

**Chapter 18.74 RCW
PHYSICAL THERAPY**

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RCW 18.74.005 Purpose of chapter. The purpose of this chapter is to protect the public health, safety, and welfare, and to provide for state administrative control, supervision, licensure, and regulation of the practice of physical therapy. It is the intent of the legislature that only individuals who meet and maintain prescribed standards of competence and conduct be allowed to engage in the practice of physical therapy as defined and authorized by this chapter. [2005 c 501 s 1; 1983 c 116 s 1.]

RCW 18.74.010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Authorized health care practitioner" means and includes licensed physicians, osteopathic physicians, chiropractors, naturopaths, podiatric physicians and surgeons, dentists, and *advanced registered nurse practitioners: PROVIDED, HOWEVER, That nothing herein shall be construed as altering the scope of practice of such practitioners as defined in their respective licensure laws.

(2) "Board" means the board of physical therapy created by RCW 18.74.020.

(3) "Close supervision" means that the supervisor has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. The supervisor is continuously on-site and physically present in the operatory while the procedures are performed and capable of responding immediately in the event of an emergency.

(4) "Department" means the department of health.

(5) "Direct supervision" means the supervisor must (a) be continuously on-site and present in the department or facility where the person being supervised is performing services; (b) be immediately available to assist the person being supervised in the services being performed; and (c) maintain continued involvement in appropriate aspects of each treatment session in which a component of treatment is delegated to assistive personnel or is required to be directly supervised under RCW 18.74.190.

(6) "Indirect supervision" means the supervisor is not on the premises, but has given either written or oral instructions for treatment of the patient and the patient has been examined by the physical therapist at such time as acceptable health care practice requires and consistent with the particular delegated health care task.

(7) "Intramuscular needling," also known as "dry needling," means a skilled intervention that uses a single use, sterile filiform needle

to penetrate the skin and stimulate underlying myofascial trigger points and connective and muscular tissues for the evaluation and management of neuromusculoskeletal pain and movement impairments. Intramuscular needling requires an examination and diagnosis. Intramuscular needling does not include needle retention without stimulation or the stimulation of auricular and distal points.

(8) "Physical therapist" means a person who meets all the requirements of this chapter and is licensed in this state to practice physical therapy.

(9) (a) "Physical therapist assistant" means a person who meets all the requirements of this chapter and is licensed as a physical therapist assistant and who performs physical therapy procedures and related tasks that have been selected and delegated only by the supervising physical therapist. However, a physical therapist may not delegate sharp debridement to a physical therapist assistant.

(b) "Physical therapy aide" means an unlicensed person who receives ongoing on-the-job training and assists a physical therapist or physical therapist assistant in providing physical therapy patient care and who does not meet the definition of a physical therapist, physical therapist assistant, or other assistive personnel. A physical therapy aide may directly assist in the implementation of therapeutic interventions, but may not alter or modify the plan of therapeutic interventions and may not perform any procedure or task which only a physical therapist may perform under this chapter.

(c) "Other assistive personnel" means other trained or educated health care personnel, not defined in (a) or (b) of this subsection, who perform specific designated tasks that are related to physical therapy and within their license, scope of practice, or formal education, under the supervision of a physical therapist, including but not limited to licensed massage therapists, athletic trainers, and exercise physiologists. At the direction of the supervising physical therapist, and if properly credentialed and not prohibited by any other law, other assistive personnel may be identified by the title specific to their license, training, or education.

(10) "Physical therapy" means the care and services provided by or under the direction and supervision of a physical therapist licensed by the state. Except as provided in RCW 18.74.190, the use of Roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, and the use of spinal manipulation, or manipulative mobilization of the spine and its immediate articulations, are not included under the term "physical therapy" as used in this chapter.

(11) "Practice of physical therapy" is based on movement science and means:

(a) Examining, evaluating, and testing individuals with mechanical, physiological, and developmental impairments, functional limitations in movement, and disability or other health and movement-related conditions in order to determine a diagnosis, prognosis, plan of therapeutic intervention, and to assess and document the ongoing effects of intervention;

(b) Alleviating impairments and functional limitations in movement by designing, implementing, and modifying therapeutic interventions that include therapeutic exercise; functional training related to balance, posture, and movement to facilitate self-care and reintegration into home, community, or work; manual therapy including soft tissue and joint mobilization and manipulation; therapeutic massage; assistive, adaptive, protective, and devices related to

postural control and mobility except as restricted by (c) of this subsection; airway clearance techniques; physical agents or modalities; mechanical and electrotherapeutic modalities; and patient-related instruction;

(c) Training for, and the evaluation of, the function of a patient wearing an orthosis or prosthesis as defined in RCW 18.200.010. Physical therapists may provide those direct-formed and prefabricated upper limb, knee, and ankle-foot orthoses, but not fracture orthoses except those for hand, wrist, ankle, and foot fractures, and assistive technology devices specified in RCW 18.200.010 as exemptions from the defined scope of licensed orthotic and prosthetic services. It is the intent of the legislature that the unregulated devices specified in RCW 18.200.010 are in the public domain to the extent that they may be provided in common with individuals or other health providers, whether unregulated or regulated under this title, without regard to any scope of practice;

(d) Performing wound care services that are limited to sharp debridement, debridement with other agents, dry dressings, wet dressings, topical agents including enzymes, hydrotherapy, electrical stimulation, ultrasound, and other similar treatments. Physical therapists may not delegate sharp debridement. A physical therapist may perform wound care services only by referral from or after consultation with an authorized health care practitioner;

(e) Performing intramuscular needling;

(f) Reducing the risk of injury, impairment, functional limitation, and disability related to movement, including the promotion and maintenance of fitness, health, and quality of life in all age populations; and

(g) Engaging in administration, consultation, education, and research.

(12) "Secretary" means the secretary of health.

(13) "Sharp debridement" means the removal of devitalized tissue from a wound with scissors, scalpel, and tweezers without anesthesia. "Sharp debridement" does not mean surgical debridement. A physical therapist may perform sharp debridement, to include the use of a scalpel, only upon showing evidence of adequate education and training as established by rule. Until the rules are established, but no later than July 1, 2006, physical therapists licensed under this chapter who perform sharp debridement as of July 24, 2005, shall submit to the secretary an affidavit that includes evidence of adequate education and training in sharp debridement, including the use of a scalpel.

(14) "Spinal manipulation" includes spinal manipulation, spinal manipulative therapy, high velocity thrust maneuvers, and grade five mobilization of the spine and its immediate articulations.

(15) Words importing the masculine gender may be applied to females. [2023 c 198 s 1; 2018 c 222 s 1; 2016 c 41 s 16. Prior: 2014 c 116 s 3; 2007 c 98 s 1; 2005 c 501 s 2; 1997 c 275 s 8; 1991 c 12 s 1; (1991 c 3 ss 172, 173 repealed by 1991 sp.s. c 11 s 2); (1990 c 297 s 17 repealed by 1991 c 12 s 6); 1988 c 185 s 1; 1983 c 116 s 2; 1961 c 64 s 1; 1949 c 239 s 1; Rem. Supp. 1949 s 10163-1.]

Reviser's note: *(1) The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

(2) The definitions in this section have been alphabetized pursuant to RCW 1.08.015(2)(k).

Effective date—2016 c 41: See note following RCW 18.108.010.

Effective date—2014 c 116: See note following RCW 18.74.190.

Effective dates—1991 c 12 ss 1, 2, 3, 6: "(1) Sections 1, 2, and 6 of this act are necessary for the immediate preservation of the public peace, health, or safety, or support of the state government and its existing public institutions, and shall take effect June 30, 1991.

(2) Section 3 of this act shall take effect January 1, 1992."
[1991 c 12 s 7.]

Number and gender: RCW 1.12.050.

RCW 18.74.012 Consultation with health care practitioner not required for certain treatments. A consultation and periodic review by an authorized health care practitioner is not required for treatment of neuromuscular or musculoskeletal conditions. [2005 c 501 s 3; 2000 c 171 s 24; 1991 c 12 s 2; 1990 c 297 s 19; 1988 c 185 s 2.]

Effective dates—1991 c 12 ss 1, 2, 3, 6: See note following RCW 18.74.010.

RCW 18.74.015 Referral to health care practitioners—When required. (1) Physical therapists shall refer persons under their care to authorized health care practitioners if they have reasonable cause to believe symptoms or conditions are present which require services beyond the scope of their practice or for which physical therapy is contraindicated.

(2) A violation of this section is unprofessional conduct under this chapter and chapter 18.130 RCW. [1988 c 185 s 3.]

RCW 18.74.020 Board created—Members—Staff assistance—Compensation and travel expenses. The state board of physical therapy is hereby created. The board shall consist of seven members who shall be appointed by the governor. Five members of the board shall be physical therapists licensed under this chapter and residing in this state, shall have not less than five years' experience in the practice of physical therapy, and shall be actively engaged in practice within two years of appointment. One member shall be a physical therapist assistant licensed under this chapter and residing in this state, shall not have less than five years' experience in the practice of physical therapy, and shall be actively engaged in practice within two years of appointment. The seventh member shall be appointed from the public at large, shall have an interest in the rights of consumers of health services, and shall not be or have been a member of any other licensing board, a licensee of any health occupation board, an employee of any health facility nor derive his or her primary livelihood from the provision of health services at any level of responsibility. In the event that a member of the board for any reason cannot complete his or her term of office, another appointment shall be made by the governor in accordance with the procedure stated in

this section to fill the remainder of the term. No member may serve for more than two consecutive full four-year terms.

The secretary of health shall furnish such secretarial, clerical, and other assistance as the board may require. Each member of the board shall, in addition to travel expenses in accordance with RCW 43.03.050 and 43.03.060, be compensated in accordance with RCW 43.03.265. The board is designated as a class five group for purposes of chapter 43.03 RCW. [2022 c 240 s 5; 2007 c 98 s 2; 1991 c 3 s 174; 1984 c 287 s 46; 1983 c 116 s 3; 1979 c 158 s 62; 1975-'76 2nd ex.s. c 34 s 44; 1949 c 239 s 2; Rem. Supp. 1949 s 10163-2.]

Legislative findings—Severability—Effective date—1984 c 287:
See notes following RCW 43.03.220.

Severability—Effective date—1975-'76 2nd ex.s. c 34: See notes following RCW 2.08.115.

Secretary of health or designee ex officio member of health professional licensure and disciplinary boards: RCW 43.70.300.

RCW 18.74.023 Board—Powers and duties. The board has the following powers and duties:

(1) To develop and administer, or approve, or both, examinations to applicants for a license under this chapter.

(2) To pass upon the qualifications of applicants for a license and to certify to the secretary duly qualified applicants.

(3) To make such rules not inconsistent with the laws of this state as may be deemed necessary or proper to carry out the purposes of this chapter.

(4) To establish and administer requirements for continuing competency, which shall be a prerequisite to renewing a license under this chapter.

(5) To keep an official record of all its proceedings, which record shall be evidence of all proceedings of the board which are set forth therein.

(6) To adopt rules not inconsistent with the laws of this state, when it deems appropriate, in response to questions put to it by professional health associations, physical therapists, and consumers in this state concerning the authority of physical therapists to perform particular acts.

(7) To adopt rules to define and specify the education and training requirements for physical therapist assistants and physical therapy aides. [1995 c 299 s 1; 1995 c 198 s 9. Prior: 1991 c 12 s 3; 1991 c 3 s 175; 1986 c 259 s 124; 1983 c 116 s 4.]

Reviser's note: This section was amended by 1995 c 198 s 9 and by 1995 c 299 s 1, each without reference to the other. Both amendments are incorporated in the publication of this section pursuant to RCW 1.12.025(2). For rule of construction, see RCW 1.12.025(1).

Effective dates—1991 c 12 ss 1, 2, 3, 6: See note following RCW 18.74.010.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.74.025 Standards for appropriateness of physical therapy care—Violation. Pursuant to the board's power in RCW 18.74.023(3), the board is directed to adopt rules relating to standards for appropriateness of physical therapy care. Violation of the standards adopted by rule under this section is unprofessional conduct under this chapter and chapter 18.130 RCW. [1991 c 12 s 5.]

RCW 18.74.027 Board—Officers—Meetings—Quorum. The board shall elect from its members a chairperson and vice chairperson-secretary, who shall serve for one year and until their successors are elected. The board shall meet at least once a year and upon the call of the chairperson at such times and places as the chairperson designates. A majority of the board members appointed and serving constitutes a quorum for the transaction of board business. The affirmative vote of a majority of a quorum of the board is required to carry a motion or resolution, to adopt a rule, or to pass a measure. Meetings of the board shall be open and public, except the board may hold executive sessions to the extent permitted by chapter 42.30 RCW. [2022 c 240 s 6; 1983 c 116 s 5.]

RCW 18.74.029 Application of Uniform Disciplinary Act. The Uniform Disciplinary Act, chapter 18.130 RCW, governs unlicensed practice, the issuance and denial of licenses and interim permits, and the discipline of licensees and holders of interim permits under this chapter. [1993 c 133 s 2; 1987 c 150 s 47; 1986 c 259 s 123.]

Severability—1987 c 150: See RCW 18.122.901.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.74.030 Qualifications of applicants. (1) An applicant for a license as a physical therapist shall have the following minimum qualifications:

(a) Be of good moral character; and

(b) Have obtained either (i) a baccalaureate degree in physical therapy from an institution of higher learning approved by the board or (ii) a baccalaureate degree from an institution of higher learning and a certificate or advanced degree from a school of physical therapy approved by the board.

(2) An applicant for a license as a physical therapist assistant must have the following minimum qualifications:

(a) Be of good moral character; and

(b) Have successfully completed a board-approved physical therapist assistant program.

(3) The applicant shall present proof of qualification to the board in the manner and on the forms prescribed by the board. [2007 c 98 s 3; 1983 c 116 s 6; 1961 c 64 s 2; 1949 c 239 s 3; Rem. Supp. 1949 s 10163-3.]

RCW 18.74.033 Qualifications—Military training and experience. An applicant with military training or experience satisfies the training and experience requirements of this chapter unless the board

determines that the military training or experience is not substantially equivalent to the standards of this state. [2011 c 32 s 8.]

RCW 18.74.035 Examinations—Scope—Time and place. (1) All qualified applicants for a license as a physical therapist shall be examined by the board at such time and place as the board may determine. The board may approve an examination prepared or administered by a private testing agency or association of licensing authorities. The examination shall embrace the following subjects: The applied sciences of anatomy, neuroanatomy, kinesiology, physiology, pathology, psychology, physics; physical therapy, as defined in this chapter, applied to medicine, neurology, orthopedics, pediatrics, psychiatry, surgery; medical ethics; technical procedures in the practice of physical therapy as defined in this chapter; and such other subjects as the board may deem useful to test the applicant's fitness to practice physical therapy. Examinations shall be held within the state at least once a year, at such time and place as the board shall determine. An applicant who fails an examination may apply for reexamination upon payment of a reexamination fee determined by the secretary.

(2) All qualified applicants for a license as a physical therapist assistant must be examined by the board at such a time and place as the board may determine. The board may approve an examination prepared or administered by a private testing agency or association of licensing authorities. [2014 c 116 s 4; 2007 c 98 s 4; 1995 c 198 s 10; 1991 c 3 s 176; 1983 c 116 s 7; 1961 c 64 s 3.]

Effective date—2014 c 116: See note following RCW 18.74.190.

RCW 18.74.038 Physical therapist assistants—Waiver of examination. The board shall waive the examination and grant a license to a person who meets the commonly accepted standards for practicing as a physical therapist assistant, as adopted by rule. Persons eligible for licensure as a physical therapist assistant under this section must apply for a license within one year of July 1, 2008. [2007 c 98 s 7.]

RCW 18.74.040 Licenses. (1) The secretary shall license as a physical therapist, and shall furnish a license to, each applicant who successfully passes the examination for licensure as a physical therapist.

(2) The secretary shall license as a physical therapist assistant, and shall furnish a license to, each applicant who successfully passes the examination for licensure as a physical therapist assistant. [2007 c 98 s 5; 1991 c 3 s 177; 1983 c 116 s 8; 1949 c 239 s 4; Rem. Supp. 1949 s 10163-4.]

RCW 18.74.050 Licenses—Fees. (1) The secretary shall furnish a license upon the authority of the board to any person who applies and who has qualified under the provisions of this chapter. At the time of applying, the applicant shall comply with administrative procedures,

administrative requirements, and fees established pursuant to RCW 43.70.250 and 43.70.280. No person registered or licensed on July 24, 1983, as a physical therapist shall be required to pay an additional fee for a license under this chapter.

(2) No fees collected pursuant to subsection (1) of this section may be used to meet the state's monetary obligations as a member state to the physical therapy licensure compact. [2017 c 108 s 4; 1996 c 191 s 59; 1991 c 3 s 178; 1985 c 7 s 63; 1983 c 116 s 9; 1975 1st ex.s. c 30 s 65; 1961 c 64 s 4; 1949 c 239 s 5; Rem. Supp. 1949 s 10163-5.]

RCW 18.74.060 Licensure by endorsement. Upon the recommendation of the board, the secretary shall license as a physical therapist or physical therapist assistant and shall furnish a license to any person who is a physical therapist or physical therapist assistant registered, certified, or licensed under the laws of another state or territory, or the District of Columbia, if the qualifications for such registration, certification, or license required of the applicant were substantially equal to the requirements under this chapter. At the time of making application, the applicant shall comply with administrative procedures, administrative requirements, and fees established pursuant to RCW 43.70.250 and 43.70.280. [2007 c 98 s 6; 1996 c 191 s 60; 1991 c 3 s 179; 1985 c 7 s 64; 1983 c 116 s 10; 1975 1st ex.s. c 30 s 66; 1961 c 64 s 5; 1949 c 239 s 6; Rem. Supp. 1949 s 10163-6.]

RCW 18.74.065 Licenses—Issuance to persons licensed or registered before July 24, 1983. Any person holding a valid license or certificate of registration to practice physical therapy issued by authority of this state prior to July 24, 1983, shall be issued a license under this chapter. [1983 c 116 s 11.]

RCW 18.74.070 Renewal of license. Every licensed physical therapist and physical therapist assistant shall apply to the secretary for a renewal of the license and pay to the state treasurer a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. [2007 c 98 s 8; 1996 c 191 s 61; 1991 c 3 s 180; 1983 c 116 s 12; 1975 1st ex.s. c 30 s 67; 1971 ex.s. c 266 s 13; 1961 c 64 s 6; 1949 c 239 s 7; Rem. Supp. 1949 s 10163-7.]

RCW 18.74.073 Licenses—Inactive status—Fees. Any physical therapist or physical therapist assistant licensed under this chapter not practicing physical therapy or providing services may place his or her license in an inactive status. The board shall prescribe requirements for maintaining an inactive status and converting from an inactive or active status. The secretary may establish fees for alterations in license status. [2007 c 98 s 9; 1998 c 143 s 1.]

RCW 18.74.075 Interim permits. (1) The department, upon approval by the board, shall issue an interim permit authorizing an applicant for licensure who meets the minimum qualifications stated in

RCW 18.74.030 to practice physical therapy under graduate supervision pending notification of the results of the first licensure examination for which the applicant is eligible, but not to exceed six months.

(2) For purposes of this section, "graduate supervision" means supervision of a holder of an interim permit by a licensed physical therapist who is on the premises at all times. Graduate supervision shall include consultation regarding evaluation, treatment plan, treatment program, and progress of each assigned patient at appropriate intervals and be documented by cosignature of notes by the licensed physical therapist. RCW 18.74.012 is not applicable for holders of interim permits.

(3) If the holder of the interim permit fails the examination, the permit expires upon notification and is not renewable. [1993 c 133 s 1.]

RCW 18.74.085 Types of advertising prohibited. (1) Physical therapists shall not advertise that they perform spinal manipulation, manipulative mobilization of the spine, chiropractic adjustment, spinal adjustment, maintenance or wellness manipulation, or chiropractic care of any kind.

(2) A violation of this section is unprofessional conduct under this chapter and chapter 18.130 RCW. [2014 c 116 s 5; 1988 c 185 s 4.]

Effective date—2014 c 116: See note following RCW 18.74.190.

RCW 18.74.090 False advertising—Use of name and words—License required—Prosecutions of violations. (1) A person who is not licensed with the secretary of health as a physical therapist under the requirements of this chapter shall not represent him or herself as being so licensed and shall not use in connection with his or her name the words or letters "P.T.", "R.P.T.", "L.P.T.", "physical therapy", "physiotherapy", "physical therapist" or "physiotherapist", or any other letters, words, signs, numbers, or insignia indicating or implying that he or she is a physical therapist. No person may practice physical therapy without first having a valid license. Nothing in this chapter prohibits any person licensed in this state under any other act from engaging in the practice for which he or she is licensed. It shall be the duty of the prosecuting attorney of each county to prosecute all cases involving a violation of this chapter arising within his or her county. The attorney general may assist in such prosecution and shall appear at all hearings when requested to do so by the board.

(2) No person assisting in the practice of physical therapy may use the title "physical therapist assistant," the letters "PTA," or any other words, abbreviations, or insignia in connection with his or her name to indicate or imply, directly or indirectly, that he or she is a physical therapist assistant without being licensed in accordance with this chapter as a physical therapist assistant.

(3) Subsections (1) and (2) of this section do not apply to an individual who is authorized to practice as a physical therapist or work as a physical therapist assistant by compact privilege as defined in RCW 18.74.500. [2017 c 108 s 5; 2007 c 98 s 10; 1991 c 3 s 181;

1987 c 150 s 48; 1986 c 259 s 125; 1983 c 116 s 18; 1961 c 64 s 8; 1949 c 239 s 9; Rem. Supp. 1949 s 10163-9.]

Severability—1987 c 150: See RCW 18.122.901.

Severability—1986 c 259: See note following RCW 18.130.010.

False advertising: Chapter 9.04 RCW.

RCW 18.74.095 False advertising—Injunctions. If any person violates the provisions of this chapter, the attorney general, prosecuting attorney, the secretary, the board, or any citizen of the same county, may maintain an action in the name of the state to enjoin such person from practicing or holding himself or herself out as practicing physical therapy. The injunction shall not relieve criminal prosecution but the remedy by injunction shall be in addition to the liability of such offender for criminal prosecution and the suspension or revocation of his or her license. [1991 c 3 s 182; 1983 c 116 s 19; 1961 c 64 s 9.]

RCW 18.74.120 Record of proceedings—Register. The secretary of health shall keep a record of proceedings under this chapter and a register of all persons licensed under it. The register shall show the name of every living licensed physical therapist and physical therapist assistant, his or her last known place of residence, and the date and number of his or her license as a physical therapist or physical therapist assistant. [2007 c 98 s 11; 1991 c 3 s 183; 1983 c 116 s 21; 1979 c 158 s 63; 1977 c 75 s 11; 1949 c 239 s 12; Rem. Supp. 1949 s 10163-12.]

RCW 18.74.125 Construction of chapter—Activities not prohibited—Use of letters or words in connection with name. Nothing in this chapter shall prohibit any person licensed in this state under any other act from engaging in the practice for which he or she is licensed. Nothing in this chapter shall prohibit any person who, at any time prior to January 1, 1961, was practicing any healing or manipulative art in the state of Washington and designating the same as physical therapy or physiotherapy, from continuing to do so after the passage of this amendatory act: PROVIDED, That no such person shall represent himself or herself as being registered and shall not use in connection with his or her name the words or letters "registered" or "licensed" or "R.P.T." [2011 c 336 s 498; 1961 c 64 s 10.]

Reviser's note: The language "after the passage of this amendatory act" refers to chapter 64, Laws of 1961 which passed the House March 1, 1961, passed the Senate February 27, 1961, approved by the governor March 6, 1961, and became effective at midnight June 7, 1961.

RCW 18.74.128 Construction of chapter—Health carrier contracts with physical therapist assistants. Nothing in this chapter may be

construed to require that a health carrier defined in RCW 48.43.005 contract with a person licensed as a physical therapist assistant under this chapter. [2007 c 98 s 17.]

RCW 18.74.130 Exemptions. This chapter does not prohibit or regulate:

(1) The practice of physical therapy by students enrolled in approved schools as may be incidental to their course of study so long as such activities do not go beyond the scope of practice defined by this chapter.

(2) Auxiliary services provided by physical therapy aides carrying out duties necessary for the support of physical therapy including those duties which involve minor physical therapy services when performed under the direct supervision of licensed physical therapists so long as such activities do not go beyond the scope of practice defined by this chapter.

(3) The practice of physical therapy by licensed or registered physical therapists of other states or countries while appearing as clinicians of bona fide educational seminars sponsored by physical therapy, medical, or other healing art professional associations so long as such activities do not go beyond the scope of practice defined by this chapter.

(4) The practice of physical therapists and physical therapist assistants in the armed services or employed by any other branch of the federal government. [2007 c 98 s 12; 1983 c 116 s 22.]

RCW 18.74.135 Insurance coverage and benefits not required or regulated. This chapter shall not be construed to restrict the ability of any insurance entity regulated by Title 48 RCW, or any state agency or program from limiting or controlling the utilization of physical therapy services by the use of any type of gatekeeper function; nor shall it be construed to require or prohibit that individual or group policies or contracts of an insurance carrier, health care service contractor, or health maintenance organization provide benefits or coverage for services and supplies provided by a person licensed under this chapter. For the purpose of this chapter, "gatekeeper function" means any provision in a contract which establishes a threshold requirement, such as a recommendation from a case manager or a primary care provider, which must be satisfied before a covered person is eligible to receive benefits under the contract. [1988 c 185 s 5.]

RCW 18.74.140 Practice setting not restricted. Nothing in this chapter restricts the ability of physical therapists to work in the practice setting of their choice. [1991 c 12 s 4.]

RCW 18.74.150 Unlawful activities—Persons exempt from licensure under chapter. (1) It is unlawful for any person to practice or in any manner hold himself or herself out to practice physical therapy or designate himself or herself as a physical therapist or physical therapist assistant, unless he or she is licensed in accordance with

this chapter or has unencumbered compact privilege as defined in RCW 18.74.500.

(2) This chapter does not restrict persons licensed under any other law of this state from engaging in the profession or practice for which they are licensed, if they are not representing themselves to be physical therapists, physical therapist assistants, or providers of physical therapy.

(3) The following persons are exempt from licensure as physical therapists under this chapter when engaged in the following activities:

(a) A person who is pursuing a course of study leading to a degree as a physical therapist in an approved professional education program and is satisfying supervised clinical education requirements related to his or her physical therapy education while under direct supervision of a licensed physical therapist;

(b) A physical therapist while practicing in the United States armed services, United States public health service, or veterans administration as based on requirements under federal regulations for state licensure of health care providers; and

(c) A physical therapist licensed in another United States jurisdiction, or a foreign-educated physical therapist credentialed in another country, performing physical therapy as part of teaching or participating in an educational seminar of no more than sixty days in a calendar year.

(4) The following persons are exempt from licensure as physical therapist assistants under this chapter when engaged in the following activities:

(a) A person who is pursuing a course of study leading to a degree as a physical therapist assistant in an approved professional education program and is satisfying supervised clinical education requirements related to his or her physical therapist assistant education while under direct supervision of a licensed physical therapist or licensed physical therapist assistant;

(b) A physical therapist assistant while practicing in the United States armed services, United States public health service, or veterans administration as based on requirements under federal regulations for state licensure of health care providers; and

(c) A physical therapist assistant licensed in another United States jurisdiction, or a foreign-educated physical therapist assistant credentialed in another country, or a physical therapist assistant who is teaching or participating in an educational seminar of no more than sixty days in a calendar year. [2017 c 108 s 6; 2013 c 280 s 1; 2007 c 98 s 13; 2005 c 501 s 4.]

RCW 18.74.160 Authorization to practice—Referral to appropriate practitioner—Standards of ethics—Electroneuromyographic examinations—Authorization to purchase, store, and administer certain drugs or medication. (1) A physical therapist licensed under this chapter is fully authorized to practice physical therapy as defined in this chapter.

(2) A physical therapist shall refer persons under his or her care to appropriate health care practitioners if the physical therapist has reasonable cause to believe symptoms or conditions are present that require services beyond the scope of practice under this chapter or when physical therapy is contraindicated.

(3) Physical therapists and physical therapist assistants shall adhere to the recognized standards of ethics of the physical therapy profession and as further established by rule.

(4) A physical therapist may perform electroneuromyographic examinations for the purpose of testing neuromuscular function only by referral from an authorized health care practitioner identified in *RCW 18.74.010(7) and only upon demonstration of further education and training in electroneuromyographic examinations as established by rule. Within two years after July 1, 2005, the secretary shall waive the requirement for further education and training for those physical therapists licensed under this chapter who perform electroneuromyographic examinations.

(5) A physical therapist licensed under this chapter may purchase, store, and administer medications such as hydrocortisone, fluocinonide, topical anesthetics, silver sulfadiazine, lidocaine, magnesium sulfate, zinc oxide, and other similar medications, and may administer such other drugs or medications as prescribed by an authorized health care practitioner for the practice of physical therapy. A pharmacist who dispenses such drugs to a licensed physical therapist is not liable for any adverse reactions caused by any method of use by the physical therapist. [2007 c 98 s 14; 2005 c 501 s 5.]

***Reviser's note:** RCW 18.74.010 was alphabetized pursuant to RCW 1.08.015(2)(k), changing subsection (7) to subsection (1), effective July 1, 2015.

RCW 18.74.170 Delegation. (1) Physical therapists are responsible for patient care given by assistive personnel under their supervision. A physical therapist may delegate to assistive personnel and supervise selected acts, tasks, or procedures that fall within the scope of physical therapy practice but do not exceed the education or training of the assistive personnel.

(2) Nothing in this chapter may be construed to prohibit other licensed health care providers from using the services of physical therapist assistants, as long as the title "physical therapist assistant" is not used in violation of RCW 18.74.090, physical therapist aides, or other assistive personnel as long as the licensed health care provider is responsible for the activities of such assistants, aides, and other personnel and provides appropriate supervision. [2007 c 98 s 15; 2005 c 501 s 6.]

RCW 18.74.180 Professional and legal responsibility—Supervision of assistive personnel. A physical therapist is professionally and legally responsible for patient care given by assistive personnel under his or her supervision. If a physical therapist fails to adequately supervise patient care given by assistive personnel, the board may take disciplinary action against the physical therapist.

(1) Regardless of the setting in which physical therapy services are provided, only the licensed physical therapist may perform the following responsibilities:

- (a) Interpretation of referrals;
- (b) Initial examination, problem identification, and diagnosis for physical therapy;

(c) Development or modification of a plan of care that is based on the initial examination and includes the goals for physical therapy intervention;

(d) Determination of which tasks require the expertise and decision-making capacity of the physical therapist and must be personally rendered by the physical therapist, and which tasks may be delegated;

(e) Assurance of the qualifications of all assistive personnel to perform assigned tasks through written documentation of their education or training that is maintained and available at all times;

(f) Delegation and instruction of the services to be rendered by the physical therapist, physical therapist assistant, other assistive personnel, or physical therapy aide including, but not limited to, specific tasks or procedures, precautions, special problems, and contraindicated procedures;

(g) Timely review of documentation, reexamination of the patient, and revision of the plan of care when indicated;

(h) Establishment of a discharge plan.

(2) If patient care is given by a physical therapist assistant, or other assistive personnel, supervision by the physical therapist requires that the patient reevaluation is performed:

(a) The later of every fifth visit or every thirty days if a physical therapist has not treated the patient for any of the five visits or within the thirty days;

(b) When there is any change in the patient's condition not consistent with planned progress or treatment goals.

(3) Supervision of assistive personnel means:

(a) Physical therapist assistants may function under direct or indirect supervision;

(b) Physical therapy aides must function under direct supervision at all times. Other assistive personnel must function under direct supervision when treating a patient under a physical therapy plan of care;

(c)(i) Except as provided in (c)(ii) of this subsection, at any one time, the physical therapist may supervise up to a total of three assistive personnel, who may be physical therapist assistants, other assistive personnel, or physical therapy aides. If the physical therapist is supervising the maximum of three assistive personnel at any one time, no more than one of the assistive personnel may be a physical therapy aide. The physical therapist has the sole discretion, based on the physical therapist's clinical judgment, to determine whether to utilize assistive personnel to provide services to a patient.

(ii) A physical therapist working in a nursing home as defined in RCW 18.51.010 or in the public schools as defined in RCW 28A.150.010, may supervise a total of only two assistive personnel at any one time.

(iii) In addition to the assistive personnel authorized in (c)(i) and (ii) of this subsection, the physical therapist may supervise a total of two persons who are pursuing a course of study leading to a degree as a physical therapist or a physical therapist assistant.
[2018 c 222 s 2; 2013 c 280 s 2; 2007 c 98 s 16.]

RCW 18.74.190 Spinal manipulation—Endorsement. (1) Subject to the limitations of this section, a physical therapist may perform spinal manipulation only after being issued a spinal manipulation

endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of full-time, orthopedic, postgraduate practice experience that consists of direct patient care and averages at least thirty-six hours a week and who provides evidence in a manner acceptable to the board of all of the following additional requirements:

(a) Training in differential diagnosis of no less than one hundred hours outlined within a course curriculum;

(b) Didactic and practical training related to the delivery of spinal manipulative procedures of no less than two hundred fifty hours clearly delineated and outlined in a course curriculum;

(c) Specific training in spinal diagnostic imaging of no less than one hundred fifty hours outlined in a course curriculum; and

(d) At least three hundred hours of supervised clinical practical experience in spinal manipulative procedures. The supervised clinical practical experience must:

(i) Be supervised by a clinical supervisor who:

(A) Holds a spinal manipulation endorsement under this section;

or

(B) Is a licensed chiropractor or osteopathic physician and surgeon;

(ii) Be under the close supervision of the clinical supervisor for a minimum of the first one hundred fifty hours of the supervised clinical practical experience, after which the supervised clinical practical experience must be under the direct supervision of the clinical supervisor;

(iii) Be completed within eighteen months of completing the educational requirements in (a) through (c) of this subsection, unless the physical therapist has completed the educational requirements in (a) through (c) of this subsection prior to July 1, 2015, in which case the supervised clinical practical experience must be completed by January 1, 2017.

(2) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section shall consult with a health care practitioner, other than a physical therapist, authorized to perform spinal manipulation if spinal manipulative procedures are required beyond six treatments.

(3) A physical therapist holding a spinal manipulation endorsement under subsection (1) of this section may not:

(a) Have a practice in which spinal manipulation constitutes the majority of the services provided;

(b) Practice or utilize chiropractic manipulative therapy in any form;

(c) Delegate spinal manipulation; or

(d) Bill a health carrier for spinal manipulation separately from, or in addition to, other physical therapy procedures.

(4) A physical therapist holding a spinal manipulation endorsement under this section shall complete at least ten hours of continuing education per continuing competency reporting period directly related to spinal manipulation. At least five hours of the training required under this subsection must be related to procedural technique and application of spinal manipulation.

(5) If a physical therapist is intending to perform spinal manipulation on a patient who the physical therapist knows is being treated by a chiropractor for the same diagnosis, the physical

therapist shall make reasonable efforts to coordinate patient care with the chiropractor to prevent conflict or duplication of services.

(6) By November 15, 2019, the board shall report to the legislature any disciplinary actions taken against physical therapists whose performance of spinal manipulation and manipulative mobilization of the spine and its immediate articulations resulted in physical harm to a patient. Prior to finalizing the report required under this subsection, the board shall consult with the chiropractic quality assurance commission. [2014 c 116 s 2; 2014 c 116 s 1.]

Effective date—2014 c 116 s 2: "Section 2 of this act takes effect July 1, 2020." [2014 c 116 s 7.]

Effective date—2014 c 116: "Except for section 2 of this act, this act takes effect July 1, 2015." [2014 c 116 s 6.]

RCW 18.74.200 Intramuscular needling—Endorsement. (Effective until June 30, 2027.) (1) Subject to the limitations of this section, a physical therapist may perform intramuscular needling only after being issued an intramuscular needling endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of postgraduate practice experience that averages at least 36 hours a week and consists of direct patient care and who provides evidence in a manner acceptable to the board of a total of 325 hours of instruction and clinical experience that meet or exceed the following criteria:

(a) A total of 100 hours of didactic instruction in the following areas:

(i) Anatomy and physiology of the musculoskeletal and neuromuscular systems;

(ii) Anatomical basis of pain mechanisms, chronic pain, and referred pain;

(iii) Trigger point evaluation and management;

(iv) Universal precautions in avoiding contact with a patient's bodily fluids; and

(v) Preparedness and response to unexpected events including but not limited to injury to blood vessels, nerves, and organs, and psychological effects or complications.

(b) A total of 75 hours of in-person intramuscular needling instruction in the following areas:

(i) Intramuscular needling technique;

(ii) Intramuscular needling indications and contraindications;

(iii) Documentation and informed consent for intramuscular needling;

(iv) Management of adverse effects;

(v) Practical psychomotor competency; and

(vi) Occupational safety and health administration's blood-borne pathogens protocol.

(c) A successful clinical review of a minimum of 150 hours of at least 150 individual intramuscular needling treatment sessions by a qualified provider. A physical therapist seeking endorsement must submit an affidavit to the department demonstrating successful completion of this clinical review.

(2) A qualified provider must be one of the following:

(a) A physician licensed under chapter 18.71 RCW; an osteopathic physician licensed under chapter 18.57 RCW; a licensed naturopath under chapter 18.36A RCW; a licensed acupuncture and Eastern medicine practitioner under chapter 18.06 RCW; or a licensed *advanced registered nurse practitioner under chapter 18.79 RCW;

(b) A physical therapist credentialed to perform intramuscular needling in any branch of the United States armed forces;

(c) A licensed physical therapist who currently holds an intramuscular needling endorsement; or

(d) A licensed physical therapist who meets the requirements of the intramuscular needling endorsement.

(3) After receiving 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction, a physical therapist seeking endorsement has up to 18 months to complete a minimum of 150 treatment sessions for review.

(4) A physical therapist may not delegate intramuscular needling and must remain in constant attendance of the patient for the entirety of the procedure.

(5) A physical therapist can apply for endorsement before they have one year of clinical practice experience if they can meet the requirement of 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction in subsection (1)(a)(i) and (ii) of this section through their prelicensure coursework and has completed all other requirements set forth in this chapter.

(6) If a physical therapist is intending to perform intramuscular needling on a patient who the physical therapist knows is being treated by an acupuncturist or acupuncture and Eastern medicine practitioner for the same diagnosis, the physical therapist shall make reasonable efforts to coordinate patient care with the acupuncturist or acupuncture and Eastern medicine practitioner to prevent conflict or duplication of services.

(7) All patients receiving intramuscular needling from a physical therapist must sign an informed consent form that includes:

(a) The definition of intramuscular needling;

(b) A description of the risks of intramuscular needling;

(c) A description of the benefits of intramuscular needling;

(d) A description of the potential side effects of intramuscular needling; and

(e) A statement clearly differentiating the procedure from the practice of acupuncture.

(8) Intramuscular needling may not be administered as a stand-alone treatment within a physical therapy care plan. [2023 c 198 s 2.]

***Reviser's note:** The term "advanced registered nurse practitioner" was changed to "advanced practice registered nurse" by 2024 c 239 s 1, effective June 30, 2027.

RCW 18.74.200 Intramuscular needling—Endorsement. (Effective June 30, 2027.) (1) Subject to the limitations of this section, a physical therapist may perform intramuscular needling only after being issued an intramuscular needling endorsement by the secretary. The secretary, upon approval by the board, shall issue an endorsement to a physical therapist who has at least one year of postgraduate practice experience that averages at least 36 hours a week and consists of direct patient care and who provides evidence in a manner acceptable

to the board of a total of 325 hours of instruction and clinical experience that meet or exceed the following criteria:

(a) A total of 100 hours of didactic instruction in the following areas:

(i) Anatomy and physiology of the musculoskeletal and neuromuscular systems;

(ii) Anatomical basis of pain mechanisms, chronic pain, and referred pain;

(iii) Trigger point evaluation and management;

(iv) Universal precautions in avoiding contact with a patient's bodily fluids; and

(v) Preparedness and response to unexpected events including but not limited to injury to blood vessels, nerves, and organs, and psychological effects or complications.

(b) A total of 75 hours of in-person intramuscular needling instruction in the following areas:

(i) Intramuscular needling technique;

(ii) Intramuscular needling indications and contraindications;

(iii) Documentation and informed consent for intramuscular needling;

(iv) Management of adverse effects;

(v) Practical psychomotor competency; and

(vi) Occupational safety and health administration's blood-borne pathogens protocol.

(c) A successful clinical review of a minimum of 150 hours of at least 150 individual intramuscular needling treatment sessions by a qualified provider. A physical therapist seeking endorsement must submit an affidavit to the department demonstrating successful completion of this clinical review.

(2) A qualified provider must be one of the following:

(a) A physician licensed under chapter 18.71 RCW; an osteopathic physician licensed under chapter 18.57 RCW; a licensed naturopath under chapter 18.36A RCW; a licensed acupuncture and Eastern medicine practitioner under chapter 18.06 RCW; or a licensed advanced practice registered nurse under chapter 18.79 RCW;

(b) A physical therapist credentialed to perform intramuscular needling in any branch of the United States armed forces;

(c) A licensed physical therapist who currently holds an intramuscular needling endorsement; or

(d) A licensed physical therapist who meets the requirements of the intramuscular needling endorsement.

(3) After receiving 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction, a physical therapist seeking endorsement has up to 18 months to complete a minimum of 150 treatment sessions for review.

(4) A physical therapist may not delegate intramuscular needling and must remain in constant attendance of the patient for the entirety of the procedure.

(5) A physical therapist can apply for endorsement before they have one year of clinical practice experience if they can meet the requirement of 100 hours of didactic instruction and 75 hours of in-person intramuscular needling instruction in subsection (1)(a)(i) and (ii) of this section through their prelicensure coursework and has completed all other requirements set forth in this chapter.

(6) If a physical therapist is intending to perform intramuscular needling on a patient who the physical therapist knows is being treated by an acupuncturist or acupuncture and Eastern medicine

practitioner for the same diagnosis, the physical therapist shall make reasonable efforts to coordinate patient care with the acupuncturist or acupuncture and Eastern medicine practitioner to prevent conflict or duplication of services.

(7) All patients receiving intramuscular needling from a physical therapist must sign an informed consent form that includes:

- (a) The definition of intramuscular needling;
- (b) A description of the risks of intramuscular needling;
- (c) A description of the benefits of intramuscular needling;
- (d) A description of the potential side effects of intramuscular needling; and
- (e) A statement clearly differentiating the procedure from the practice of acupuncture.

(8) Intramuscular needling may not be administered as a stand-alone treatment within a physical therapy care plan. [2025 c 58 s 5078; 2023 c 198 s 2.]

Effective date—2025 c 58 ss 5058-5170: See note following RCW 7.68.030.

Explanatory note—2025 c 58: See note following RCW 1.16.050.

RCW 18.74.500 Physical Therapy Licensure Compact. The Physical Therapy Licensure Compact as set forth in this section is hereby enacted into law and entered into on behalf of this state with any and all other states legally joining therein in a form substantially as follows:

PHYSICAL THERAPY LICENSURE COMPACT ARTICLE I - PURPOSE

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.

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, and except as otherwise provided, the following definitions apply:

(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. Secs. 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" has the same meaning given in RCW 18.74.010. "Physical therapy practice" and "the practice of physical therapy" have the same meaning given to "practice of physical therapy" in RCW 18.74.010.

(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.

(21) "Rule" means a regulation, principle, or directive promulgated by the commission that has the force of law.

(22) "State" means any state, commonwealth, district, or territory of the United States of America that regulates the practice of physical therapy.

ARTICLE III - STATE PARTICIPATION IN THE COMPACT

(1) To participate in the compact, a state must:

(a) Participate fully in the commission's data system, including using the commission's unique identifier as defined in rule;

(b) Have a mechanism in place for receiving and investigating complaints about licensees;

(c) 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;

(d) Fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the federal bureau of investigation record search on criminal background checks and use the results in making licensure decisions in accordance with subsection (2) of this Article;

(e) Comply with the rules of the commission;

(f) Utilize a recognized national examination as a requirement for licensure pursuant to the rules of the commission; and

(g) Have continuing competence requirements as a condition for license renewal.

(2) 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. Sec. 534 and 42 U.S.C. Sec. 14616.

(3) 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.

(4) Member states may charge a fee for granting a compact privilege.

ARTICLE IV - COMPACT PRIVILEGE

(1) To exercise the compact privilege under the terms and provisions of the compact, the licensee shall:

(a) Hold a license in the home state;

(b) Have no encumbrance on any state license;

(c) Be eligible for a compact privilege in any member state in accordance with subsections (4), (7), and (8) of this Article;

(d) Have not had any adverse action against any license or compact privilege within the previous two years;

(e) Notify the commission that the licensee is seeking the compact privilege within a remote state(s);

(f) Pay any applicable fees, including any state fee, for the compact privilege;

(g) Meet any jurisprudence requirements established by the remote state(s) in which the licensee is seeking a compact privilege; and

(h) Report to the commission adverse action taken by any nonmember state within thirty days from the date the adverse action is taken.

(2) The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of subsection (1) of this Article to maintain the compact privilege in the remote state.

(3) A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

(4) 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.

(5) If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

(a) The home state license is no longer encumbered; and

(b) Two years have elapsed from the date of the adverse action.

(6) Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of subsection (1) of this Article to obtain a compact privilege in any remote state.

(7) 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:

(a) The specific period of time for which the compact privilege was removed has ended;

(b) All fines have been paid; and

(c) Two years have elapsed from the date of the adverse action.

(8) Once the requirements of subsection (7) of this Article have been met, the licensee must meet the requirements in subsection (1) of this Article 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; or

(3) State of current residence if it is different than the permanent change of station state or home of record.

ARTICLE VI - ADVERSE ACTIONS

(1) A home state shall have exclusive power to impose adverse action against a license issued by the home state.

(2) 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.

(3) 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 must 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.

(4) 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.

(5) A remote state shall have the authority to:

(a) Take adverse actions as set forth in subsection (4) of Article IV of this compact against a licensee's compact privilege in the state;

(b) 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 are located; and

(c) 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.

(6)(a) 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.

(b) 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

(1) The compact member states hereby create and establish a joint public agency known as the physical therapy compact commission:

(a) The commission is an instrumentality of the compact states.

(b) 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.

(c) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

(2)(a) Each member state shall have and be limited to one delegate selected by that member state's licensing board.

(b) 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.

(c) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

(d) The member state board shall fill any vacancy occurring in the commission.

(e) 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.

(f) 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.

(g) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(3) The commission shall have the following powers and duties:

(a) Establish the fiscal year of the commission;

(b) Establish bylaws;

(c) Maintain its financial records in accordance with the bylaws;

(d) Meet and take such actions as are consistent with the provisions of this compact and the bylaws;

(e) 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;

(f) 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;

(g) Purchase and maintain insurance and bonds;

(h) Borrow, accept, or contract for services of personnel including, but not limited to, employees of a member state;

(i) Hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(j) 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;

(k) Lease, purchase, or 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;

(l) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

(m) Establish a budget and make expenditures;

(n) Borrow money;

(o) 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;

(p) Provide and receive information from, and cooperate with, law enforcement agencies;

(q) Establish and elect an executive board; and

(r) 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.

(4) The executive board shall have the power to act on behalf of the commission according to the terms of this compact.

(a) The executive board shall be comprised of nine members:

(i) Seven voting members who are elected by the commission from the current membership of the commission;

(ii) One ex officio, nonvoting member from a recognized national physical therapy professional association; and

(iii) One ex officio, nonvoting member from a recognized membership organization of the physical therapy licensing boards.

(b) The ex officio members will be selected by their respective organizations.

(c) The commission may remove any member of the executive board as provided in bylaws.

(d) The executive board shall meet at least annually.

(e) The executive board shall have the following duties and responsibilities:

(i) 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;

(ii) Ensure compact administration services are appropriately provided, contractual or otherwise;

(iii) Prepare and recommend the budget;

(iv) Maintain financial records on behalf of the commission;

(v) Monitor compact compliance of member states and provide compliance reports to the commission;

(vi) Establish additional committees as necessary; and

(vii) Other duties as provided in rules or bylaws.

(5) (a) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rule-making provisions in Article IX of this compact.

(b) 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:

(i) Noncompliance of a member state with its obligations under the compact;

(ii) 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;

(iii) Current, threatened, or reasonably anticipated litigation;

(iv) Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

(v) Accusing any person of a crime or formally censuring any person;

(vi) Disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(vii) Disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(viii) Disclosure of investigative records compiled for law enforcement purposes;

(ix) 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

(x) Matters specifically exempt from disclosure by federal or member state statute.

(c) 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.

(d) 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 therefore, 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.

(6)(a) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(b) The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(c) 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.

(d) 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.

(e) 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.

(7)(a) 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 subsection 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.

(b) 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.

(c) 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

(1) 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.

(2) 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:

- (a) Identifying information;
- (b) Licensure data;
- (c) Adverse actions against a license or compact privilege;
- (d) Nonconfidential information related to alternative program participation;
- (e) Any denial of application for licensure, and the reason(s) for such denial; and

(f) Other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(3) Investigative information pertaining to a licensee in any member state will only be available to other party states.

(4) 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.

(5) 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.

(6) 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 - RULE MAKING

(1) The commission shall exercise its rule-making powers pursuant to the criteria set forth in this Article IX and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(2) Notwithstanding subsection (1) of Article IX, the board shall review the rules of the commission. The board may reject or approve and adopt the rules of the commission as rules of the board. The state of Washington is subject to a rule of the commission only if the rule of the commission is adopted by the board and the rule does not

violate any right guaranteed by the state Constitution or the United States Constitution.

(3) 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 years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

(4) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(5) Prior to promulgation and adoption of a final rule or rules by the commission, and at least thirty days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rule making:

(a) On the website of the commission or other publicly accessible platform; and

(b) 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.

(6) The notice of proposed rule making shall include:

(a) The proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

(b) The text of the proposed rule or amendment and the reason for the proposed rule;

(c) A request for comments on the proposed rule from any interested person; and

(d) The manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(7) 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.

(8) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(a) At least twenty-five persons;

(b) A state or federal governmental subdivision or agency; or

(c) An association having at least twenty-five members.

(9) 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.

(a) 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 business days before the scheduled date of the hearing.

(b) 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.

(c) All hearings will be recorded. A copy of the recording will be made available on request.

(d) Nothing in this Article IX 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 Article IX.

(10) 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.

(11) 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.

(12) 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 rule-making record and the full text of the rule.

(13) 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 rule-making procedures provided in the compact and in this Article IX shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety 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:

(a) Meet an imminent threat to public health, safety, or welfare;

(b) Prevent a loss of commission or member state funds;

(c) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

(d) Protect public health and safety.

(14) 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 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

(1) Oversight.

(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.

(2) Default, technical assistance, and termination.

(a) 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:

(i) 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

(ii) Provide remedial training and specific technical assistance regarding the default.

(b) 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.

(c) 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.

(d) 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.

(e) 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.

(f) The defaulting state may appeal the action of the commission by petitioning the United States 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 attorneys' fees.

(3) Dispute resolution.

(a) 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.

(b) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(4) Enforcement.

(a) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

(b) 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 attorneys' fees.

(c) 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 OF THE INTERSTATE COMMISSION FOR
PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND
AMENDMENT**

(1) 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 rule-making powers necessary to the implementation and administration of the compact.

(2) 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.

(3) Any member state may withdraw from this compact by enacting a statute repealing the same.

(a) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(b) 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 compact prior to the effective date of withdrawal.

(4) 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.

(5) 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. [2017 c 108 s 1.]

Short title—2017 c 108 ss 1 and 2: "RCW 18.74.500 and 18.74.510 shall be known and cited as the physical therapy licensure compact." [2017 c 108 s 8.]

RCW 18.74.510 Physical therapy licensure compact—Compact privilege—Fees. (1) The secretary, in consultation with the board, shall establish fees pursuant to RCW 43.70.250 for physical therapists and physical therapist assistants seeking to practice in this state by use of compact privilege as defined in RCW 18.74.500. At the time of applying for compact privilege in this state, the applicant shall comply with established fee requirements.

(2) The fees established in subsection (1) of this section must be an amount sufficient to cover the state's monetary obligations as a member state to the physical therapy licensure compact. [2017 c 108 s 2.]

Short title—2017 c 108 ss 1 and 2: See note following RCW 18.74.500.

RCW 18.74.520 Physical therapy licensure compact—Criminal history information. The board shall not disseminate any criminal history information gained through a federal background check, ordered pursuant to RCW 18.74.500, the physical therapy licensure compact, to the physical therapy compact commission or another state or state licensure board. [2017 c 108 s 3.]

RCW 18.74.912 Effective dates—2007 c 98. (1) Sections 1 and 3 through 18 of this act take effect July 1, 2008.
(2) Section 2 of this act takes effect December 1, 2008. [2007 c 98 s 19.]