

APPLICATION FOR PHYSICAL AGENT MODALITY CERTIFICATION

Print or type

SECTION A – PERSONAL INFORMATION - All Applicants Must Complete This Section. This section is public information and will be displayed on the INTERNET at <http://www.dhhs.ne.gov/lookup> **NOTE: All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office.**

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name:		Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
**Due to changes in our regulations; evidence of citizenship, lawful presence, and/or immigration status are now required. Be sure to include one of the required documents listed in number 5 on page 4. This will not be displayed on the internet.				
3	Date of Birth:		Place of Birth:	
4	Check the Appropriate Box(s) and provide a number:	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#"); or		SSN# A#
If you have both a SSN and an A#, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHs may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
5	**Phone #: (Optional)		**Fax #: (Optional)	
**E-Mail Address: (Optional)				

**If you provide us with this information, we can expedite your credential request if there is a problem with your application.

SECTION B – All Applicants Must Complete This Section

1	Nebraska License # _____ (Check the appropriate license type) OT <input type="checkbox"/> OTA <input type="checkbox"/>		
2	As a practicing occupational therapist in Nebraska, have you administered physical agent modalities prior to completing this application?	Yes	No
	OR As a practicing occupational therapy assistant in Nebraska, have you set up and implemented superficial thermal agent modalities prior to completing this application?	<input type="checkbox"/>	<input type="checkbox"/>
**If yes , you must provide us with an actual number of days , that you have administered PAMs since you completed the training course or we will be unable to complete the processing of your application. You do <u>not</u> need to count the days spent in a training program listed on page 2.		Actual Number of Days	

SECTION C – CERTIFICATION APPLICATION CATEGORY- All Applicants Must Complete This Section.

Please check the box or boxes for the type(s) of physical agent modality for which you are applying: (Note - Occupational Therapy Assistants may only apply for Superficial Thermal Agents):

Superficial Thermal Agents

Deep Thermal Agents

Electrotherapeutic Agents

I am applying for physical agent modality certification by one of the following means: (Please check the appropriate box below)

Training Course

If applying for physical agent modality certification by completing a training course, you will need to submit the transcript or certification from one of the Board-approved courses or its equivalent. See our website, <http://dhhs.ne.gov/licensure/pages/occupational-therapy.aspx>, for a listing of courses.

Five Years Experience and Passage of Written Examination

If applying for physical agent modality certification by five years of experience, you will need to complete Attachment D1 and submit the Nebraska Physical Agent Modalities Testing Service Examination results to us. You will need to have the provider submit your scores directly to our office. To take the examination, you will need to register online at www.pampca.org for the Nebraska Physical Agent Modalities Testing Service and select the appropriate physical agent modality test.

Education through Basic Occupational Therapy Degree Program

If applying for physical agent modality certification by education, you will need to submit Attachment D2 demonstrating competencies for application of the physical agent modality.

Hand Therapist Certification

If applying for physical agent modality certification by certification as a hand therapist, you will need to provide your Hand Therapy Certification Commission Certificate number. Any Occupational Therapist who bases their certificate on their hand therapist certification will receive certification for all three levels of physical agent modalities.

Hand Therapy Certification Commission Certificate # _____ (Please write in certificate number)

Be sure to include all requested documentation.

THE CERTIFICATION FEE TO APPLY PHYSICAL AGENT MODALITIES IS AS FOLLOWS:

- | | |
|--|-------|
| A. Superficial Thermal Agents Modality Certification | \$120 |
| B. Deep Thermal Agents Modality Certification | \$120 |
| C. Electrotherapeutic Agents Modality Certification | \$120 |
| D. A Combination of Modalities Certification | \$120 |

SECTION D – CONVICTION AND LICENSURE INFORMATION – ALL Applicants Must Complete This Section. Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty. Answer the following question by placing an (X) in the appropriate box (Yes or No) and completing the information requested. A ‘Yes’ response MUST be explained in detail and you must submit the requested documentation.

Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of court / Entity taking action
1	<input type="checkbox"/>	<input type="checkbox"/>			
Have you ever been convicted of a misdemeanor or felony?					

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A list of any misdemeanor or felony convictions;sx3
- A copy of the Court Record, which includes charges and disposition (proof of completion);
- Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

SECTION E - ATTESTATION

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check ONE of the boxes below*):

I attest that

- I am a citizen of the United States; or
 - I am a qualified alien under the Federal Immigration and Nationality Act.
- Check this box if you are **not** a citizen of the United States nor a qualified alien under the Federal Immigration and Nationality Act. You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:
- a. Approved deferred action status (DACA);
 - b. A pending application for asylum in the United States;
 - c. A pending or approved application for temporary protected status in the United States; or
 - d. A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States.

Application Attestation: I further attest that:

I have read the application or have had the application read to me;

1. All statements on the application are true and complete;
2. I am of good character; and
3. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. § 38-178 and/or 38-179. If you have committed any act(s), you must provide an explanation of all such act(s).

See NOTE section on the page 4 for a list of documentation that must be submitted.

Print Name: _____

Signature: _____

Date: _____

NOTE: The applicant must submit the following documentation:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
3. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition(proof of completion);
4. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - a. A copy of the court record, which includes charges and disposition;
 - b. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - c. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
 - d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a copy of at least one of the following documents:
 - a. A U.S. Passport (unexpired or expired);
 - b. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - c. An American Indian Card (I-872);
 - d. A Certificate of Naturalization (N-550 or N-570);
 - e. A Certificate of Citizenship (N-560 or N-561);
 - f. Certification of Report of Birth (DS-1350);
 - g. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - h. Certification of Birth Abroad (FS-545 or DS-1350);
 - i. A United States Citizen Identification Card (I-197 or I-179);
 - j. A Northern Mariana Card (I-873);
 - k. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - l. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - m. A document showing an Alien Registration Number ("A#"): or
 - n. A Form I-94 (Arrival-Departure Record).
6. Documentation required for proof of completing a PAMs course, see page 2.
7. Fee: The required fee.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

**OCCUPATIONAL THERAPY
PHYSICAL AGENT MODALITY SPECIALITY CERTIFICATION
WITH 5 YEARS OF EXPERIENCE USING PHYSICAL AGENT MODALITIES**

INSTRUCTIONS: Applicant must complete this form listing each employment situation where you have physical agent modality experience.			Check the agent(s) used during this employment		
START & END DATES OF EMPLOYMENT USING PHYSICAL AGENT MODALITIES	NAME OF EMPLOYER, ADDRESS & PHONE NUMBER	NAME OF CLINIC SUPERVISOR OR MANAGER	Superficial Thermal	Deep Thermal	Electrotherapeutic

I, _____ hereby certify that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my Physical Agent Modalities Certification application could be rejected or my certificate revoked by the Nebraska Board of Occupational Therapy.

Signature of Applicant

Date

RETURN Attachment D1 to:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986
(402) 471-2299,
michelle.humlicek@nebraska.gov

**OCCUPATIONAL THERAPY
PHYSICAL AGENT MODALITY SPECIALITY CERTIFICATION
FROM BASIC OCCUPATIONAL THERAPY DEGREE PROGRAM**

TO BE FILLED OUT BY APPLICANT: (Please Print)

Name: _____ SSN: _____
 Name when enrolled in degree program: _____
 Name of College or University: _____
 Dates of attendance: _____ to _____
 Date of graduation: _____ Check the appropriate box: OT OTA
 Name of course(s) to be verified for Physical Agent Modality Content:

Please check all types of physical agent modality content you wish to have verified by a school official:

- [] Superficial Thermal Agent Modalities
 [] Deep Thermal Agent Modalities
 [] Electrotherapeutic Agent Modalities

TO BE COMPLETED BY UNIVERSITY OR COLLEGE OFFICIAL: (Please Print)

Name of University/College Official: _____
 Title: _____
 Name of Institution: _____
 Phone Number: _____ Date: _____

The above named therapist is applying for a certificate to administer physical agent modalities in the state of Nebraska as indicated above. They are applying based on their having taken a course(s) during their basic occupational therapy degree program at your institution and you are being asked to verify that those courses meet the objectives listed below and the above named applicant successfully completed this course.

Please check the box that indicates whether or not each content area or type of assessment was included in the course(s).

SUPERFICIAL THERMAL AGENTS	YES	NO
A written or equivalent examination covering superficial thermal agents was completed		
The following competencies were included in the education dedicated to superficial thermal agents:		
Biophysical and biophysiological changes which occur with cryotherapy		
Indications, contraindications and precautions for the application of cold agents		
Clinical reasoning involved in the application of cold agents		
Commonly used types of cold agents		
Application procedures for each cold modality		
Definition of the term superficial thermal agent		
Differentiation between the two commonly used methods of heat transfer: Conduction and Convection		
The four biophysical effects of heat		
The physiologic response to tissue secondary to temperature elevation		
Differentiation between mild, moderate and vigorous dosages of heat		
Indications, precautions, and contraindications that should be considered when using superficial thermal agents		
Proper clinical applications for hot packs, paraffin bath, fluidotherapy, whirlpool, and contrast bath		
Guidelines for educating the client and/or family in the purpose, benefit and potential risk(s) of the modality		
Universal precautions, sterile techniques, infection control, and the use of modalities		

DEEP THERMAL AGENTS	YES	NO
A written or equivalent exam and practical testing of deep thermal agents was completed		
The following competencies were included in the education dedicated to deep thermal agents:		
Theory and rationale for the application of therapeutic ultrasound		
Differentiation between the parameters for therapeutic ultrasound		
Current research trends in the utilization of ultrasound		
Clinical decision making in the determination of the appropriate treatment parameters for ultrasound		
Clinical procedures for the application of ultrasound		
Safe use of ultrasound, contraindications and precautions for treatment		
Methods for maximizing therapeutic effect in the use of phonophoresis as a physical agent modality		

ELECTROTHERAPEUTIC AGENTS	YES	NO
A written or equivalent exam and practical testing of electrotherapeutic agents was completed		
The following competencies were included in the education dedicated to electrotherapeutic agents		
Available parameters of electrical stimulation devices and the principles and concepts of electricity		
Physiological effects of electrical stimulation		
Therapeutic goals of electrical therapy		
Physiological events associated with electrical stimulation		
Therapeutic relationship of electrotherapy with other therapeutic procedures		
Distinguishing characteristic and indications and contraindications of electrical stimulation		
Physiological effects of various parameters of electrical stimulation (voltage, type, dosage, duty cycle, etc.)		
Clinical application of electrical stimulation in rehabilitation		
Clinical reasoning process used to determine selection of Neuromuscular Electrical Stimulation (NMES) and appropriate parameters		
Parameters of therapeutic electrical currents		
Biophysiological responses to electrical currents		
Indications and contraindications for NMES use		
Appropriate electrode placement for treatment protocols		
Clinical applications for iontophoresis		
Definition and differentiation of the clinical application of iontophoresis from phonophoresis		
Biophysiology and mechanism related to transdermal delivery of medication		
Common medications used in iontophoresis and their pharmacology		
Clinical decision making regarding iontophoresis, indications and precautions		
The processes in pharmacokinetics: absorption, distribution, and metabolism		
The processes of pharmacodynamics as it pertains to routine drugs used in phonophoresis and iontophoresis		
Effects of physical agents, exercise, and manual techniques on pharmacokinetics		
The aging process as it relates to pharmacokinetics		

Original Signature of University or College Official Required

Phone Number

RETURN Attachment D2 to:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986
(402) 471-2299
michelle.humlicek@nebraska.gov