School Name: GARDEN CITY HIGH SCHOOL					
City: GARDEN CITY		State: KS		Country: UNITED STATES	
Degree:		From: 8/2007		To: 8/ 2009 Verified:	
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3792 MIGUEL DONATO MORA
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed: NONE City: TULSA Specialty: STAYA T HOME PARENT Comments:	Supervisor: State: OK Country: From: 12 /2021 To: 8 /2022 Verified:				
Employed: Cintas City: TULSA Specialty: SERVICE SALES REP Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2016 To: 12 /2021 Verified:				
Employed: American Family Insurance City: WICHITA Specialty: CUSTOMER SERVICE REP Comments:	Supervisor: State: KS Country: UNITED STATES From: 7 /2014 To: 4 /2016 Verified:				
Employed: applebee's City: GARDEN CITY Specialty: SERVER Comments:	Supervisor: State: KS Country: UNITED STATES From: 7 /2010 To: 4 /2016 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Exam score missing Form 1 Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3793 BRENT KARN
 Physical Therapist Assistant

Practice Address:
 March 01, 2024

Status:
Res:
Received: 02/06/2024
Entered: 02/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3793
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION				
School Name: TULSA COMMUNITY COLLEGE	City: TULSA	State: OK	Country: UNITED STATES	Verified:
Degree: PTA		From: 5/2021	To: 8/ 2024	
School Name: CRAFTON HILLS	City: YUCAIPA	State: CA	Country: UNITED STATES	Verified:
Degree:		From: 1/2018	To: 5/ 2019	
School Name: SAN BERNARDINO COMMUNITY COLLEGE	City: SAN BERNARDINO	State: CA	Country: UNITED STATES	Verified:
Degree:		From: 8/2009	To: 12/ 2010	
School Name: EVEREST COLLEGE	City: SAN BERNARDINO	State: CA	Country: UNITED STATES	Verified:
Degree: ELECTRICAL TRAINING		From: 8/2007	To: 8/ 2008	
School Name: RIM OF THE WORLD HIGH SCHOOL	City: LAKE ARROWHEAD	State: CA	Country: UNITED STATES	Verified:
Degree:		From: 9/1999	To: 8/ 2003	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3793 BRENT KARN

Physical Therapist Assistant

PRACTICE HISTORY					
Employed:	Yucaipa Calimesa Joint Unified School District	Supervisor:			
	City: YUCAIPA	State: CA	Country: UNITED STATES		
	Specialty: MAINTENANCE ELECTRICIAN	From: 8 / 2015	To: 3 / 2022	Verified:	
Comments:					
Employed:	Rim of the World School District	Supervisor:			
	City: LAKE ARROWHEAD	State: CA	Country: UNITED STATES		
	Specialty: MAINTENANCE ELECTRICIAN	From: 5 / 2010	To: 8 / 2015	Verified:	
Comments:					
Employed:	NONE	Supervisor:			
	City: LAKE ARROWHEAD	State: CA	Country: UNITED STATES		
	Specialty: LAID OFF DUE TO ECONOMY RECESSION	From: 5 / 2009	To: 5 / 2010	Verified:	
Comments:					
Employed:	University of California Riverside	Supervisor:			
	City: RIVERSIDE	State: CA	Country: UNITED STATES		
	Specialty: MAINTENANCE ELECTRICIAN	From: 9 / 2007	To: 4 / 2009	Verified:	
Comments:					
Employed:	United States Navy	Supervisor:			
	City: SAN DIEGO	State: CA	Country: UNITED STATES		
	Specialty: US NAVY ELECTRICIANS MATE HONORABLE DISCHARGE	From: 8 / 2003	To: 8 / 2007	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Extended Background Check (use Service Code 2B7NYB) Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3794 VICTORIA ANN GAMMON
 Physical Therapist Assistant

Practice Address:
 March 06, 2024

Status:
Res:
Received: 02/09/2024
Entered: 02/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3794
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: TULSA		From: 8/2022	To: / Verified:
Degree: PHYSICAL THERAPY ASSISTANT			

PRACTICE HISTORY			
Employed:		Supervisor:	
City:	State:	Country:	
Specialty:	From: /	To: /	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
TA	3794	VICTORIA ANN GAMMON

Physical Therapist Assistant

DEFICIENCIES

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 11/2001-8/2022 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

Application Instructions

OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM TULSA COMMUNITY COLLEGE?

Form 1

Transcript

Exam score missing

Evidence of Status

PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3795 KARINA ESPARZA
 Physical Therapist Assistant

Practice Address:
 March 06, 2024

Status:
Res:
Received: 02/10/2024
Entered: 02/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3795
Sex: F
Ethnic Origin: 4

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: TULSA		From: 8/2020	To: 8/ 2024 Verified:
Degree: PTA			
School Name: BOOKER T. WASHINGTON HIGHSCHOOL		State: OK	Country: UNITED STATES
City: TULSA		From: 8/2017	To: 5/ 2021 Verified:
Degree:			

PRACTICE HISTORY			
Employed: Tulsa Public Schools		Supervisor:	
City: TULSA		State: OK	Country: UNITED STATES
Specialty: AFTER CARE LEARNING PROGRAM TEACHER ASSISTANT.		From: 12 /2021	To: 7 / 2023 Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3795	KARINA ESPARZA

Physical Therapist Assistant

DEFICIENCIES

Exam score missing

Transcript

Extended Background Check (use Service Code 2B7NYB)

Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3796 ABRAHAM ROMERO
Physical Therapist Assistant

Practice Address:

February 13, 2024
DYNATEST INC.
118 S MAIN ST

ULYSSES, KS 67880
NOT OKLAHOMA

Status:
Res:
Received: 02/13/2024
Entered: 02/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3796
Sex: M
Ethnic Origin: 4

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: COLBY COMMUNITY COLLEGE	State: KS	Country: UNITED STATES	
City: COLBY	From: 8/2018	To: 7/ 2021	Verified:
Degree: ASSOCIATE OF APPLIED SCIENCE, SCIENCE AND ART			
School Name: HUTCHINSON COMMUNITY COLLEGE	State: KS	Country: UNITED STATES	
City: HUTCHINSON	From: 8/2017	To: 5/ 2018	Verified:
Degree: N/A			
School Name: ULYSSES HIGH SCHOOL	State: KS	Country: UNITED STATES	
City: ULYSSES	From: 8/2013	To: 5/ 2017	Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3796 ABRAHAM ROMERO
Physical Therapist Assistant

PRACTICE HISTORY					
Employed: Dynatest City: ULYSSES Specialty: PTA Comments:		Supervisor: State: KS Country: UNITED STATES From: 12 /2022 To: / Verified:			
Employed: Life Patterns In City: ULYSSES Specialty: CAREGIVER FOR A PEDIATRIC WITH CP Comments:		Supervisor: State: KS Country: UNITED STATES From: 7 /2022 To: 6 /2023 Verified:			
Employed: UPS City: COLBY Specialty: FRONT DESK/CUSTOMER SERVICE AND WAREHOUSE WORKER Comments:		Supervisor: State: KS Country: UNITED STATES From: 8 /2019 To: 8 /2020 Verified:			
Employed: Dillions City: COLBY Specialty: MEAT CLERK Comments:		Supervisor: State: KS Country: UNITED STATES From: 8 /2018 To: 2 /2020 Verified:			
Employed: Kroy Industries City: ULYSSES Specialty: OPERATED AN EXTRUSION LINE THAT PRODUCED PBC PIPE Comments:		Supervisor: State: KS Country: UNITED STATES From: 5 /2018 To: 8 /2018 Verified:			
Employed: Olive Garden City: HUTCHINSON Specialty: WAITER Comments:		Supervisor: State: KS Country: UNITED STATES From: 9 /2017 To: 5 /2018 Verified:			
Employed: Pizza Hut City: ULYSSES Specialty: COOK Comments:		Supervisor: State: KS Country: UNITED STATES From: 5 /2017 To: 8 /2017 Verified:			
Employed: Grant County Recreation City: ULYSSES Specialty: LIFE GUARD Comments: ONLY WORKED DURING THE SUMMER BUT WORKED AS A LIFE GUARD		Supervisor: State: KS Country: UNITED STATES From: 5 /2014 To: 8 /2016 Verified:			
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Physical Therapist Assistant 14-04059	A	11/28/22	12/31/24	3/8/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
TA	3796	ABRAHAM ROMERO

Physical Therapist Assistant

DEFICIENCIES

Evidence of Status

Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE: YES ANSWERS

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 7/2021 - 7/2022 (MUST USE TIME DEFICIENCY FORM)

PHOTO

OTHER DEFICIENCIES: BOARD SECRETARY REQUESTING ARREST & COURT RECORDS/DATE OF ARREST?/ WHEN AND WHERE DID YOU GET YOUR PTA DEGREE?/ ARE YOU STILL WORKING AT DYNATEST?

Form 1

Transcript

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3797 TYLER AARON LOGAN
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

NOT OKLAHOMA

Status:
Res:
Received: 02/15/2024
Entered: 02/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3797
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Degree: ASSOCIATE IN SCIENCE PTA	From: 1/2015	To: 5/ 2024	Verified:		
<hr/>					
School Name: WESTMOORE HIGH SCHOOL					
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Degree:	From: 8/2010	To: 5/ 2014	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3797 TYLER AARON LOGAN
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed: McBride Orthopedic Hospital City: OKLAHOMA CITY Specialty: PHYSICAL THERAPY TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2020 To: / Verified:				
Employed: Therapy in Motion City: NORMAN Specialty: PHYSICAL THERAPY TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2020 To: 3 /2021 Verified:				
Employed: Eskridge Honda City: OKLAHOMA CITY Specialty: MECHANIC Comments: I CHECKED ALIGNMENTS ON CARS AND OCCASIONALLY PERFORMED OIL CHANGES.	Supervisor: State: OK Country: UNITED STATES From: 1 /2015 To: 8 /2020 Verified:				
Employed: Target City: MOORE Specialty: CART ATTENDANT AND CASHIER. Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2012 To: 1 /2015 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Transcript
 Exam score missing
 Application Instructions
 Extended Background Check (use Service Code 2B7NYB)
 Time Deficiency Form for: NEED START MONTH AND YEAR FOR OCCC PTA DEGREE PROGRAM;
 WHEN DID TIME AT OCCC (1/2015) END? ARE YOU CURRENTLY WORKING AT MCBRIDE AS A PT
 TECH?- MUST USE TIME DEFICIENCY FORM
 Evidence of Status
 Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3798 KRISTEN NICHOLE MCGUIRE
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/15/2024
Entered: 02/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3798
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: TULSA		From: 8/2022	To: / Verified:
Degree:			
School Name: TULSA COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: TULSA		From: 8/2020	To: 12/ 2021 Verified:
Degree: ASSOCIATE OF LIBERAL ARTS			
School Name: NORTHERN OKLAHOMA COLLEGE		State: OK	Country: UNITED STATES
City: TONKAWA		From: 8/2015	To: 5/ 2017 Verified:
Degree:			
School Name: PONCA CITY SENIOR HIGH SCHOOL		State: OK	Country: UNITED STATES
City: PONCA CITY		From: 8/2011	To: 5/ 2015 Verified:
Degree: HIGH SCHOOL DIPLOMA			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3798 KRISTEN NICHOLE MCGUIRE
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed: NONE	City: SKIATOOK	Specialty: STAY AT HOME PARENT	State: OK	Country: UNITED STATES	Supervisor:
Comments:			From: 12 / 2021	To: 8 / 2022	Verified:
Employed: Osage Casino	City: SKIATOOK	Specialty: STAFF	State: OK	Country: UNITED STATES	Supervisor:
Comments: MAKING BEVERAGES AND SERVING FOOD TO CUSTOMERS AT THE BAR AND RESTAURANT.			From: 1 / 2020	To: 6 / 2020	Verified:
Employed: NONE	City: SKIATOOK	Specialty: STAY AT HOME PARENT	State: OK	Country: UNITED STATES	Supervisor:
Comments:			From: 7 / 2017	To: 1 / 2020	Verified:
Employed: YMCA	City: PONCA CITY	Specialty: SUMMER CAMP COUNSELOR	State: OK	Country: UNITED STATES	Supervisor:
Comments: SUMMER CAMP COUNSELOR, MAINTAINING THE SAFETY & WELL BEING OF CHILDREN, WORKING AS A CAMP TEAM.			From: 5 / 2017	To: 7 / 2017	Verified:
Employed: Carmike Cinemas	City: PONCA CITY	Specialty: STAFF	State: OK	Country: UNITED STATES	Supervisor:
Comments: CUSTOMER SERVICE STAFF, SERVING CUSTOMERS AND UTILIZING CASH REGISTER			From: 5 / 2016	To: 6 / 2017	Verified:
Employed: YMCA	City: PONCA CITY	Specialty: SUMMER CAMP COUNSELOR	State: OK	Country: UNITED STATES	Supervisor:
Comments: SUMMER CAMP COUNSELOR, MAINTAINING THE SAFETY & WELL BEING OF CHILDREN, WORKING AS A CAMP TEAM.			From: 5 / 2016	To: 7 / 2016	Verified:
Employed: Northern Oklahoma College	City: TONKAWA	Specialty: TEACHERS ASSISTANT	State: OK	Country: UNITED STATES	Supervisor:
Comments: TEACHERS ASSISTANT, RUNNING ERRANDS FOR PROFESSORS IN MUSICAL DEPARTMENT.			From: 8 / 2015	To: 5 / 2016	Verified:
Employed: Kems Gym	City: PONCA CITY	Specialty: CASHIER	State: OK	Country: UNITED STATES	Supervisor:
Comments: CASHIER, ASSISTING CUSTOMERS WITH FITTING OF DANCE ATTIRE AND RUNNING THE CASH REGISTER.			From: 8 / 2014	To: 5 / 2015	Verified:
Employed: Kems Gym	City: PONCA CITY	Specialty: DANCE TEACHER	State: OK	Country: UNITED STATES	Supervisor:
Comments: DANCE TEACHER, TEACHING CHILDREN DANCE TECHNIQUES FOR VARYING AGES & SKILL SETS.			From: 8 / 2012	To: 5 / 2015	Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3798	KRISTEN NICHOLE MCGUIRE

Physical Therapist Assistant

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM TCC?; WHERE DID YOU OBTAIN YOUR PTA DEGREE?

Form 1

Transcript

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3799 ALEXANDRA RAYGOZA
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/18/2024
Entered: 02/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3799
Sex: F
Ethnic Origin: 4

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 6/2019		To: / Verified:	
<hr/>					
School Name: SAN DIEGO MESA COLLEGE					
City: SAN DIEGO		State: CA		Country: UNITED STATES	
Degree: NO		From: 1/2016		To: 6/ 2017 Verified:	
<hr/>					
School Name: SAN DIEGO CITY COLLEGE					
City: SAN DIEGO		State: CA		Country: UNITED STATES	
Degree: NO		From: 8/2014		To: 12/ 2015 Verified:	
<hr/>					
School Name: SAN YSIDRO HIGH SCOOOL					
City: SAN DIEGO		State: CA		Country: UNITED STATES	
Degree: YES		From: 6/2010		To: 6/ 2014 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3799 ALEXANDRA RAYGOZA
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed: Chick Fil A City: OWASSO Specialty: TEAM MEMBER Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2023 To: / Verified:				
Employed: Chick Fil A City: OWASSO Specialty: TEAM MEMBER Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2022 To: 8 /2023 Verified:				
Employed: Chick Fil A City: OWASSO Specialty: TEAM MEMBER Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2021 To: 8 /2022 Verified:				
Employed: Hi Way Cafe City: VINITA Specialty: WAITRESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2021 To: 10 /2021 Verified:				
Employed: Cherokee Restaurant City: BIG CABIN Specialty: WAITRESS Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2019 To: 3 /2020 Verified:				
Employed: Heartsworth Nursing and Rehabilitation City: VINITA Specialty: DIETARY AIDE Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2017 To: 1 /2019 Verified:				
Employed: Walmart City: VINITA Specialty: RETAIL Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2017 To: 8 /2017 Verified:				
Employed: Ghirardelli City: SAN YSIDRO Specialty: RETAIL Comments:	Supervisor: State: CA Country: UNITED STATES From: 10 /2014 To: 5 /2017 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3799	ALEXANDRA RAYGOZA

Physical Therapist Assistant

DEFICIENCIES

Application Instructions

Extended Background Check (use Service Code 2B7NYB)

OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PTA DEGREE FROM TULSA COMMUNITY COLLEGE? WHEN IS THE ANTICIPATED GRADUATION?

Form 1

Transcript

Exam score missing

Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3800 SHAWNA SCHLABAUGH
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/20/2024
Entered: 02/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3800
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA	State: OK	Country: UNITED STATES			
Degree:	From: 8/2022	To: /	Verified:		
<hr/>					
School Name: BROWN MACKIE COLLEGE					
City: TULSA	State: OK	Country: UNITED STATES			
Degree:	From: 8/2015	To: 11/ 2016	Verified:		
<hr/>					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: BROKEN ARROW	State: OK	Country: UNITED STATES			
Degree:	From: 1/2012	To: 5/ 2013	Verified:		
<hr/>					
School Name: ROGERS STATE UNIVERSITY					
City: CLAREMORE	State: OK	Country: UNITED STATES			
Degree:	From: 8/2011	To: 12/ 2011	Verified:		
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA	State: OK	Country: UNITED STATES			
Degree:	From: 8/2008	To: 5/ 2011	Verified:		
<hr/>					
School Name: BIXBY HIGH SCHOOL					
City: BIXBY	State: OK	Country: UNITED STATES			
Degree:	From: 8/2004	To: 5/ 2008	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3800 SHAWNA SCHLABAUGH
Physical Therapist Assistant

PRACTICE HISTORY					
Employed: Physical Therapy of Tulsa City: TULSA Specialty: TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 / 2022 To: / Verified:				
Employed: Hideaway Pizza City: OWASSO Specialty: PRODUCTION MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 / 2022 To: 11 / 2022 Verified:				
Employed: NONE City: CLAREMORE Specialty: HOMEMAKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 / 2022 To: 4 / 2022 Verified:				
Employed: Saint Francis Hospital City: TULSA Specialty: CST, CRCST Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 / 2017 To: 2 / 2022 Verified:				
Employed: Marley's Pizzeria City: TULSA Specialty: KITCHEN MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 / 2014 To: 12 / 2017 Verified:				
Employed: Colonial Manor City: TULSA Specialty: CNA Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 / 2012 To: 10 / 2012 Verified:				
Employed: Franciscan Villa City: BROKEN ARROW Specialty: CNA Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 / 2011 To: 11 / 2011 Verified:				
Employed: Loagan's Roadhouse City: TULSA Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 / 2011 To: 9 / 2011 Verified:				
Employed: Hideaway Pizza City: TULSA Specialty: CREW MEMBER Comments: MADE FOOD, PREPPED, DAILY CHECKOUTS, STORE CLOSEOUTS, ORDER TRUCKS	Supervisor: State: OK Country: UNITED STATES From: 8 / 2008 To: 12 / 2013 Verified:				
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
TA	3800	SHAWNA SCHLABAUGH

Physical Therapist Assistant

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)

OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PTA DEGREE FROM TULSA COMMUNITY COLLEGE? WHEN IS THE ANTICIPATED GRADUATION?/ ARE YOU CURRENTLY WORKING FOR PHYSICAL THERAPY OF TULSA?

Form 1

Transcript

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3801 TRACI MAE ZACHARIAS
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/21/2024
Entered: 02/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3801
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION

School Name: CADDO KIOWA TECHNOLOGY CENTER
City: FORT COBB **State:** OK **Country:** UNITED STATES
Degree: PHYSICAL THERAPIST ASSISTANT **From:** 8/2023 **To:** 5/ 2024 **Verified:**

School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Degree: ASSOCIATE IN APPLIED SCIENCE **From:** 1/2022 **To:** 5/ 2024 **Verified:**
 PHYSICAL THERAPIST AS

School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Degree: ASSOCIATE IN APPLIED SCIENCE **From:** 6/2005 **To:** 12/ 2008 **Verified:**
 PHYSICAL THERAPIST AS

School Name: WESTERN TECHNOLOGY CENTER
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Degree: DENTAL ASSISTING **From:** 5/2004 **To:** 5/ 2005 **Verified:**

School Name: WEATHERFORD HIGH SCHOOL
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2001 **To:** 5/ 2005 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3801 TRACI MAE ZACHARIAS
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed: Wantong Dental City: WATONGA Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 2022 To: 1 / 2023 Verified:				
Employed: Dr. Schoonmaker, DDS, PC City: CLINTON Specialty: LEAD DENTAL ASSISTANT. Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 / 2014 To: 12 / 2021 Verified:				
Employed: Villines Dental Care City: WEATHERFORD Specialty: I WAS A DENTAL ASSISTANT. Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 / 2009 To: 8 / 2014 Verified:				
Employed: Butchers Clothing City: WEATHERFORD Specialty: I WAS A SALES ASSOCIATE FOR THIS CLOTHING STORE. Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 / 2006 To: 5 / 2009 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
TA 3802 RACHEL ELIZABETH SMITH
Physical Therapist Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 02/21/2024
Entered: 02/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3802
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION

School Name: CADDO KIOWA TECHNOLOGY CENTER
City: FORT COBB **State:** OK **Country:** UNITED STATES
Degree: PHYSCIAL THERAPY ASSISTANT **From:** 8/2023 **To:** / **Verified:**

School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Degree: AAS PHYSCIAL THERAPY ASSISTANT **From:** 6/2022 **To:** / **Verified:**

School Name: ALEXANDRIA TECHNICAL COLLEGE
City: ALEXANDRIA **State:** MN **Country:** UNITED STATES
Degree: AAS HEALTH AND FITNESS **From:** 9/2005 **To:** 5/ 2007 **Verified:**

School Name: RIDGEWATER COLLEGE
City: WILLMAR **State:** MN **Country:** UNITED STATES
Degree: **From:** 9/2004 **To:** 5/ 2005 **Verified:**

School Name: JEFFERSON HIGHSCHOOL
City: ALEXANDRIA **State:** MN **Country:** UNITED STATES
Degree: DIPLOMA **From:** 9/2000 **To:** 6/ 2004 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3802 RACHEL ELIZABETH SMITH
Physical Therapist Assistant

PRACTICE HISTORY			
Employed: Enhabit Home Health City: WEATHERFORD Specialty: ADMINISTRATIVE ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 / 2021 To: 8 / 2023 Verified:		
Employed: Liberty Dental City: CARNEGIE Specialty: RECEPTIONIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 2021 To: 4 / 2021 Verified:		
Employed: Kilpatricks City: STONEWALL Specialty: NANNY FOR IMMEDIATE FAMILY Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2020 To: 12 / 2020 Verified:		
Employed: Goldberg Law Center City: COLORADO SPRINGS Specialty: DIRECTOR OF CLIENT RELATIONS Comments:	Supervisor: State: CO Country: UNITED STATES From: 11 / 2019 To: 5 / 2020 Verified:		
Employed: Turf and Grounds Landscaping City: ALEXANDRIA Specialty: LANDSCAPING FOR FAMILY BUSINESS Comments:	Supervisor: State: MN Country: UNITED STATES From: 4 / 2019 To: 11 / 2019 Verified:		
Employed: MN Adult and Teen Challenge City: ROCHESTER Specialty: CASE COORDINATOR Comments:	Supervisor: State: MN Country: UNITED STATES From: 4 / 2017 To: 3 / 2019 Verified:		
Employed: Garden Gallery City: ALEXANDRIA Specialty: SALES ASSOCIATE Comments:	Supervisor: State: MN Country: UNITED STATES From: 6 / 2015 To: 3 / 2017 Verified:		
Employed: Macy's City: REDDING Specialty: SALES ASSOCIATE Comments:	Supervisor: State: CA Country: UNITED STATES From: 9 / 2013 To: 5 / 2015 Verified:		
Employed: Garden of Grace Day Spa City: ALEXANDRIA Specialty: RECEPTIONIST Comments:	Supervisor: State: MN Country: UNITED STATES From: 7 / 2012 To: 7 / 2013 Verified:		
Employed: AIM City: ALEXANDRIA Specialty: INTERNATIONAL MISSIONARY Comments:	Supervisor: State: MN Country: UNITED STATES From: 7 / 2011 To: 6 / 2012 Verified:		
Employed: Garden Gallery City: ALEXANDRIA Specialty: SALES ASSOCIATE Comments:	Supervisor: State: MN Country: UNITED STATES From: 1 / 2011 To: 6 / 2011 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3802 RACHEL ELIZABETH SMITH
 Physical Therapist Assistant

<p>Employed: Bath and Body Works City: ALEXANDRIA Specialty: ASSISTANT MANAGER Comments:</p>	<p>Supervisor: State: MN Country: UNITED STATES From: 11 / 2008 To: 1 / 2011 Verified:</p>
<p>Employed: Camp La Jolla City: LA JOLLA Specialty: PERSONAL TRAINER AT WEIGHT LOSS CAMP Comments:</p>	<p>Supervisor: State: CA Country: UNITED STATES From: 6 / 2008 To: 9 / 2008 Verified:</p>
<p>Employed: Lifetime Fitness City: LAKEVILLE Specialty: PERSONAL TRAINER Comments:</p>	<p>Supervisor: State: MN Country: UNITED STATES From: 5 / 2007 To: 5 / 2008 Verified:</p>
<p>Employed: Endless Summer Tanning Studio City: ALEXANDRIA Specialty: SALES ASSOCIATE Comments:</p>	<p>Supervisor: State: MN Country: UNITED STATES From: 12 / 2006 To: 4 / 2007 Verified:</p>
<p>Employed: Turf and Grounds Landscaping City: ALEXANDRIA Specialty: LANDSCAPER Comments:</p>	<p>Supervisor: State: MN Country: UNITED STATES From: 6 / 2006 To: 11 / 2006 Verified:</p>
<p>Employed: Old Broadway City: ALEXANDRIA Specialty: HOSTESS Comments:</p>	<p>Supervisor: State: MN Country: UNITED STATES From: 6 / 2005 To: 6 / 2006 Verified:</p>
<p>Employed: Herbergers City: WILLMAR Specialty: SALES ASSOCIATE Comments:</p>	<p>Supervisor: State: MN Country: UNITED STATES From: 9 / 2004 To: 5 / 2005 Verified:</p>
<p>Employed: Eldens Food Fair City: ALEXANDRIA Specialty: CASHIER Comments:</p>	<p>Supervisor: State: MN Country: UNITED STATES From: 6 / 2003 To: 8 / 2004 Verified:</p>
<p>Employed: Pizza Hut City: ALEXANDRIA Specialty: WAITRESS Comments:</p>	<p>Supervisor: State: MN Country: UNITED STATES From: 6 / 2001 To: 6 / 2003 Verified:</p>

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3802	RACHEL ELIZABETH SMITH

Physical Therapist Assistant

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM SWOSU PTA PROGRAM?

Form 1

Transcript

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3803 CAMMI LYNN RODKEY
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/21/2024
Entered: 02/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3803
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY			
City: WEATHERFORD	State: OK	Country: UNITED STATES	
Degree:	From: 8/2020	To: 5/ 2024	Verified:
School Name: FORGAN PUBLIC SCHOOL			
City: FORGAN	State: OK	Country: UNITED STATES	
Degree:	From: 8/2016	To: 5/ 2020	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3803 CAMMI LYNN RODKEY
 Physical Therapist Assistant

PRACTICE HISTORY			
Employed: Beaver Therapy and Wellness City: BEAVER Specialty: PHYSICAL THERAPY TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2023 To: 8 / 2023 Verified:		
Employed: Therawest City: WEATHERFORD Specialty: PHYSICAL THERAPY TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 / 2022 To: 5 / 2023 Verified:		
Employed: Beaver Therapy and Wellness City: BEAVER Specialty: PHYSICAL THERAPY TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2022 To: 8 / 2022 Verified:		
Employed: Therawest City: WEATHERFORD Specialty: PHYSICAL THERAPY TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 / 2021 To: 5 / 2022 Verified:		
Employed: Beaver Therapy and Wellness City: BEAVER Specialty: PT TECH Comments: PHYSICAL THERAPY TECHNICIAN- AIDED PATIENTS WITH HOT PACK/ COLD PACKS AND AIDED WITH INTERVENTIONS.	Supervisor: State: OK Country: UNITED STATES From: 3 / 2021 To: 8 / 2021 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Extended Background Check (use Service Code 2B7NYB) Time Deficiency Form for: WHERE DID YOU OBTAIN YOUR PTA DEGREE? Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3804 JOCELYN MICHELLE LOWRANCE
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/21/2024
Entered: 02/21/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3804
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: SOUTH WESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK	Country: UNITED STATES		
Degree:	From: 8/2020	To: 5/2024	Verified:		
<hr/>					
School Name: WESTERN OKLAHOMA STATE COLLEGE					
City: ALTUS		State: OK	Country: UNITED STATES		
Degree:	From: 8/2019	To: 12/2019	Verified:		
<hr/>					
School Name: MERRITT HIGH SCHOOL					
City: ELK CITY		State: OK	Country: UNITED STATES		
Degree:	From: 8/2016	To: 5/2020	Verified:		

PRACTICE HISTORY					
Employed: NexGen Tools LLC		Supervisor:			
City: ELK CITY		State: OK	Country: UNITED STATES		
Specialty: PERSONAL ASSISTANT AND NANNY	From: 11/2020	To: 6/2023	Verified:		
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3804	JOCELYN MICHELLE LOWRANCE

Physical Therapist Assistant

DEFICIENCIES

OTHER DEFICIENCIES: FROM WHERE DID YOU OBTAIN YOUR PTA DEGREE?

Form 1

Transcript

Exam score missing

Extended Background Check (use Service Code 2B7NYB)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3805	RAVYN BURNS

Physical Therapist Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 02/21/2024
Entered: 02/21/2024

Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3805
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: _____ **Orig. Lic. Exp:** _____

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION			
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY			
City: WEATHERFORD	State: OK	Country: UNITED STATES	
Degree:	From: 8/2023	To: /	Verified:
<hr/>			
School Name: NORTHWESTERN OKLAHOMA STATE UNIVERSITY			
City: ALVA	State: OK	Country: UNITED STATES	
Degree:	From: 8/2020	To: 12/ 2022	Verified:
<hr/>			
School Name: NORTHEASTERN JUNIOR COLLEGE			
City: STERLING	State: CO	Country: UNITED STATES	
Degree: ASSOCIATE OF SCIENCE	From: 8/2018	To: 5/ 2020	Verified:
<hr/>			
School Name: SMOKY HILL HIGH SCHOOL			
City: AURORA	State: CO	Country: UNITED STATES	
Degree:	From: 8/2014	To: 5/ 2018	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3805 RAVYN BURNS
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: Colorado Volleyball Association	Supervisor:
City: ENGLEWOOD	State: CO Country: UNITED STATES
Specialty: ASSISTANT VOLLEYBALL COACH	From: 11 /2022 To: 6 /2023 Verified:
Comments:	

Employed: University of Colorado Anschutz	Supervisor:
City: AURORA	State: CO Country: UNITED STATES
Specialty: STUDENT ASSISTANT	From: 6 /2017 To: 5 /2020 Verified:
Comments: STUDENT ASSISTANT; I DID NOT START THIS JOB AT 18 YEARS OLD BUT I WAS PAST 18 WHEN I LEFT.	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)
 OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PTA DEGREE FROM SOUTHWESTERN OKLAHOMA STATE UNIVERSITY? WHEN IS THE ANTICIPATED GRADUATION?
 Form 1
 Transcript
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3806 BRITTNEY M BURCH
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/22/2024
Entered: 02/22/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3806
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: HUTCHINSON COMMUNITY COLLEGE					
City: HUTCHINSON		State: KS	Country: UNITED STATES		
Degree: AAS	From: 8/2016	To: 7/2017	Verified:		
School Name: HEIGHTS HIGH SCHOOL					
City: WICHITA		State: KS	Country: UNITED STATES		
Degree:	From: 8/2003	To: 5/2007	Verified:		
PRACTICE HISTORY					
Employed: Select Therapies			Supervisor:		
City: ELDORADO		State: KS	Country: UNITED STATES		
Specialty: PTA/PROGRAM MANAGER IN LTC SETTING		From: 8/2021	To: 5/2023	Verified:	
Comments:					
Employed: Aegis Therapies			Supervisor:		
City: NEWTON		State: KS	Country: UNITED STATES		
Specialty: PTA/TC IN LTC SETTING		From: 9/2017	To: 7/2021	Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3806	BRITTNEY M BURCH
Physical Therapist Assistant		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	PTA 14-03253	A	8/2/17	12/31/24	3/11/24

DEFICIENCIES

Application Instructions

Exam score missing

Evidence of Status

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 5/2007-8/2016, 5/2023-PRESENT MUST USE TIME DEFICIENCY FORM FOR

EXPLANATIONS

PHOTO

OTHER DEFICIENCIES: WHEN IS THE LAST TIME YOU WERE EMPLOYED AS A PTA?

Form 1

Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3807 KAMRYNN ELIZABETH COX
Physical Therapist Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 02/22/2024
Entered: 02/22/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3807
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE IN APPLIED SCIENCE-PHYSICAL THERAPIST AS		From: 8/2020	To: /	Verified:	
<hr/>					
School Name: SKIATOOK HIGH SCHOOL					
City: SKIATOOK		State: OK		Country: UNITED STATES	
Degree:		From: 8/2018	To: 5/ 2022	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3807 KAMRYNN ELIZABETH COX
 Physical Therapist Assistant

PRACTICE HISTORY	
<p>Employed: Walmart City: SKIATOOK Specialty: PHARMACY TECHNICIAN Comments: PHARMACY TECHNICIAN IN TRAINING/CASHIER. ORGANIZED MEDICATION, CASH, AND GAVE CUSTOMER ASSISTANCE.</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 6 /2023 To: 8 /2023 Verified:</p>
<p>Employed: YMCA: Young Men's Christian Association City: SKIATOOK Specialty: LEAD LIFEGUARD Comments: LEAD LIFEGUARD, CERTIFIED IN BLS, AED, LIFEGUARD, AND FIRST AID.</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: 8 /2022 Verified:</p>
<p>Employed: Frostbites sno-cone/coffee City: SKIATOOK Specialty: BARISTA SERVING FOOD/DRINKS/SNOCONES/COFFEE Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 6 /2021 To: 9 /2021 Verified:</p>
<p>Employed: Boulevard nutrition City: SKIATOOK Specialty: CASHIER/BARISTA Comments: 'LIFE-COACHING' PROVIDING HEALTHY ALTERNATIVES FOR SHAKES AND ENERGY DRINKS. CASHIER/BARISTA</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 6 /2021 To: 6 /2021 Verified:</p>

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Evidence of Status Application Instructions OATH Extended Background Check (use Service Code 2B7NYB) PHOTO OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM TULSA COMMUNITY COLLEGE? Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3808 BRIANA SLAUGHTER
Physical Therapist Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 02/23/2024
Entered: 02/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3808
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree:		From: 8/2023	To: /	Verified:	
<hr/>					
School Name: CAMERON UNIVERSITY					
City: LAWTON		State: OK		Country: UNITED STATES	
Degree:		From: 6/2017	To: 7/ 2017	Verified:	
<hr/>					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 8/2016	To: 8/ 2020	Verified:	
<hr/>					
School Name: EISENHOWER HIGH SCHOOL					
City: LAWTON		State: OK		Country: UNITED STATES	
Degree: DIPLOMA		From: 8/2012	To: 8/ 2016	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3808 BRIANA SLAUGHTER

Physical Therapist Assistant

PRACTICE HISTORY

Employed: PAM Health Specialty Hospital **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: REHAB TECH **From:** 12 /2021 **To:** / **Verified:**
Comments: REHAB TECH: PROVIDE ASSISTANCE TO THERAPY TEAM, ASSIST PATIENTS WITH EXERCISES, MAINTAINS EQUIPMENT.

Employed: Traveling/ AMBUCS **Supervisor:**
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: TRAVELED TO GO SEE FAMILY / DID VOLUNTEER WORK **From:** 5 /2020 **To:** 11 /2021 **Verified:**
Comments: TRAVELED TO GO SEE FAMILY. PARTICIPATED IN VOLUNTEER WORK WITH AMBUCS.

Employed: Freddy's Frozen Custard & Steakburgers **Supervisor:**
City: LAWTON **State:** OK **Country:** UNITED STATES
Specialty: COLDLINE WORKER **From:** 2 /2015 **To:** 7 /2016 **Verified:**
Comments: COLDLINE WORKER: WORKED DRIVE-THRU, WELCOMED GUESTS, PLACED ORDERS, PREPARED FROZEN CUSTARD TREATS.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)
OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PTA DEGREE FROM SOUTHWESTERN OKLAHOMA STATE UNIVERSITY? WHEN IS THE ANTICIPATED GRADUATION?/ ARE YOU CURRENTLY WORKING FOR PAM HEALTH?
Transcript
Exam score missing
Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3809 DYLAN ZACHARY MELVIN
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/23/2024
Entered: 02/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3809
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF APPLIED SCIENCE, HEALTH SCIENCE		From: 8/2021		To: / Verified:	
<hr/>					
School Name: CAMERON UNIVERSITY					
City: LAWTON		State: OK		Country: UNITED STATES	
Degree: CONCURRENT ENROLLMENT/UNDERGRADUATE STUDIES		From: 8/2020		To: 5/ 2021 Verified:	
<hr/>					
School Name: ELGIN HIGH SCHOOL					
City: ELGIN		State: OK		Country: UNITED STATES	
Degree:		From: 8/2017		To: 5/ 2021 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3809 DYLAN ZACHARY MELVIN
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: Southwestern Oklahoma State University **Supervisor:**
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Specialty: STUDENT WORKER **From:** 5 /2023 **To:** / **Verified:**
Comments: STUDENT WORKER, STAFF AT PIONEER CELLULAR EVENT CENTER

Employed: Weatherford Public Schools **Supervisor:**
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Specialty: SPECIAL NEEDS BUS DRIVER, AM AND PM ROUTES **From:** 8 /2021 **To:** 5 /2023 **Verified:**
Comments:

Employed: Cobblestone Creamery **Supervisor:**
City: MEDICINE PARK **State:** OK **Country:** UNITED STATES
Specialty: ICE CREAM SHOP STAFF, WORKED 30-40 HRS PER WEEK **From:** 4 /2020 **To:** 8 /2021 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PTA DEGREE FROM SOUTHWESTERN OKLAHOMA STATE UNIVERSITY? WHEN IS THE ANTICIPATED GRADUATION?
 Extended Background Check (use Service Code 2B7NYB)
 Form 1
 Transcript
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3810 MIKALYN DALANIE BIANCHINI
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/23/2024
Entered: 02/23/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3810
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERISTY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES OF PHYSICAL THERAPY ASSITANT		From: 8/2023	To: /	Verified:	
<hr/>					
School Name: CAMERON UNIVERSITY					
City: LAWTON		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SPORTS AND EXERCISE SCIENCE		From: 8/2018	To: 5/ 2023	Verified:	
<hr/>					
School Name: ELGIN PUBLIC SCHOOLS					
City: ELGIN		State: OK		Country: UNITED STATES	
Degree: GED		From: 8/2015	To: 5/ 2019	Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: Valir Physical Therapy			Supervisor:		
City: ELGIN		State: OK		Country: UNITED STATES	
Specialty: PHYSICAL THERAPY TECHNICIAN.		From: 1 /2023	To: 7 /2023	Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3810	MIKALYN DALANIE BIANCHINI
Physical Therapist Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Extended Background Check (use Service Code 2B7NYB)
 OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FORM SOUTHWESTERN OKLAHOMA STATE UNIVERSITY?
 Form 1
 Transcript
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3811 MADISON RAEANN THOMAS
 Physical Therapist Assistant

Practice Address:
 February 27, 2024

Status:
Res:
Received: 02/25/2024
Entered: 02/25/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3811
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: CARL ALBERT STATE COLLEGE					
City: POTEAU	State: OK	Country: UNITED STATES			
Degree: AA PHYSICAL THERAPIST ASSISTANT	From: 8/2022	To: 5/ 2024	Verified:		
<hr/>					
School Name: CARL ALBERT STATE COLLEGE					
City: POTEAU	State: OK	Country: UNITED STATES			
Degree: ASSOCIATES OF ALLIED HEALTH	From: 8/2016	To: 5/ 2019	Verified:		
<hr/>					
School Name: PANAMA HIGH SCHOOL					
City: PANAMA	State: OK	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/2012	To: 5/ 2016	Verified:		
<hr/>					
PRACTICE HISTORY					
<hr/>					
Employed: Broadway Dental			Supervisor:		
City: POTEAU	State: OK	Country: UNITED STATES			
Specialty: DENTAL ASSISTANT	From: 4 /2018	To: 8 /2023	Verified:		
Comments:					
<hr/>					
Employed: Factory Connection			Supervisor:		
City: POTEAU	State: OK	Country: UNITED STATES			
Specialty: STORE ASSISTANT MANAGER	From: 8 /2016	To: 2 /2017	Verified:		
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3811	MADISON RAEANN THOMAS
Physical Therapist Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Dental Assistant				

<u>DEFICIENCIES</u>
Application Instructions
Extended Background Check (use Service Code 2B7NYB)
Verify License from OK
Form 1
Transcript
Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3812 JESSICA LEIGH WILSON
 Physical Therapist Assistant

Practice Address:
 February 27, 2024

Status:
Res:
Received: 02/25/2024
Entered: 02/25/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3812
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION	
School Name: CARLALBERT STATE COLLEGE City: POTEAU Degree: ASSOCIATE OF APPLIED SCIENCE, PTA	State: OK Country: UNITED STATES From: 8/2022 To: 5/ 2024 Verified:
School Name: CARLALBERT STATE COLLEGE City: POTEAU Degree: ASSOCIATE OF SCIENCE	State: OK Country: UNITED STATES From: 8/2020 To: 5/ 2022 Verified:
School Name: ALMA HIGH SCHOOL City: ALMA Degree: HIGH SCHOOL DIPLOMA	State: AR Country: UNITED STATES From: 8/2013 To: 5/ 2016 Verified:
PRACTICE HISTORY	
Employed: Trent Stites, DVM City: SALLISAW Specialty: VET TECH Comments: MCKEY EQUINE HOSPITAL I WORKED AS A VET TECH, ASSISTING AND PROVIDING CARE TO EQUINE PATIENTS.	Supervisor: State: OK Country: UNITED STATES From: 7 /2017 To: 3 /2021 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3812	JESSICA LEIGH WILSON
Physical Therapist Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Extended Background Check (use Service Code 2B7NYB) Time Deficiency Form for: 5/2016-7/2017 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3813 ALEJANDRO RAFAEL ORTEGA
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/26/2024
Entered: 02/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3813
Sex: M
Ethnic Origin: 4

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Degree:	From: 8/2018	To: 12/ 2018	Verified:		
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK	Country: UNITED STATES		
Degree:	From: 8/2017	To: 5/ 2021	Verified:		
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK	Country: UNITED STATES		
Degree:	From: 8/2017	To: /	Verified:		
School Name: COLORADO CHRISTIAN UNIVERSITY					
City: LAKEWOOD		State: CO	Country: UNITED STATES		
Degree:	From: 8/2016	To: 5/ 2017	Verified:		
School Name: WRIGHT CHRISTIAN ACADEMY					
City: TULSA		State: OK	Country: UNITED STATES		
Degree:	From: 8/2013	To: 5/ 2017	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3813 ALEJANDRO RAFAEL ORTEGA
 Physical Therapist Assistant

PRACTICE HISTORY			
Employed: University of Tulsa City: TULSA Specialty: TUTOR AND SHIFT SUPERVISOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2022 To: / Verified:		
Employed: Physical Therapy of Tulsa City: TULSA Specialty: TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2021 To: 6 /2022 Verified:		
Employed: Logans Roadhouse City: NORMAN Specialty: HOST/WAITER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2019 To: 7 /2020 Verified:		
Employed: Old Navy City: TULSA Specialty: SALES ASSOCIATE Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2018 To: 5 /2019 Verified:		
Employed: Bed Bath and Beyond City: TULSA Specialty: I WAS A CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2016 To: 7 /2017 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Evidence of Status
 Application Instructions
 Extended Background Check (use Service Code 2B7NYB)
 Time Deficiency Form for: 5/2021-9/2021, 6/2022-12/2022 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 OTHER DEFICIENCIES: FROM WHERE DID YOU OBTAIN YOUR PTA DEGREE?/ ARE YOU CURRENTLY WORKING FOR UNIVERSITY OF TULSA?/ RECEIVED EVIDENCE OF STATUS FORM, NEED COPY OF YOUR US PASSPORT OR BIRTH CERTIFICATE
 Form 1
 Transcript
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3814 JIMMY DALE ROGERS III
 Physical Therapist Assistant

Practice Address:
 February 27, 2024

Status:
Res:
Received: 02/26/2024
Entered: 02/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3814
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: ROGERS STATE UNIVERSITY					
City: CLAREMORE	State: OK	Country: UNITED STATES			
Degree: N/A	From: 8/2010	To: 12/ 2010	Verified:		
School Name: CARL ALBERT STATE COLLEGE					
City: POTEAU	State: OK	Country: UNITED STATES			
Degree: AAS- PHYSICAL THERAPIST ASSISTANT	From: 8/2009	To: 5/ 2024	Verified:		
School Name: SALLISAW CENTRAL HIGH SCHOOL					
City: SALLISAW	State: OK	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/2006	To: 5/ 2010	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3814 JIMMY DALE ROGERS III
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: Premier Home Health Care, Inc.	Supervisor:		
City: MULDROW	State: OK	Country: UNITED STATES	
Specialty: MEDICAL BILLING AND FINANCE.	From: 4 /2016	To: /	Verified:
Comments:			

Employed: Sequoyah County Sheriff's Department	Supervisor:		
City: SALLISAW	State: OK	Country: UNITED STATES	
Specialty: JAILER THEN SHERIFF'S DEPUTY (CLEET CERTIFIED)	From: 9 /2011	To: 4 /2016	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Form 1
 Exam score missing
 Transcript
 Evidence of Status
 Application Instructions
 OATH
 Extended Background Check (use Service Code 2B7NYB)
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR PREMIER HOME HEALTH CARE?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3815 RAQUEL SAMANIEGO
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/26/2024
Entered: 02/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3815
Sex: F
Ethnic Origin: 4

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: UNIVERSITY OF CENTRAL OKLAHOMA		State: OK	Country: UNITED STATES
City: EDMOND		From: 1/2017	To: 7/ 2019 Verified:
Degree:			
<hr/>			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2014	To: 12/ 2016 Verified:
Degree:			
<hr/>			
School Name: NORTHEAST ACADEMY		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2011	To: 5/ 2014 Verified:
Degree:			
<hr/>			
PRACTICE HISTORY			
Employed: Integris Health		Supervisor:	
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES
Specialty: REHAB TECH		From: 10 /2019	To: 2 /2024 Verified:
Comments: I WAS A REHAB TECH AND PATIENT SERVICE ASSOCIATE FOR THE OUTPATIENT REHAB CLINICS.			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3815	RAQUEL SAMANIEGO
Physical Therapist Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status
Application Instructions
OATH
Extended Background Check (use Service Code 2B7NYB)
PHOTO
OTHER DEFICIENCIES: FROM WHERE DID YOU OBTAIN YOUR PTA DEGREE?
Form 1
Transcript
Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3816 DAVID RYAN CROSS
 Physical Therapist Assistant

Practice Address:
 February 27, 2024

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3816
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
<hr/>			
School Name: CARL ALBERT STATE COLLEGE	State: OK	Country: UNITED STATES	
City: POTEAU	From: 8/2019	To: 5/ 2024	Verified:
Degree: PTA			
<hr/>			
School Name: ROSSVIEW HIGH SCHOOL	State: TN	Country: UNITED STATES	
City: CLARKSVILLE	From: 8/2008	To: 5/ 2012	Verified:
Degree:			

PRACTICE HISTORY			
Employed:	Supervisor:		
City:	State:	Country:	
Specialty:	From: /	To: /	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
TA	3816	DAVID RYAN CROSS

Physical Therapist Assistant

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 5/2012- 8/2019- MUST USE TIME DEFICIENCY FORM

Form 1

Transcript

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3817 GARRETT HARRIS
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3817
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD	State: OK	Country: UNITED STATES			
Degree: N/A	From: 1/2021	To: /	Verified:		
School Name: JOINT BASE SAN ANTONIO - FORT SAM HOUSTON					
City: SAN ANTONIO	State: TX	Country: UNITED STATES			
Degree: EMT & COMBAT MEDIC LICENSE	From: 6/2019	To: 7/ 2020	Verified:		
School Name: MOORELAND JR-SR HIGH SCHOOL					
City: MOORELAND	State: OK	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 5/2015	To: 5/ 2019	Verified:		
PRACTICE HISTORY					
Employed: Walmart					
City: WEATHERFORD	State: OK	Country: UNITED STATES			
Specialty: SALES ASSOCIATE	From: 5 /2021	To: /	Verified:		
Comments:					
Employed: Domino C-Store					
City: WOODWARD	State: OK	Country: UNITED STATES			
Specialty: DELIVERY DRIVER/COOK	From: 8 /2020	To: 12 / 2020	Verified:		
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3817	GARRETT HARRIS
Physical Therapist Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Transcript
 Exam score missing
 Extended Background Check (use Service Code 2B7NYB)
 Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM SWOSU?; WHERE DID YOU OBTAIN YOUR PTA DEGREE?; ARE YOU CURRENTLY WORKING AT WALMART?- MUST USE TIME DEFICIENCY FORM
 Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3818 CHASE JAMES ORROCK
Physical Therapist Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3818
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK	Country: UNITED STATES		
Degree: APPLIED SCIENCE PTA		From: 8/2023	To: /	Verified:	
<hr/>					
School Name: NORTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: ALVA		State: OK	Country: UNITED STATES		
Degree: BACHELORS OF HEALTH AND SPORT SCIENCE		From: 8/2020	To: 5/ 2022	Verified:	
<hr/>					
School Name: SOUTHEASTERN COMMUNITY COLLEGE					
City: WHITEVILLE		State: NC	Country: UNITED STATES		
Degree: ASSOCIATE OF SCIENCE		From: 8/2018	To: 5/ 2020	Verified:	
<hr/>					
School Name: JAY M. ROBINSON HIGH SCHOOL					
City: CONCORD		State: NC	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2014	To: 6/ 2018	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3818 CHASE JAMES ORROCK
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: Tautfest City: WEATHERFORD Specialty: TAUTFEST HOME FURNITURE DESIGN Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 2023 To: 7 / 2023 Verified:
---	--

Employed: JC Decks and More City: CONCORD Specialty: Comments: WORKED HERE DURING SUMMER BEFORE START OF SCHOOL AT NORTHWESTERN OKLAHOMA STATE UNIVERSITY.	Supervisor: State: NC Country: UNITED STATES From: 5 / 2020 To: 8 / 2020 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Exam score missing
 OTHER DEFICIENCIES: WHEN IS GRADUATION?/ NEED JOB TITLES AT JC DECKS AND MORE & TAUTFEST HOME FURNITURE DESIGN
 Form 1
 Transcript
 Extended Background Check (use Service Code 2B7NYB)
 Time Deficiency Form for: 5/2022 - 1/2023 (MUST USE TIME DEFICIENCY FORM)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3819 TABITHA RENEE HUDGENS
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

NOT OKLAHOMA

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3819
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: CARL ALBERT STATE COLLEGE		State: OK	Country: UNITED STATES
City: POTEAU		From: 8/2022	To: / Verified:
Degree: AAS			
School Name: CARL ALBERT STATE COLLEGE		State: OK	Country: UNITED STATES
City: POTEAU		From: 8/2020	To: / Verified:
Degree: ALLIED HEALTH			
School Name: CANADIAN HIGH SCHOOL		State: OK	Country: UNITED STATES
City: CANADIAN		From: 8/2016	To: 5/ 2020 Verified:
Degree: DIPLOMA			

PRACTICE HISTORY			
Employed: Lake dog and their people		Supervisor:	
City: EUFAULA		State: OK	Country: UNITED STATES
Specialty: RECEPTIONIST		From: 2 /2022	To: 11 /2023 Verified:
Comments: WORKED FRONT DESK			
Employed: Stein ancillary services		Supervisor:	
City: GORE		State: OK	Country: UNITED STATES
Specialty: THERAPY TECH		From: 6 /2020	To: 8 /2021 Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3819	TABITHA RENEE HUDGENS
Physical Therapist Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

PHOTO
 Form 1
 Evidence of Status
 Transcript
 Exam score missing
 Extended Background Check (use Service Code 2B7NYB)
 Time Deficiency Form for: WHEN DID THE CARL ALBERT PROGRAM (8/2020-?) END?; WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM CARL ALBERT (8/2022-?); WHERE DID YOU OBTAIN YOUR PTA DEGREE?
 Application Instructions
 OATH

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 TA 3820 ABBEY LYNN HUGHEN
 Physical Therapist Assistant

Practice Address:

March 11, 2024

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3820
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION

School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2020 **To:** / **Verified:**

School Name: REDLANDS COMMUNITY COLLEGE
City: EL RENO **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2018 **To:** 5/ 2020 **Verified:**

School Name: VICI HIGH SCHOOL
City: VICI **State:** OK **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2016 **To:** 5/ 2020 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3820 ABBEY LYNN HUGHEN
 Physical Therapist Assistant

PRACTICE HISTORY			
Employed: Physical Therapy Central City: ELK CITY Specialty: TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: / Verified:		
Employed: Fixy Farmhouse City: LEEDEY Specialty: CASHIER Comments: ASSISTED CUSTOMERS, OPERATING CASH REGISTER, STOCK ITEMS, AND MAINTAIN ORDERLY APPEARANCE OF STORE.	Supervisor: State: OK Country: UNITED STATES From: 5 /2021 To: / Verified:		
Employed: Sonic Drive-In City: WEATHERFORD Specialty: CARHOP AND FOUNTAIN WORKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2020 To: 8 /2022 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Exam score missing
 Extended Background Check (use Service Code 2B7NYB)
 OTHER DEFICIENCIES: WHEN AND WHERE ARE YOU/DID YOU GET YOUR PTA DEGREE?/ ARE YOU STILL WORKING AT FIXY FARMHOUSE & PHYSICAL THERAPY CENTRAL?
 Form 1
 Transcript

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 TA 3821 JADE ANESE HAZELBAKER
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3821
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD	State: OK	Country: UNITED STATES			
Degree: PTA	From: 8/2023	To: /	Verified:		
School Name: NORTHERN OKLAHOMA COLLEGE					
City: ENID	State: OK	Country: UNITED STATES			
Degree: ASSOCIATES OF SCIENCE	From: 8/2021	To: 5/ 2023	Verified:		
School Name: REDLANDS COMMUNITY COLLEGE					
City: EL RENO	State: OK	Country: UNITED STATES			
Degree:	From: 8/2019	To: 5/ 2021	Verified:		
School Name: VICI HIGH SCHOOL					
City: VICI	State: OK	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/2017	To: 5/ 2021	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3821 JADE ANESE HAZELBAKER
 Physical Therapist Assistant

PRACTICE HISTORY			
Employed: Wee Wildcats Learning Center City: SEILING Specialty: TEACHER Comments: WORKING AS A TEACHER.	Supervisor: State: OK Country: UNITED STATES From: 5 /2023 To: / Verified:		
Employed: Physical Therapy Central City: ELK CITY Specialty: PT TECH Comments: WORKING AS A PHYSICAL THERAPIST TECH.	Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: / Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Extended Background Check (use Service Code 2B7NYB) Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM SWOSU? Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3822 CHANEL NICHOLE WHITFIELD
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3822
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Degree: PTA		From: 6/2021	To: 5/ 2024	Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK	Country: UNITED STATES		
Degree:		From: 8/2019	To: 5/ 2021	Verified:	
<hr/>					
School Name: EASTERN GATEWAY COMMUNITY COLLEGE					
City: STEUBENVILLE		State: OH	Country: UNITED STATES		
Degree:		From: 8/2018	To: 10/ 2018	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK	Country: UNITED STATES		
Degree:		From: 8/2009	To: 5/ 2010	Verified:	
<hr/>					
School Name: DEER CREEK					
City: EDMOND		State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2005	To: 5/ 2009	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3822 CHANEL NICHOLE WHITFIELD
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed:	NONE	Supervisor:			
City:	PENSACOLA	State:	FL	Country:	UNITED STATES
Specialty:	STAY AT HOME MOM	From:	9 / 2014	To:	8 / 2019 Verified:
Comments:	STAY AT HOME MOM IN PENSACOLA FL, OKLAHOMA CITY, OK, ALTUS, OK, EDMOND, OK, BARTLESVILLE, OK				
Employed:	navy federal credit union	Supervisor:			
City:	LEESVILLE	State:	LA	Country:	UNITED STATES
Specialty:	MSR AND BUSINESS DEPOSIT SPECIALIST	From:	12 / 2011	To:	9 / 2014 Verified:
Comments:	MSR AND BUSINESS DEPOSIT SPECIALIST IN LEESVILLE, LA, FT RUCKER, AL AND PENSACOLA, FL				
Employed:	NONE	Supervisor:			
City:	LEESVILLE	State:	LA	Country:	UNITED STATES
Specialty:	MOVED FROM OK TO LA AND DID NOT WORK FOR 2 MONTHS	From:	10 / 2011	To:	12 / 2011 Verified:
Comments:					
Employed:	legacy bank	Supervisor:			
City:	OKLAHOMA CITY	State:	OK	Country:	UNITED STATES
Specialty:	CALL CENTER REPRESENTATIVE	From:	9 / 2010	To:	10 / 2011 Verified:
Comments:					
Employed:	NONE	Supervisor:			
City:	EDMOND	State:	OK	Country:	UNITED STATES
Specialty:	SUMMER BREAK	From:	5 / 2009	To:	8 / 2009 Verified:
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Extended Background Check (use Service Code 2B7NYB)
 Time Deficiency Form for: 5/2010-9/2010 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 PHOTO
 Form 1
 Transcript
 Application Instructions
 OATH
 Evidence of Status
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3823 CHRISTOPHER LAWRENCE WEBBER
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3823
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: SOUTHWESTERN OKLAHOMA STATE/CADDO-KIOWA TECHNOLOGY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree: ALLIED HEALTH - PHYSICAL THERAPIST ASSISTANT		From: 8/2023		To: 6/ 2024 Verified:	
<hr/>					
School Name: UNIVERSITY OF PHOENIX					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MASTER'S BUSINESS ADMINISTRATION		From: 9/2004		To: 4/ 2006 Verified:	
<hr/>					
School Name: SOUTHERN NAZARENE UNIVERSITY					
City: BETHANY		State: OK		Country: UNITED STATES	
Degree: BUSINESS ADMINISTRATION		From: 1/1998		To: 8/ 1999 Verified:	
<hr/>					
School Name: MID AMERICA CHRISTIAN UNIVERSITY					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MINOR THEOLOGY		From: 8/1995		To: 12/ 1997 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3823	CHRISTOPHER LAWRENCE WEBBER

Physical Therapist Assistant

PRACTICE HISTORY

Employed: Midsouth Construction	Supervisor:	
City: EL RENO	State: OK	Country: UNITED STATES
Specialty: GENERAL CONTRACTOR	From: 10 /2013	To: 12 /2023 Verified:
Comments:		

Employed: Industrial Gasket	Supervisor:	
City: MUSTANG	State: OK	Country: UNITED STATES
Specialty: SHOP MANAGER/FOREMAN	From: 1 /2012	To: 10 /2013 Verified:
Comments:		

Employed: Pinion Construction	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: CONSTRUCTION SUPERINTENDENT	From: 4 /2006	To: 1 /2012 Verified:
Comments:		

Employed: University of Phoenix	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: FINANCE COUNSELOR PROMOTED TO DIRECTOR OF FINANCE	From: 8 /2002	To: 4 /2006 Verified:
Comments:		

Employed: Southern Nazarene University	Supervisor:	
City: BETHANY	State: OK	Country: UNITED STATES
Specialty: TEXTBOOK MANAGER	From: 7 /2001	To: 8 /2002 Verified:
Comments:		

Employed: Southwestern Bell	Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: INSIDE SALES/CUSTOMER SERVICE ASSOCIATE	From: 4 /2000	To: 7 /2001 Verified:
Comments:		

Employed: Wright Brothers Cabinets	Supervisor:	
City: YUKON	State: OK	Country: UNITED STATES
Specialty: CARPENTER'S APPRENTICE	From: 8 /1999	To: 4 /2000 Verified:
Comments:		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)
Form 1
Transcript
Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3824 AUSTIN DAVIS
Physical Therapist Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 02/28/2024
Entered: 02/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3824
Sex: M
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA	State: OK	Country: UNITED STATES			
Degree: ASSOCIATE IN PHYSICAL THERAPIST ASSISTANT	From: 8/2022	To: /	Verified:		
School Name: NORTHEASTERN STATE UNIVERSITY					
City: TAHLEQUAH	State: OK	Country: UNITED STATES			
Degree: BACHELOR'S IN SCIENCE	From: 8/2019	To: 12/ 2021	Verified:		
School Name: CONNORS STATE COLLEGE					
City: WARNER	State: OK	Country: UNITED STATES			
Degree: ASSOCIATES GENERAL STUDIES	From: 8/2016	To: 5/ 2019	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3824 AUSTIN DAVIS
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: Summit Physical Therapy **Supervisor:**
City: MUSKOGEE **State:** OK **Country:** UNITED STATES
Specialty: PERFORMED TECH DUTIES **From:** 8/2019 **To:** 8/2022 **Verified:**
Comments: PERFORMED TECH DUTIES SUCH AS FRONT OFFICE COORDINATION THING AND
 PREPARING EQUIPMENT FOR PT.

Employed: J & S Dozer **Supervisor:**
City: MUSKOGEE **State:** OK **Country:** UNITED STATES
Specialty: RUNNING HEAVY EQUIPMENT AND
 WORKING CATTLE **From:** 8/2016 **To:** 8/2022 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)
 Time Deficiency Form for: 3/2016-8/2016 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM TULSA COMMUNITY
 COLLEGE?
 Form 1
 Transcript
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3825 CHALEY DURELLE POWELL
Physical Therapist Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 02/28/2024
Entered: 02/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3825
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree: PTA		From: 8/2022		To: 6/ 2024 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree:		From: 8/2020		To: 5/ 2022 Verified:	
<hr/>					
School Name: ARAPAHO-BUTLER					
City: ARAPAHO		State: OK		Country: UNITED STATES	
Degree:		From: 8/2016		To: 5/ 2020 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3825 CHALEY DURELLE POWELL
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed:	Kassy Bonham	Supervisor:	State: OK	Country: UNITED STATES	
	City: CLINTON		State: OK	Country: UNITED STATES	
	Specialty: BABY SITTER		From: 4 /2023	To: 8 /2023	Verified:
Comments:	BABYSAT FOR KASSY BONHAM. TOOK CARE OF, FED, AND WATCHED BARRETT BONHAM WHILE MOM WAS AT WORK.				
Employed:	Hotworx	Supervisor:	State: OK	Country: UNITED STATES	
	City: WEATHERFORD		State: OK	Country: UNITED STATES	
	Specialty: EMPLOYED		From: 8 /2022	To: 4 /2023	Verified:
Comments:	CLEANED THE WORKOUT STUDIO AND ASSISTED GUESTS AND MEMBERS OF HOTWORX.				
Employed:	Stover Family Chiropractic	Supervisor:	State: OK	Country: UNITED STATES	
	City: ELK CITY		State: OK	Country: UNITED STATES	
	Specialty: CHIROPRACTIC ASSISTANT		From: 5 /2022	To: 7 /2022	Verified:
Comments:	ANSWERED THE TELEPHONE AND SEVERED AS A CHIROPRACTIC ASSISTANT.				
Employed:	Clinton Ice	Supervisor:	State: OK	Country: UNITED STATES	
	City: CLINTON		State: OK	Country: UNITED STATES	
	Specialty: STORE ASSOCIATE		From: 5 /2021	To: 8 /2021	Verified:
Comments:	MANAGED STOCK, MANAGED INVENTORY, AND ASSISTED CUSTOMERS.				
Employed:	Clinton Ice	Supervisor:	State: OK	Country: UNITED STATES	
	City: CLINTON		State: OK	Country: UNITED STATES	
	Specialty: STORE ASSOCIATE		From: 5 /2020	To: 8 /2020	Verified:
Comments:	MAINTAINED STOCK, MANAGED INVENTORY, AND ASSISTED CUSTOMERS.				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Extended Background Check (use Service Code 2B7NYB) Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3826 STEPHANIE DAWN WAINSCOTT
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/28/2024
Entered: 02/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3826
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Degree:	From: 6/2022	To: /	Verified:		
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND	State: OK	Country: UNITED STATES			
Degree: BACHELORS	From: 8/2019	To: 5/ 2021	Verified:		
<hr/>					
School Name: EAST CENTRAL UNIVERSITY					
City: ADA	State: OK	Country: UNITED STATES			
Degree:	From: 8/2018	To: 5/ 2019	Verified:		
<hr/>					
School Name: ROSE STATE COMMUNITY COLLEGE					
City: MIDWEST CITY	State: OK	Country: UNITED STATES			
Degree: ASSOCIATES	From: 8/2016	To: 5/ 2018	Verified:		
<hr/>					
School Name: CAMERON UNIVERSITY					
City: LAWTON	State: OK	Country: UNITED STATES			
Degree:	From: 8/2015	To: 5/ 2016	Verified:		
<hr/>					
School Name: DUNCAN HIGH SCHOOL					
City: DUNCAN	State: OK	Country: UNITED STATES			
Degree:	From: 8/2012	To: 5/ 2016	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3826 STEPHANIE DAWN WAINSCOTT
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed: Accident Care and Treatment Center					
City: OKLAHOMA CITY		State: OK		Supervisor: Country: UNITED STATES	
Specialty: PHYSICAL THERAPY TECHNICIAN		From: 8 / 2021	To: 12 / 2022	Verified:	
Comments: WORKED AS A					
Employed: NONE					
City: DUNCAN		State: OK		Supervisor: Country: UNITED STATES	
Specialty: SUMMER BREAK		From: 5 / 2021	To: 7 / 2021	Verified:	
Comments: WENT HOME FOR SUMMER VACATION AFTER GRADUATION					
Employed: Physical Therapy Central					
City: OKLAHOMA CITY		State: OK		Supervisor: Country: UNITED STATES	
Specialty: PHYSICAL THERAPY TECH		From: 6 / 2020	To: 5 / 2021	Verified:	
Comments: WORKED AS A					
Employed: The Simmons Center					
City: DUNCAN		State: OK		Supervisor: Country: UNITED STATES	
Specialty: LIFEGUARD		From: 5 / 2019	To: 8 / 2019	Verified:	
Comments: WORKED AS A LIFEGUARD DURING SUMMER VACATION					
Employed: The Simmons Center					
City: DUNCAN		State: OK		Supervisor: Country: UNITED STATES	
Specialty: LIFEGUARD		From: 5 / 2018	To: 8 / 2018	Verified:	
Comments: WORKED AS A LIFEGUARD DURING SUMMER VACATION					
Employed: The Simmons Center					
City: DUNCAN		State: OK		Supervisor: Country: UNITED STATES	
Specialty: LIFEGUARD		From: 5 / 2017	To: 8 / 2017	Verified:	
Comments: WORKED AS A LIFEGUARD DURING SUMMER VACATION					
Employed: The Territory Golf and Country Club					
City: DUNCAN		State: OK		Supervisor: Country: UNITED STATES	
Specialty: LIFEGUARD		From: 6 / 2016	To: 8 / 2016	Verified:	
Comments: WORKED AS A LIFEGUARD DURING SUMMER VACATION					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
TA	3826	STEPHANIE DAWN WAINSCOTT

Physical Therapist Assistant

DEFICIENCIES

Form 1

Transcript

Exam score missing

Evidence of Status

Application Instructions

PHOTO

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM OCCC?; WHERE DID YOU OBTAIN YOUR PTA DEGREE?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3827 DANIELLE NICOLE SMITH
 Physical Therapist Assistant

Practice Address:
 February 29, 2024

Status:
Res:
Received: 02/28/2024
Entered: 02/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3827
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: none;">School Name: CARL ALBERT STATE COLLEGE</td> <td style="width: 50%; border-left: none;"></td> </tr> <tr> <td style="width: 50%; border-right: none;">City: POTEAU</td> <td style="width: 50%; border-left: none;">State: OK Country: UNITED STATES</td> </tr> <tr> <td style="width: 50%; border-right: none;">Degree: PTA</td> <td style="width: 50%; border-left: none;">From: 8/2022 To: 5/ 2024 Verified:</td> </tr> </table>						School Name: CARL ALBERT STATE COLLEGE		City: POTEAU	State: OK Country: UNITED STATES	Degree: PTA	From: 8/2022 To: 5/ 2024 Verified:
School Name: CARL ALBERT STATE COLLEGE											
City: POTEAU	State: OK Country: UNITED STATES										
Degree: PTA	From: 8/2022 To: 5/ 2024 Verified:										

PRACTICE HISTORY					
Employed:	Supervisor:				
City:	State: Country:				
Specialty:	From: / To: / Verified:				
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
TA	3827	DANIELLE NICOLE SMITH

Physical Therapist Assistant

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 4/2019-8/2022 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

Form 1

Transcript

Exam score missing

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
TA	3828	BAYLEE WARD
Physical Therapist Assistant		

Practice Address:
March 11, 2024

Status:
Res:
Received: 02/28/2024
Entered: 02/28/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3828
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: _____ **Orig. Lic. Exp:** _____

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Degree: PTA	From: 8/2022	To: 5/2024	Verified:		
School Name: ROSE STATE COLLEGE					
City: MIDWEST CITY		State: OK	Country: UNITED STATES		
Degree:	From: 8/2019	To: 5/2022	Verified:		
School Name: CHOCTAW HIGH SCHOOL					
City: CHOCTAW		State: OK	Country: UNITED STATES		
Degree:	From: 5/2015	To: 5/2019	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3828 BAYLEE WARD
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed:	Physical Therapy Central	Supervisor:			
	City: MIDWEST CITY	State: OK	Country: UNITED STATES		
	Specialty: PHYSICAL THERAPY TECHNICIAN	From: 12 /2021	To: 1 /2024	Verified:	
Comments:					
Employed:	Young Men's Christian Association of Greater OKC	Supervisor:			
	City: MIDWEST CITY	State: OK	Country: UNITED STATES		
	Specialty: FITNESS ATTENDANT	From: 12 /2019	To: /	Verified:	
Comments:	2/28/24MT- CURRENTLY WORKING FITNESS CENTER ATTENDANT AND CERTIFIED PERSONAL TRAINER				
Employed:	Burlington Stores	Supervisor:			
	City: MIDWEST CITY	State: OK	Country: UNITED STATES		
	Specialty: RETAIL RECEIVING ASSOCIATE	From: 9 /2019	To: 12 /2019	Verified:	
Comments:					
Employed:	NONE	Supervisor:			
	City: CHOCTAW	State: OK	Country: UNITED STATES		
	Specialty: UNEMPLOYED	From: 5 /2019	To: 9 /2019	Verified:	
Comments:	UNEMPLOYED WAS PROVIDING CHILD CARE TO FAMILY MEMBERS.				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Extended Background Check (use Service Code 2B7NYB) Form 1 Transcript Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3829 JUSTIN WILLIAM BRIGHT
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/29/2024
Entered: 02/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3829
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: PHYSICAL THERAPIST ASSISTANT		From: 8/2022		To: 8/ 2024 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: HEALTH & EXERCISE SCIENCE		From: 8/2017		To: 6/ 2021 Verified:	
<hr/>					
School Name: CARROLL SENIOR HIGHSCHOOL					
City: SOUTHLAKE		State: TX		Country: UNITED STATES	
Degree:		From: 8/2012		To: 6/ 2017 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: Post Acute Medical Rehabilitation Hospital(PAM)			Supervisor:		
City: TULSA		State: OK		Country: UNITED STATES	
Specialty: REHABILITATION TECHNICIAN		From: 9 /2021		To: 8 /2022 Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3829	JUSTIN WILLIAM BRIGHT
Physical Therapist Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status
Extended Background Check (use Service Code 2B7NYB)
Time Deficiency Form for: 6/2021-8/2022 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
OTHER DEFICIENCIES: RECEIVED COPY OF US PASSPORT, NEED EVIDENCE OF STATUS FORM
Form 1
Transcript
Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3830 JORDAN RAE STROUD
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/29/2024
Entered: 02/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3830
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: PHYSICAL THERAPIST ASSISTANT		From: 8/2022	To: 5/ 2024	Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: HEALTH AND EXERCISE SCIENCE		From: 8/2019	To: 12/ 2021	Verified:	
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: ALLIED HEALTH/APPLIED SCIENCE		From: 6/2017	To: 5/ 2019	Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: BROKEN ARROW ON NSU CAMPUS		State: OK		Country: UNITED STATES	
Degree:		From: 8/2015	To: 5/ 2016	Verified:	
<hr/>					
School Name: BROKEN ARROW HS					
City: BROKEN ARROW		State: OK		Country: UNITED STATES	
Degree: HS DIPLOMA		From: 8/2014	To: 5/ 2017	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3830 JORDAN RAE STROUD
 Physical Therapist Assistant

PRACTICE HISTORY					
Employed: Castle Falls City: OKLAHOMA CITY Specialty: HOST Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2023 To: 1 /2024 Verified:				
Employed: King's Worldwide Limosine City: OKLAHOMA CITY Specialty: CLEANING LADY Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2023 To: / Verified:				
Employed: Me - personal trainer City: NORMAN Specialty: PERSONAL TRAINER Comments: PERSONAL TRAINER - HELP CLIENTS LOSE WEIGHT, LIFT WEIGHTS, AND BUILD MUSCLE	Supervisor: State: OK Country: UNITED STATES From: 9 /2021 To: / Verified:				
Employed: Orthopedic Spine and Sports PT City: MOORE Specialty: PT TECH Comments: PT TECH - CLEAN, TEACH EXERCISE, PROVIDE MODALITIES	Supervisor: State: OK Country: UNITED STATES From: 11 /2017 To: 11 /2022 Verified:				
Employed: Therapy In Motion City: NORMAN Specialty: PT TECH Comments: PT TECH - CLEAN EQUIPMENT, TEACH EXERCISES, GIVE HOT/COLD PACKS, STIM, ULTRASOUNDS	Supervisor: State: OK Country: UNITED STATES From: 9 /2017 To: 11 /2017 Verified:				
Employed: Tulsa Bone and Joint City: TULSA Specialty: PT TECH Comments: PT TECH -FOLD && DISTRICTUTE CLEAN LAUNDRY; CLEAN EXERCISE EQUIPMENT	Supervisor: State: OK Country: UNITED STATES From: 5 /2017 To: 7 /2017 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status
Application Instructions
Form 1
Transcript
Exam score missing
OATH
Extended Background Check (use Service Code 2B7NYB)
PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3831 TERESA MARIE MASTROBERARDINO
 Physical Therapist Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/29/2024
Entered: 02/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3831
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: OKLAHOMA CITY COMMUNITY COLLEGE
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2022 **To:** / **Verified:**

School Name: UNIVERSITY OF OKLAHOMA
City: NORMAN **State:** OK **Country:** UNITED STATES
Degree: BACHELORS OF SCIENCE **From:** 8/2016 **To:** 5/ 2020 **Verified:**

School Name: LONESTAR COLLEGE SYSTEM
City: HOUSTON **State:** TX **Country:** UNITED STATES
Degree: **From:** 8/2015 **To:** 5/ 2020 **Verified:**

School Name: ATASCOCITA HIGH SCHOOL
City: HUMBLE **State:** TX **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 8/2012 **To:** 5/ 2016 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3831 TERESA MARIE MASTROBERARDINO
 Physical Therapist Assistant

PRACTICE HISTORY			
Employed: Aquity Solutions City: CARY Specialty: MEDICAL SCRIBE- VIRTUAL Comments:	Supervisor: State: NC Country: UNITED STATES From: 7 /2021 To: 2 /2023 Verified:		
Employed: PAM Rehab hospital of Humble City: HUMBLE Specialty: REHAB TECHNICIAN Comments:	Supervisor: State: TX Country: UNITED STATES From: 9 /2020 To: 11 /2021 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Time Deficiency Form for: 5/2020-9/2020 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 PHOTO
 OTHER DEFICIENCIES: ARE YOU PURSUING YOUR PTA DEGREE FROM OKLAHOMA CITY
 COMMUNITY COLLEGE? WHEN IS THE ANTICIPATED GRADUAITON?
 Form 1
 Evidence of Status
 Transcript
 Application Instructions
 OATH
 Extended Background Check (use Service Code 2B7NYB)
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3832 BRANDON GRANT LEWIS
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: SWOSU Academic Support Center City: WEATHERFORD Specialty: ACADEMIC COACH Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 / 2022 To: 9 / 2023 Verified:
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Employed: SWOSU Campus Police City: WEATHERFORD Specialty: SWOSU CAMPUS POLICE OFFICER Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 / 2020 To: 9 / 2023 Verified:
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Employed: Weatherford Police Department City: WEATHERFORD Specialty: WEATHERFORD POLICE OFFICER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2019 To: 10 / 2019 Verified:
--	---

Employed: Grand Canyon National Park City: FLAGSTAFF Specialty: PARK RANGER INTERN & NATIONAL PARK EMT RANGER Comments: GRAND CANYON NATIONAL PARK RANGER INTERN ALSO A NATIONAL PARK EMT RANGER	Supervisor: State: AZ Country: UNITED STATES From: 5 / 2018 To: 7 / 2018 Verified:
---	--

Employed: SWOSU Public Relations and Marketing City: WEATHERFORD Specialty: STUDENT WORKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 / 2017 To: 5 / 2019 Verified:
---	--

Employed: BGCO, Falls Creek City: DAVIS Specialty: COURTESY STAFF SUMMER WORKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2016 To: 7 / 2016 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Exam score missing
 Application Instructions
 Extended Background Check (use Service Code 2B7NYB)
 Time Deficiency Form for: 10/2019-2/2020 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM SOUTHWESTERN
 OKLAHOMA STATE UNIVERSITY?
 Form 1
 Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	3833	ANAHI AGUILAR
Physical Therapist Assistant		

Practice Address:
March 12, 2024

Status:
Res:
Received: 03/05/2024
Entered: 03/05/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3833
Sex: F
Ethnic Origin: 4

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree:		From: 8/2021	To: /	Verified:	
<hr/>					
School Name: BOISE CITY HIGH SCHOOL					
City: BOISE CITY		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 2/2019	To: 5/ 2021	Verified:	
<hr/>					
School Name: HIGHLAND PARK HIGH SCHOOL					
City: AMARILLO		State: TX		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2017	To: 2/ 2019	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3833 ANAHI AGUILAR
 Physical Therapist Assistant

PRACTICE HISTORY			
Employed: SWOSU- Office of Sponsored Programs City: WEATHERFORD Specialty: STUDENT WORKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2023 To: 8 /2023 Verified:		
Employed: Western Equipment City: BOISE CITY Specialty: PARTS INVENTORY Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2020 To: 8 /2020 Verified:		
Employed: Moore's Food Pride City: BOISE CITY Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2019 To: 4 /2020 Verified:		
Employed: La Super Economica City: AMARILLO Specialty: CASHIER Comments:	Supervisor: State: TX Country: UNITED STATES From: 2 /2019 To: 7 /2019 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Extended Background Check (use Service Code 2B7NYB) Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM SWOSU?; WHERE DID YOU OBTAIN YOUR PTA DEGREE? Transcript Exam score missing Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 1206 RALAWNDA RUTH RODRIGUEZ
 Physical Therapist Assistant

Practice Address:
 December 05, 2014

NOT OKLAHOMA

Status: I
Res: RI
Received: 01/20/2024
Entered: 01/20/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1206
Sex: F
Ethnic Origin: 3

Endorsed By: FSBPT EXAMINATION
Orig Issued: 03/25/2004 **Orig. Lic. Exp:** 01/31/2016

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		600			

PRE-MED EDUCATION			
<hr/>			
School Name: NORTHEASTERN OKLAHOMA A&M	State: OK	Country: UNITED STATES	
City: MIAMI	From: 1/2000	To: 7/ 2002	Verified:
Degree: PTA			
<hr/>			
School Name: GROVE HIGH SCHOOL	State: OK	Country: UNITED STATES	
City: GROVE	From: 8/1991	To: 5/ 1995	Verified:
Degree: DIPLOMA			
<hr/>			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 1206 RALAWNDA RUTH RODRIGUEZ
Physical Therapist Assistant

PRACTICE HISTORY			
Employed: SENIOR SUITES/PROHAB THERAPY City: BROKEN ARROW Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2011 To: 2 /2013 Verified:		
Employed: THE GARDENS City: SAPULPA Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2011 To: 3 /2012 Verified:		
Employed: PARKS EDGE City: TULSA Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2010 To: 8 /2011 Verified:		
Employed: INCITE REHAB City: TULSA Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2010 To: 8 /2010 Verified:		
Employed: GREEN COUNTRY REHAB City: TULSA Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2009 To: 4 /2010 Verified:		
Employed: PHOENIX REHAB City: TULSA Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2009 To: 2 /2010 Verified:		
Employed: THE GARDENS City: SAPULPA Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2008 To: 5 /2009 Verified:		
Employed: ROLLING HILLS CARE CENTER City: CATOOSA Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2007 To: 9 /2008 Verified:		
Employed: STEIN & ANCILLARY SERVICES City: CATOOSA Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2005 To: 1 /2007 Verified:		
Employed: FRANCISCAN VILLA City: BROKEN ARROW Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2004 To: 10 /2005 Verified:		
Employed: MAYFAIR City: TULSA Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2004 To: 12 /2004 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 1206 RALAWNDA RUTH RODRIGUEZ

Physical Therapist Assistant

Employed: THE PATH / BEWLEY CHIROPRACTIC City: TULSA Specialty: NEED JOB TITLE Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 / 2002 To: 8 / 2003 Verified:
Employed: NONE City: Specialty: UNEMPLOYED Comments:	Supervisor: State: Country: UNITED STATES From: 1 / 1999 To: 1 / 2000 Verified:
Employed: STAGE City: GROVE Specialty: NEED JOB TITLE Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 / 1998 To: 12 / 1998 Verified:
Employed: NONE City: Specialty: UNEMPLOYED Comments:	Supervisor: State: Country: UNITED STATES From: 2 / 1998 To: 9 / 1998 Verified:
Employed: CASH STOP City: GROVE Specialty: NEED JOB TITLE Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 / 1997 To: 1 / 1998 Verified:
Employed: NONE City: Specialty: UNEMPLOYED Comments:	Supervisor: State: Country: UNITED STATES From: 6 / 1997 To: 11 / 1997 Verified:
Employed: GROVE LOAN COMPANY City: GROVE Specialty: NEED JOB TITLE Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 1996 To: 5 / 1997 Verified:
Employed: RHEINGARTEN City: GROVE Specialty: NEED JOB TITLE Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 / 1995 To: 3 / 1996 Verified:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	PTA 2094871	I	2/4/13	2/28/17	12/21/23
AR	PTA 4176	A	1/17/17	3/1/24	12/11/23
OK	PTA 1206	I	3/25/24	1/31/16	2/20/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
TA	1206	RALAWNDA RUTH RODRIGUEZ

Physical Therapist Assistant

DEFICIENCIES

Time Deficiency Form for: 8/2003- 5/2004; 2/2013- PRESENT; NEED JOB TITLES FOR RHEINGARTEN, GROVE LOAN, CASH STOP, STAGE, PATH/BEWLEY CHIROPRACTIC- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: BOARD SECRETARY REQUESTING STATEMENT TO WHY YOU ANSWERED "NO" TO EVER FAILING ANY PART OF LICENSURE- CERTIFICATION EXAM/ WHEN WAS THE LAST TIME YOU PRACTICED AS A PTA?/ DO YOU HAVE ANY PRACTICE HISTORY FOR AR OR TX?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 1244 EMIE JO SMITH
 Physical Therapist Assistant

Practice Address:
 February 16, 2024
 RUSSELL-MURRAY HOSPICE
 2001 PARKVIEW DRIVE

 EL RENO, OK 73036
 CANADIAN

Status: I
Res: RI
Received: 02/16/2024
Entered: 02/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1244
Sex: F
Ethnic Origin: 1

Endorsed By: FSBPT EXAMINATION
Orig Issued: 09/17/2003 **Orig. Lic. Exp:** 01/31/2019

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		607			

PRE-MED EDUCATION					
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: AAS/PTA		From: 1/2001		To: 5/ 2003 Verified:	
<hr/>					
School Name: REDLANDS COMMUNITY COLLEGE					
City: EL RENO		State: OK		Country: UNITED STATES	
Degree: NONE		From: 8/1999		To: 12/ 2000 Verified:	
<hr/>					
School Name: HINTON HIGH SCHOOL					
City: HINTON		State: OK		Country: UNITED STATES	
Degree:		From: 8/1996		To: 5/ 1999 Verified:	
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 1244 EMIE JO SMITH

Physical Therapist Assistant

PRACTICE HISTORY

Employed: MERCY EL RENO HOME HEALTH City: EL RENO Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2015 To: 1 /2019 Verified:
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Employed: REHAB SOURCE City: OKLAHOMA CITY Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2014 To: 1 /2015 Verified:
--	--

Employed: ENCOMPASS HOME HEALTH City: KINGFISHER Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2012 To: 6 /2014 Verified:
--	--

Employed: ENCOMPASS HOME HEALTH City: WEATHERFORD Specialty: PTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2009 To: 6 /2014 Verified:
---	---

Employed: SELECT MEDICAL CORPORATION City: EL RENO Specialty: GENERAL ORTHOPEADICS Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2003 To: 10 /2009 Verified:
---	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	TA 1244	I	9/17/03	1/31/19	3/11/24
TX	TA 2136701	A	3/13/18	10/31/24	3/11/24

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Extended Background Check (use Service Code 2B7NYB)
 Time Deficiency Form for: 1/2015 - 7/2015; 1/2019 - PRESENT -- MUST USE TIME DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: WHEN DID YOU LAST PRACTICE AS A PTA?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3006 KATIE J STEVENS
 Physical Therapist Assistant

Practice Address:
 February 14, 2024
 IRWIN ARMY COMMUNITY HOSPITAL
 650 HUBNER RD.

 FT. RILEY, KS 66442
 NOT OKLAHOMA

Status: I
Res: RI
Received: 02/14/2024
Entered: 02/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3006
Sex: F
Ethnic Origin: 1

Endorsed By: FSBPT
Orig Issued: 07/26/2018 **Orig. Lic. Exp:** 01/31/2021

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		607			

PRE-MED EDUCATION					
School Name: WASHBURN UNIVERSITY					
City: TOPEKA		State: KS	Country: UNITED STATES		
Degree: ASSOCIATES DEGREE -PTA		From: 8/2010	To: 5/ 2012	Verified:	
<hr/>					
School Name: KANSAS STATE UNIVERSITY					
City: MANHATTAN		State: KS	Country: UNITED STATES		
Degree:		From: 8/2009	To: 5/ 2010	Verified:	
<hr/>					
School Name: INDEPENDENCE COMMUNITY COLLEGE					
City: INDEPENDENCE		State: KS	Country: UNITED STATES		
Degree:		From: 8/2007	To: 5/ 2009	Verified:	
<hr/>					
School Name: SOUTH HAVEN HIGH SCHOOL					
City: SOUTH HAVEN		State: KS	Country: UNITED STATES		
Degree:		From: 8/2003	To: 5/ 2007	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
TA 3006 KATIE J STEVENS
Physical Therapist Assistant

PRACTICE HISTORY

Employed: Irwin Army Community Hospital **Supervisor:**
City: FT. RILEY **State:** KS **Country:** UNITED STATES
Specialty: WORK AS A PTA IN A HOSPITAL **From:** 8 /2020 **To:** / **Verified:**
SETTING FOR THE DHA
Comments:

Employed: Select Rehab **Supervisor:**
City: MANHATTAN **State:** KS **Country:** UNITED STATES
Specialty: PRN **From:** 7 /2020 **To:** / **Verified:**
Comments:

Employed: PT Central **Supervisor:**
City: NEWCASTLE **State:** OK **Country:** UNITED STATES
Specialty: WORKED AS A PTA IN OUTPATIENT **From:** 4 /2019 **To:** 6 /2020 **Verified:**
SETTING
Comments:

Employed: Genesis **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: WORKED AS A PTA IN A SNF **From:** 7 /2018 **To:** 4 /2019 **Verified:**
Comments:

Employed: Select Rehabilitation **Supervisor:**
City: MANHATTAN **State:** KS **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST ASSISTANT **From:** 7 /2016 **To:** 6 /2018 **Verified:**
Comments:

Employed: Genesis Rehabilitation **Supervisor:**
City: MANHATTAN **State:** KS **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST ASSISTANT **From:** 2 /2014 **To:** 6 /2016 **Verified:**
Comments:

Employed: AccucareTX **Supervisor:**
City: WICHITA AND MANHATTAN **State:** KS **Country:** UNITED STATES
Specialty: PRN PHYSICAL THERAPIST ASSITANT **From:** 11 /2013 **To:** 6 /2018 **Verified:**
Comments:

Employed: Buffalo Wild Wings **Supervisor:**
City: MANHATTAN **State:** KS **Country:** UNITED STATES
Specialty: **From:** 6 /2009 **To:** 2 /2014 **Verified:**
Comments: STARTED IN MANHATTAN AND TRANSFERRED TO VARIOUS BUFFALO WILD WINGS
THROUGHOUT COLLEGE AS I MOVED

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Physical Therapist Assistant TA-3006	I	7/26/18	1/31/21	3/11/24
KS	Physical therapist assistant 14-02550	A	7/24/13	12/31/24	3/11/24

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
TA	3006	KATIE J STEVENS

Physical Therapist Assistant

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR IRWIN ARMY COMMUNITY HOSPITAL
& SELECT REHAB?

Application Instructions

OATH

Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE: YES ANSWER

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3465 TREVOR WADE PENDERGRAFT
 Physical Therapist Assistant

Practice Address:
 February 06, 2024
 THERAPY MANAGEMENT CORPORATION
 613 E ELM ST

 SEDAN, KS 67361
 NOT OKLAHOMA

Status: I
Res: RI
Received: 02/06/2024
Entered: 02/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 3465
Sex: M
Ethnic Origin: 1

Endorsed By: FSBPT EXAMINATION
Orig Issued: 08/06/2021 **Orig. Lic. Exp:** 01/31/2023

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		711			

PRE-MED EDUCATION					
School Name: NEO A&M COLLEGE					
City: MIAMI		State: OK		Country: UNITED STATES	
Degree: PTA		From: 8/2019	To: 7/2021	Verified:	
<hr/>					
School Name: AFTON PUBLIC SCHOOLS					
City: AFTON		State: OK		Country: UNITED STATES	
Degree:		From: 8/2015	To: 5/2019	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 TA 3465 TREVOR WADE PENDERGRAFT
 Physical Therapist Assistant

PRACTICE HISTORY

Employed: Therapy Management Corporation **Supervisor:**
City: SEDAN **State:** KS **Country:** UNITED STATES
Specialty: N/A **From:** 10 / 2021 **To:** / **Verified:**
Comments:

Employed: NEO A&M College **Supervisor:**
City: MIAMI **State:** OK **Country:** UNITED STATES
Specialty: TUTOR **From:** 8 / 2019 **To:** 12 / 2020 **Verified:**
Comments:

Employed: Wal-Mart **Supervisor:**
City: MIAMI **State:** OK **Country:** UNITED STATES
Specialty: CASHIER **From:** 5 / 2019 **To:** 8 / 2019 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	TA 3465	I	8/6/21	1/31/23	3/4/24
KS	TA 14-03909	A	9/20/21	12/31/24	3/4/24

DEFICIENCIES

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR THERAPY MANAGEMENT CORPORATION? WHAT IS YOUR JOB TITLE THERE?
 Extended Background Check (use Service Code 2B7NYB)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6152 MEAGAN EMILY LOUK
 Physical Therapist

Practice Address:
 August 04, 2022

, OK
 NOT OKLAHOMA

Status:
Res:
Received: 02/06/2024
Entered: 02/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6152
Sex: F
Ethnic Origin: 1

Endorsed By: FSBPT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		632			

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Degree: DPT	From: 6/2019	To: 5/ 2022	Verified:		
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE	From: 8/2015	To: 12/ 2018	Verified:		
<hr/>					
School Name: REDLANDS COMMUNITY COLLEGE					
City: EL RENO		State: OK	Country: UNITED STATES		
Degree: ASSOCIATE'S	From: 8/2014	To: 5/ 2018	Verified:		
<hr/>					
School Name: YUKON HIGH SCHOOL					
City: YUKON		State: OK	Country: UNITED STATES		
Degree: DIPLOMA	From: 8/2011	To: 5/ 2015	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6152 MEAGAN EMILY LOUK
 Physical Therapist

PRACTICE HISTORY			
Employed: Physical Therapy Central City: YUKON Specialty: TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2018 To: 5 /2019 Verified:		
Employed: Bad Brad's Bar-B-Q City: YUKON Specialty: MANAGER, SERVER, HOST, KITCHEN Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2013 To: / Verified:		
Employed: Tony's Pizzeria City: YUKON Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /2013 To: 4 /2013 Verified:		
Employed: SportClips Haircuts City: OKLAHOMA CITY Specialty: RECEPTIONIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2012 To: 1 /2013 Verified:		
Employed: Wendy's City: YUKON Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2012 To: 10 /2012 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE:EXAM FAILURES
 Application Instructions
 PHOTO
 OTHER DEFICIENCIES: IS YOUR CURRENT LAST NAME "RUHL" OR "LOUK"?/ ARE YOU CURRENTLY WORKING FOR BAD BRAD'S BAR-B-Q?
 OATH

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 6554 KATHERINE MCCAULEY GRAZIANO

Physical Therapist

Practice Address:

January 02, 2024
ST. CHARLES HOSPITAL
200 BELLE TERRE ROAD

PORT JEFFERSON, NY 11777-1928
NOT OKLAHOMA

Status:

Res:
Received: 01/02/2024
Entered: 01/02/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6554
Sex: F
Ethnic Origin: 1

Endorsed By:

Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF ST AUGUSTINE FOR HEALTH SCIENCES					
City: ST. AUGUSTINE	State: FL	Country: UNITED STATES			
Degree: DPT, DOCTORATE OF PHYSICAL THERAPY	From: 1/2014	To: 5/ 2015	Verified:		
School Name: UNIVERSITY OF ST AUGUSTINE FOR HEALTH SCIENCES					
City: ST. AUGUSTINE	State: FL	Country: UNITED STATES			
Degree: MOT, MASTERS OF OCCUPATIONAL THERAPY	From: 1/2011	To: 12/ 2013	Verified:		
School Name: SLIPPERY ROCK UNIVERSITY					
City: SLIPPERY ROCK	State: PA	Country: UNITED STATES			
Degree: BS IN THERAPEUTIC RECREATION	From: 8/2006	To: 6/ 2009	Verified:		
School Name: CONNETQUOT HIGH SCHOOL					
City: BOHEMIA	State: NY	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 9/2002	To: 6/ 2005	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6554 KATHERINE MCCAULEY GRAZIANO
 Physical Therapist

PRACTICE HISTORY					
Employed: St. Charles Hospital City: PORT JEFFERSON Specialty: PHYSICAL THERAPIST Comments: PHYSICAL THERAPIST - LYMPHEDEMA SERVICES COORDINATOR	Supervisor: State: NY Country: UNITED STATES From: 4 /2022 To: / Verified:				
Employed: Memorial Sloan Kettering Cancer Center City: COMMACK Specialty: FULL TIME LYMPHEDEMA PHYSICAL THERAPIST Comments:	Supervisor: State: NY Country: UNITED STATES From: 1 /2020 To: 12 /2021 Verified:				
Employed: Northwell Health - LIJ Hospital City: NEW HYDE PARK Specialty: INPATIENT PHYSICAL THERAPIST, FULL TIME Comments:	Supervisor: State: NY Country: UNITED STATES From: 11 /2015 To: 10 /2017 Verified:				
Employed: St. Charles Hospital City: PORT JEFFERSON Specialty: STAFF PT AND OT/ OUTPATIENT CLINIC Comments:	Supervisor: State: NY Country: UNITED STATES From: 10 /2015 To: 1 /2020 Verified:				
Employed: S.M.A.R.T Physical Therapy City: WADING RIVER Specialty: STAFF PT, PART TIME Comments:	Supervisor: State: NY Country: UNITED STATES From: 5 /2015 To: 11 /2015 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
NY	Physical Therapy 038879	A	5/29/15	3/31/27	1/25/24
NY	Occupational Therapy 019394	A	1/5/15	3/31/26	1/25/24

DEFICIENCIES
 Transcript
 Evidence of Status
 Exam verification date
 PHOTO
 Time Deficiency Form for: 6/2005-8/2006, 6/2009-1/2011, 12/2021-4/2022 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS
 Application Instructions
 OATH
 Extended Background Check (use Service Code 2B7NYB)
 OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR ST.CHARLES HOSPITAL?
 Form 1
 Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6555	AMANDA SCHAPPELL
Physical Therapist		

Practice Address:
 January 05, 2024
 EVOLENT
 1812 N MOORE STREET
 SUITE 1705
 ARLINGTON, VA 22209
 NOT OKLAHOMA

Status:
Res:
Received: 01/05/2024
Entered: 01/05/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6555
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: _____ **Orig. Lic. Exp:** _____

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: THOMAS JEFFERSON UNIVERSITY City: PHILADELPHIA Degree: DPT	State: PA	Country: UNITED STATES	From: 8/2011	To: 6/ 2014	Verified:
<hr/>					
School Name: BLOOMSBURG UNIVERSITY City: BLOOMSBURG Degree: BS HEALTH SCIENCE	State: PA	Country: UNITED STATES	From: 8/2007	To: 12/ 2010	Verified:
<hr/>					
School Name: DELONE CATHOLIC City: MCSHERRYSTOWN Degree:	State: PA	Country: UNITED STATES	From: 9/2003	To: 6/ 2007	Verified:
<hr/>					

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
PT 6555 AMANDA SCHAPPELL
Physical Therapist

PRACTICE HISTORY					
Employed: Evolent Health City: ARLINGTON Specialty: NON CLINICAL POSITION: INITIAL CLINICAL REVIEWER Comments:	Supervisor: State: VA Country: UNITED STATES From: 1 /2019 To: / Verified:				
Employed: Genesis Rehab at Carolina Meadows City: CHAPEL HILL Specialty: PHYSICAL THERAPIST IN CONTINUING CARE COMMUNITY Comments:	Supervisor: State: NC Country: UNITED STATES From: 3 /2017 To: 4 /2019 Verified:				
Employed: Excel Physical Therapy City: CHERRY HILL Specialty: PHYSICAL THERAPIST Comments: PHYSICAL THERAPIST IN GENERAL OUTPATIENT ORTHOPEDICS SETTING	Supervisor: State: NJ Country: UNITED STATES From: 1 /2015 To: 3 /2017 Verified:				
Employed: Chilis Restaurant City: HANOVER Specialty: SERVER Comments:	Supervisor: State: PA Country: UNITED STATES From: 1 /2011 To: 12 /2014 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
NJ	Physical Therapist 40QA01604500	I	3/25/15	1/31/18	2/5/24
NC	Physical Therapist P16801	I	12/20/16	1/31/24	2/5/24
PA	Physical Therapist PT024088	A	11/6/14	12/31/24	2/5/24

DEFICIENCIES
Evidence of Status
Application Instructions
OATH
Extended Background Check (use Service Code 2B7NYB)
PHOTO
OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR EVOLENT HEALTH AS A PHYSICAL THERAPIST? / WHEN IS THE LAST TIME YOU DID "HANDS ON" PT DUTIES?/ ARE YOU LICENSED IN VA AS A PT?
Form 1
Transcript
Exam verification date
Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6557 OMER HAJJAJ WAHLA
 Physical Therapist

Practice Address:
 February 14, 2024

Status:
Res:
Received: 01/18/2024
Entered: 01/18/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6557
Sex: M
Ethnic Origin: 5

Endorsed By: FSBPT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		627			

Cred:

PRE-MED EDUCATION					
School Name: MARGALLA INSTITUTE HEALTH SCIENCES					
City: ISLAMABAD		State:		Country: PAKISTAN	
Degree:		From: 1/2008		To: 1/ 2012 Verified:	
<hr/>					
School Name: LAGUNA CREEK HIGH SCHOOL					
City: ELK GROVE		State: CA		Country: UNITED STATES	
Degree: DIPLOMA		From: 1/2000		To: 7/ 2004 Verified:	

PRACTICE HISTORY					
Employed: Epic Staffing			Supervisor:		
City: SAN JOSE		State: CA		Country: UNITED STATES	
Specialty: PHYSICAL THERAPY SCHOOL BASED STAFFING		From: 10 /2023		To: / Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
CA	Physical Therapy 303556	A	1/26/23	3/31/26	2/14/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6557	OMER HAJJAJ WAHLA

Physical Therapist

DEFICIENCIES

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 7/2004-1/2008, 12/2012-10/2023 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR EPIC STAFFING? WHAT IS YOUR JOB TITLE THERE?/ FROM WHERE DID YOU OBTAIN YOUR PT DEGREE?

Form 1

Transcript

Diploma

Credentials

US Customs and Immigration Service (USCIS)

English Proficiency Exam

Translations

Training Verification

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6558 KATARINA CARTER
 Physical Therapist

Practice Address:
 January 19, 2024
 KATARINA CARTER
 536 NW 35TH STREET

 OKLAHOMA CITY, OK 73118
 OKLAHOMA

Status:
Res:
Received: 01/19/2024
Entered: 01/19/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6558
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: WASHINGTON UNIVERSITY ST. LOUIS					
City: ST. LOUIS	State: MO	Country: UNITED STATES			
Degree: DPT	From: 8/2021	To: 5/2024	Verified:		
School Name: PEPPERDINE					
City: MALIBU	State: CA	Country: UNITED STATES			
Degree: B.S BIOLOGY	From: 8/2017	To: 5/2021	Verified:		
School Name: EDMOND MEMORIAL HIGH SCHOOL					
City: EDMOND	State: OK	Country: UNITED STATES			
Degree:	From: 8/2013	To: 5/2017	Verified:		

PRACTICE HISTORY					
Employed:			Supervisor:		
City:	State:	Country:			
Specialty:	From: /	To: /	Verified:		
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6558	KATARINA CARTER

Physical Therapist

DEFICIENCIES

OATH

Extended Background Check (use Service Code 2B7NYB)

PHOTO

Form 1

Transcript

Exam verification date

Exam score missing

Evidence of Status

Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6559 JONATHAN BRIAN GO
 Physical Therapist

Practice Address:
 January 19, 2024
 HINGE HEALTH
 455 MARKET STREET

 SAN FRANCISCO, CA 94105
 NOT OKLAHOMA

Status:
Res:
Received: 01/19/2024
Entered: 01/19/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6559
Sex: M
Ethnic Origin: 6

Endorsed By: FSBPT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		671			

PRE-MED EDUCATION					
School Name: NORTHWESTERN UNIVERSITY					
City: CHICAGO		State: IL	Country: UNITED STATES		
Degree: DOCTORATE OF PHYSICAL THERAPY		From: 8/2009	To: 4/ 2012	Verified:	
<hr/>					
School Name: UNIVERSITY OF MICHIGAN					
City: ANN ARBOR		State: MI	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE		From: 8/2005	To: 4/ 2009	Verified:	
<hr/>					
School Name: TROY HIGH SCHOOL					
City: TROY		State: MI	Country: UNITED STATES		
Degree: HS DIPLOMA		From: 8/2001	To: 6/ 2005	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 6559 JONATHAN BRIAN GO
Physical Therapist

PRACTICE HISTORY

Employed: Hinge Health **Supervisor:**
City: SAN FRANCISCO **State:** CA **Country:** UNITED STATES
Specialty: SENIOR MANAGER, PHYSICAL THERAPIST. **From:** 10 /2020 **To:** / **Verified:**
Comments: 2/16/2024:CURRENTLY WORKING HERE(sJ)

Employed: Athletico Physical Therapy **Supervisor:**
City: CHICAGO **State:** IL **Country:** UNITED STATES
Specialty: PT **From:** 6 /2012 **To:** 10 /2020 **Verified:**
Comments: ATHLETICO PHYSICAL THERAPY - HYDE PARK AND CHATHAM WEST

Employed: NONE **Supervisor:**
City: ANN ARBOR **State:** MI **Country:**
Specialty: UNEMPLOYED **From:** 4 /2009 **To:** 8 /2009 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OH	Physical Therapy PT019122	I	3/9/21	1/31/24	1/25/24
MO	Physical Therapy 2020041800	A	12/17/20	1/31/24	1/29/24
CA	Physical Therapy 2996668	A	12/18/20	10/31/24	2/14/24
MI	Physical Therapy 5501019916	A	1/14/21	1/14/26	1/24/24
AL	Physical Therapy PTH10147		11/23/20		
IL	Physical Therapy 070019189		7/30/12		
IN	Physical Therapy 05014107A	I	3/17/21	6/30/22	2/16/24
TX	Physical Therapy 1340740	I	12/2/20	10/31/23	2/15/24

DEFICIENCIES

Evidence of Status

OTHER DEFICIENCIES: RECEIVED EVIDENCE OF STATUS FORM, MISSING PASSPORT.

Verify License from AL PTH10147

Verify License from IL 070019189

Form 1

Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6560 WHYTLEIGH MADICYN BARNES
 Physical Therapist

Practice Address:

January 27, 2024
 HOT SPRINGS SPORTS MEDICINE PHYSICAL THERA
 2278 ALBERT PIKE ROAD
 UNIT B
 HOT SPRINGS, AR 71901
 NOT OKLAHOMA

Status:
Res:
Received: 01/27/2024
Entered: 01/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6560
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		641			

PRE-MED EDUCATION					
School Name: HARDING UNIVERSITY					
City: SEARCY		State: AR	Country: UNITED STATES		
Degree: DOCTOR OF PHYSICAL THERAPY		From: 8/2019	To: 5/ 2022	Verified:	
<hr/>					
School Name: SOUTHWESTERN COLLEGE					
City: WINFIELD		State: KS	Country: UNITED STATES		
Degree: BACHELOR OF ARTS IN BIOLOGY		From: 8/2014	To: 5/ 2018	Verified:	
<hr/>					
School Name: ROSE STATE COLLEGE					
City: MIDWEST CITY		State: OK	Country: UNITED STATES		
Degree: N/A		From: 8/2012	To: 5/ 2014	Verified:	
<hr/>					
School Name: STROUD HIGH SCHOOL					
City: STROUD		State: OK	Country: UNITED STATES		
Degree:		From: 8/2010	To: 5/ 2014	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6560 WHYTLEIGH MADICYN BARNES
 Physical Therapist

PRACTICE HISTORY

Employed: Hot Springs Sports Medicine Physical Therapy		Supervisor:	
City: HOT SPRINGS	State: AR	Country: UNITED STATES	
Specialty: STAFF PHYSICAL THERAPIST	From: 8 /2023	To: /	Verified:
Comments:			

Employed: Hot Springs Sports Medicine Physical Therapy		Supervisor:	
City: GLENWOOD	State: AR	Country: UNITED STATES	
Specialty: STAFF PHYSICAL THERAPIST	From: 8 /2022	To: 8 /2023	Verified:
Comments:			

Employed: Physical Therapy Central		Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: PHYSICAL THERAPY TECHNICIAN	From: 10 /2018	To: 7 /2019	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Physical Therapist PT 5148	A	8/4/22	3/1/25	2/8/24

DEFICIENCIES

OATH
 Time Deficiency Form for: 5/2018 - 10/2018 -- MUST USE TIME DEFICIENCY FORM
 PHOTO
 Extended Background Check (use Service Code 2B7NYB)
 Evidence of Status
 Application Instructions
 Transcript
 Exam verification date

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6561 LAUREN LEIGH HEATHCOTE
 Physical Therapist

Practice Address:
 February 23, 2024

Status:
Res:
Received: 01/31/2024
Entered: 01/31/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6561
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Cred:

PRE-MED EDUCATION					
School Name: UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES					
City: AUSTIN	State: TX	Country: UNITED STATES			
Degree: DPT	From: 5/2021	To: 12/ 2023	Verified:		
<hr/>					
School Name: NORTHUMBRIA UNIVERSITY					
City: NEWCASTLE UPON TYNE	State:	Country: UNITED KINGDOM			
Degree: MSC. CLINICAL EXERCISE PHYSIOLOGY	From: 8/2017	To: 8/ 2018	Verified:		
<hr/>					
School Name: MCMURRY UNIVERSITY					
City: ABILENE	State: TX	Country: UNITED STATES			
Degree:	From: 8/2013	To: 5/ 2017	Verified:		
<hr/>					
School Name: KLEIN COLLINS					
City: SPRING	State: TX	Country: UNITED STATES			
Degree:	From: 8/2009	To: 5/ 2013	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6561 LAUREN LEIGH HEATHCOTE
 Physical Therapist

PRACTICE HISTORY					
Employed:	Houston Methodist Orthopedics and Sports Medicine	Supervisor:			
	City: PASADENA	State: TX	Country: UNITED STATES		
	Specialty: TERMINAL CLINICAL EXPERIENCE - II	From: 9 / 2023	To: 11 / 2023	Verified:	
Comments:					
<hr/>					
Employed:	Encompass- Student Rotation	Supervisor:			
	City: SHENANDOAH	State: TX	Country: UNITED STATES		
	Specialty: TERMINAL CLINICAL EXPERIENCE I	From: 5 / 2023	To: 8 / 2023	Verified:	
Comments:					
<hr/>					
Employed:	ATI - Student rotation	Supervisor:			
	City: GLENDALE	State: AZ	Country: UNITED STATES		
	Specialty: STUDENT PHYSICAL THERAPIST ICE ROTATION	From: 10 / 2022	To: 12 / 2022	Verified:	
Comments:					
<hr/>					
Employed:	Sterling Ridge Orthopedics and Sports Medicine	Supervisor:			
	City: SPRING	State: TX	Country: UNITED STATES		
	Specialty: LEAD REHABILITATION TECHNICIAN	From: 5 / 2019	To: 4 / 2021	Verified:	
Comments:					
<hr/>					
Employed:	Michael Kors	Supervisor:			
	City: THE WOODLANDS	State: TX	Country: UNITED STATES		
	Specialty:	From: 11 / 2018	To: 11 / 2022	Verified:	
Comments: SALES ASSOCIATE INTERMITTENTLY FROM 2018 - 2022 AT 3 DIFFERENT LOCATIONS IN THE WOODLANDS AND AUSTIN					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Evidence of Status
Application Instructions
OATH
Extended Background Check (use Service Code 2B7NYB)
PHOTO
Transcript
Exam verification date
Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6562	BRADY GOOD
Physical Therapist		

Practice Address:

February 05, 2024

INTEGRIS JIM THORPE REHAB OUTPATIENT SOUTH
4100 S.DOUGLAS AVE

OKLAHOMA CITY, OK 73109
OKLAHOMA

Status:

Res:
Received: 02/03/2024
Entered: 02/03/2024
Temp Issued: 03/04/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6562
Sex: M
Ethnic Origin: 1

Endorsed By:

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6562 BRADY GOOD
 Physical Therapist

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY UNIVERSITY	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree: DOCTORATE OF PHYSICAL THERAPY	From: 6/2021	To: 12/ 2023	Verified:
School Name: OKLAHOMA CITY UNIVERSITY	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 6/2020	To: 6/ 2021	Verified:
School Name: OKLAHOMA STATE UNIVERSITY OKC	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 1/2019	To: 5/ 2020	Verified:
School Name: REDLANDS COMMUNITY COLLEGE	City: EL RENO	State: OK	Country: UNITED STATES
Degree:	From: 8/2017	To: 12/ 2018	Verified:
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY	City: WEATHERFORD	State: OK	Country: UNITED STATES
Degree: BACHELOR OF SCIENCE	From: 8/2014	To: 5/ 2017	Verified:
School Name: REDLANDS COMMUNITY COLLEGE	City: EL RENO	State: OK	Country: UNITED STATES
Degree: ASSOCIATE OF ARTS	From: 8/2011	To: 5/ 2014	Verified:
School Name: EL RENO HIGH SCHOOL	City: EL RENO	State: OK	Country: UNITED STATES
Degree: HIGH SCHOOL DIPLOMA	From: 8/2008	To: 5/ 2012	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PT 6562 BRADY GOOD
 Physical Therapist

PRACTICE HISTORY

Employed: INTEGRIS JIM THORPE REHAB **Supervisor:** GROUP
 OUTPATIENT SOUTH
City: OKLAHOMA CITY **State:** OK **Country:**
Specialty: PT **From:** 3 /2024 **To:** / **Verified:**
Comments: 4100 S. DOUGLAS AVE
 OKLAHOMA CITY, OK 73109
 405-213-5468

Employed: Integris **Supervisor:**
City: WHEATLAND, OK **State:** OK **Country:** UNITED STATES
Specialty: FRONT DESK **From:** 1 /2021 **To:** 8 /2021 **Verified:**
Comments: DUTIES INCLUDED GREETING PATIENTS AND SETTING THEM UP FOR THEIR THERAPY
 SESSION.

Employed: Gemini Coatings **Supervisor:**
City: EL RENO **State:** OK **Country:** UNITED STATES
Specialty: PAINT MIXER **From:** 2 /2020 **To:** 4 /2020 **Verified:**
Comments: DUTIES CONSISTED OF MAKING BATCHES OF PAINT AND OTHER COATING PRODUCTS
 LIKE PRIMERS AND SOLVENTS.

Employed: Redlands Community College **Supervisor:**
City: EL RENO **State:** OK **Country:** UNITED STATES
Specialty: GYM STAFF **From:** 2 /2017 **To:** 1 /2019 **Verified:**
Comments: JOB DUTIES CONSIST OF CHECKING IN MEMBERS, MAKING SURE THE GYM IS
 ORGANIZED, WEIGHTS RACKED, CLEANED

Employed: Pizza Xpress **Supervisor:**
City: EL RENO **State:** OK **Country:** UNITED STATES
Specialty: COOK **From:** 2 /2017 **To:** 1 /2020 **Verified:**
Comments: EVERYDAY JOB DUTIES CONSIST OF MAKING PIZZAS AND OTHER FOODS, PREP
 THINGS LIKE CUTTING CHICKEN, ETC.

Employed: Fastenal **Supervisor:**
City: EL RENO **State:** OK **Country:** UNITED STATES
Specialty: CUSTOMER SERVICE **From:** 2 /2014 **To:** 1 /2017 **Verified:**
Comments: IT CONSISTED OF SALES OF PARTS AND OTHER MISCELLANEOUS THINGS,
 ANSWERING CALLS AND CUSTOMER SERVICE.

Employed: Frontier Chevrolet **Supervisor:**
City: EL RENO **State:** OK **Country:** UNITED STATES
Specialty: CAR WASH **From:** 2 /2012 **To:** 1 /2014 **Verified:**
Comments: MY MAIN DUTIES WERE WASHING AND CLEANING CARS, NEW OR USED. I ALSO
 CHECKED IN NEW VEHICLES.

Employed: Beachlers **Supervisor:**
City: EL RENO **State:** OK **Country:** UNITED STATES
Specialty: SACKER / CASHIER **From:** 1 /2010 **To:** 1 /2012 **Verified:**
Comments: STARTED OUT SACKING GROCERIES, SWEEPING/MOPPING FLOORS, CLEANING. THEN
 MOVED UP TO A CASHIER QUICKLY

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6562	BRADY GOOD

Physical Therapist

DEFICIENCIES

Exam verification date

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6563	TERESA HENDRICK ADAMS
Physical Therapist		

Practice Address:
March 01, 2024

Status:
Res:
Received: 02/06/2024
Entered: 02/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6563
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: _____ **Orig. Lic. Exp:** _____

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER					
City: MEMPHIS		State: TN	Country: UNITED STATES		
Degree: DOCTORATE IN PHYSICAL THERAPY		From: 8/2009	To: 5/ 2012	Verified:	
<hr/>					
School Name: SOUTHWEST COMMUNITY COLLEGE					
City: MEMPHIS		State: TN	Country: UNITED STATES		
Degree:		From: 1/2008	To: 7/ 2009	Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL FLORIDA					
City: ORLANDO		State: FL	Country: UNITED STATES		
Degree: BA PSYCHOLOGY		From: 8/2000	To: 5/ 2005	Verified:	
<hr/>					
School Name: ST. PETERSBURG HIGH SCHOOL					
City: ST. PETERSBURG		State: FL	Country: UNITED STATES		
Degree:		From: 8/1996	To: 5/ 2000	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 6563 TERESA HENDRICK ADAMS
Physical Therapist

PRACTICE HISTORY

Employed: Amedisys Home Health Agency **Supervisor:**
City: WASHINGTON **State:** DC **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST **From:** 10 /2018 **To:** 11 /2023 **Verified:**
Comments:

Employed: Rehabcare at The Residences at Thomas Circle
City: WASHINGTON **State:** DC **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST **From:** 1 /2015 **To:** 9 /2018 **Verified:**
Comments:

Employed: Flagship at Ingleside
City: WASHINGTON **State:** DC **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST **From:** 11 /2014 **To:** 12 /2014 **Verified:**
Comments:

Employed: Rehabcare at Trezevant Manor
City: MEMPHIS **State:** TN **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST **From:** 10 /2012 **To:** 11 /2014 **Verified:**
Comments:

Employed: Harborview
City: MEMPHIS **State:** TN **Country:** UNITED STATES
Specialty: PHYSICAL THERAPIST **From:** 7 /2012 **To:** 9 /2012 **Verified:**
Comments:

Employed: Memphis Jewish Home
City: MEMPHIS **State:** TN **Country:** UNITED STATES
Specialty: PHYSICAL THERAPY TECHNICIAN **From:** 8 /2008 **To:** 8 /2009 **Verified:**
Comments:

Employed: None
City: MEMPHIS **State:** TN **Country:** UNITED STATES
Specialty: **From:** 7 /2007 **To:** 8 /2008 **Verified:**
Comments: VOLUNTEERING AT PHYSICAL THERAPY CLINIC WHILE TAKING COLLEGE CLASSES

Employed: Canon
City: ORLANDO **State:** FL **Country:** UNITED STATES
Specialty: SALES-SOLD MULTIFUNCTIONAL MACHINES **From:** 6 /2006 **To:** 6 /2007 **Verified:**
Comments: SALES-SOLD MULTIFUNCTIONAL MACHINES TO BUSINESSES
TRANSFERRED TO NYC IN JANUARY WITH CANON-SAME JOB

Employed: Adobe Gilas
City: ORLANDO **State:** FL **Country:** UNITED STATES
Specialty: BARTENDER **From:** 10 /2004 **To:** 6 /2006 **Verified:**
Comments: BARTENDER
(UNSURE OF EXACT EMPLOYMENT DATES BELOW)

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
DC	Physical Therapist PT871734	A	12/15/14	1/31/25	3/1/24
TN	Physical Therapist 9421	I	8/10/12	3/31/16	2/5/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6563	TERESA HENDRICK ADAMS

Physical Therapist

DEFICIENCIES

Exam score missing

Application Instructions

PHOTO

Form 1

Exam verification date

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 11/2023-PRESENT . ALSO FOR 7/2007-8/2008 PLEASE LET US KNOW THE NAME OF THE CLINIC AND WHAT TYPE OF VOLUNTEER JOB YOU WERE DOING THERE -MUST USE TIME DEFICIENCY FORM FOR EXPLANTIONS

Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6564 GARY MERRIWEATHER
 Physical Therapist

Practice Address:
 February 06, 2024

NOT OKLAHOMA

Status:
Res:
Received: 02/06/2024
Entered: 02/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6564
Sex: M
Ethnic Origin: 2

Endorsed By: FSPBT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF CENTRAL ARKANSAS					
City: CONWAY		State: AR		Country: UNITED STATES	
Degree: DOCTORATE OF PHYSICAL THERAPY		From: 8/2019	To: 8/ 2022	Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL ARKANSAS					
City: CONWAY		State: AR		Country: UNITED STATES	
Degree: BACHELORS OF HEALTH SCIENCE EMPHASIS OF PT		From: 8/2015	To: 5/ 2019	Verified:	
<hr/>					
School Name: PARKVIEW HIGH SCHOOL					
City: LITTLE ROCK		State: AR		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2009	To: 5/ 2012	Verified:	
<hr/>					
School Name: MILLS HIGH SCHOOL					
City: LITTLE ROCK		State: AR		Country: UNITED STATES	
Degree:		From: 8/2008	To: 5/ 2009	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6564 GARY MERRIWEATHER
 Physical Therapist

PRACTICE HISTORY

Employed: Harris and Renshaw Physical Therapy		Supervisor:	
City: SHERWOOD	State: AR	Country: UNITED STATES	
Specialty: STAFF PHYSICAL THERAPIST	From: 10 /2019	To: /	Verified:
Comments:			

Employed: Incite Rehab		Supervisor:	
City: LITTLE ROCK	State: AR	Country: UNITED STATES	
Specialty: PHYSICAL THERAPIST	From: 9 /2019	To: /	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	PT PT 5200	A	8/23/22	3/1/25	2/6/24

DEFICIENCIES

Exam score missing
 Time Deficiency Form for: 5/2012- 8/2015; ARE YOU CURRENTLY PRACTICING AT INCITE AND HARRIS/RENSHAW THERAPY?- MUST USE TIME DEFICIENCY FORM
 Extended Background Check (use Service Code 2B7NYB)
 Form 1
 Transcript
 Exam verification date

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6565 MONICA DESCHAINE
 Physical Therapist

Practice Address:
 March 06, 2024

Status:
Res:
Received: 02/10/2024
Entered: 02/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6565
Sex: F
Ethnic Origin: 1

Endorsed By: FSBPT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		608			

PRE-MED EDUCATION					
School Name: UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTO					
City: SAN ANTONIO		State: TX		Country: UNITED STATES	
Degree: DOCTORATE OF PHYSICAL THERAPY		From: 8/2012		To: 5/ 2015 Verified:	
<hr/>					
School Name: UNIVERSITY OF TEXAS AT SAN ANTONIO					
City: SAN ANTONIO		State: TX		Country: UNITED STATES	
Degree: BACHELOR'S OF SCIENCE		From: 8/2008		To: 7/ 2011 Verified:	
<hr/>					
School Name: THE UNIVERSITY OF LOUISIANA AT LAFAYETTE					
City: LAFAYETTE		State: LA		Country: UNITED STATES	
Degree:		From: 8/2007		To: 5/ 2008 Verified:	
<hr/>					
School Name: BOERNE HIGH SCHOOL					
City: BOERNE		State: TX		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2003		To: 6/ 2007 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 6565 MONICA DESCHAINE
Physical Therapist

PRACTICE HISTORY

Employed: Cranial Technologies	Supervisor:		
City: SAN ANTONIO	State: TX	Country: UNITED STATES	
Specialty: PHYSICAL THERAPIST/CLINICIAN	From: 9 /2021	To: /	Verified:
Comments:			

Employed: Children's Rehabilitation Institute of TeletonUSA	Supervisor:		
City: SAN ANTONIO	State: TX	Country: UNITED STATES	
Specialty: ASSISTIVE TECHNOLOGY COORDINATOR/PHYSICAL THERAPY	From: 8 /2015	To: 8 /2021	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Physical Therapy 1262426	A	7/31/15	11/30/25	3/6/24
MN	13366				
MI	5501302581				
NJ	40QA02152500				
WI	16172-024				
CT	013827				
IN	05014894A				
NV	4960				
SC	11504				
PA	PT030712				
NY	048853				
FL	PT 38580				
CA	301830				
OK	PTC 126299	A	12/5/23	11/30/25	2/28/24
AZ	COMPACT CP027779T	A	1/30/24	11/30/25	3/6/24
AZ	COMPACT CP011424T	I	4/20/22	11/30/23	11/30/25
CO	COMPACT CP010454T	A	1/28/22	11/30/25	3/6/24
GA	COMPACT CP010455T	A	1/28/22	11/30/25	3/6/24
KY	COMPACT CP026472T	A	3/6/24	11/30/25	3/6/24
LA	COMPACT CP026472T	A	12/6/23	11/30/25	3/6/24
MD	COMPACT CP010547T	A	2/3/22	11/30/25	3/6/24
MO	COMPACT CP010456T	A	1/28/22	11/30/25	3/6/24
NC	COMPACT CP010457T	A	1/28/22	11/30/25	3/6/24
OH	COMPACT CP010546T	A	2/3/22	11/30/25	3/6/24
TN	COMPACT CP010458T	A	1/28/22	11/30/25	3/6/24
UT	COMPACT CP010459T	A	1/28/22	11/30/25	3/6/24
VA	COMPACT CP010460T	A	1/28/22	11/30/25	3/6/24
WA	COMPACT CP011496T	A	4/27/22	11/30/25	3/6/24
WI	COMPACT CP017253T	A	12/15/22	11/30/25	3/6/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6565	MONICA DESCHAINE
Physical Therapist		

DEFICIENCIES

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR CRANIAL TECHNOLOGIES? WHEN IS THE LAST TIME YOU WERE EMPLOYED AS A PHYSICAL THERAPIST?/ DO YOU HAVE PRACTICE HISTORY IN ANY OTHER STATES?

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 7/2011-8/2012 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

PHOTO

Verify License from CT 013827

Verify License from IN 05014894A

Verify License from NV 4960

Verify License from SC 11504

Verify License from PA PT030712

Verify License from NY 048853

Verify License from FL PT 38580

Verify License from CA 301830

Transcript

Verify License from MN 13366

Verify License from MI 5501302581

Verify License from NJ 40QA02152500

Verify License from WI 16172-024

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6566	ALEXANDRA SANTOS
Physical Therapist		

Practice Address:
March 07, 2024

Status:
Res:
Received: 02/12/2024
Entered: 02/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6566
Sex: F
Ethnic Origin: 4

Endorsed By: FSBPT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: LANGSTON UNIVERSITY					
City: LANGSTON		State: OK		Country: UNITED STATES	
Degree: DOCTOR OF PHYSICAL THERAPY		From: 6/2021	To: 5/ 2024	Verified:	
<hr/>					
School Name: ORAL ROBERTS UNIVERSITY					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: HEALTH AND EXERCISE SCIENCE		From: 8/2016	To: 5/ 2020	Verified:	
<hr/>					
School Name: ROCK CHRISTIAN ACADEMY					
City: EASTON		State: PA		Country: UNITED STATES	
Degree:		From: 8/2012	To: 5/ 2016	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6566 ALEXANDRA SANTOS
 Physical Therapist

PRACTICE HISTORY					
Employed:	Physical Therapy of Jenks	Supervisor:			
	City: JENKS	State: OK	Country: UNITED STATES		
	Specialty: PHYSICAL THERAPY TECHNICIAN	From: 9 /2020	To: 5 /2021	Verified:	
Comments:					
Employed:	Oral Roberts University Chemistry and Biology	Supervisor:			
	Depa	State: OK	Country: UNITED STATES		
	City: TULSA	From: 8 /2019	To: 5 /2020	Verified:	
	Specialty: CHEMISTRY LAB ASSISTANT				
Comments:					
Employed:	Oral Roberts University Housing Department	Supervisor:			
	City: TULSA	State: OK	Country: UNITED STATES		
	Specialty: DESK RECEPTIONIST	From: 8 /2016	To: 8 /2019	Verified:	
Comments:					
Employed:	Dairy Queen	Supervisor:			
	City: EASTON	State: PA	Country: UNITED STATES		
	Specialty: CREW MEMBER	From: 4 /2016	To: 7 /2019	Verified:	
Comments: CREW MEMBER: CUSTOMER SERVICE, FOOD PREPARATION, CLEANING/ SANITATION					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Extended Background Check (use Service Code 2B7NYB) Time Deficiency Form for: 5/2020- 9/2020- MUST USE TIME DEFICIENCY FORM Form 1 Transcript Exam verification date Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6567 JULIENE QUINTANS
 Physical Therapist

Practice Address:
 March 08, 2024

Status:
Res:
Received: 02/13/2024
Entered: 02/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6567
Sex: F
Ethnic Origin: 6

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Cred:

PRE-MED EDUCATION					
<hr/>					
School Name: LYCEUM NORTHWESTERN UNIVERSITY		State:	Country: PHILIPPINES		
City: DAGUPAN					
Degree:	From: 6/2009	To: 4/ 2014	Verified:		
<hr/>					
School Name: MALASIQUI CATHOLIC SCHOOL		State:	Country: PHILIPPINES		
City: MALASIQUI					
Degree:	From: 6/2005	To: 3/ 2009	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6567 JULIENE QUINTANS
 Physical Therapist

PRACTICE HISTORY

Employed: Aya Healthcare **Supervisor:**
City: SAN DIEGO **State:** CA **Country:** UNITED STATES
Specialty: HOME HEALTH PT - CONTRACT **From:** 2/2023 **To:** / **Verified:**
Comments: UNDER NEOGEN CARE (HOME HEALTH AGENCY) BASED AT GLENDALE.
 HOME HEALTH PT - CONTRACT

Employed: Pegasus Home Health Care **Supervisor:**
City: GLENDALE **State:** CA **Country:** UNITED STATES
Specialty: FULL TIME HOME HEALTH **From:** 2/2020 **To:** 9/2023 **Verified:**
Comments:

Employed: Glendale Post Acute Care **Supervisor:**
City: GLENDALE **State:** CA **Country:** UNITED STATES
Specialty: **From:** 5/2018 **To:** 10/2020 **Verified:**
Comments: PER DIEM- SNF

 INITIALLY UNDER CAMBRIDGE MANAGEMENT THEN TRANSITIONED TO RELIANT
 REHAB

Employed: Therapeutic Associates Inc **Supervisor:**
City: BURBANK **State:** CA **Country:** UNITED STATES
Specialty: **From:** 3/2017 **To:** / **Verified:**
Comments: TAI UNDER PROVIDENCE SAINT JOSEPH MEDICAL CENTER
 CURRENTLY PER DIEM
 WAS FULL TIME 03/2017- 02/2020

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CA	Physical Therapist 294162	A	11/30/17	1/31/25	3/8/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6567	JULIENE QUINTANS
Physical Therapist		

DEFICIENCIES

Form 1

Transcript

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 4/2014 - 3/2017 MUST USE TIME DEFICIENCY FORM)

PHOTO

Exam verification date

OTHER DEFICIENCIES: WHERE & WHEN DID YOU GET YOUR PT DEGREE?/ ARE YOU STILL WORKING AT THERAPEUTIC ASSOCIATES & AYA HEALTHCARE?/ NEED JOB TITLES AT: THERAPEUTIC ASSOCIATES, INC, GLENDALE POST ACUTE CARE, AND PEGASUS HOME HEALTH CARE

Exam score missing

English Proficiency Exam

Translations

Training Verification

US Customs and Immigration Service (USCIS)

Diploma

Credentials

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6568	KAMRYN CHEYENNE HILL
Physical Therapist		

Practice Address:
March 08, 2024

Status:
Res:
Received: 02/14/2024
Entered: 02/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6568
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: LANGSTON UNIVERSITY	City: LANGSTON	State: OK	Country: UNITED STATES		
Degree: DOCTOR OF PHYSICAL THERAPY		From: 6/2021	To: /	Verified:	
School Name: CAMERON UNIVERSITY	City: DUNCAN	State: OK	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE		From: 5/2017	To: 5/ 2021	Verified:	
School Name: EMPIRE HIGH SCHOOL	City: DUNCAN	State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2013	To: 5/ 2017	Verified:	
PRACTICE HISTORY					
Employed: Eduardo's of Duncan	City: DUNCAN	State: OK	Country: UNITED STATES	Supervisor:	
Specialty: WAITRESS AND HOSTESS AT A RESTAURANT.		From: 5 /2015	To: 4 / 2021	Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6568	KAMRYN CHEYENNE HILL
Physical Therapist		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Exam score missing
Application Instructions
Extended Background Check (use Service Code 2B7NYB)
OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM LANGSTON UNIVERSITY?
Form 1
Transcript
Exam verification date

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6569 NICOLE KATHRYN ORLOWSKI
 Physical Therapist

Practice Address:
 February 15, 2024
 PRUITTHEALTH AT HOME
 810 KENNEDY AVE

 NEW BERN, NC 28560
 NOT OKLAHOMA

Status:
Res:
Received: 02/15/2024
Entered: 02/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6569
Sex: F
Ethnic Origin: 1

Endorsed By: EXAMINATION
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:	800			
	Okla Passing:	600			
	Total Score:	632			

PRE-MED EDUCATION			
School Name: UNIVERSITY OF MONTANA	City: MISSOULA	State: MT	Country: UNITED STATES
Degree: DOCTOR OF PHYSICAL THERAPY		From: 9/2020	To: 5/ 2022 Verified:
School Name: CONCORDIA UNIVERSITY WISCONSIN	City: MEQUON	State: WI	Country: UNITED STATES
Degree: MASTER OF PHYSICAL THERAPY		From: 5/1998	To: 5/ 2001 Verified:
School Name: CONCORDIA UNIVERSITY WISCONSIN	City: MEQUON	State: WI	Country: UNITED STATES
Degree: BACHELORS OF SCIENCE		From: 9/1995	To: 5/ 1998 Verified:
School Name: SHEBOYGAN FALLS HIGH SCHOOL	City: SHEBOYGAN FALLS	State: WI	Country: UNITED STATES
Degree: DIPLOMA		From: 9/1991	To: 9/ 1995 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 6569 NICOLE KATHRYN ORLOWSKI
Physical Therapist

PRACTICE HISTORY			
Employed: PruittHealth at Home City: NEW BERN Specialty: Comments: 11/2020-05/2022: HOME HEALTH PHYSICAL THERAPIST 05/2022 - PRESENT: HOME HEALTH ADMINISTRATOR	Supervisor: State: NC Country: UNITED STATES From: 11 /2020 To: / Verified:		
Employed: RehabCare/Kindred Rehab Services City: NEWPORT Specialty: Comments: PHYSICAL THERAPIST AND REHAB PROGRAM DIRECTOR AT CROATAN VILLAGE SNF	Supervisor: State: NC Country: UNITED STATES From: 11 /2017 To: 11 /2020 Verified:		
Employed: Liberty Home Care and Hospice City: MOREHEAD CITY Specialty: HOME HEALTH PHYSICAL THERAPIST Comments:	Supervisor: State: NC Country: UNITED STATES From: 5 /2015 To: 11 /2017 Verified:		
Employed: Liberty HomeCare and Hospice City: WHITEVILLE Specialty: TRAVEL CONTRACT PHYSICAL THERAPIST Comments:	Supervisor: State: NC Country: UNITED STATES From: 2 /2015 To: 5 /2015 Verified:		
Employed: RehabCare City: WINNABOW Specialty: Comments: PHYSICAL THERAPIST AT BRUNSWICK COVE LIVING CENTER SNF	Supervisor: State: NC Country: UNITED STATES From: 2 /2014 To: 2 /2015 Verified:		
Employed: AMN Healthcare City: DALLAS Specialty: TRAVEL CONTRACT PHYSICAL THERAPIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 9 /2012 To: 2 /2014 Verified:		
Employed: WellCare Home Health City: WILMINGTON Specialty: ADMISSIONS OASIS PHYSICAL THERAPIST Comments:	Supervisor: State: NC Country: UNITED STATES From: 9 /2011 To: 9 /2012 Verified:		
Employed: AssistedCare Home Health City: LELAND Specialty: HOME HEALTH PHYSICAL THERAPIST Comments:	Supervisor: State: NC Country: UNITED STATES From: 7 /2006 To: 9 /2011 Verified:		
Employed: Wellcare Home Health City: WILMINGTON Specialty: HOME HEALTH PHYSICAL THERAPIST Comments:	Supervisor: State: NC Country: UNITED STATES From: 3 /2005 To: 7 /2006 Verified:		
Employed: New Hanover Regional Medical Center City: WILMINGTON Specialty: ACUTE CARE PHYSICAL THERAPIST Comments:	Supervisor: State: NC Country: UNITED STATES From: 5 /2003 To: 3 /2005 Verified:		
Employed: Liberty Home Care	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6569 NICOLE KATHRYN ORLOWSKI
 Physical Therapist

City: SUPPLY	State: NC	Country: UNITED STATES
Specialty: FULL TIME HOME HEALTH PHYSICAL THERAPIST	From: 5 /2001	To: 5 /2003 Verified:
Comments:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
WI	Physical Therapist 12039		6/6/12		
NC	Physical Therapist P8634	A	7/2/01	1/31/25	2/14/24
CA	Physical Therapist 292536		11/28/16		
OK	COMPACT PT PTC 128284	A	2/20/24	1/31/25	2/15/24

<p><u>DEFICIENCIES</u> Evidence of Status Application Instructions Extended Background Check (use Service Code 2B7NYB) OTHER DEFICIENCIES: ARE YOU CURRENTLY PRACTICING AT PRUITTHEALTH AT HOME? Verify License from WI 12039 Verify License from CA 292536 Form 1 Transcript</p>
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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6570	MEGAN MCKNIGHT
Physical Therapist		

Practice Address:

March 11, 2024

Status:
Res:
Received: 02/17/2024
Entered: 02/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6570
Sex: F
Ethnic Origin: 6

Endorsed By:**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION**School Name:** LANGSTON UNIVERSITY**City:** LANGSTON**State:** OK**Country:** UNITED STATES**Degree:****From:** 6/2021**To:** /**Verified:****School Name:** OKLAHOMA CITY COMMUNITY COLLEGE**City:** OKLAHOMA CITY**State:** OK**Country:** UNITED STATES**Degree:****From:** 2/2021**To:** 5/ 2021**Verified:****School Name:** TULSA COMMUNITY COLLEGE**City:** TULSA**State:** OK**Country:** UNITED STATES**Degree:****From:** 8/2020**To:** 12/ 2020**Verified:****School Name:** HARDING UNIVERSITY**City:** SEARCY**State:** AR**Country:** UNITED STATES**Degree:** EXERCISE SCIENCE**From:** 8/2016**To:** 5/ 2020**Verified:****School Name:** METRO CHRISTIAN ACADEMY**City:** TULSA**State:** OK**Country:** UNITED STATES**Degree:****From:** 8/2012**To:** 5/ 2016**Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6570	MEGAN MCKNIGHT
Physical Therapist		

PRACTICE HISTORY					
Employed:				Supervisor:	
City:	State:			Country:	
Specialty:	From:	/	To:	/	Verified:
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Form 1 Transcript Exam verification date Exam score missing Extended Background Check (use Service Code 2B7NYB) OTHER DEFICIENCIES: ARE YOU PURSUING YOUR DPT FROM LANGSTON? WHEN IS YOUR ANTICIPATED GRADUATION?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6571 CONNER JOSHUA BOND
 Physical Therapist

Practice Address:
 February 20, 2024

Status:
Res:
Received: 02/17/2024
Entered: 02/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6571
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: WICHITA STATE UNIVERSITY					
City: WICHITA		State: KS	Country: UNITED STATES		
Degree: DPT	From: 6/2021	To: 5/ 2024	Verified:		
School Name: WASHBURN UNIVERSITY					
City: TOPEKA		State: KS	Country: UNITED STATES		
Degree:	From: 8/2019	To: 5/ 2021	Verified:		
School Name: ALLEN COMMUNITY COLLEGE					
City: IOLA		State: KS	Country: UNITED STATES		
Degree:	From: 8/2016	To: 5/ 2019	Verified:		
School Name: SHAWNEE HEIGHTS HIGH SCHOOL					
City: TECUMSEH		State: KS	Country: UNITED STATES		
Degree:	From: 8/2012	To: 5/ 2016	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6571 CONNER JOSHUA BOND
 Physical Therapist

PRACTICE HISTORY

Employed: Greater Wichita YMCA **Supervisor:**
City: WICHITA **State:** KS **Country:** UNITED STATES
Specialty: MEMBERSHIPS SERVICES **From:** 10 /2023 **To:** 12 /2023 **Verified:**
 ASSOCIATE
Comments:

Employed: State of Kansas **Supervisor:**
City: WICHITA **State:** KS **Country:** UNITED STATES
Specialty: GRADUATE TEACHING ASSISTANT **From:** 8 /2022 **To:** 5 /2023 **Verified:**
Comments: GRADUATE TEACHING ASSISTANT FOR THE PHYSICAL THERAPY PROGRAM AT
 WICHITA STATE UNIVERSITY

Employed: Self Employed **Supervisor:**
City: WICHITA **State:** KS **Country:** UNITED STATES
Specialty: HOME HEAL AIDE FOR A DISABLED **From:** 3 /2022 **To:** 12 /2023 **Verified:**
 GENTLEMAN
Comments: HOME HEAL AIDE FOR A DISABLED GENTLEMAN. BATHED, DRESSED, COOKING,
 TRANSFERRING AND TRAVELING

Employed: Curb Appeal **Supervisor:**
City: TOPEKA **State:** KS **Country:** UNITED STATES
Specialty: OPERATED MULTIPLE POWER **From:** 9 /2020 **To:** 6 /2021 **Verified:**
 WASHERS
Comments: OPERATED MULTIPLE POWER WASHERS AND WASHED HIGH RISE BUILDINGS,
 TRUCKS, BANKS, DRIVE THRU, ETC

Employed: Bollings Meatery and Eatery **Supervisor:**
City: IOLA **State:** KS **Country:** UNITED STATES
Specialty: MANAGED A MEAT MARKET, **From:** 6 /2017 **To:** 7 /2020 **Verified:**
 CASHIER, STOCKER, COOK
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Transcript
 Exam verification date
 Exam score missing
 Evidence of Status
 Application Instructions
 OATH
 Extended Background Check (use Service Code 2B7NYB)
 PHOTO
 Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6572 DANIELLE ELIZABETH FLANAGAN
 Physical Therapist

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/25/2024
Entered: 02/25/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6572
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: LANGSTON UNIVERSITY			State: OK	Country: UNITED STATES	
City: LANGSTON			From: 6/2021	To: 5/ 2024	Verified:
Degree: DPT					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA			State: OK	Country: UNITED STATES	
City: EDMOND			From: 1/2018	To: 5/ 2021	Verified:
Degree:					
School Name: ST. GREGORY'S UNIVERSITY			State: OK	Country: UNITED STATES	
City: SHAWNEE			From: 8/2017	To: 12/ 2017	Verified:
Degree:					
School Name: TULSA COMMUNITY COLLEGE			State: OK	Country: UNITED STATES	
City: TULSA			From: 5/2016	To: 5/ 2017	Verified:
Degree:					
School Name: JENKS HIGH SCHOOL			State: OK	Country: UNITED STATES	
City: JENKS			From: 8/2013	To: 5/ 2017	Verified:
Degree:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6572 DANIELLE ELIZABETH FLANAGAN
 Physical Therapist

PRACTICE HISTORY					
Employed: Ted's Cafe Escondido City: EDMOND Specialty: SERVER Comments: I WORKED AS A SERVER AT TED'S PART-TIME WHILE IN GRADUATE SCHOOL.	Supervisor: State: OK Country: UNITED STATES From: 6 /2021 To: 8 /2023 Verified:				
Employed: University of Central Oklahoma City: EDMOND Specialty: WORK STUDY Comments: I WORKED AS A WELLNESS CENTER STUDENT EMPLOYEE.	Supervisor: State: OK Country: UNITED STATES From: 8 /2020 To: 5 /2021 Verified:				
Employed: Core Physical Therapy City: EDMOND Specialty: PT TECH Comments: I WORKED AS A PT TECHNICIAN WHO WOULD ASSIST PATIENTS AND MAINTAIN A CLEAN AND SAFE ENVIRONMENT.	Supervisor: State: OK Country: UNITED STATES From: 4 /2019 To: 5 /2021 Verified:				
Employed: Diocese of Tulsa City: TULSA Specialty: MISSIONARY Comments: I WORKED AS A TOTUS TUUS TEACHER AND MISSIONARY WHO TAUGHT CHILDREN DURING A SUMMER CHURCH CAMP.	Supervisor: State: OK Country: UNITED STATES From: 5 /2018 To: 7 /2018 Verified:				
Employed: University of Central Oklahoma City: EDMOND Specialty: WORK STUDY Comments: I WORKED AS A STUDENT ASSISTANT FOR THE ENVIRONMENTAL HEALTH AND SAFETY DEPARTMENT AT UCO.	Supervisor: State: OK Country: UNITED STATES From: 2 /2018 To: 3 /2020 Verified:				
Employed: St. Gregory's University City: SHAWNEE Specialty: STUDENT AMBASSADOR Comments: I WAS A STUDENT AMBASSADOR FOR THE ADMISSION'S OFFICE THAT WOULD TAKE CARE OF OFFICE DUTIES.	Supervisor: State: OK Country: UNITED STATES From: 8 /2017 To: 12 /2017 Verified:				
Employed: Jenks Public Schools City: JENKS Specialty: SUBSTITUTE TEACHER ASSISTANT Comments: I WAS A BEFORE AND AFTER CARE SUBSTITUTE TEACHER ASSISTANT THAT WOULD TAKE CARE OF KIDS.	Supervisor: State: OK Country: UNITED STATES From: 10 /2015 To: 8 /2017 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Extended Background Check (use Service Code 2B7NYB) Form 1 Transcript Exam verification date Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6573 MINDY NGUYEN
 Physical Therapist

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/26/2024
Entered: 02/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6573
Sex: F
Ethnic Origin: 6

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: LANGSTON UNIVERSITY		State: OK	Country: UNITED STATES
City: LANGSTON		From: 6/2021	To: / Verified:
Degree: ANTICIPATED DOCTORATES OF PHYSICAL THERAPY			
School Name: UNIVERSITY OF OKLAHOMA		State: OK	Country: UNITED STATES
City: NORMAN		From: 8/2017	To: 5/ 2021 Verified:
Degree: BACHELOR OF SCIENCE IN HEALTH AND EXERCISE SCIENCE			
School Name: SOUTHEAST HIGH SCHOOL		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2013	To: 5/ 2017 Verified:
Degree: HIGH SCHOOL DIPLOMA			
PRACTICE HISTORY			
Employed: Therapy in Motion		Supervisor:	
City: NORMAN		State: OK	Country: UNITED STATES
Specialty: PHYSICAL THERAPY TECHNICIAN		From: 6 /2019	To: 5 /2021 Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6573	MINDY NGUYEN
Physical Therapist		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Exam verification date
Exam score missing
Evidence of Status
Application Instructions
OATH
Extended Background Check (use Service Code 2B7NYB)
PHOTO
OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FROM LANGSTON?
Form 1
Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6574 PHILEMON RULLS NARTEY
 Physical Therapist

Practice Address:
 February 26, 2024

Status:
Res:
Received: 02/26/2024
Entered: 02/26/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6574
Sex: M
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION				
School Name: OKLAHOMA CITY UNIVERSITY City: OKLAHOMA CITY Degree: DOCTORATE DEGREE	State: OK From: 6/2020	Country: UNITED STATES To: 5/ 2024	Verified:	
School Name: ROSE STATE COLLEGE City: MIDWEST CITY Degree: N/A	State: OK From: 6/2019	Country: UNITED STATES To: 8/ 2019	Verified:	
School Name: OKLAHOMA CITY COMMUNITY COLLEGE City: OKLAHOMA CITY Degree: N/A	State: OK From: 6/2014	Country: UNITED STATES To: 12/ 2017	Verified:	
School Name: REDLANDS COMMUNITY COLLEGE City: EL RENO Degree: N/A	State: OK From: 1/2013	Country: UNITED STATES To: 5/ 2013	Verified:	
School Name: UNIVERSITY OF OKLAHOMA City: NORMAN Degree: BACHELOR'S DEGREE	State: OK From: 1/2012	Country: UNITED STATES To: 12/ 2017	Verified:	
School Name: NINGO SENIOR HIGH SCHOOL City: OLD NINGO Degree: HIGH SCHOOL DIPLOMA	State: From: 6/2003	Country: GHANA To: 6/ 2007	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6574	PHILEMON RULLS NARTEY
Physical Therapist		

PRACTICE HISTORY					
Employed:				Supervisor:	
City:	State:		Country:		
Specialty:	From:	/	To:	/	Verified:
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE: YES ANSWER Extended Background Check (use Service Code 2B7NYB) OTHER DEFICIENCIES: WHEN IS YOUR ANTICIPATED GRADUATION FORM OKLAHOMA CITY UNIVERSITY? Visa Type (if non-US citizen) Visa Expiration Date (if non-US citizen) OATH Form 1 Exam verification date Exam score missing Transcript Time Deficiency Form for: 6/2007-1/2012, 12/2017-6/2019, 8/2019-6/2020 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS Evidence of Status PHOTO Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6575 ALLISON PETTY
 Physical Therapist

Practice Address:
 February 27, 2024

Status:
Res:
Received: 02/27/2024
Entered: 02/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6575
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: SOUTHWEST BAPTIST UNIVERSITY		State: OK	Country: UNITED STATES
City: BOLIVAR		From: 8/2021	To: 5/ 2024 Verified:
Degree: DOCTOR OF PHYSICAL THERAPY			
School Name: UNIVERSITY OF OKLAHOMA		State: OK	Country: UNITED STATES
City: NORMAN		From: 8/2016	To: 5/ 2020 Verified:
Degree: BACHELOR'S OF SCIENCE HEALTH AND EXERCISE SCIENCE			
School Name: MUSTANG HIGH SCHOOL		State: OK	Country: UNITED STATES
City: MUSTANG		From: 8/2012	To: 5/ 2016 Verified:
Degree:			

PRACTICE HISTORY			
Employed: Physical Therapy Central		Supervisor:	
City: NORMAN		State: OK	Country: UNITED STATES
Specialty: PHYSICAL THERAPY TECH		From: 8 /2019	To: 8 /2021 Verified:
Comments:			
Employed: Goddard Health Center		Supervisor:	
City: NORMAN		State: OK	Country: UNITED STATES
Specialty: PHYSICAL THERAPY TECH		From: 8 /2016	To: 3 /2017 Verified:
Comments:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6575	ALLISON PETTY
Physical Therapist		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Extended Background Check (use Service Code 2B7NYB) Form 1 Transcript Exam verification date Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6576 NISHA NADKAR
 Physical Therapist

Practice Address:
 March 11, 2024

Status:
Res:
Received: 02/29/2024
Entered: 02/29/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6576
Sex: F
Ethnic Origin: 6

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: SETON HALL UNIVERSITY					
City: SOUTH ORANGE		State: NJ		Country: UNITED STATES	
Degree: DOCTORATE IN PHYSICAL THERAPY		From: 9/2011		To: 5/ 2015 Verified:	
<hr/>					
School Name: WEST VIRGINIA WESLEYAN COLLEGE					
City: BUCKHANNON		State: WV		Country: UNITED STATES	
Degree: BACHLOR'S IN SCIENCE IN ATHLETIC TRAINING		From: 8/2007		To: 5/ 2011 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: 360 Medical Consulting			Supervisor:		
City: NEW YORK		State: NY		Country: UNITED STATES	
Specialty: OUTPATIENT PHYSICAL THERAPY		From: 8 /2022		To: / Verified:	
Comments:					
<hr/>					
Employed: Select Medical			Supervisor:		
City: JERSEY CITY		State: NJ		Country: UNITED STATES	
Specialty: OUTPATIENT PHYSICAL THERAPY SETTING		From: 10 /2015		To: 8 /2022 Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6576 NISHA NADKAR
 Physical Therapist

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
NJ	physical therapy 40QA01639700	A	10/23/15	1/31/26	3/11/24
NY	Physical therapy 046655		11/23/19		
NJ	AT 25MT00171800	I	12/19/11	12/19/11	3/11/24

DEFICIENCIES

Verify License from NY 046655

Form 1

Transcript

Exam verification date

Exam score missing

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR 360 MEDICAL CONSULTING?

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 4/2007-8/2007, 5/2011-9/2011, 5/2015-10/2015 MUST USE TIME DEFICIENCY

FORM FOR EXPLANATIONS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6577 COURTNEY ELIZABETH LOPEZ
 Physical Therapist

Practice Address:
 March 12, 2024

Status:
Res:
Received: 03/04/2024
Entered: 03/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6577
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: LANGSTON UNIVERSITY					
City: LANGSTON		State: OK	Country: UNITED STATES		
Degree: DOCTOR OF PHYSICAL THERAPY		From: 6/2021	To: 5/ 2024	Verified:	
<hr/>					
School Name: OSU-OKC					
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Degree:		From: 1/2020	To: 5/ 2020	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE		From: 8/2016	To: 12/ 2019	Verified:	
<hr/>					
School Name: PIEDMONT HIGH SCHOOL					
City: PIEDMONT		State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2012	To: 5/ 2016	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6577 COURTNEY ELIZABETH LOPEZ
 Physical Therapist

PRACTICE HISTORY			
Employed: Old School Bagel Cafe City: PIEDMONT Specialty: ASSISTANT MANAGER Comments: - PART TIME	Supervisor: State: OK Country: UNITED STATES From: 9 /2020 To: 7 /2021 Verified:		
Employed: Core Physical Therapy City: EDMOND Specialty: PHYSICAL THERAPY TECHNICIAN Comments: - FULL TIME	Supervisor: State: OK Country: UNITED STATES From: 5 /2020 To: 4 /2021 Verified:		
Employed: Covenant Community Daycare City: STILLWATER Specialty: ASSISTANT MANAGER Comments: LEAD INFANT TEACHER	Supervisor: State: OK Country: UNITED STATES From: 1 /2017 To: 7 /2019 Verified:		
Employed: TLC Childcare City: PIEDMONT Specialty: INFANT - PRESCHOOLAGE TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2016 To: 8 /2016 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status Application Instructions OATH Extended Background Check (use Service Code 2B7NYB) PHOTO Form 1 Transcript Exam verification date Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6578	SHERIDAN HALL

Physical Therapist

Practice Address:
March 11, 2024

Status:
Res:
Received: 03/04/2024
Entered: 03/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6578
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 6578 SHERIDAN HALL
Physical Therapist

PRE-MED EDUCATION					
School Name: LANGSTON UNIVERSITY SCHOOL OF PHYSICAL THERAPY					
City: LANGSTON		State: OK		Country: UNITED STATES	
Degree: DPT		From: 6/2021		To: / Verified:	
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2019		To: 5/ 2020 Verified:	
School Name: LANGSTON UNIVERSITY					
City: LANGSTON		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF SCIENCE		From: 8/2017		To: 7/ 2019 Verified:	
School Name: GRAYSON COUNTY COLLEGE					
City: DENISON		State: TX		Country: UNITED STATES	
Degree: ASSOCIATE OF SCIENCE		From: 8/2016		To: 7/ 2017 Verified:	
School Name: NORTHERN OKLAHOMA COLLEGE					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 1/2015		To: 5/ 2016 Verified:	
School Name: REDLANDS COMMUNITY COLLEGE					
City: EL RENO		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014		To: 12/ 2014 Verified:	
School Name: ROSE STATE COLLEGE					
City: MIDWEST CITY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014		To: 5/ 2015 Verified:	
School Name: RIPLEY HIGH SCHOOL					
City: RIPLEY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2011		To: 5/ 2015 Verified:	
PRACTICE HISTORY					
Employed: Mugsy's Grub House			Supervisor:		
City: YALE		State: OK		Country: UNITED STATES	
Specialty: SERVER		From: 6/2019		To: 3/ 2022 Verified:	
Comments: WORKED AS A WAITRESS IN A RESTAURANT.					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6578	SHERIDAN HALL

Physical Therapist

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM LANGSTON UNIVERSITY?

PHOTO

Form 1

Transcript

Exam verification date

Exam score missing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6579 SCOTTLAND C HASKINS
 Physical Therapist

Practice Address:
 March 11, 2024

NOT OKLAHOMA

Status:
Res:
Received: 03/04/2024
Entered: 03/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6579
Sex: M
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: LANGSTON UNIVERSITY					
City: LANGSTON		State: OK		Country: UNITED STATES	
Degree: PHYSICAL THERAPY		From: 6/2021		To: 5/ 2024 Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND, OKLAHOMA		State: OK		Country: UNITED STATES	
Degree: BIOMEDICAL SCIENCE		From: 8/2012		To: 5/ 2020 Verified:	
<hr/>					
School Name: CLASSEN SCHOOL OF ADVANCE STUDIES					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2006		To: 5/ 2012 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6579 SCOTTLAND C HASKINS
 Physical Therapist

PRACTICE HISTORY

Employed: Panda Express City: OKLAHOMA CITY Specialty: FRONT OF THE HOUSE EMPLOYEE Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2021 To: 1 /2023 Verified:
---	---

Employed: Sherwin Williams City: OKLAHOMA CITY Specialty: WAREHOUSE EMPLOYEE Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2017 To: 4 /2018 Verified:
---	--

Employed: Air National Guard City: TULSA Specialty: AVIONICS TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2015 To: 1 /2021 Verified:
--	--

Employed: Bravo's Italian Restaurant City: OKLAHOMA CITY Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2014 To: 5 /2015 Verified:
---	--

Employed: First Watch Cafe City: OKLAHOMA CITY Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2014 To: 5 /2015 Verified:
---	--

Employed: Mama roja's City: OKLAHOMA CITY Specialty: SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2014 To: 8 /2014 Verified:
--	--

Employed: Mimis Cafe City: OKLAHOMA CITY Specialty: SERVER Comments: SERVER AND FRONT OF THE HOUSE EMPLOYEE. THIS ENTAILED CATERING TO THE CUSTOMERS IN THE ESTABLISHMENT	Supervisor: State: OK Country: UNITED STATES From: 7 /2012 To: 5 /2013 Verified:
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Employed: El Chico Cafe City: OKLAHOMA CITY Specialty: BUSSER/JANITORIAL DUTIES. Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2011 To: 6 /2012 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6579	SCOTTLAND C HASKINS

Physical Therapist

DEFICIENCIES

Evidence of Status

Transcript

Exam verification date

Exam score missing

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: 1/2021- 6/2021; MUST USE TIME DEFICIENCY FORM

Application Instructions

OATH

PHOTO

Form 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6580 ELLE NICOLE STOVER
 Physical Therapist

Practice Address:
 March 12, 2024

Status:
Res:
Received: 03/05/2024
Entered: 03/05/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6580
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: LANGSTON UNIVERSITY			State: OK	Country: UNITED STATES	
City: LANGSTON					
Degree:	From: 6/2021	To: /	Verified:		
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE			State: OK	Country: UNITED STATES	
City: OKLAHOMA CITY					
Degree: NON DEGREE SEEKING	From: 1/2021	To: 3/ 2021	Verified:		
<hr/>					
School Name: UNIVERSITY OF CENTRAL OKLAHOMA			State: OK	Country: UNITED STATES	
City: EDMOND					
Degree: BACHELOR OF SCIENCE IN KINESIOLOGY	From: 8/2014	To: 8/ 2019	Verified:		
<hr/>					
School Name: WESTMOORE HIGH SCHOOL			State: OK	Country: UNITED STATES	
City: OKLAHOMA CITY					
Degree:	From: 8/2010	To: 5/ 2014	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6580 ELLE NICOLE STOVER
 Physical Therapist

PRACTICE HISTORY			
Employed: Alpha Delta Pi Sorority City: ATLANTA Specialty: LEADERSHIP CONSULTANT Comments:	Supervisor: State: GA Country: UNITED STATES From: 7 /2019 To: 5 /2020 Verified:		
Employed: Stover Physical Therapy City: OKLAHOMA CITY Specialty: PT AID Comments: PHYSICAL THERAPY AID FOR FAMILY CLINIC. INCONSISTENTLY/OCCASIONALLY WORKED THROUGHOUT THIS TIME.	Supervisor: State: OK Country: UNITED STATES From: 1 /2018 To: 2 /2023 Verified:		
Employed: Therapy In Motion City: EDMOND Specialty: PHYSICAL THERAPY TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2017 To: 6 /2019 Verified:		
Employed: Apex Goalkeeper Institute City: OKLAHOMA CITY Specialty: GOALKEEPER TRAINER Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2017 To: 8 /2018 Verified:		
Employed: None City: OKLAHOMA CITY Specialty: UNEMPLOYED Comments: NOT EMPLOYED, SUMMER BEFORE COLLEGE	Supervisor: State: OK Country: UNITED STATES From: 6 /2014 To: 7 /2014 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status Application Instructions OATH Extended Background Check (use Service Code 2B7NYB) Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM LANGSTON?; WHERE DID YOU OBTAIN YOUR PT DEGREE? PHOTO Form 1 Transcript Exam verification date Exam score missing

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
 PT 6581 HEATHER KIMZEY
 Physical Therapist

Practice Address:
 March 12, 2024

Status:
Res:
Received: 03/06/2024
Entered: 03/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6581
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION				
School Name: ROCKHURST UNIVERSITY City: KANSAS CITY Degree: DOCTORATE PHYSICAL THERAPY	State: MO From: 6/2008	Country: UNITED STATES To: 5/ 2011	Verified:	
School Name: NORTHWEST MISSOURI STATE UNIVERSITY City: MARYVILLE Degree: BACHELORS IN BIOLOGY AND PSYCHOLOGY	State: MO From: 8/2004	Country: UNITED STATES To: 5/ 2008	Verified:	
School Name: ALBANY HIGH SCHOOL City: ALBANY Degree: HIGH SCHOOL DIPLOMA	State: MO From: 8/2002	Country: UNITED STATES To: 5/ 2004	Verified:	
School Name: SALISBURY HIGH SCHOOL City: SALISBURY Degree:	State: MO From: 8/2000	Country: UNITED STATES To: 5/ 2002	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 6581 HEATHER KIMZEY
Physical Therapist

PRACTICE HISTORY

Employed: Enhabit Home Health City: BROKEN ARROW Specialty: NEED JOB TITLE Comments: HOME HEALTH	Supervisor: State: OK Country: UNITED STATES From: 11 /2021 To: 3 /2024 Verified:
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Employed: SERC City: KEARNEY Specialty: OFFICE MANAGER Comments: MANAGED AN OUTPATIENT P.T. CLINIC	Supervisor: State: MO Country: UNITED STATES From: 11 /2021 To: 11 /2023 Verified:
---	--

Employed: Preferred Physical Therapy City: GLADSTONE Specialty: PT Comments: OUTPATIENT P.T.	Supervisor: State: MO Country: UNITED STATES From: 4 /2016 To: 11 /2021 Verified:
---	---

Employed: Preferred Physical Therapy City: LENEXA Specialty: PT Comments: OUTPATIENT P.T.	Supervisor: State: KS Country: UNITED STATES From: 1 /2015 To: 4 /2016 Verified:
--	--

Employed: Supplemental Healthcare City: LENEXA Specialty: PT Comments: CONTACT P.T.	Supervisor: State: KS Country: UNITED STATES From: 10 /2014 To: 1 /2015 Verified:
--	---

Employed: Freedom Healthcare City: INDEPENDENCE Specialty: PT Comments: OUTPATIENT P.T. FOCUS ON KNEES	Supervisor: State: MO Country: UNITED STATES From: 2 /2013 To: 10 /2014 Verified:
---	---

Employed: Supplemental Healthcare City: LENEXA Specialty: CONTRACT PHYSICAL THERAPY Comments: , ALL SETTINGS	Supervisor: State: KS Country: UNITED STATES From: 7 /2011 To: 2 /2013 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	PT- COMPACT 125292	A	9/22/23	1/31/26	3/12/24
MO	PT 2011037577	A	11/10/11	1/31/26	3/12/24
KS	PT 11-04327	I	9/20/11	12/31/21	3/12/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6581	HEATHER KIMZEY

Physical Therapist

DEFICIENCIES

Exam score missing

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: NEED JOB TITLE FOR ENHABIT HEALTH

PHOTO

OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS A PT?

Extended Background Check (use Service Code 2B7NYB)

Form 1

Transcript

Exam verification date

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6582	ELAINA NOLL

Physical Therapist

Practice Address:
March 12, 2024

Status:
Res:
Received: 03/06/2024
Entered: 03/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6582
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 6582 ELAINA NOLL
Physical Therapist

PRE-MED EDUCATION					
School Name: LANGSTON UNIVERSITY					
City: LANGSTON		State: OK		Country: UNITED STATES	
Degree: DOCTOR OF PHYSICAL THERAPY		From: 6/2021	To: /	Verified:	
School Name: OCEAN COUNTY COLLEGE					
City: TOMS RIVER		State: NJ		Country: UNITED STATES	
Degree:		From: 3/2021	To: 5/ 2021	Verified:	
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree:		From: 1/2021	To: 5/ 2021	Verified:	
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree:		From: 6/2019	To: 7/ 2019	Verified:	
School Name: NORTHERN OKLAHOMA COLLEGE					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 8/2018	To: 12/ 2018	Verified:	
School Name: OKLAHOMA STATE UNIVERSITY OKC					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 6/2017	To: 7/ 2019	Verified:	
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: HEALTH EDUCATION AND PROMOTION		From: 8/2016	To: 12/ 2020	Verified:	
School Name: BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2012	To: 5/ 2016	Verified:	

PRACTICE HISTORY					
Employed: CORE Physical Therapy			Supervisor:		
City: EDMOND		State: OK		Country: UNITED STATES	
Specialty: PT TECH		From: 5 /2020	To: 5 /2021	Verified:	
Comments: PHYSICAL THERAPY TECH JOB - HANDS ON ASSISTANCE TO PTS WITH PATIENT CARE, CLINIC UPKEEP, ETC.					
Employed: Therapy in Motion			Supervisor:		
City: EDMOND		State: OK		Country: UNITED STATES	
Specialty: PT TECH		From: 5 /2017	To: 12 /2018	Verified:	
Comments: PHYSICAL THERAPY TECH JOB - HANDS ON ASSISTANCE TO PTS/PTAS WITH PATIENT CARE, CLINIC UPKEEP, ETC.					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6582	ELAINA NOLL

Physical Therapist

DEFICIENCIES

Exam verification date

Exam score missing

Evidence of Status

Application Instructions

OATH

Extended Background Check (use Service Code 2B7NYB)

Time Deficiency Form for: WHEN IS YOUR ANTICIPATED GRADUATION DATE FROM LANGSTON?

PHOTO

Form 1

Transcript

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 1738 MARIA RODRIGUEZ-MUNIZ
 Physical Therapist

Practice Address:

February 08, 2024
 METRO PAVIA AT HOME AS CONTRACT PT
 CALLE BOLIVIA #60
 EDIFICIO FIRST MEDICAL
 HATO REY, OK 00922
 TULSA

Status: I
Res: RI
Received: 02/08/2024
Entered: 02/08/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1738
Sex: F
Ethnic Origin: 4

Endorsed By: NATIONAL EXAMINATION
Orig Issued: 01/12/1991 **Orig. Lic. Exp:** 01/31/2022

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		300			
Okla Passing:		169			
Total Score:		174			

PRE-MED EDUCATION					
School Name: UNIVERSITY OF PUERTO RICO					
City: SAN JUAN		State: PR	Country: UNITED STATES		
Degree: BS-PHYS		From: 8/1984	To: 5/ 1986	Verified:	
<hr/>					
School Name: UNIVERSITY OF PR					
City: RIO PIEDRAS		State: PR	Country: PUERTO RICO		
Degree:		From: 5/1981	To: 8/ 1984	Verified:	
<hr/>					
School Name: OUR LADY OF PILAR					
City: SAN JUAN		State: PR	Country: UNITED STATES		
Degree:		From: 8/1975	To: 5/ 1981	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 1738 MARIA RODRIGUEZ-MUNIZ
Physical Therapist

PRACTICE HISTORY

Employed: Healthcare Practice Solutions **Supervisor:**
City: GUAYNABO **State:** **Country:** UNITED STATES
Specialty: CONTRACT PT **From:** 5 /2023 **To:** 3 /2024 **Verified:**
Comments: CONTRACTED BY HPS TO WORK AS CONTRACT PT FOR METRO PAVIA @ HOME.

Employed: Independent Practice **Supervisor:**
City: SAN JUAN **State:** PR **Country:** UNITED STATES
Specialty: WORKED AS INDEPENDENT PT **From:** 1 /2023 **To:** 3 /2024 **Verified:**
Comments: WORKED AS INDEPENDENT PT FROM JANUARY 2023 UNTIL PRESENT.

Employed: NONE **Supervisor:**
City: GUAYNABO **State:** PR **Country:**
Specialty: CAREGIVER **From:** 10 /2020 **To:** 1 /2023 **Verified:**
Comments:

Employed: ST JOHNS OUTPATIENT PHYS THER **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: NONE REPORTED **From:** 9 /1990 **To:** 10 /2020 **Verified:**
Comments:

Employed: CEDARS MEDICAL CENTER **Supervisor:**
City: MIAMI **State:** FL **Country:** UNITED STATES
Specialty: NONE REPORTED **From:** 4 /1989 **To:** 5 /1990 **Verified:**
Comments:

Employed: SOUTH SHORE HOSPITAL **Supervisor:**
City: MIAMI BEACH **State:** FL **Country:** UNITED STATES
Specialty: NONE REPORTED **From:** 12 /1987 **To:** 8 /1990 **Verified:**
Comments:

Employed: BON SECOURS HOSPITAL **Supervisor:**
City: NORTH MIAMI **State:** FL **Country:** UNITED STATES
Specialty: NONE REPORTED **From:** 6 /1986 **To:** 12 /1987 **Verified:**
Comments:

Employed: BON SECOURS HOSP / VILLA MARIA **Supervisor:**
City: NORTH MIAMI **State:** FL **Country:** UNITED STATES
Specialty: NONE REPORTED **From:** 4 /1986 **To:** 5 /1986 **Verified:**
Comments:

Employed: HOSP UNIVERSITARIO DE ADULTOS **Supervisor:**
City: SAN JUAN **State:** PR **Country:** UNITED STATES
Specialty: NONE REPORTED **From:** 3 /1986 **To:** 4 /1986 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
PR	Physical Therapy 4599	A	4/27/21	6/8/24	3/5/24
OK	PT 1738	I	1/12/91	1/31/22	3/5/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	1738	MARIA RODRIGUEZ-MUNIZ

Physical Therapist

DEFICIENCIES

Extended Background Check (use Service Code 2B7NYB)

TIME

OTHER DEFICIENCIES: PLEASE GIVE US YOUR JOB TITLES FOR YOUR JOBS @ ST. JOHNS, CEDARS MEDICAL, SOUTH SHORE, BON SECOURS, VILLA MARIA & HOS UNIVERSITARIO DE ADULTOS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 4719 JARED BOURNE
 Physical Therapist

Practice Address:

January 22, 2024
 TEXOMA MEDICAL CENTER- OUTPATIENT THERAPY
 4616 US HWY 75 S
 SUITE 200
 DENISON, TX 75020
 NOT OKLAHOMA

Status: I
Res: RI
Received: 01/16/2024
Entered: 01/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 4719
Sex: M
Ethnic Origin: 1

Endorsed By: FSBPT EXAM
Orig Issued: 08/02/2013 **Orig. Lic. Exp:** 01/31/2022

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		653			

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Degree: DPT	From: 6/2009	To: 5/2013	Verified:		
School Name: SOUTHEASTERN OKLAHOMA STATE UNIVERSITY					
City: DURANT		State: OK	Country: UNITED STATES		
Degree:	From: 1/2007	To: 5/2009	Verified:		
School Name: NORTHERN OKLAHOMA COLLEGE					
City: TONKAWA		State: OK	Country: UNITED STATES		
Degree:	From: 8/2006	To: 12/2006	Verified:		
School Name: GRAYSON COUNTY COMMUNITY COLLEGE					
City: DENISON		State: TX	Country: UNITED STATES		
Degree:	From: 8/2005	To: 5/2006	Verified:		
School Name: DURANT HIGH SCHOOL					
City: DURANT		State: OK	Country: UNITED STATES		
Degree:	From: 8/2002	To: 5/2006	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
PT 4719 JARED BOURNE
Physical Therapist

PRACTICE HISTORY

Employed: Texoma Medical Center- Outpatient Therapy **Supervisor:**
Services
City: DENISON **State:** TX **Country:** UNITED STATES
Specialty: LEAD PT **From:** 8 / 2022 **To:** / **Verified:**
Comments: 2/12/2024:CURRENTLY WORKING HERE(SJ)

Employed: Texoma Orthopedic and Spine **Supervisor:**
City: DENISON **State:** TX **Country:** UNITED STATES
Specialty: DIRECTOR OF PHYSICAL **From:** 9 / 2015 **To:** 8 / 2022 **Verified:**
THERAPY
Comments:

Employed: Total Rehab **Supervisor:**
City: DURANT **State:** OK **Country:** UNITED STATES
Specialty: OUTPATIENT PHYSICAL **From:** 10 / 2014 **To:** 9 / 2015 **Verified:**
THERAPY MANAGER
Comments:

Employed: St. Anthony's Physician **Supervisor:**
City: SHAWNEE **State:** OK **Country:** UNITED STATES
Specialty: STAFF PT **From:** 5 / 2013 **To:** 10 / 2014 **Verified:**
Comments:

Employed: Physical Therapy Central-OKC **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: PHYSICAL THERAPY **From:** 7 / 2010 **To:** 6 / 2011 **Verified:**
TECHNICIAN
Comments:

Employed: Jimmies Auto Supply **Supervisor:**
City: DURANT **State:** OK **Country:** UNITED STATES
Specialty: DELIVERY/PARTS **From:** 5 / 2007 **To:** 5 / 2009 **Verified:**
SALESMAN
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Physical Therapist 1266890	A	9/23/15	8/31/24	2/12/24
OK	PT 4719	I	8/2/13	1/31/22	3/14/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6276 JACOBY DALE HICKS
 Physical Therapist

Practice Address:
 February 20, 2024
 PT SOLUTIONS @ HILLCREST MEDICAL CENTER
 1120 S UTICA AVE

 TULSA, OK 74104
 TULSA

 UNITED STATES

Status:
Res:
Received: 02/02/2024
Entered: 02/02/2024
Temp Issued: 03/04/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6276
Sex: M
Ethnic Origin: 1

Endorsed By: FSBPT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		615			

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY UNIVERSITY					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: DOCTORATE OF PHYSICAL THERAPY		From: 6/2020	To: 12/ 2022	Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: RE-TOOK BIOLOGY AND PHYSICS I. NO DEGREE AWARDED.		From: 8/2019	To: 5/ 2020	Verified:	
<hr/>					
School Name: SOUTHERN NAZARENE UNIVERSITY					
City: BETHANY		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE PRE-PHYSICAL THERAPY		From: 8/2015	To: 5/ 2019	Verified:	
<hr/>					
School Name: VICTORY CHRISTIAN SCHOOL					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2011	To: 5/ 2015	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 PT 6276 JACOBY DALE HICKS
 Physical Therapist

PRACTICE HISTORY			
Employed: PT SOLUTIONS @ HILLCREST MEDICAL CENTER City: TULSA Specialty: PT Comments: 1120 S UTICA AVE TULSA, OK 74104 918-579-7100	Supervisor: JOHN KELLER, PT 4841 State: OK Country: UNITED STATES From: 3 / 2024 To: / Verified:		
Employed: PT SOLUTIONS City: TULSA Specialty: PT Comments: 1120 S UTICA AVE TULSA, OK 74120 918-579-7100	Supervisor: JOHN BASSETT, PT 5513 State: OK Country: UNITED STATES From: 3 / 2024 To: / Verified:		
Employed: PT SOLUTIONS City: TULSA Specialty: PT Comments: 1120 S UTICA AVE TULSA, OK 74120 918-579-7100	Supervisor: BLAKE RAUCH, PT 5982 State: OK Country: UNITED STATES From: 3 / 2024 To: / Verified:		
Employed: Tulsa Bone and Joint Associates City: SAND SPRINGS Specialty: PHYSICAL THERAPY TECHNICIAN Comments: I WAS A PHYSICAL THERAPY TECHNICIAN AT THE SAND SPRINGS LOCATION WHILE STUDYING FOR NPTE.	Supervisor: State: OK Country: UNITED STATES From: 8 / 2023 To: 2 / 2024 Verified:		
Employed: NONE City: OKC/TULSA Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: From: 1 / 2023 To: 7 / 2023 Verified:		
Employed: Redbud Physical Therapy - Glenpool City: GLENPOOL Specialty: PHYSICAL THERAPY REHABILITATION TECHNICIAN Comments: PHYSICAL THERAPY REHABILITATION TECHNICIAN AT AN OUTPATIENT CLINIC UNDER SUPERVISION FROM A PT.	Supervisor: State: OK Country: UNITED STATES From: 6 / 2019 To: 5 / 2020 Verified:		
Employed: Physical Therapy Central City: OKLAHOMA CITY Specialty: PHYSICAL THERAPY TECHNICIAN Comments: PHYSICAL THERAPY TECHNICIAN FOR AN OUTPATIENT CLINIC UNDER SUPERVISION FROM A PT.	Supervisor: State: OK Country: UNITED STATES From: 3 / 2019 To: 5 / 2019 Verified:		
Employed: Prohab Therapy Services City: TULSA Specialty: PHYSICAL THERAPY REHABILITATION TECHNICIAN Comments: PHYSICAL THERAPY REHABILITATION TECHNICIAN UNDER SUPERVISION OF A PTA, OTA, AND SLP.	Supervisor: State: OK Country: UNITED STATES From: 6 / 2018 To: 8 / 2018 Verified:		
Employed: Prohab Therapy Specialists City: TULSA OKLAHOMA Specialty: PHYSICAL THERAPY TECHNICIAN	Supervisor: State: OK Country: UNITED STATES From: 6 / 2016 To: 8 / 2016 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
PT	6276	JACOBY DALE HICKS
Physical Therapist		

Comments: PHYSICAL THERAPY TECHNICIAN WORKING AT A SNF UNDER SUPERVISION OF A PTA, OTA, AND SLP.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	PT 1388299	A	2/2/24	11/30/26	2/28/24

DEFICIENCIES

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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6553 MACKENZIE LEEANN SMITH
 Physical Therapist

Practice Address:
 January 24, 2024
 PT SOLUTIONS
 9001 S 101ST E AVE

 TULSA, OK 74133
 TULSA

 UNITED STATES

Status:
Res:
Received: 12/30/2023
Entered: 12/30/2023
Temp Issued: 02/06/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6553
Sex: F
Ethnic Origin: 1

Endorsed By: FSBPT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		647			

PRE-MED EDUCATION					
<hr/>					
School Name: MISSOURI STATE UNIVERSITY					
City: SPRINGFIELD		State: MO		Country: UNITED STATES	
Degree: DOCTORATE OF PHYSICAL THERAPY		From: 5/2019		To: 5/ 2022 Verified:	
<hr/>					
School Name: EVANGEL UNIVERSITY					
City: SPRINGFIELD		State: MO		Country: UNITED STATES	
Degree: ALLIED HEALTH		From: 8/2015		To: 5/ 2019 Verified:	
<hr/>					
School Name: MT. VERNON HIGH SCHOOL					
City: MT.VERNON		State: MO		Country: UNITED STATES	
Degree:		From: 8/2011		To: 5/ 2015 Verified:	
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6553 MACKENZIE LEEANN SMITH
 Physical Therapist

PRACTICE HISTORY			
Employed: PT SOLUTIONS City: TULSA Specialty: PT Comments: 9001 S 101 EAST AVE TULSA, OK 74133 918-294-4060	Supervisor: CHRISTOPHER CAPSEY, PT 5641 State: OK Country: UNITED STATES From: 2 / 2024 To: / Verified: 1/10/2024		
Employed: PT Solutions City: EVANSTON Specialty: PHYSICAL THERAPIST Comments: IN THE OUTPATIENT SETTING.	Supervisor: State: IL Country: UNITED STATES From: 7 / 2022 To: 12 / 2023 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
IL	PT 070026836	A	8/3/22	9/30/24	1/10/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6556 ANTONIO JUAN WILLIAMS
 Physical Therapist

Practice Address:
 February 14, 2024
 PT SOLUTIONS
 9001 SOUTH 101ST AST AVE

 TULSA, OK 74133
 TULSA

 UNITED STATES

Status:
Res:
Received: 01/16/2024
Entered: 01/16/2024
Temp Issued: 02/23/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 6556
Sex: M
Ethnic Origin: 2

Endorsed By: FSBPT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		800			
Okla Passing:		600			
Total Score:		720			

PRE-MED EDUCATION					
School Name: UNIVERSITY OF TEXAS SOUTHWESTERN					
City: DALLAS	State: TX	Country: UNITED STATES			
Degree: DPT	From: 5/2021	To: 12/ 2023	Verified:		
School Name: HOUSTON COMMUNITY COLLEGE					
City: HOUSTON	State: TX	Country: UNITED STATES			
Degree: NA	From: 1/2020	To: 5/ 2020	Verified:		
School Name: DELTA COMMUNITY COLLEGE					
City: SAGINAW	State: MI	Country: UNITED STATES			
Degree: NA	From: 8/2019	To: 12/ 2019	Verified:		
School Name: UNIVERSITY OF NORTH FLORIDA					
City: JACKSONVILLE	State: FL	Country: UNITED STATES			
Degree: HEALTH SCIENCE	From: 5/2017	To: 8/ 2019	Verified:		
School Name: UNIVERSITY OF WEST ALABAMA					
City: LIVINGSTON	State: AL	Country: UNITED STATES			
Degree: N/A	From: 8/2015	To: 5/ 2017	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 PT 6556 ANTONIO JUAN WILLIAMS
 Physical Therapist

PRACTICE HISTORY			
Employed: PT SOLUTIONS City: TULSA Specialty: PT Comments: 9001 SOUTH 101ST EAST AVE TULSA, OK 74133 918-294-4060	Supervisor: GROUP State: OK Country: UNITED STATES From: 2 / 2024 To: / Verified:		
Employed: NONE City: BEAUMONT Specialty: UNEMPLOYED, DPT PROGRAM INTERVIEWS Comments:	Supervisor: State: TX Country: UNITED STATES From: 9 / 2020 To: 5 / 2021 Verified:		
Employed: NONE City: SAGINAW Specialty: UNEMPLOYED Comments:	Supervisor: State: MI Country: UNITED STATES From: 6 / 2020 To: 8 / 2020 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>

Amended: November 1, 2021

**STATE OF OKLAHOMA
PHYSICAL THERAPY PRACTICE ACT
Title 59 O.S., Sections 887.1 - 887.19**

INDEX

- 887.1. Short title
- 887.2. Definitions
- 887.3. Licensing requirements
- 887.4. Physical Therapy Committee - membership - powers and duties
- 887.5. Powers and duties of Board
- 887.6. Qualifications for license
- 887.7. Application for licenses - fees
- 887.8. Issuance of license - reexamination
- 887.9. License without examination
- 887.10. Temporary permit without examination
- 887.11. Repealed
- 887.12. Renewal of licenses
- 887.13. Refusal, suspension or revocation of license
- 887.14. Titles and abbreviations
- 887.15. Obtaining license by misrepresentations - penalty
- 887.16. Misrepresentations - penalties and actions
- 887.17. Referrals by physicians and surgeons - agents - exceptions
- 887.18. Fees
- 887.19. Physical Therapy Licensure Compact

887.1. Short Title

This act shall be known as the "Physical Therapy Practice Act".

Laws 1965, c. 153, § 1, emerg. eff. May 26, 1965.

887.2. Definitions

As used in the Physical Therapy Practice Act:

1. "Physical therapy" means the care and services provided by or under the direction and supervision of a physical therapist who is licensed pursuant to the Physical Therapy Practice Act;

2. "Practice of physical therapy" means the 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, chiropractic, dentistry or podiatry, or a physician assistant, 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 transcutaneous bioelectrical potentials, motor development, functional capacity and respiratory or circulatory efficiency. Physical therapy also includes physical therapy treatment performed 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. Physical therapy services may be provided in person or remotely, via telehealth, to individuals or groups. The use of roentgen rays and radium for diagnostic or therapeutic purposes, the use of electricity for surgical purposes, including cauterization and colonic irrigations are not authorized under the term "physical therapy" as used in this chapter;

3. "Physical therapist assistant" means a person who assists in the practice of physical therapy subject to the direction and supervision of a licensed physical therapist, who meets all the educational requirements, and who is licensed pursuant to the provisions of the Physical Therapy Practice Act;

4. "Licensed physical therapist" means a person who is licensed as required in the Physical Therapy Practice Act and who regularly practices physical therapy;

5. "Board" means the State Board of Medical Licensure and Supervision;

6. "Committee" means the Physical Therapy Committee;

7. "Telehealth" means the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration; and

8. "Telecommunication" means the use of audio, video or other electronic media to deliver health care in real-time or through the use of store-and-forward technology.

887.3. License requirements

No person shall designate himself as a physical therapist or physical therapist assistant, nor practice, nor hold himself out to the public as being able to practice physical therapy in this state, unless licensed in accordance with the provisions of the Physical Therapy Practice Act. The Physical Therapy Practice Act shall not prohibit or prevent any person licensed in the healing arts in this state from engaging in the practice for which he is duly licensed.

Laws 1965, c. 153, § 3 eff. May 26, 1965. Laws 1969, c. 345, § 2; amended by Laws 1987, c. 13, § 2, eff. July 1, 1987.

887.4. Physical Therapy Committee - Membership - Powers and duties

A. There is hereby established a Physical Therapy Committee to assist the State Board of Medical Licensure and Supervision in conducting examinations for applicants and to advise the Board on all matters pertaining to the licensure, education, and continuing education of physical therapists and physical therapist assistants and the practice of physical therapy.

B. 1. The Physical Therapy Committee shall consist of five (5) members who shall be appointed by the State Board of Medical Licensure and Supervision as follows:

- a. three members shall be licensed physical therapists,
- b. one member shall be a licensed physical therapist assistant, and
- c. one member shall be a lay person.

2. Except for the lay appointee, each appointee shall be selected from a list of three persons submitted for each vacancy by the Oklahoma Chapter of the American Physical Therapy Association.

- a. Members serving on the Committee on the effective date of this act may continue serving until expiration of their terms of office and may be reappointed if eligible pursuant to the provisions of this act. Members of the original Physical Therapy Committee shall have been appointed for staggered terms of one (1), two (2), and three (3) years, respectively. Terms of office of each appointed member shall expire July 1 of that year in which they expire regardless of the calendar date when such appointments were made. Subsequent appointments shall be made for a term of three (3) years or until their successors are appointed and qualified.
- b. The lay member and physical therapist assistant member initially appointed to fill the

two new positions created pursuant to this act shall be appointed for staggered terms of office which will expire July 1, 1998, and July 1, 1999. Thereafter, members appointed to these positions shall serve for terms of three (3) years or until their successors are appointed and qualified.

c. Vacancies shall be filled by the Board in the same manner as the original appointment.

3. Each member of the Committee shall be a resident of this state. The physical therapist and physical therapist assistant members shall be licensed pursuant to the Physical Therapy Practice Act for at least three (3) years prior to appointment to the Committee. The lay member shall not be a physical therapist or a licensed health care professional or be related by adoption, blood, or marriage within the third degree of consanguinity to a physical therapist or a licensed health care professional.

4. Members of the Committee shall be reimbursed for all actual and necessary expenses incurred in the performance of duties required by the Physical Therapy Practice Act in accordance with the provisions of the State Travel Reimbursement Act.

C. The Committee shall have the power and duty to:

1. Assist in selecting and conducting examinations for licensure, and in determining which applicants successfully passed such examination;

2. Advise the Board on all matters pertaining to the licensure, education, and continuing education requirements for, and practice of physical therapy in this state;

3. Maintain a current list of approved schools of physical therapy and physical therapist assistants; and

4. Assist and advise in all hearings involving physical therapists or physical therapist assistants who are deemed to be in violation of the Physical Therapy Practice Act.

Laws 1965, c. 153, § 4, emerg. eff. May 26, 1965; Laws 1969, c. 345, § 3; Laws 1985, c. 178, § 37, operative July 1, 1985; Laws 1987, c. 13, § 3, eff. July 1, 1987; Laws 1987, c. 118, § 45, operative July 1, 1987; Laws 1997, c. 126, § 1.

887.5. Powers and duties of Board

A. The State Board of Medical Licensure and Supervision shall have the power and duty to:

1. Promulgate rules necessary to implement the provisions of the Physical Therapy Practice Act;

2. Determine, as recommended by the Committee, the qualifications of applicants for licensure, conduct all examinations, and determine which applicants successfully passed such

examinations;

3. Issue a license to each applicant who passes the examination in accordance with standards promulgated by the Board pursuant to the Physical Therapy Practice Act, and who is otherwise in compliance with the Physical Therapy Practice Act. A license shall also be issued to persons who qualify for such license pursuant to the provisions of Sections 887.9 and 887.10 of this title. Said licenses shall be subject to annual renewal as provided by the Physical Therapy Practice Act;

4. Make such investigations and inspections as are necessary to ensure compliance with the Physical Therapy Practice Act and the rules and regulations of the Board promulgated pursuant to the act;

5. Conduct hearings as required by the provisions of the Administrative Procedures Act, Section 301 et seq. of Title 75 of the Oklahoma Statutes;

6. Report to the district attorney having jurisdiction or the Attorney General any act committed by any person which may constitute a misdemeanor pursuant to the provisions of the Physical Therapy Practice Act;

7. Initiate prosecution and civil proceedings;

8. Suspend, revoke or deny the license of any physical therapist and physical therapist assistant for violation of any provisions of the Physical Therapy Practice Act or rules and regulations promulgated by the Board pursuant to this act;

9. Maintain a record listing the name of each physical therapist and physical therapist assistant licensed in this state;

10. Compile a list of physical therapists and physical therapist assistants licensed to practice in this state. Said list shall be available to any person upon application to the Board and the payment of such fee as determined by the Board for the reasonable expense thereof pursuant to the provisions of the Physical Therapy Practice Act;

11. Make such expenditures and employ such personnel as it may deem necessary for the administration of the provisions of the Physical Therapy Practice Act; and

12. Conduct state and national criminal history record checks as determined by the Board through the Oklahoma State Bureau of Investigation pursuant to Section 150.9 of Title 74 of the Oklahoma Statutes and Federal Bureau of Investigation in accordance with 28 U.S.C., Section 534 and 34 U.S. C., Section 40316; provided, however, that reports from such record checks shall not be shared with entities outside of this state.

Laws 1965, c. 153, § 5, eff. May 26, 1965. Laws 1969, c. 345, § 4; amended by Laws 1987, c. 13, § 4, eff. July 1, 1987.

887.6. Qualifications for license

A. Except as otherwise provided by law, to be eligible for licensure as a physical therapist or physical therapist assistant pursuant to the provisions of the Physical Therapy Practice Act an applicant shall pass an examination based on standards promulgated by the State Board of Medical Licensure and Supervision pursuant to the Physical Therapy Practice Act which shall include a written examination testing the knowledge of the applicant on:

1. The basic and clinical sciences as they relate to physical therapy theory and physical therapy procedures; and

2. Such other subjects as the Board may deem necessary to test the applicant's fitness to practice physical therapy or as a physical therapist assistant. Examinations shall be held within this state at least once per year, at such time and place as the Board shall determine.

B. 1. In addition to the requirements provided by subsection A of this section, and except as provided in paragraph 2 of this subsection or subsection D of this section, an applicant for a license to practice as a physical therapist shall have graduated from a school of physical therapy approved by a national accrediting body which has been recognized by the Board.

2. An applicant for a license to practice as a physical therapist who has been educated through a program or school of physical therapy which is or has been sponsored by a branch of the armed forces of the United States may be licensed as a physical therapist if the Board determines that the education of the applicant is substantially equivalent to, or exceeds, the requirements of accredited educational program.

C. 1. In addition to the requirements provided by subsection A of this section, and except as provided in paragraph 2 of this subsection, an applicant for a license to practice as a physical therapist assistant shall have graduated from an approved program for physical therapist assistants consisting of at least a two-year program approved by a national accrediting body which has been recognized by the Board. An approved course of study shall include such elementary and intermediate courses in the anatomical, biological, and physical sciences as may be determined by the Board.

2. An applicant for a license to practice as a physical therapist assistant who has been educated through a program for physical therapist assistants which is or has been sponsored by a branch of the armed forces of the United States may be licensed as a physical therapist assistant if the Board determines that the education of the applicant is substantially equivalent to, or exceeds, the requirements of accredited educational programs.

D. 1. Except as otherwise provided by paragraph 2 of this subsection, an applicant for licensure as a physical therapist who has been educated in physical therapy outside the United States shall meet the following qualifications:

- a. have completed the application process,
- b. provide satisfactory evidence that their education is substantially equivalent to the

requirements of physical therapists educated in accredited educational programs as determined by the Board. If the Board determines that a foreign-educated applicant's education is not substantially equivalent, it may require completion of additional course work before proceeding with the application process,

- c. provide written proof that the school of physical therapy education is recognized by its own ministry of education,
- d. provide written proof of authorization to practice as a physical therapist without limitations in the country where the professional education occurred,
- e. provide proof of legal authorization to reside and seek employment in the United States or its territories,
- f. have their educational credentials evaluated by a Board-approved credential evaluation agency,
- g. have passed the Board-approved English proficiency examinations if their native language is not English,
- h. have participated in an interim supervised clinical practice period prior to licensure, which may be waived at the discretion of the Board, if:

- (1) the applicant for licensure is able to verify the successful completion of one (1) year of clinical practice in the United States or the District of Columbia, or
- (2) the applicant is able to document exceptional expertise acceptable to the Board in the fields of research, education, or clinical practice, and
- i. have successfully passed the national examination approved by the Board.

2. If the foreign-educated physical therapist applicant is a graduate of a CAPTE-accredited physical therapy education program, requirements in subparagraphs c, d, g and i of paragraph 1 of this subsection may be waived.

E. When a foreign-educated applicant satisfies the qualifications for licensure set forth in subparagraphs a through h of paragraph 1 of subsection D of this section, prior to licensure the Board shall issue an interim permit to the applicant for the purpose of participating in a supervised clinical practice period. The time period of an interim permit shall not be less than ninety (90) days nor more than six (6) months. An interim permit holder, to the satisfaction of the Board, shall complete a period of clinical practice under the continuous and immediate supervision of a physical therapist who holds an unrestricted license issued pursuant to the Physical Therapy Practice Act in a facility approved by the Board.

F. 1. In addition to the requirements provided by subsection A of this section, the Board may require an applicant for licensure as a physical therapist or physical therapist assistant pursuant to the provisions of the Physical Therapy Practice Act, as a condition for eligibility for initial licensure, to submit a full set of fingerprints in a form and manner prescribed by the Board.

2. The Board is authorized to obtain state and national criminal history record information on the applicant.

3. The Board shall not disseminate criminal history record information resulting from the background check outside of this state.

Laws 1965, c. 153, § 6, eff. May 26, 1965. Laws 1969, c. 345, § 5; amended by Laws 1987, c. 13, § 5, eff. July 1, 1987; Amended by Laws 1997, c. 126, § 2, eff. April 17, 1997.

887.7. Application for licenses - Fees

Any person intending to practice as a physical therapist or physical therapist assistant in this state shall apply to the Board in writing. Such application shall be on a form and in a manner prescribed by the Board and shall request such information from the applicant as will indicate to the Board the applicant's qualifications to take the required examination or otherwise comply with the provisions of the Physical Therapy Practice Act. An application to the Board to practice as a physical therapist or physical therapist assistant shall be accompanied by a fee as required by the provisions of the Physical Therapy Practice Act. Said fee shall not be refundable.

Laws 1965, c. 153, § 7, eff. May 26, 1965. Laws 1969, c. 345, § 6; amended by Laws 1987, c. 13, § 6, eff. July 1, 1987.

887.8. Issuance of license - Reexamination

The Board shall issue an appropriate license to each applicant who successfully passes the examination in accordance with standards promulgated by the Board and who otherwise complies with the provisions of the Physical Therapy Practice Act.

Any applicant who fails to pass the examination may request to retake the examination in accordance with standards established by the Board.

Laws 1965, c. 153, § 8. Amended by Laws 1987, c. 13, § 7, eff. July 1, 1987.

887.9. License without examination

Upon payment to the Board of a fee as provided by the Physical Therapy Practice Act, and submission of a written application on forms provided by the Board, the Board may issue a license without examination to any person who is licensed or otherwise registered as a physical therapist by another state or any territory of the United States which has substantially the same standards for licensure as are required by this state pursuant to the provisions of the Physical Therapy Practice Act.

Laws 1965, c. 153, § 9. Amended by Laws 1987, c. 13, § 8, eff. July 1, 1987.

887.10. Temporary permit without examination

A. Upon proper application to the Board, and payment of the fee required by the provisions of the Physical Therapy Practice Act, the Board shall issue without examination a temporary permit to practice physical therapy or to practice as a physical therapist assistant in this state for a period of not to exceed one (1) year to any person who meets the qualifications required for applicants to take the examination and who submits satisfactory evidence to the Board that such applicant is in this state on a temporary basis to assist in a case of medical emergency or to engage in a special physical therapy project. The Board may shorten the term of the temporary permit for less than one (1) year.

B. Upon proper application and payment of fees, the Board may issue a temporary permit to a person who has applied for a license pursuant to the provisions of Section 887.7 of this title, and who is eligible to take the examination pursuant to the provisions of the Physical Therapy Practice Act. Such temporary permit shall be available to an applicant only with respect to his first application for licensure. Such permit shall expire upon notice that the applicant has or has not passed the examination.

Laws 1965, c. 153, § 10 eff. May 26, 1965. Laws 1969, c. 345, § 7; amended by Laws 1987, c. 13, § 9, eff. July 1, 1987.

887.11. Repealed

887.12. Renewal of licenses

A. 1. Except as otherwise provided by the Physical Therapy Practice Act, all licenses shall expire on January 31 of each year. A license may be renewed during the month of January of each year upon:

- a. application,
- b. evidence of satisfactory completion of a program of continuing education or of alternative requirements, as required by the State Board of Medical Licensure and Supervision pursuant to subsection B of this section, and
- c. payment of fees.

2. Applications for renewal of licensure shall be sent by the Board to all licensed physical therapists and physical therapist assistants at their last-known address. Failure to renew a license three (3) months after notification shall effect a forfeiture of the license granted pursuant to the provisions of the Physical Therapy Practice Act. Upon recommendation of the Board, a lapsed license may be revived upon the payment of all unpaid registration fees and pursuant to such rules as may be promulgated by the Board.

3. A physical therapist or physical therapist assistant who fails to apply for a renewal of a license for five (5) years may renew the license by complying with the provisions of the Physical Therapy Practice Act relating to the issuance of an original license.

B. For physical therapists and physical therapist assistants, the Board shall establish by

rule the requirements for:

1. A program of continuing education; and
2. Alternative requirements to establish continuing competence to practice.

The Board shall also establish by rule the minimum hours of continuing education needed to satisfy these requirements. In establishing these requirements, the Board shall consider any existing programs of continuing education currently being offered to licensed physical therapists or physical therapist assistants.

Laws 1965, SB 143, c. 153, § 12, emerg. eff. May 26, 1965; Amended by Laws 1969, HB 1078, c. 345, § 8; Amended by Laws 1987, HB 1401, c. 13, § 10, emerg. eff. July 1, 1987; Amended by Laws 1997, HB 1248, c. 126, § 3.

887.13. Refusal, suspension or revocation of license

1. The State Board of Medical Licensure and Supervision may refuse to issue or renew, or may suspend or revoke a license to any person, after notice and hearing in accordance with rules and regulations promulgated pursuant to the Physical Therapy Practice Act and the provisions of the Administrative Procedures Act of the Oklahoma Statutes who has:

1. Practiced physical therapy for workers' compensation claims other than under the referral of a physician, surgeon, dentist, chiropractor or podiatrist duly licensed to practice medicine or surgery , a physician assistant or in the case of practice as a physical therapist assistant, has practiced other than under the direction of a licensed physical therapist;

2. Treated or attempted to treat ailments or other health conditions of human beings other than by physical therapy as authorized by the Physical Therapy Practice Act;

3. Failed to refer patients to other health care providers if symptoms are known to be present for which physical therapy treatment is inadvisable or if symptoms indicate conditions for which treatment is outside the standards of practice as specified in the rules and regulations promulgated by the Board pursuant to the provisions of the Physical Therapy Practice Act;

4. Used drugs, narcotics, medication, or intoxicating liquors to an extent which affects the professional competency of the applicant or licensee;

5. Been convicted of a felony crime that substantially relates to the occupation of physical therapy and poses a reasonable threat to public safety;

6. Obtained or attempted to obtain a license as a physical therapist or physical therapist assistant by fraud or deception;

7. Been grossly negligent in the practice of physical therapy or in acting as a physical

therapist assistant;

8. Been adjudged mentally incompetent by a court of competent jurisdiction and has not subsequently been lawfully declared sane;

9. Been guilty of conduct unbecoming a person licensed as a physical therapist or physical therapist assistant or guilty of conduct detrimental to the best interests of the public or the profession;

10. Been guilty of any act in conflict with the ethics of the profession of physical therapy; or

11. Had a license suspended or revoked in another state.

B. As used in this section:

1. "Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation; and

2. "Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

Amended by Laws 1987, HB 1401, c. 13, § 11, emerg. eff. July 1, 1987; Amended by Laws 2008, HB 2760, c. 26, § 1, emerg. eff. April 11, 2008; Amended by Laws 2014, SB1020, c. , eff November 1, 2014.

887.14. Titles and abbreviations

Any person holding a license pursuant to the provisions of the Physical Therapy Practice Act as a physical therapist may use the title "Physical Therapist", "Registered Physical Therapist", or "Licensed Physical Therapist", or the letters "P.T.", "R.P.T.", or "L.P.T.", as authorized by the license obtained from the Board.

Laws 1965, SB 143, c. 153, § 14; Amended by Laws 1987, HB 1401, c. 13, § 12, emerg. eff. July 1, 1987.

887.15. Obtaining license by misrepresentations - Penalty

Any person who obtains, or attempts to obtain, licensure as a physical therapist or physical therapist assistant by any willful misrepresentation, grossly negligent misrepresentation, or any fraudulent misrepresentation, upon conviction, shall be guilty of a misdemeanor and shall be punished as required by the provisions of the Physical Therapy Practice Act.

Laws 1965, SB 143, c. 153, § 15, emerg. eff. May 26, 1965; Amended by Laws 1969, HB 1333, c. 345, § 10; Amended by Laws 1987, HB 1401, c. 13, § 13, emerg. eff. July 1, 1987.

887.16. Misrepresentations - Penalties and actions

A. No person shall advertise, in any manner, or otherwise represent himself as a physical therapist or physical therapist assistant or as a provider of physical therapy services unless such person is licensed pursuant to the provisions of the Physical Therapy Practice Act.

B. Any person who violates any provision of the Physical Therapy Practice Act shall be found guilty of a misdemeanor and upon conviction shall be subject to punishment pursuant to the provisions of Section 491 of this title and to one or more of the following actions which may be taken by the State Board of Medical Licensure and Supervision in consultation with the Physical Therapy Committee:

1. Revocation of license;
2. Suspension of license not to exceed six (6) months from the date of hearing;
3. Invocation of restrictions in the form of probation as defined by the Board; or

4. For emergency situations where the question of continued right to practice is a threat to public welfare, utilization of procedures as outlined in Section 481 et seq. of this title regarding physicians.

Laws 1965, SB 143, c. 153, § 16, emerg. eff. May 26, 1965; Amended by Laws 1987, HB 1401, c. 13, § 14, emerg. eff. July 1, 1987.

887.17. Referrals by physicians and surgeons - Agents - Exceptions

A. 1. Except for workers compensation claims, any person licensed under the Physical Therapy Practice Act as a physical therapist shall be able to evaluate and treat human ailments by physical therapy on a patient without a referral from a licensed health care practitioner for a period not to exceed thirty (30) days. Treatment may be provided by a physical therapist assistant under the supervision of a physical therapist. Any treatment provided beyond the thirty-day period shall be only under the referral of a person licensed as a physician or surgeon with unlimited license, or the physician assistant of the person so licensed, and Doctors of Dentistry, Chiropractic and Podiatry and an Advanced Practice Registered Nurse, with those referrals being limited to their respective areas of training and practice.

2. A physical therapist may provide services within the scope of physical therapy practice without a physician referral to children who receive physical therapy services pursuant to the Individuals with Disabilities Education Improvement Act of 2004, as may be amended, and Section 504 of the Rehabilitation Act of 1973, as may be amended. Provided further, a plan of care developed by a person authorized to provide services within the scope of the Physical

Therapy Practice Act shall be deemed to be a prescription for purposes of providing services pursuant to the provisions of the Individuals with Disabilities Education Improvement Act of 2004, as may be amended, and Section 504 of the Rehabilitation Act of 1973, as may be amended.

3. Nothing in the Physical Therapy Practice Act shall prevent a physical therapist from performing screening and educational procedures within the scope of physical therapy practice without a physician referral.

4. Nothing in the Physical Therapy Practice Act shall prevent a physical therapist from performing services that are provided for the purpose of fitness, wellness, or prevention that is not related to the treatment of an injury or ailment.

5. Nothing in the Physical Therapy Practice Act shall be construed as authorization for a physical therapist or physical therapist assistant to practice any branch of the healing art.

6. Any person violating the provisions of the Physical Therapy Practice Act shall be guilty of a misdemeanor as per Section 887.16 of this title.

B. 1. The provisions of the Physical Therapy Practice Act are not intended to limit the activities of persons legitimately engaged in the nontherapeutic administration of baths, massage, and normal exercise.

2. The Physical Therapy Practice Act shall not prohibit students who are enrolled in schools of physical therapy approved by the State Board of Medical Licensure and Supervision from performing such work as is incidental to their course of study; nor shall it prevent any student in any recognized school of the healing art in carrying out prescribed courses of study; provided such school is a recognized institution by the statutes of Oklahoma, and its practitioners are duly licensed as prescribed by law.

3. Nothing in the Physical Therapy Practice Act shall apply to any person employed by an agency, bureau, or division of the federal government while in the discharge of official duties, however, if such individual engages in the practice of physical therapy outside the line of official duty, the individual must be licensed as herein provided.

Laws 1965, SB 143, c. 153, § 17, emerg. eff. May 26, 1965; Amended by Laws 1969, HB 1333, c. 345, § 11; Amended by Laws 1987, HB 1401, c. 13, § 16, emerg. eff. July 1, 1987; Amended by Laws 1987, HB 1473, c. 236, § 196, emerg. eff. July 20, 1987; Amended by Laws 2003, SB 561, c. 135, § 1, eff. November 1, 2003; Amended by Laws 2004, SB 1280, c. 543, § 6, emerg. eff. July 1, 2004; Amended by Laws 2005, SB 647, c. 84, § 1, eff. November 1, 2005; Amended by Laws 2008, HB 2760, c. 26, § 2, emerg. eff. April 11, 2008; Amended by Laws 2012, SB 1592, c. 29, § 2, eff. November 1, 2012; Amended by Laws 2014, SB1020, c. , eff. November 1, 2014.

887.18. Fees

The Board shall prescribe and publish, in the manner established by its rules and regulations, fees in the amounts determined by the Board but not exceeding the following

maximum amounts unless cost justification is present:

Physical Therapist Examination	\$150.00
Physical Therapist Assistant Examination	\$100.00
Physical Therapist License and renewal thereof	\$ 50.00
Physical Therapist Assistant License and renewal thereof	\$ 35.00
Temporary Permit	\$ 25.00

887.19 Physical Therapy Licensure Compact

ARTICLE I

Findings and Declaration of Purpose

A. The purpose of this Compact is to facilitate interstate practice of physical therapy with the goal of improving public access to physical therapy services. The practice of physical therapy occurs in the state where the patient/client is located at the time of the patient/client encounter. The Compact preserves the regulatory authority of states to protect public health and safety through the current system of state licensure.

B. This Compact is designed to achieve the following objectives:

1. Increase public access to physical therapy services by providing for the mutual recognition of other member state licenses;
2. Enhance the states' ability to protect the public's health and safety;
3. Encourage the cooperation of member states in regulating multistate physical therapy practice;
4. Support spouses of relocating military members;
5. Enhance the exchange of licensure, investigative and disciplinary information between member states; and
6. Allow a remote state to hold a provider of services with a compact privilege in that state accountable to that state's practice standards.

ARTICLE II

Definitions

As used in this Compact:

1. "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C., Sections 1209 and 1211;
2. "Adverse action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both;
3. "Alternative program" means a nondisciplinary monitoring or practice remediation process approved by a physical therapy licensing board. This includes, but is not limited to, substance abuse issues;
4. "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote state under its laws and rules. The practice of physical therapy occurs in the member state where the patient/client is located at the time of the patient/client encounter;
5. "Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, and/or completion of, educational and professional activities relevant to practice or area of work;
6. "Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege and adverse action;
7. "Encumbered license" means a license that a physical therapy licensing board has limited in any way;
8. "Executive Board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the Commission;
9. "Home state" means the member state that is the licensee's primary state of residence;
10. "Investigative information" means information, records and documents received or generated by a physical therapy licensing board pursuant to an investigation;
11. "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state;
12. "Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant;
13. "Member state" means a state that has enacted the Compact;

14. "Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege;

15. "Physical therapist" means an individual who is licensed by a state to practice physical therapy;

16. "Physical therapist assistant" means an individual who is licensed/certified by a state and who assists the physical therapist in selected components of physical therapy;

17. "Physical therapy", "physical therapy practice", and "the practice of physical therapy" mean the care and services provided by or under the direction and supervision of a licensed physical therapist;

18. "Physical Therapy Compact Commission" or "Commission" means the national administrative body whose membership consists of all states that have enacted the Compact;

19. "Physical therapy licensing board" or "licensing board" means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants;

20. "Remote state" means a member state other than the home state, where a licensee is exercising or seeking to exercise the compact privilege; and

21. "Rule" means a regulation, principle or directive promulgated by the Commission that has the force of law.

ARTICLE III

State Participation in the Compact

A. To participate in the Compact, a state shall:

1. Participate fully in the Commission's data system, including using the Commission's unique identifier as defined in rules;

2. Have a mechanism in place for receiving and investigating complaints about licensees;

3. Notify the Commission, in compliance with the terms of the Compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

4. Fully implement a state and national criminal background check requirement. The physical therapy licensing board shall forward fingerprints of each applicant for licensure to the Oklahoma State Bureau of Investigation. The Bureau shall conduct a state and national background check pursuant to Section 150.9 of Title 74 of the Oklahoma Statutes and shall

provide the results of the background check to the licensing board. The licensing board shall use the results in making licensure decisions in accordance with this Compact;

5. Comply with the rules of the Commission;
6. Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the Commission; and
7. Have continuing competence requirements as a condition for license renewal.

B. Upon adoption of this statute, the member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and submit this information to the Federal Bureau of Investigation for a criminal background check in accordance with 28 U.S.C., Section 534 and 42 U.S.C., Section 14616.

C. A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the Compact and rules.

D. Member states may charge a fee for granting a compact privilege.

ARTICLE IV

Compact Privilege

A. To exercise the compact privilege under the terms and provisions of the Compact, the licensee shall:

1. Hold a license in the home state;
2. Have no encumbrance on any state license;
3. Be eligible for a compact privilege in any member state in accordance with this Compact;
4. Have not had any adverse action against any license or compact privilege within the previous two (2) years;
5. Notify the Commission that the licensee is seeking the compact privilege within a remote state(s);
6. Pay any applicable fees, including any state fee, for the compact privilege;
7. Meet any jurisprudence requirements established by the remote state(s) in which the licensee is seeking a compact privilege; and

8. Report to the Commission adverse action taken by any nonmember state within thirty (30) days from the date the adverse action is taken.

B. The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of this Compact to maintain the compact privilege in the remote state.

C. A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

D. A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines and/or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

E. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

1. The home state license is no longer encumbered; and
2. Two (2) years have elapsed from the date of the adverse action.

F. Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of this Compact to obtain a compact privilege in any remote state.

G. If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

1. The specific period of time for which the compact privilege was removed has ended;
2. All fines have been paid; and
3. Two (2) years have elapsed from the date of the adverse action.

H. Once the requirements of this Compact have been met, the license must meet the applicable requirements in this Compact to obtain a compact privilege in a remote state.

ARTICLE V

Active Duty Military Personnel or their Spouses

A licensee who is active duty military or is the spouse of an individual who is active duty

military may designate one of the following as the home state:

1. Home of record;
2. Permanent Change of Station (PCS); or
3. State of current residence if it is different than the PCS state or home of record.

ARTICLE VI

Adverse Actions

A. A home state shall have exclusive power to impose adverse action against a license issued by the home state.

B. A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.

C. Nothing in this Compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states shall require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

D. Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.

E. A remote state shall have the authority to:

1. Take adverse actions as set forth in this Compact against a licensee's compact privilege in the state;
2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses, and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses, and/or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence is located; and
3. If otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

F. In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.

G. Member states shall share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

ARTICLE VII

Establishment of the Physical Therapy Compact Commission

A. The Compact member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission.

1. The Commission shall be an instrumentality of the Compact states.

2. Venue is proper and judicial proceedings by or against the Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Commission is located. The Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

3. Nothing in this Compact shall be construed to be a waiver of sovereign immunity.

B. Each member state shall have and be limited to one delegate selected by that member state's licensing board.

1. The delegate shall be a current member of the licensing board, who is a physical therapist, physical therapist assistant, public member or the board administrator.

2. Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

3. The member state board shall fill any vacancy occurring in the Commission.

4. Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the Commission.

5. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

6. The Commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

C. The Commission shall have the following powers and duties:

1. Establish the fiscal year of the Commission;
2. Establish bylaws;
3. Maintain its financial records in accordance with the bylaws;
4. Meet and take such actions as are consistent with the provisions of this Compact and the bylaws;
5. Promulgate uniform rules to facilitate and coordinate implementation and administration of this Compact. The rules shall have the force and effect of law and shall be binding in all member states;
6. Bring and prosecute legal proceedings or actions in the name of the Commission; provided, that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;
7. Purchase and maintain insurance and bonds;
8. Borrow, accept or contract for services of personnel, including, but not limited to, employees of a member state;
9. Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the Compact, and to establish the Commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel and other related personnel matters;
10. Accept any and all appropriate donations and grants of money, equipment, supplies, materials and services, and to receive, utilize and dispose of the same; provided, that at all times the Commission shall avoid any appearance of impropriety and/or conflict of interest;
11. Lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve or use, any property, real, personal or mixed; provided, that at all times the Commission shall avoid any appearance of impropriety;
12. Sell, convey, mortgage, pledge, lease, exchange, abandon or otherwise dispose of any property real, personal or mixed;
13. Establish a budget and make expenditures;
14. Borrow money;

15. Appoint committees, including standing committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this Compact and the bylaws;

16. Provide and receive information from, and cooperate with, law enforcement agencies;

17. Establish and elect an Executive Board; and

18. Perform such other functions as may be necessary or appropriate to achieve the purposes of this Compact consistent with the state regulation of physical therapy licensure and practice.

D. The Executive Board shall have the power to act on behalf of the Commission according to the terms of this Compact.

1. The Executive Board shall be comprised of nine (9) members:
 - a. seven voting members who are elected by the Commission from the current membership of the Commission,
 - b. one ex officio, nonvoting member from the recognized national physical therapy professional association, and
 - c. one ex officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards.
2. The ex officio members shall be selected by their respective organizations.
3. The Commission may remove any member of the Executive Board as provided in bylaws.
4. The Executive Board shall meet at least annually.
5. The Executive Board shall have the following duties and responsibilities:
 - a. recommend to the entire Commission changes to the rules or bylaws, changes to this Compact legislation, fees paid by Compact member states such as annual dues, and any commission Compact fee charged to licensees for the compact privilege,
 - b. ensure Compact administration services are appropriately provided, contractual or otherwise,
 - c. prepare and recommend the budget,

- d. maintain financial records on behalf of the Commission,
- e. monitor Compact compliance of member states and provide compliance reports to the Commission,
- f. establish additional committees as necessary, and
- g. other duties as provided in rules or bylaws.

E. All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in this Compact.

1. The Commission or the Executive Board or other committees of the Commission may convene in a closed, nonpublic meeting if the Commission or Executive Board or other committees of the Commission must discuss:

- a. noncompliance of a member state with its obligations under the Compact,
- b. the employment, compensation, discipline or other matters, practices or procedures related to specific employees or other matters related to the Commission's internal personnel practices and procedures,
- c. current, threatened or reasonably anticipated litigation,
- d. negotiation of contracts for the purchase, lease or sale of goods, services or real estate,
- e. accusing any person of a crime or formally censuring any person,
- f. disclosure of trade secrets or commercial or financial information that is privileged or confidential,
- g. disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy,
- h. disclosure of investigative records compiled for law enforcement purposes,
- i. disclosure of information related to any investigative reports prepared by or on behalf of or for use of the Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the Compact, or
- j. matters specifically exempted from disclosure by federal or member state statute.

2. If a meeting, or portion of a meeting, is closed pursuant to this provision, the Commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

3. The Commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefor, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the Commission or order of a court of competent jurisdiction.

F. The Commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization and ongoing activities.

1. The Commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials and services.

2. The Commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the Commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the Commission, which shall promulgate a rule binding upon all member states.

3. The Commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same, nor shall the Commission pledge the credit of any of the member states, except by and with the authority of the member state.

4. The Commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the Commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the Commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the Commission.

G. The members, officers, executive director, employees and representatives of the Commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided, that nothing in this paragraph shall be construed to protect any such person from suit and/or liability for any damage, loss, injury or liability caused by the intentional or willful or wanton misconduct of that person.

1. The Commission shall defend any member, officer, executive director, employee or

representative of the Commission in any civil action seeking to impose liability arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities; provided, that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error or omission did not result from that person's intentional or willful or wanton misconduct.

2. The Commission shall indemnify and hold harmless any member, officer, executive director, employee or representative of the Commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error or omission that occurred within the scope of Commission employment, duties or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of Commission employment, duties or responsibilities, provided that the actual or alleged act, error or omission did not result from the intentional or willful or wanton misconduct of that person.

ARTICLE VIII

Data System

A. The Commission shall provide for the development, maintenance and utilization of a coordinated database and reporting system containing licensure, adverse action and investigative information on all licensed individuals in member states.

B. Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this Compact is applicable as required by the rules of the Commission, including:

1. Identifying information;
2. Licensure data;
3. Adverse actions against a license or compact privilege;
4. Nonconfidential information related to alternative program participation;
5. Any denial of application for licensure, and the reason(s) for such denial; and
6. Other information that may facilitate the administration of this Compact, as determined by the rules of the Commission.

C. Investigative information pertaining to a licensee in any member state will only be available to other party states.

D. The Commission shall promptly notify all member states of any adverse action taken

against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

E. Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

F. Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

ARTICLE IX

Rulemaking

A. The Commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the Compact within four (4) years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the Commission.

D. Prior to promulgation and adoption of a final rule or rules by the Commission, and at least thirty (30) days in advance of the meeting at which the rule will be considered and voted upon, the Commission shall file a Notice of Proposed Rulemaking:

1. On the website of the Commission or other publicly accessible platform; and
2. On the website of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

E. The Notice of Proposed Rulemaking shall include:

1. The proposed time, date and location of the meeting in which the rule will be considered and voted upon;
2. The text of the proposed rule or amendment and the reason for the proposed rule;
3. A request for comments on the proposed rule from any interested person; and

4. The manner in which interested persons may submit notice to the Commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the Commission shall allow persons to submit written data, facts, opinions and arguments, which shall be made available to the public.

G. The Commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

1. At least twenty-five persons;
2. A state or federal governmental subdivision or agency; or
3. An association having at least twenty-five members.

H. If a hearing is held on the proposed rule or amendment, the Commission shall publish the place, time and date of the scheduled public hearing. If the hearing is held via electronic means, the Commission shall publish the mechanism for access to the electronic hearing.

1. All persons wishing to be heard at the hearing shall notify the executive director of the Commission or other designated member in writing of their desire to appear and testify at the hearing not less than five (5) business days before the scheduled date of the hearing.

2. Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

3. All hearings will be recorded. A copy of the recording will be made available on request.

4. Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the Commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the Commission shall consider all written and oral comments received.

J. If no written notice of intent to attend the public hearing by interested parties is received, the Commission may proceed with promulgation of the proposed rule without a public hearing.

K. The Commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

L. Upon determination that an emergency exists, the Commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided, that the usual rulemaking procedures provided in the Compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, and in no event later than ninety (90) days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

1. Meet an imminent threat to public health, safety or welfare;
2. Prevent a loss of Commission or member state funds;
3. Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or
4. Protect public health and safety.

M. The Commission or an authorized committee of the Commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency or grammatical errors. Public notice of any revisions shall be posted on the website of the Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Commission.

ARTICLE X

Oversight, Dispute Resolution, and Enforcement

A. The executive, legislative and judicial branches of state government in each member state shall enforce this Compact and take all actions necessary and appropriate to effectuate the Compact's purposes and intent. The provisions of this Compact and the rules promulgated hereunder shall have standing as statutory law.

B. All courts shall take judicial notice of the Compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this Compact which may affect the powers, responsibilities or actions of the Commission.

C. The Commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the Commission shall render a judgment or order void as to the Commission, this Compact, or promulgated rules.

D. 1. If the Commission determines that a member state has defaulted in the performance

of its obligations or responsibilities under this Compact or the promulgated rules, the Commission shall:

- a. provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default and/or any other action to be taken by the Commission, and
- b. provide remedial training and specific technical assistance regarding the default.

2. If a state in default fails to cure the default, the defaulting state may be terminated from the Compact upon an affirmative vote of a majority of the member states, and all rights, privileges and benefits conferred by this Compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

3. Termination of membership in the Compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the Commission to the Governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

4. A state that has been terminated is responsible for all assessments, obligations and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

5. The Commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the Compact, unless agreed upon in writing between the Commission and the defaulting state.

6. The defaulting state may appeal the action of the Commission by petitioning the U.S. District Court for the District of Columbia or the federal district where the Commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

E. 1. Upon request by a member state, the Commission shall attempt to resolve disputes related to the Compact that arise among member states and between member and nonmember states.

2. The Commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

F. 1. The Commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this Compact.

2. By majority vote, the Commission may initiate legal action in the United States District

Court for the District of Columbia or the federal district where the Commission has its principal offices against a member state in default to enforce compliance with the provisions of the Compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

3. The remedies herein shall not be the exclusive remedies of the Commission. The Commission may pursue any other remedies available under federal or state law.

ARTICLE XI

Date of Implementation, Associated Rules, Withdrawal or Amendment

A. The Compact shall come into effect on the date on which the Compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the Commission relating to assembly and the promulgation of rules. Thereafter, the Commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the Compact.

B. Any state that joins the Compact subsequent to the Commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the Compact becomes law in that state. Any rule that has been previously adopted by the Commission shall have the full force and effect of law on the day the Compact becomes law in that state.

C. Any member state may withdraw from this Compact by enacting a statute repealing the same.

1. A member state's withdrawal shall not take effect until six (6) months after enactment of the repealing statute.

2. Withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this Compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this Compact.

E. This Compact may be amended by the member states. No amendment to this Compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

ARTICLE XII

Construction and Severability

This Compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this Compact shall be severable and if any phrase, clause, sentence or provision of this Compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person or circumstance is held invalid, the validity of the remainder of this Compact and the applicability thereof to any government, agency, person or circumstance shall not be affected thereby. If this Compact shall be held contrary to the constitution of any party state, the Compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

This act shall become effective November 1, 2018.

Effective: September 11, 2020

***OKLAHOMA ADMINISTRATIVE CODE
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 20. PHYSICAL THERAPISTS AND ASSISTANTS**

SUBCHAPTER

1. General Provisions
3. Licensure of Physical Therapists and Assistants
5. Regulation of Practice
7. Supervision of Physical Therapist Assistants
9. Professional Development

*This is an unofficial copy of Chapter 20 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

CHAPTER 20. PHYSICAL THERAPISTS AND ASSISTANTS

Subchapter	Section
1. General Provisions	435:20-1-1
3. Licensure of Physical Therapists and Assistants	435:20-3-1
5. Regulation of Practice	435:20-5-1
7. Supervision of Physical Therapist Assistants	435:20-7-1

[Authority: Title 59 O.S., Section 887.5]

[Source: Codified 12-30-91]

SUBCHAPTER 1. GENERAL PROVISIONS

Section

- 435:20-1-1. Purpose
- 435:20-1-1.1. Definitions
- 435:20-1-2. Interpretation of rules and regulations
- 435:20-1-3. Removal from Committee - quorum

435:20-1-1. Purpose

The rules in this Chapter provide requirements for licensure as a physical therapist/physical therapy assistant and regulation of practice.

435:20-1-1.1. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indicates otherwise:

"Alternate Supervising Physical Therapist" means the physical therapist who temporarily provides direct or general supervision of a physical therapist assistant or applicant for licensure in the absence of the supervising physical therapist and who will be identified in the medical record as the therapist of record.

"CAPTE" means the Commission on Accreditation of Physical Therapy Education.

"Examination/Evaluation" means a comprehensive visit by the physical therapist, in the presence of the patient, to determine the plan of care, based on the physical therapist's clinical judgments, which are supported by the data gathered during the examination.

"Foreign-educated physical therapist" means a physical therapist who graduated from any physical therapy education program outside the United States.

"General supervision" means the responsible supervision and control of the practice of the licensed physical therapist assistant by the supervising physical therapist. The supervising therapist is regularly and routinely on-site, and every three months will provide a minimum of one (1) co-treatment of face to face, real time interaction with each physical therapist assistant providing services with his/her patients. These co-treatments will be documented in the medical record and on a supervision log, which is subject to inspection. When not on-site, the supervising therapist is on call and readily available physically or through direct telecommunication for consultation.

"Group Setting" means two or more physical therapists providing supervision to physical therapist assistants in the same practice setting or physical facility.

"Immediate Supervision" means the supervising physical therapist or physical therapist assistant is on the premises and in attendance when patient care is being delivered.

"On-site supervision" or "Direct supervision" means the supervising physical therapist is continuously on-site and present in the department or facility where services are provided, is immediately available to the person being supervised and maintains continued involvement in appropriate aspects of each treatment session in which assistive personnel are involved in components of care.

"Physical Therapist" means a licensed professional health care worker who is a graduate of a program accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who provides physical therapy services including evaluation, treatment program design/management/ modification, and supervision of delegated portions of a treatment program.

"Physical Therapist Assistant" means a licensed technically educated health care provider who is a graduate of a program accredited by an agency recognized by the Commission on Accreditation of Physical Therapy Education or approved successor organization, and who performs selected physical therapy procedures and related tasks under the direction and supervision of a Physical Therapist.

"Physical Therapist of Record" means the physical therapist who assumes the responsibility for the provision and /or supervision of physical therapy services for a patient, and is held accountable for the coordination, continuation and progression of the plan of care.

"Physical Therapy Aide" means a person on-the-job trained and working under the immediate supervision of a physical therapist or physical therapist assistant who performs designated and supervised routine tasks as outlined in 435:20-7-1.

"Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

"Practice Setting" means the type of service delivery such as acute care, outpatient, inpatient rehabilitation, long term care, home health, educational settings or DDS.

"Re-examination/Re-evaluation/Assessment" means visits by the physical therapist, in the presence of the patient, to assess the patient's current status, gather additional data, and update the plan of care.

"Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation.

"Supervision" means the physical therapist is delegating portions of the patient's care to licensed personnel or applicants for licensure but remains accountable for the coordination, continuation and progression of the care of the patient.

"Supervising Physical Therapist" means the physical therapist of record who provides either direct or general supervision for a physical therapist assistant or applicant for licensure and delegates components of patient care to that person.

435:20-1-2. Interpretation of rules and regulations

(a) The rules and modes of procedures contained in this Chapter are adopted for the purpose of simplifying procedure, avoiding delays, saving expenses and facilitating the administration of the Medical Practice Act and the Physical Therapy Act. To that end, the rules of this Chapter shall be given a fair and impartial construction.

(b) Effective date of the rules of this Chapter shall be the 4th day of February, 1980. These rules shall apply to all proceedings after the effective date and all previous rules are re-pealed.

(c) If any section, sentence, clause, or phrase of this Chapter shall be held, for any reason, to be inoperative or unconstitutional, void, or invalid, the validity of the remaining portion of the rules shall not be affected thereby, it being the intention of the Oklahoma State Board of Medical Licensure and Supervision in adopting the rules that no portion or provision herein shall become inoperative or fail by reason of the unconstitutionality or invalidity of any portion or provision, and the Oklahoma State Board of Medical Licensure and Supervision does hereby declare it would have severally passed and adopted the provisions contained in this Chapter separately and apart one from another.

435:20-1-3. Removal from Committee - quorum

(a) The State Board of Medical Licensure and Supervision may remove any member from the Committee for neglect of duty, for incompetency, or for unethical or dishonorable conduct.

(b) Three members of the Committee shall constitute a quorum and a majority of the required quorum shall be sufficient for the Committee to take action by vote.

(c) At the first meeting held after July 1 of each year, the advisory committee shall elect by a majority vote of those members present a chair and vice-chair.

SUBCHAPTER 3. LICENSURE OF PHYSICAL THERAPISTS AND ASSISTANTS

Section

435:20-3-1. Qualifications of applicants

435:20-3-1.1 Training outside the U.S.

435:20-3-2. Criteria for disqualification as a physical therapist

435:20-3-3. Criteria for disqualification as a physical therapy assistant

435:20-3-4. Licensure by endorsement

435:20-3-5. Licensure by examination

435:20-3-6. Requirements for renewal and re-entry

435:20-3-1. Qualifications of applicants

(a) **Physical therapy school.** A qualified physical therapist must have graduated from a school of physical therapy accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization.

(b) **Evaluation of credentials for applicants trained outside the U.S.** The credentials of an individual who has received training outside the United States of America will be evaluated on individual merits for the purposes of:

- (1) Issuance of a Letter Granting Permission to Practice Temporarily
- (2) Permission to take the licensure examination
- (3) Being issued a permanent license contingent upon meeting the experience requirements set out in (b) of 435:20-3-1 and all qualifications for licensure as cited in 59 O.S. ss 887.6.

(c) **Physical therapist assistant program.** A qualified Physical Therapist Assistant must have graduated from a program for Physical Therapist Assistants accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization. Such a program shall have been completed in a college which is accredited by the regional accrediting agency for higher education. In no event shall the requirements for training of Physical Therapist Assistants be less than those required by 59 O.S. 1971, Section 887.6, as amended.

(d) **Statutory requirements.** Any person making application to the State Board of Medical Licensure and Supervision for a license as a Physical Therapist or a Physical Therapist Assistant shall be eligible for the appropriate license if he/she meets the requirements as provided in the Oklahoma law relating to the practice of Physical Therapy, 59 O.S. 1971, Sections 887.5 through 887.11, as amended.

435:20-3-1.1. Training outside the U.S.

(a) Pursuant to requirements set out in Title 59 O.S. § 887.6, a foreign-educated physical therapist whose native language is not English shall submit evidence of having passed the:

- (1) Test of:
 - (A) English as a Foreign Language (TOEFL) with a score of at least 560 or 220 computer equivalent; and
 - (B) Spoken English (TSE) with a score of at least 50; and
 - (C) Written English (TWE) with a score of at least 4.5 or
- (2) Test of English as a Foreign Language Internet-based Test (TOEFL iBT) with a total score of at least 89 and:
 - (A) a score of at least 24 on the Writing section
 - (B) a score of at least 26 on the Speaking section
 - (C) a score of at least 21 on the Reading section
 - (D) a score of at least 18 on the Listening section.

(b) A foreign-educated physical therapist applying for licensure in the State of Oklahoma shall submit verification of the equivalency of the applicant's education to that attained by entry-level graduates training the United States at the time of graduation.

(c) Assessment of equivalency may be performed by a professional education credentials service approved by the Board using the following standards:

(1) Graduation on or before May 31, 2001:

- (A) The minimum equivalent education credentials of a foreign educated physical therapist should be a bachelor's degree in physical therapy with all credits being earned at an institution of higher learning that confers at least a bachelor's degree in physical therapy which is approved by the country's Ministry of Education/Health.
- (B) The minimum number of semester hour credits should be one-hundred-

twenty (120). A semester hour credit is equal to fifteen (15) hours of classroom instruction per semester. For courses with laboratory component, a semester hour credit is also equal to thirty (30) hours of laboratory instruction per semester. For clinical courses, a semester hour credit is equal to forty-eight (48) hours of clinical instruction per semester.

- (i) Fifty (50) semester hour credits shall be the minimum number required in general education.
- (ii) The applicant has the opportunity to meet the objective of one hundred twenty (120) semester hour credits by utilizing additional elective credits in either general or professional education beyond the minimal requirements.
- (iii) Sixty (60) semester hour credits shall be the minimum required in professional education. A grade of "C" or better will be required in each professional education course.

(2) Graduation after May 31, 2001:

(A) The minimum equivalent education credentials of a foreign educated physical therapist should be a master's degree in physical therapy with all credits being earned at an institution of higher learning that confers at least a master's degree in physical therapy which is approved by the country's Ministry of Education/Health.

(B) The minimum number of semester hour credits should one-hundred-seventy (170). A semester hour credit is equal to fifteen (15) hours of classroom instruction per semester. For courses with laboratory component, a semester hour credit is also equal to thirty (30) hours of laboratory instruction per semester. For clinical courses, a semester hour credit is equal to forty-eight (48) hours of clinical instruction per semester.

- (i) Ninety (90) semester hour credits shall be the minimum number required in general education.
- (ii) The applicant has the opportunity to meet the objective of one-hundred-seventy (170) semester hour credits by utilizing additional elective credits in either general or professional education beyond the minimal requirements.
- (iii) Eighty (80) semester hour credits shall be the minimum required in professional education. A grade of "C" or better will be required in each professional education course.

(3) Minimum course requirements.

(A) **General education.** A minimum of one semester course must be successfully completed in each category of general education unless otherwise noted.

- (i) Humanities
 - (I) English
 - (II) English composition
 - (III) Speech or oral communication
 - (IV) Foreign language (other than native language)

- (V) Literature
 - (VI) Art
 - (VII) Music
 - (ii) Physical science: A one semester course in chemistry and a one semester course in physics must be successfully completed.
 - (I) Chemistry with laboratory (Organic or Inorganic)
 - (II) Physics with laboratory
 - (III) Geology
 - (IV) Astronomy
 - (iii) Biological science
 - (I) Biology
 - (II) Anatomy
 - (III) Physiology
 - (IV) Zoology
 - (V) Kinesiology
 - (VI) Neuroscience
 - (VII) Genetics
 - (iv) Social science
 - (I) History
 - (II) Geography
 - (III) Sociology
 - (IV) Economics
 - (V) Government
 - (VI) Religion
 - (v) Behavioral science
 - (I) Psychology
 - (II) Anthropology
 - (III) Philosophy
 - (IV) Ethics
 - (vi) Mathematics
 - (I) Statistics
 - (II) Algebra
 - (III) Pre-calculus
 - (IV) Calculus
 - (V) Trigonometry
 - (VI) Geometry
- (B) Professional education.**
- (i) Basic health sciences: A minimum of one semester course is required in each of the following topics.
 - (I) Human anatomy (specific to physical therapy)
 - (II) Human physiology (specific to physical therapy)
 - (III) Neurological science
 - (IV) Kinesiology or functional anatomy

- (V) Psychology
 - (VI) Pathology
 - (ii) Clinical sciences: The essential element of physical therapy education is teaching the student to assess and treat appropriately across the spectrum of age. Therefore any education course work should contain all of the following:
 - (I) Clinical medicine pertinent to physical therapy. This should include but not be limited to: neurology, orthopedics, pediatrics, geriatrics.
 - (II) Physical therapy course work to include but not limited to: physical agents, musculoskeletal assessment and treatment, neuromuscular assessment and treatment, cardiopulmonary assessment and treatment.
 - (iii) Clinical education: Clinical education must include physical therapist-supervised demonstrated application of physical therapy theories, techniques, and procedures. The applicant must have a minimum of two (2) clinical affiliations of no less the 800 hours total which are supervised by a physical therapist.
 - (iv) Related professional course work: A minimum of three (3) semester courses are required from the following topics in related professional course work - professional ethics, administration, community health, research, education techniques, and medical terminology.
- (d) Pursuant to 59 O.S. § 887.6, foreign-educated physical therapists applying for licensure must submit verification of having successfully completed an eight-hundred (800) hour (at least 120 days) interim supervised clinical practice period under the continuous and immediate supervision of an Oklahoma licensed physical therapist. The Board will issue an interim permit to the applicant for the purpose of participating in the supervised clinical practice period. The time period of an initial interim permit shall not exceed six (6) months.
- (1) The interim supervised clinical practice period must be completed in Oklahoma at a facility that serves as a clinical education facility for students enrolled in an accredited program education physical therapists or physical therapist assistants in Oklahoma.
 - (2) The supervising physical therapist shall submit an evaluation of the applicant's performance at the end of four-hundred (400) hours of supervision. A final report will be submitted at the end of the second four-hundred (400) hours of supervision. These reports will be submitted on forms or evaluation tools determined by the Board.
 - (3) If the applicant's performance is unsatisfactory during the supervision period, or the applicant ceases working at the training facility for any reason, the supervising physical therapist must notify the Board in writing within five (5) working days.
 - (4) If the interim supervised clinical practice period is not satisfactorily completed within a six-month period, the Board may issue a second interim permit for an additional six month period. A third permit will not be issued.
- (e) The interim supervised clinical practice period may be waived for foreign-educated physical therapists at the discretion of the Board, if:
- (1) the applicant for licensure is able to verify the successful completion of one (1) year

of clinical practice in the United States or the District of Columbia, or

(2) the applicant is able to document exceptional expertise acceptable to the Board in the fields of research, education, or clinical practice.

(f) The interim supervised clinical practice period may be shortened for foreign-educated physical therapists at the discretion of the Board.

435:20-3-2. Criteria for disqualification as a physical therapist

No license will be issued to a Physical Therapist who has:

(1) Provided Physical Therapy treatment other than upon referral of a duly licensed physician or surgeon, dentist, chiropractor or podiatrist.

(2) Used drugs or alcohol excessively, affecting competence or judgment, unless is able to provide satisfactory evidence of rehabilitation and participation efforts;

(3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude;

(4) Been adjudged mentally incompetent unless competency has been legally re-established;

(5) Conducted himself/herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct.

435:20-3-3. Criteria for disqualification as a physical therapy assistant

No license will be issued to a Physical Therapy Assistant who has:

(1) Practiced other than under the direction and supervision of a licensed Physical Therapist;

(2) Used drugs or alcohol excessively, affecting competence or judgment, unless is able to provide satisfactory evidence of rehabilitation and participation efforts;

(3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude;

(4) Been adjudged mentally incompetent unless competency has been legally re-established;

(5) Conducted himself/herself in a manner considered improper by recognized acceptable standards of moral and ethical conduct.

435:20-3-4. Licensure by endorsement

(a) Any person who is currently registered or licensed by examination as a Physical Therapist or Physical Therapy Assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided by the written examination and grade standard, upon which such license is based, is acceptable to the Board. In the event the examination was that of the recognized examination service providing a nationally accepted standardized examination, scores must be submitted through the Interstate Reporting Service, or other recognized reporting service. All such applicants must have Oklahoma passing score on the examination or they must re-take the examination. Failure to achieve Oklahoma passing score on a re-take of the examination, in Oklahoma or elsewhere, shall be considered as

an additional failure. If the applicant has not been employed as a Physical Therapist during the year prior to application, such applicant may be required to present himself/herself for a personal interview with a member or members of the Board or Committee.

(b) Applications for licensure by endorsement from another state must be on file in the office of the State Board of Medical Licensure and Supervision at least 30 days prior to an examination or prior to a meeting of the Physical Therapy Committee for consideration of applications.

(c) A temporary License may be granted to an out of state licensee to conduct continuing education instruction within the State of Oklahoma under the supervision of a Physical Therapist who is a holder of a current and unrestricted license to practice as a Physical Therapist in the State of Oklahoma. The temporary license may be issued by the Board Secretary after verification that the licensee is the holder of a current and unrestricted license from another state of the United States of American, District of Columbia or Puerto Rico. The Temporary License may be granted for a period not to exceed ninety (90) days.

435:20-3-5. Licensure by examination

(a) Qualifications.

(1) Any applicant for licensure as a Physical Therapist by examination must meet the criteria of qualifications outlined in (a) through (c) of 435:20-3-1.

(2) Any applicant for licensure as a Physical Therapist Assistant by examination must be a graduate of a program for education of Physical Therapy Assistants accredited by the Commission on Accreditation of Physical Therapy Education or approved successor organization, provided in no event shall the qualifications for licensure be less than those required by 59 O.S. 1971, Section 887.6, as amended.

(b) **Admittance.** No person shall be admitted to the examination until satisfactory evidence is submitted to the Board of his/her qualifications to be admitted to such examination.

(c) **Examination dates.** Examinations must be taken by the applicant within sixty (60) days of receiving written notice of eligibility to sit for the examination.

(d) **Passing score.** In the event the examination used, for either Physical Therapists or Physical Therapist Assistants, is provided by the recognized examination service providing a nationally accepted standardized examination, the candidate will pass based on criterion referenced standards as established by the recognized examination service. This passing point will be set equal to a scaled score of 600 based on a scale ranging from 200 to 800. Prior to March 1993 no criterion referenced scoring system existed; examinations taken prior to March 1993 shall be considered to have passed if his/her raw score on the total examination fell within 1.50 standard deviation below the National Average for the particular examination.

(1) Applicants who do not pass the examination after the first attempt may retake the examination one additional time without re-application for licensure. This must occur within six months of the Board's receipt of notification of the first failure. Prior to being approved by the Board for subsequent testing beyond two attempts, individuals shall reapply and present evidence satisfactory to the Board of having successfully completed additional clinical training and/or course work as approved by the Board.

(2) In the event of failure to pass the first examination, the applicant may work under the direct, on the premises supervision and direction of a licensed physical therapist for a

period not to exceed six months.

(3) In the event of failure to pass the second examination, the applicant:

- (A) may not practice;
- (B) must meet with the Committee; and
- (C) must submit a new application.

(4) In the event of failure to pass the third examination, an applicant will not be eligible to re-apply for examination in Oklahoma.

(5) The applicant may re-take the examination in another state, if the examination is one provided by the Professional Examination Service or another recognized examination service providing a nationally accepted standardized examination and is the same examination service then providing the examination being given in Oklahoma. All scores must be submitted to the Oklahoma Board for evaluation by the Interstate Reporting Service or another nationally recognized reporting service. Failure to make passing scores accepted in Oklahoma on such re-takes will be considered as having failed the re-take examination in Oklahoma.

(6) Any applicant may be required to make a personal appearance before the Board to discuss individual circumstances at any time.

435:20-3-6. Requirements for renewal and re-entry

(a) **Renewal of license.** In order to renew the license, each Physical Therapist and Physical Therapist Assistant shall:

- (1) complete the renewal application;
- (2) pay the required fee as set out in OAC 435:1-1-7(a)(2);
- (3) complete a jurisprudence examination prepared by the Board focusing on the areas of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code;
- (4) and meet requirements for continuing education as set out in Subchapter 9 of this Chapter.

(b) **Re-entry requirements.** Pursuant to 59 O.S. §495h, physical therapists and physical therapist assistants with licenses lapsed more than three months wishing to re-enter the practice of physical therapy will be required to file an application on forms provided by the Board and submit documentation of continuing competence. Physical therapists and physical therapist assistants may be required to meet one or more of the following requirements:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) Achieve a passing score on an examination approved by the Board.
- (5) Complete a jurisprudence examination prepared by the Board focusing on the areas

of the Oklahoma Physical Therapy Practice Act and related Oklahoma Administrative Code.

SUBCHAPTER 5. REGULATION OF PRACTICE

Section

- 435:20-5-1. Display certificate
- 435:20-5-2. Working under supervision
- 435:20-5-3. Aiding and abetting the unlicensed practice
- 435:20-5-4. Titles used for physical therapist assistants
- 435:20-5-5. Screening and educational procedures; statutory terms defined
- 435:20-5-6. Physical therapists under probation
- 435:20-5-7. Emeritus status
- 435:20-5-8. Unprofessional conduct – Grounds for disciplinary action
- 435:20-5-9. Standards of Ethics and Professional Conduct

435:20-5-1. Display certificate

All persons licensed under Title 59 O.S., Sections 887.1 through 887.17 and practicing in the State shall prominently display the certificate of licensure and evidence of a current renewal in the primary place of practice.

435:20-5-2. Working under supervision

Recent physical therapist or physical therapist assistant graduates who have completed eligibility requirements for examination and submitted all required forms and fees for examination may work in a Physical Therapy facility under the direct, on the premises, supervision and direction of a licensed Physical Therapist.

435:20-5-3. Aiding and abetting the unlicensed practice

It shall be unlawful for any person to aid or abet, directly or indirectly, the practice of physical therapy by any person not duly authorized under the laws of Oklahoma.

435:20-5-4. Titles used for physical therapist assistants

Any person holding a license as a Physical Therapist Assistant may use the title "Physical Therapist Assistant", "Registered Physical Therapist Assistant" or "Licensed Physical Therapist Assistant", or the letters "PTA", "RPTA", or "LPTA".

435:20-5-5. Screening and educational procedure; statutory terms defined

Screening and educational procedures as described in the Physical Therapy Practice Act are defined as follows:

- (1) "To educate" means to train by formal instruction and supervised practice.
- (2) "To screen" means to examine methodically in order to separate into different groups to identify problems which can be managed within the expertise of a licensed physical

therapist.

435:20-5-6. Physical therapists under probation

Physical therapists on probation shall not supervise physical therapy assistants or new graduates who require supervision under 435:20-5-2.

435:20-5-7. Emeritus status

(a) Individuals who hold or have held a full and unrestricted license to practice as a physical therapist or physical therapist assistant may choose at any time to apply for emeritus (fully retired) status by notifying this office and paying a \$50.00 processing fee. There will be no renewal fee.

(b) Physical therapists or physical therapist assistants in this status may continue to use the title or append to their name the letters PT, RPT, LPT, PTA, RPTA, LPTA or any other title, letters or designation which represents that such person is a physical therapist or physical therapist assistant, followed by (Ret.) or (Retired). Service on boards, committees or other such groups which require that a member be a physical therapist or physical therapist assistant shall be allowed.

(c) Once this status is acquired the physical therapist or physical therapist assistant shall not practice physical therapy in any form, as defined in 887.2.

(d) When a physical therapist or physical therapist assistant has been granted the emeritus status and subsequently chooses to return to active practice from emeritus status within 12 months of the date of expiration of full licensure, the physical therapist or physical therapist assistant shall:

- (1) Pay required fees;
- (2) Complete required forms; and,
- (3) Resume responsibility for compliance with continuing education requirements.

(e) When a physical therapist or physical therapist assistant has been granted emeritus status and chooses to return to active practice from emeritus status more than 12 months after date of expiration of full licensure, in addition to the requirements set out in subsection (d) of this section, the physical therapist or physical therapist assistant may be required to meet one or more of the following:

- (1) Personal appearance before the Advisory Committee;
- (2) Work under the direct supervision of a physical therapist licensed in the State of Oklahoma for at least one month (at least 22 days) for each year license was lapsed, not to exceed twelve (12) months. The applicant must obtain authorization from the Board before beginning the period of supervised practice. On completion of the period of supervised practice, the applicant will provide to the Board an adequate performance evaluation from the supervising physical therapist;
- (3) Participation in continuing education activities directed towards maintaining or improving clinical knowledge and skills;
- (4) submit to a physical examination, psychological and/or psychiatric examination;
- (5) Achieve a passing score on an examination approved by the Board.

435:20-5-8. Unprofessional conduct – Grounds for disciplinary action

(a) The Physical Therapy Advisory Committee may recommend to the Board to revoke or take other disciplinary action against a licensee or deny a license to an applicant for

unprofessional conduct.

(b) Acts that constitute unprofessional conduct include, but are not limited to:

- (1) Procuring aiding or abetting a criminal operation.
- (2) Habitual intemperance or the habitual use of habit-forming drugs.
- (3) Been convicted of a felony crime that substantially relates to the occupation of physical therapy or poses a reasonable threat to public safety or of a misdemeanor crime involving moral turpitude of a felony or of any offense involving moral turpitude.;
- (4) Dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public.
- (5) Aiding or abetting, directly or indirectly, the practice of physical therapy by any person not duly authorized under the laws of this state.
- (6) Engaging in physical conduct with a patient that is sexual in nature, or in any verbal behavior that is seductive or sexually demeaning to a patient.
- (7) Participation in fraud, abuse and/or violation of state or federal laws.
- (8) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.
- (9) Verbally or physically abusing patients.
- (10) Discriminating in the rendering of patient care.
- (11) Negligence while in practice of physical therapy or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.
- (12) Habitual intemperance or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of physical therapy and the responsibilities of the licensee.
- (13) Unauthorized possession or use of illegal or controlled substances or pharmacological agents without lawful authority or prescription by an authorized and licensed independent practitioner of the State of Oklahoma.
- (14) Fraudulent billing practices and/or violation of Medicare and Medicaid laws or abusive billing practices.
- (15) Improper management of medical records, inaccurate recording, falsifying or altering or failing to complete documentation of patient records.
- (16) Falsely manipulating patient's records or forging a prescription for medication/drugs, or presenting a forged prescription.
- (17) Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of a physical therapist or physical therapist assistant.
- (18) Being judged mentally incompetent by a court of competent jurisdiction.
- (19) Failing to timely make application for license renewal.
- (20) Falsifying documents submitted to the Physical Therapy Committee or the Oklahoma State Board of Medical Licensure and Supervision.
- (21) Obtaining or attempting to obtain a license, certificate or documents of any form as a physical therapist or physical therapist assistant by fraud or deception.
- (22) Cheating on or attempting to subvert the national physical therapy examination or skills assessment tests.
- (23) Leaving a patient care assignment without properly advising the appropriate personnel.

- (24) Violating the confidentiality of information or knowledge concerning a patient.
 - (25) While engaged in the care of a patient, engaging in conduct with a patient, patient family member, or significant other that is seductive or sexually demeaning/exploitive in nature.
 - (26) Failure to report through proper channels the unsafe, unethical or illegal practice of any person who is providing care.
 - (27) Failure to furnish to the Board, its investigators or representatives, information lawfully requested by the Board.
 - (28) Failure to cooperate with a lawful investigation conducted by the Board.
 - (29) Violation of any provision(s) of the Physical Therapy Practice Act or the rules and regulations of the board or of an action, stipulation, agreement or order of the Board.
 - (32) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by an court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.
- (c) A physical therapist or physical therapist assistant who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervising other physical therapy practitioners for so long as the Board deems appropriate, and may themselves be subject to disciplinary action pursuant to their conduct.

435:20-5-9. Standards of Ethics and Professional Conduct

In the conduct of their professional activities, the physical therapist and physical therapist assistant shall be bound by the following ethical and professional principles. Physical therapists and physical therapist assistants shall:

- (1) Respect the rights and dignity of all individuals and shall provide compassionate care.
- (2) Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- (3) Comply with state and/or federal laws that govern and relate to physical therapy practice.
- (4) Exercise sound professional judgment and perform only those procedures or functions in which they are individually competent and that are within the scope of accepted and responsible practice. A physical therapist shall not delegate to a less qualified person any activity that requires the unique skill, knowledge, and judgment of the physical therapist. A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of the evaluating physical therapist. A physical therapist assistant shall make judgments that are commensurate with their education and legal qualifications as a physical therapist assistant.
- (5) Actively maintain and continually improve their professional competence and represent it accurately.
- (6) Maintain high standards by following sound scientific procedures and ethical principles in research and the practice of physical therapy.
- (7) Seek reasonable remuneration for physical therapy practice.
- (8) Provide and make available accurate and relevant information to patients about their care and maintain patient confidentiality.

- (9) May provide information to the public about societal benefits of physical therapy services. A physical therapist may advertise his/her services to the public.
- (10) Refuse to participate in illegal or unethical acts, and shall refuse to conceal illegal, unethical or incompetent acts of others.
- (11) Endeavor to address the health needs of society through pro bono services and/or community health services.
- (12) Respect the rights, knowledge and skills of colleagues and other healthcare professionals.

435:20-5-10. Referrals

- (a) A licensed physical therapist who has received a referral from a person licensed as an allopathic physician, osteopathic physician, physician assistant, dentist, chiropractor or podiatrist may extend or reinstitute physical therapy for the patient named on the referral for a time period not to exceed ninety (90) days after the origination of the referral, unless a longer duration of physical therapy services is requested by the referring health care professional, provided that:
 - (1) the diagnosis or symptom listed on the referral is the same as the reason for the extension or reinstatement of the physical therapy treatment;
 - (2) the referring health care professional is notified of the extension or reinstatement of the treatment within five (5) business days of the date of the extension or reinstatement of the physical therapy treatment; and
 - (3) the patient involved has made or is making sufficient improvement in symptoms or function to warrant the extension or reinstatement of the physical therapy treatment without first being seen or re-evaluated by the by the referring health care professional.
- (b) The physical therapist may not make a medical diagnosis or diagnosis of disease.
- (c) If the physical therapist determines, based on the physical therapy screening and evaluation, that the patient's condition is outside the scope of the physical therapy practice, the physical therapist may not initiate, extend, or reinstitute treatment and must immediately refer the patient to a licensed health care professional.
- (d) If the physical therapist determines, based on reasonable evidence that appropriate improvement in symptoms or function has not been made within 60 days of the date on the referral, the physical therapist shall consult with or refer the patient back to the health care professional who originated the referral.
- (e) The provisions of paragraphs (a) – (d) of this section do not apply if the patient is receiving physical therapy services pursuant to the Individuals with Disabilities Education Improvement Act of 2004, as may be amended, and the Rehabilitation Act of 1973, Section 504, as may be amended.

SUBCHAPTER 7. SUPERVISION OF PHYSICAL THERAPIST ASSISTANTS

Section

435:20-7-1. Direction and supervision of Physical Therapist Assistants

435:20-7-1. Direction and supervision of Physical Therapist Assistants

(a) Responsible supervision.

(1) Physical therapists have a duty to provide therapy services that protect the public safety and maximize the availability of their services. The physical therapist assistant is the only individual permitted to assist in selected treatment interventions. A physical therapist assistant shall be supervised by a specific physical therapist or group of physical therapists working in the same practice setting or physical facility. A physical therapist assistant may not be supervised by any other person including those licensed in other professions. The physical therapist of record is accountable and responsible at all times for the direction of the actions of the physical therapist assistant when treating his/her patient. When determining the extent of assistance the physical therapist assistant can provide, the physical therapist should consider:

- (A) the physical therapist assistant's experience and skill level
- (B) the patient/client criticality and complexity
- (C) the setting in which the care is being delivered
- (D) the predictability of the patient/client outcomes
- (E) the needed frequency of re-examination

(2) A physical therapist shall not delegate to a less qualified person any service that requires the skill, knowledge and judgment of a physical therapist. For each date of service, a physical therapist shall provide all therapeutic interventions that require the expertise of a physical therapist and shall determine when assistive personnel may be used to provide delivery of services in a safe, effective, and efficient manner for each patient.

(A) A physical therapist assistant shall work under a physical therapist's direct or general supervision. A physical therapist assistant may document care provided without the co-signature of the supervising physical therapist. The physical therapist assistant will respond to acute changes in the patient's physiological state and report these findings promptly to the physical therapist. Contact, or attempts to contact the physical therapist of record, will be documented in the medical record.

(B) A physical therapist and a physical therapist assistant may use physical therapy aides for designated and immediately supervised routine tasks. The physical therapist shall not delegate the same type and level of duties to the physical therapy aide as are delegated to the physical therapist assistant. A physical therapy aide shall work under immediate supervision of the physical therapist or physical therapist assistant who is continuously on-site and present in the facility.

(b) Patient Care Management. Upon accepting a patient for provision of services, the physical therapist becomes the Physical Therapist of Record for that patient and is solely responsible for managing all aspects of the physical therapy plan of care for that patient. The Physical Therapist of Record shall:

- (1) Perform the initial examination and evaluation
- (2) Establish a plan of care and remain responsible to provide and/or supervise the appropriate interventions outlined in the plan of care.
- (3) Perform the re-examination/re-evaluation of the patient in light of their goals and

revision of the plan of care when indicated. This will be performed no less frequently than:

- (A) every 30 days in acute care, outpatient, inpatient rehabilitation and long term care settings with documented case consultation no less frequently than every 15 days;
- (B) every 60 days in home health settings with documented case consultation no less frequently than every 30 days;
- (C) every 90 days in consultative DDS with documented case consultation no less frequently than every 45 days;
- (D) every 10th visit for DDS for patients under 21 years of age with documented case consultation no less frequently than every 5th visit;
- (E) every 60 days in educational settings with documented case consultation no less frequently than every 30 days;

(4) Establish the discharge plan and provide or review the documentation of the discharge summary prepared by the physical therapist assistant.

(5) A physical therapist's responsibility for patient care management shall include oversight of all documentation for services rendered to each patient, including awareness of fees charged or reimbursement methodology used. A physical therapist shall also be aware of what constitutes unreasonable or fraudulent fees.

(c) Designation of a new Physical Therapist of Record. In the event that the Physical Therapist of Record can no longer assume these responsibilities, care must be turned over to another physical therapist who will become the new Physical Therapist of Record. The Therapist of Record must make sure that the new Physical Therapist of Record is authorized and qualified to receive the patient, must obtain acceptance from the receiving physical therapist, document the hand-over of the patient and maintain the care and responsibility of the patient until the new Physical Therapist of Record is acknowledged in the documentation.

(d) Designation and responsibilities of Supervising Physical Therapist and Alternate Supervising Physical Therapist. Both the physical therapist and physical therapist assistant are responsible for completion of the Form #5, Verification of Supervision.

(1) A Form #5, Verification of Supervision must be completed annually for each clinical practice setting in which the physical therapist assistant works, identifying the supervising physical therapist for the physical therapist assistant. The physical therapist assistant will be responsible to inquire of their supervising physical therapist(s) or the Board, the number of persons being supervised by that physical therapist. If responsible supervision is not practiced, both the supervising physical therapist and the physical therapist assistant are in violation of this rule. Any revised or new Form #5 for a physical therapist assistant at a clinical practice setting will supersede the existing Form #5 for that setting. A physical therapist assistant will not practice in any clinical setting without the necessary Form #5. It is the responsibility of both physical therapists and physical therapist assistants to notify the Board of any changes to a Form #5 that they have signed.

(2) A physical therapist will not supervise and utilize more than four (4) licensed personnel or applicants for licensure. Only three (3) may be physical therapist assistants or applicants for physical therapist assistant licensure. Any of the four (4) may be applicants for physical therapist licensure. This total is inclusive of all geographic

locations or employing agencies.

(3) For each practice setting in which he or she works, the physical therapist assistant and the supervising physical therapists must indicate on the Form #5, Verification of Supervision which of the method of supervision described in (A) or (B) below will be employed in that practice setting.

(A) A physical therapist will provide direct or general supervision of a physical therapist assistant and will be listed on the Form #5 as the supervising physical therapist. In the event that he or she is unable to provide supervision, a supervising physical therapist may:

(i) temporarily delegate the supervision of up to three licensed physical therapist assistants to an alternate supervising physical therapist who agrees to provide consultation to the physical therapist assistant(s) for existing plans of care for a period of time not to exceed thirty (30) days. In this event, a new Form #5 is not required, but the alternate supervising physical therapist must be identified as the Therapist of Record in the documentation.

(ii) designate a new Therapist of Record, as in 435:20-7-1-(c) above, to assume full responsibility of the plan of care who may, if they so chose, delegate to a physical therapist assistant under their supervision as listed on their Form #5.

(B) A group of physical therapists, working in the same practice setting may provide supervision to a physical therapist assistant providing the following conditions are met:

(i) all supervising physical therapists are listed on a Form #5 for the physical therapist assistant.

(ii) the ratio of physical therapists to physical therapists assistants in that practice setting does not exceed the ratio of one (1) physical therapist to three (3) physical therapist assistants or applicants for licensure at any given time.

(iii) The group director, who must be a licensed physical therapist or physical therapist assistant, is identified and assumes responsibility for accurate information on the Form #5 and the appropriate ratio of physical therapist to physical therapist assistants. The Board may assign disciplinary action to the clinical director or all members of the group for violation of the supervision rules.

(e) Supervision of additional physical therapist assistants. In unique cases, a physical therapist may petition the Chair of the Physical Therapy Committee to receive permission to supervise additional physical therapist assistants or applicants for licensure, but this decision to supervise additional assistive personnel must be reviewed and approved by the committee at the next scheduled meeting.

(f) **Limits of practice for the physical therapist assistant.** The physical therapist assistant may not:

(1) Specify, other than to the Physical Therapist of Record, perform or interpret

definitive (decisive, conclusive, final) evaluative and assessment procedures. Definitive evaluation procedures may not be recommended to anyone other than the patient's physical therapist, unless previously approved by the physical therapist.

(2) Alter overall treatment, goals and/or plan.

(3) Recommend adaptive equipment, assistive devices, or alterations to architectural barriers to persons other than a physical therapist.

(4) File discharge documents for permanent record until approved by a physical therapist.

(5) Perform duties or tasks for which he/she is not trained.

SUBCHAPTER 9. PROFESSIONAL DEVELOPMENT

Section

435:20-9-1. Definitions

435:20-9-2. Professional development requirements for renewal

435:20-9-3. Professional development categories

435:20-9-4. Guidelines for the audit process

435:20-9-1. Definitions

The following words and terms, when used in this SubChapter, shall have the following meaning, unless the content clearly indicates otherwise:

"Activities" means activities that a licensee participates in to either assess his/her competence or to develop competency. An activity is assigned a value toward meeting professional development requirements.

"APTA" means the American Physical Therapy Association.

"Asynchronous instruction" means instructional interaction whereby instructional delivery and learner participation occurs other than simultaneously, offering either a delayed opportunity or no opportunity for instructional feedback.

"Board" means the Board of Medical Licensure and Supervision.

"Clinical practice" means physical therapy consultation or patient care or client management or the supervision thereof.

"Committee" means the Physical Therapy Advisory Committee.

"Compliance period" means the initial compliance period starting on February 1, 2022 through January 31, 2024.

"Competence" means the application of knowledge, skills, and behaviors required to function effectively, safely, ethically and legally within the context of the patient/client's role and environment.

"Continuing competence" means the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

"Continuing education" means those appropriate learning experiences physical therapists and physical therapist assistants undertake to expand their scope of knowledge beyond the basic preparation for the profession of physical therapy and these experiences should be referenced to one of four areas: administration, education, patient care, or research.

"Documentation" means evidence of completion of continuing education and

competence activities.

"FSBPT" means the Federation of State Boards of Physical Therapy.

"IACET" means the International Association for Continuing Education and Training.

"Jurisprudence assessment" means an outline set of questions concerning the Oklahoma Physical Therapy Practice Act, Board rules, and Position Statement posted on the Board's website at www.okmedicalboard.org.

"Licensee" means a Physical Therapist or Physical Therapist Assistant licensed in Oklahoma.

"OPTA" means the Oklahoma Physical Therapy Association.

"Pre-approval" means the professional development experience has received approval prior to the end of the compliance period.

"Professional development" means the fusion of continuing competence and continuing education, which demonstrates and evidences a licensee's ability and knowledge to practice physical therapy consistent with the requirements of Oklahoma law and the standards of the physical therapy profession.

"Professional Development Unit or PDU" means one contact hour (60 minutes) of continuing education coursework or an approved PDU activity (detailed in section 435:20-9d)

"Provider" means an entity that has been approved by the Board to provide professional development activities for licensees as provided in the rules of this section.

"Synchronous instruction" means instructional interaction conducted in real time where the instructional delivery and learner participation occurs concurrently with an immediate opportunity for instructional feedback.

435:20-9-2. Professional development requirements for renewal

(a) Beginning with the renewal period ending January 31, 2000 and every two years thereafter, the applicant for renewal of licensure shall sign a statement indicating whether or not professional development requirements have been fulfilled for the preceding two-year period.

(b) Effective February 1, 2022 and every two years thereafter, physical therapists will be required to show proof of forty (40) approved contact hours and/or PDU equivalent and Physical Therapist Assistants will be required to show proof of thirty (30) approved contact hours and/or PDU equivalent.

(1) At least half of the required hours must be professional development coursework.

(2) Three of the required hours must contain ethics education that includes the APTA Guide for Professional Conduct and the APTA Code of Ethics.

(3) No professional development hours may be carried over from one compliance period to another.

(c) Any applicant for renewal who cannot meet the requirements for professional development may not renew until deficient professional development units (PDUs) are obtained and verified. Additionally, within the next compliance period the licensee will be required to obtain double the required units of approved PDUs.

(d) Each licensee is responsible for maintaining evidence/proof/record of participation in a

professional development experience for a minimum of four years, two compliance periods. Copies of such proof shall be submitted to the Board upon request. Such proof shall include:

- (1) date, place, course title, schedule, presenter(s), etc.,
 - (2) number of contact hours/PDUs for the activity,
 - (3) proof of completion, such as abstracts, certificates of attendance, or other certification of completion.
- (e) Any physical therapist or physical therapist assistant initially licensed in Oklahoma during the second year of a compliance period shall be exempt from the professional development requirements for that first renewal period.
- (f) The Physical Therapy Committee shall conduct random audits of the professional development records of the number of licensees that time and resources permit. The Physical Therapy Committee may appoint a sub-committee to review audits and requests for approval of professional development experiences and make recommendations to the Physical Therapy Committee for disposition.
- (g) Penalties for failure to comply with professional development requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional PDUs, probation of license, suspension of license, or revocation of license.
- (h) Failure to maintain records of professional development rebuts the presumption that professional development requirements have been completed.
- (i) Misrepresenting compliance with professional development requirements constitutes a fraudulent application.

435:20-9-3. Professional development categories

(a) Approval for professional development activities

(1) To receive initial approval for a professional development offering submission of an Application for Approval of Physical Therapy Professional Development form is required. The application must include the following information:

- (A) Course title with an abstract, summary or course syllabus and sufficient evidence demonstrating relevancy, recency and consistency with current practice.
- (B) A program agenda complete with a breakdown of all time spent in instructional and non-instructional periods to include meals. (PDU will be awarded for instructional hours only.) (If a course is six hours or longer, the agenda must include at-least a 30 minute lunch.)
- (C) The course or program's goals and objectives sufficient to provide information for evaluation of relevance and practical application to the field of physical therapy beyond basic preparation of the licensee. If basic information is needed, the licensee will complete the professional self- reflection form to demonstrate current knowledge and competency of the topic and rationale as to why this course should be approved.
- (D) Documentation of instructor background/expertise relevant to the field of physical therapy.
- (E) Location of the program, including the address, city, state, and zip, or Internet site.
- (F) Contact name, phone number and address of course sponsors or publishers.
- (G) Specific date(s) of course participation.
- (H) Method of certifying attendance and instructional hours. (Adjustment of PDU

awarded may occur within the approval process.)

- (2) Individual participants are responsible for maintaining these records.
- (3) Physical therapists and physical therapist assistants working less than 250 hours per year may submit a request for a lesser professional development requirement.
- (4) Pre-approval is required for guaranteed credit.

(b) **Synchronous professional development opportunities.**

- (1) Synchronous education – Real time participation in a course, workshop or conference.
- (2) Presentation of program - A licensee who presents an original professional development program targeted towards peers and other health care professionals may receive professional development credit of 1.5 PDU per contact hour of instruction for the first presentation of this original material. No additional PDU for subsequent presentations within the compliance period.
- (3) Post Graduate Studies - Successful completion of post graduate education course work related to physical therapy will be awarded professional development credit of up to 16 PDU for each college credit course based on credit hours, syllabus, and learning objectives.

(c) **Asynchronous educational and competence opportunities.** For licensees participating in a non-interactive course offered by videotape, satellite transmission, webcast, DVD, or other electronic media, one hour of participation earns one PDU. This method must include a post-test proficiency assessment in order to be accepted.

(d) **Other professional development activities.**

(1) Publication - Writing for professional publication may be awarded professional development credit. Acceptance for publication must occur within the current compliance period. Contact hours will not be approved for repeat publication of the same material. Licensee must present copy of published material to receive credit.

(A) Each published paper/book and/or chapter/or case study will receive fifteen (15) PDUs.

(B) Each published book review will receive of ten (10) PDUS.

(2) Study groups - A series of meetings designed for intense study in a physical therapy related topic. A minimum of four participants and four hours of participation are required for professional development eligibility. Those seeking approval for a group study project shall submit a full description including an outline of the topics and subtopics, references, or copies of the printed materials, a time and place of study, the methods to be used, the number of hours of credit sought, and any other information relevant to the evaluation of the proposed projects. The maximum number of PDUs of this type allowed during a compliance period is 12.

(3) Collaboration with educational programs:

(A) Supervising Physical Therapist or Physical Therapist Assistant students as a clinical instructor.

(i) Continuous direct supervision of students and/or candidates for licensure can earn up to 10 PDUs in this category in a compliance period. Forty (40) hours of direct supervision will earn one (1) PDU regardless of the number of students and/or candidates for licensure being supervised.

(ii) The licensee shall submit materials listing the licensee as a clinical instructor with the name of the school/program and the length of time of clinical placement.

(B) Presentations as a guest lecturer for Physical Therapist and Physical Therapist Assistant Programs earns 2 PDU for the first presentation of original material, up to 4 PDU for two presentations of original material in a compliance period. No additional PDU for subsequent presentation may be earned within a compliance period. The licensee shall submit materials including: syllabus, curriculum vitae demonstrating expertise, statement of objectives, and strength of evidence demonstrating references used within last 5 years.

(4) Research/Publication/Presentations

(A) Publication:

(i) Authorship or co-authorship of a book relating to physical therapy earns up to fifteen (15) PDU in a compliance period.

(ii) The licensee must present a copy of published material to receive credit. (B) Research (published only):

(i) Principal or co-investigator, project director, or research assistant earns five (5) PDU, up to ten (10) PDU in a compliance period, provided a licensee may only earn five (5) PDU for one original publication.

(ii) The licensee shall submit research proposal/abstract, final results and a summary of the licensee's involvement.

(C) Presentations at professional workshops, seminars, conferences related to physical therapy earns 1.5 PDU per contact hour of instruction for the first presentation of original materials. A licensee may not earn additional PDU for subsequent presentations of the same materials within the compliance period. The licensee shall submit materials including: brochures or program, curriculum vitae demonstrating expertise, a statement of objectives and strength of evidence demonstrating references used within last 5 years.

(5) Advanced Training:

(A) Specialty certification. Achievement of an APTA or APTA Section-recognized specialty certification related to physical therapy/Advanced Proficiency for PTA will be awarded ten (10) PDU for initial certification and five (5) PDU for recertification. Credit will be granted for certification obtained with the compliance period in which the certification was granted. The licensee shall submit proof of certification for PDU determination.

(B) Residences/Fellowships. For fellowships conferred by organizations credentialed by APTA in a specialty area of the practice of physical therapy, ten (10) PDU shall be awarded for each full year of clinical participation up to a maximum of twenty (20) PDU per compliance period for this activity.

(i) The licensee shall submit the certificate conferred on the licensee or evidence that all requirements of the fellowship program have been met.

(ii) For completion of a residency program in physical therapy offered by an APTA credentialed organization, ten (10) PDU shall be awarded for each full year of clinical participation, up to a maximum of twenty (20) PDU per compliance period for this activity.

(iii) The licensee shall submit the certificate conferred on the licensee or evidence that all requirements of the fellowship program have been met.

(6) Physical Therapy organizations

- (A) Participation in the national physical therapy or multidisciplinary organization that includes physical therapy:
- (i) Participation as a board member, committee chair, task force member or delegate to a national assembly earns five (5) PDU per position for a maximum of ten (10) PDU.
 - (ii) The licensee shall submit materials documenting the licensee as a participant (for example minutes) as well as a description of the position and a summary of the licensee's involvement.
- (B) Participation in a state physical therapy or multidisciplinary organization that includes physical therapy:
- (i) Participation as a voting board member or committee chair earns five (5) PDU per position for a maximum of ten (10) PDU in a compliance period.
 - (ii) The licensee shall submit materials listing the licensee as a participant (for example minutes) as well as a description of the position and a summary of the licensee's involvement.
- (C) Participation in a regional or district physical therapy or multidisciplinary organization that includes physical therapy:
- (i) Participation as a district officer earns two (2) PDU per position for a maximum of four (4) PDU in a compliance period.
 - (ii) The licensee shall submit materials listing the licensee as a participant (for example minutes) as well as a description of the position and a summary of the licensee's involvement.
- (D) Membership in the APTA for one year earns one PDU, up to two PDU in a compliance period.
- (i) The licensee shall submit membership card or certificate for each year of the compliance period.
 - (ii) Membership in an APTA section for one year earns one half PDU, up to one PDU in a compliance period. Additional PDU are not awarded for membership in more than one section. Section membership is validated by membership card.
- (E) Learning opportunities not listed above may be considered for professional development credit, but will require pre-approval if submitted by the requested deadline.
- (F) Learning opportunities not accepted include but are not limited to:
- (i) Regularly scheduled education opportunities provided within an institution, such as: rounds or on-the-job required in-service training such as CPR, blood-borne pathogens, equipment or procedural updates.
 - (ii) Staff meetings.
 - (iii) Meetings, workshops or seminars held by personnel with less medical training than registered physical therapists or physical therapist assistants.
 - (iv) Publications for the lay public.
 - (v) Presentations to lay groups and non-professionals.
 - (vi) Teaching personnel, students or staff within one's job requirement.

435:20-9-3.1. Approval of providers

- (a) The Board shall approve a provider if it is satisfied that the provider's programs have met the standard set forth in 435:20-9-4(a) of this section.

- (b) Once a provider is approved, the professional development activities offered by that organization are approved for credit and no application must be made to the Board for approval.
- (c) The provider must submit the course information to the Board for posting on the Board website.
- (c) The following organizations are considered approved providers:
 - (1) Any agency or board responsible for licensing individuals to practice physical therapy in the United States or Canada.
 - (2) The American Physical Therapy Association (APTA), including any Sections, Academies, credentialed residencies and fellowships and its accrediting subsidiaries.
 - (3) State Chapters of APTA.
 - (4) The Federation of State Boards of Physical Therapy (FSBPT) and any accrediting subsidiary.
 - (5) The International Association for Continuing Education and Training (IACET).
 - (6) Any providers approved or accredited by the agencies or organizations listed in subparagraphs (1) through (5) of this paragraph.
 - (7) Physical therapist and physical therapist assistant programs approved by an agency recognized by either the U.S. Department of Education or the Council on Postsecondary Accreditation.

435:20-9-4.Guidelines for the audit process

- (a) The Physical Therapy Committee will, each compliance period, randomly or for cause select licensees for verification that all professional development requirements have been met.
- (b) Those being audited will receive notification and have thirty (30) calendar days from the date of the correspondence to submit proof of professional development to the Committee.
- (c) The Physical Therapy Committee or its appointed sub-committee shall review the documentation of each individual for compliance with established professional development standards.
- (d) Those found to be in compliance shall be notified.
- (e) Those found not to be in compliance shall be notified, by certified mail, within five (5) working days following the determination of non-compliance. They will be given specific information concerning areas of deficiency, what further information is needed to bring them into compliance, given opportunity to submit additional documentation and/or appear in person at the next Physical Therapy Committee meeting.
- (f) A summarized report shall be submitted to the Physical Therapy Committee listing the names of those audited who are in compliance with professional development requirements. Those not in compliance shall be listed with notation of deficiencies found and/or recommendations.