

APPLICATION FOR PHYSICAL THERAPY OF ANIMALS AUTHORITY

APPLICANT INSTRUCTIONS

This form is to be used only by applicants who currently hold an active Colorado Physical Therapist license in good standing and have completed the additional training to perform physical therapy of animals.

Basic Requirements.

- All applicants must hold a current Colorado Physical Therapist license in good standing. Qualification to perform physical therapy of animals is **not** automatic.
- Your application will not be reviewed for approval until all documentation is received.
- You **cannot** practice physical therapy of animals until your application is approved. You will be notified in writing.

Competency Requirements. Colorado requires evidence of education and clinical experience to perform physical therapy of animals.

- Colorado Physical Therapist license
- Minimum of 80 contact hours over and above entry level human physical therapy program course work for non-human animals:
 1. FOUNDATION/CLINICAL SCIENCES
 - a. Gross and applied non-human animal anatomy/physiology
 - b. Wound healing and response of tissues to disuse and remobilization in the non-human animal
 - c. Animal behavior
 - d. Animal restraint
 - e. Zoonotic and infectious diseases
 2. EXAMINATION/EVALUATION/PROGNOSIS/PT DIAGNOSIS
 - a. Medical and surgical management of orthopedic, neurological, critically injured, geriatric, arthritic and obese non-human animals
 - b. Gait and other movement analyses
 3. INTERVENTION/PLAN OF CARE/OUTCOME
 - a. Therapeutic exercise applied to non-human animals
 - b. Therapeutic modalities
 - c. Outcome assessment and documentation
- Completion of a minimum of 120 hours of clinical experience under the supervision of a licensed physical therapist listed in the database maintained by DORA to perform physical therapy of animals or a licensed veterinarian.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documentation must be received before the application is considered complete. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit all required documents and complete your application process within one year. You will need to resubmit a new application packet after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

APPLICANT INFORMATION (Continued)

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **It will significantly delay the processing of your application if your address of record is not current.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

APPLICANT CHECKLIST

To apply for Physical Therapy of Animals Authority:

- Submit this completed application and supporting documentation if required.** Return the completed application and all supporting documentation to the Office of Licensing.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Submit an official transcript in a sealed school envelope that includes a record of courses taken and successful completion of 120 hours of course work** as required by Rule 10 in physical therapy of animals training to this Office with the application.
- Have the licensed physical therapist or licensed veterinarian supervising the clinical experience complete and sign the Verification of Physical Therapy of Animals Clinical Experience form.**

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Physical Therapy
1560 Broadway, Suite 1350
Denver, CO 80202

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Colorado Physical Therapist License Number: _____
 ▶ If you have submitted your application for CO Physical Therapist license and it has not been issued, put "pending."

Issue Date: _____ **Expiration Date:** _____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (city and state, or foreign country):			
Mailing Address: PO Box, Street: <i>This is a</i> <input type="checkbox"/> Home <input type="checkbox"/> Business City, State, Zip:			
Daytime Telephone Number: ()		E-mail Address: Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	

PART 2—EDUCATION INFORMATION

List the school(s) in which you have completed physical therapy of animals course work (If needed, attach an additional sheet in the same format):

School Name:	Telephone Number: ()
School Location (PO Box, Street, City, State, and ZIP Code):	
Course Hours:	Dates of Attendance: (month and year you attended PT of animals training)
School Name:	
Telephone Number: ()	
School Location (PO Box, Street, City, State, and ZIP Code):	
Course Hours:	Dates of Attendance: (month and year you attended PT of animals training)

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(l)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

APPLICANT NAME: _____

ATTESTATION

I state under penalty in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application, to the best of my knowledge, is true and correct. I understand that under the Physical Therapy Practice Act, providing false information is grounds for denial, suspension, revocation or other discipline imposed on a physical therapy license.

Applicant Signature

Date

VERIFICATION OF PHYSICAL THERAPY OF ANIMALS CLINICAL EXPERIENCE

SECTION 1: To be completed by the Applicant

Name of Applicant: _____

PT License Number: _____ Date of Expiration: _____

► *If you have submitted your application for a Colorado Physical Therapist license and it has not been issued, put "pending."*

Faculty/Employer Name: _____

Faculty/Employer Address: _____

SECTION 2: To be completed by the Supervising Physical Therapist or Veterinarian

I, _____, certify that physical therapist _____

successfully completed _____ hours of clinical training in physical therapy of animals under my supervision.

I verify the clinical experience in physical therapy of animals of the above-named physical therapist:

Verified by: _____ on _____
Signature of Supervising Physical Therapist or Veterinarian Date

Printed Name of Supervising Physical Therapist or Veterinarian

License Number: _____

Facility Name

Facility Address

Facility Telephone Number

This form must be mailed directly to the following address:

Division of Registrations
Office of Licensing—Physical Therapy
1560 Broadway, Suite 1350
Denver, CO 80202