

**Federation of State Boards of Physical Therapy**  
**Jurisdiction Licensure Reference Guide**  
**Topic: Level of Autonomy**

This table reports the level of autonomy the licensure board, etc. has and what other professions the board regulates.

**Definitions of Board Autonomy\***

**Model A**

Boards are autonomous. They hire their own staff, make decision about office location, purchasing and procedures. Each board receives and investigates complaints and disciplines licensees. Each board is responsible for the preparation, conduct, and grading of examinations or the contracting out of these tasks. Each board sets qualifications for licensing and standards for practice. Boards collect fees and maintain financial records. Board staff prepares and mails applications for licensing and renewal, licenses and answers inquiries from licensees and the public.

**Model B**

Boards are autonomous, but less so than in Model A. They set policy and determine standards regarding licensing and professional practice. They prepare or approve exams and decide who is qualified for licensure. They handle complaints and discipline licensees. The board has responsibility for hiring and supervising staff. A central agency may be responsible for housekeeping matters such as providing space, answering routine inquiries, collecting fees, issuing licenses, and renewals.

**Model C**

Boards are autonomous and have decision making authority in many areas. The central agency, however, has greater authority over certain functions than in Model B. Its powers go beyond housekeeping. For example, budgets, personnel and records may be subject to some control by the agency. Complaints and investigations and adjudicatory hearings may be handled by a central staff, even when boards continue to make final decisions with respect to disciplinary actions.

**Model D**

Boards are not fully autonomous. That is, they do not have final decision making authority on all substantive matters as do boards in the preceding models. While the central agency provides a wide range of services, in practice, boards may be delegated responsibility for such functions as preparing or approving exams, setting pass/fail points, recommending professional standards and recommending disciplinary sanctions. A crucial distinction, however between Model D and the preceding models is that certain board actions are subject to review by the central agency.

**Model E**

The regulatory system is run by an agency director, commission or council, with or without the assistance of a board. Where boards do exist, they are strictly advisory. The agency director, commission or council has final decision making authority on all substantive matters. Boards may be delegated such functions as preparing or approving exams, setting pass/fail points, recommending professional standards and recommending disciplinary sanctions. A crucial distinction between this model and Model D is that where boards exist, they serve only in an advisory capacity.

\* These models were taken from "Table 1: Models Describing the Organization of Professional and Occupational Regulation in the States," from Questions a Legislator Should Ask, Second Edition by Benjamin Shimberg and Doug Roederer; Kara Schmitt, Editor; pp 20-21 published by the Council on Licensure, Enforcement and Regulation, 1994.

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Model A	17
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STATE	Level of autonomy	Model E: Who is the ultimate authority?	Comments	What other profession(s) does your board regulate?				
				PT (PTA) Only	OT	ATC	Massage Therapists	Other
AL	A			✓				
AK	D				✓			
AZ	A			✓				Physical therapy business entities
AR	A			✓				
CA	A			✓				
<b>CO*</b>	B			✓				
CT	D				✓	✓	✓	
<b>DE*</b>	C					✓		
DC	C			✓				
FL	C			✓				
GA	C			✓				
HI	C			✓				
ID	C			✓				
<b>IL*</b>	E	Central Regulatory Agency						
<b>IN *</b>	D		All of the statute and rule changes must be approved by the Medical Board.					
IA	C				✓			
KS	C				✓	✓		MD, DO, DC, DPM, OTA, LRT, PA, RT, ND,

NOTE: States in bold and asterisked did not respond to the 2011 survey; their data is from 2007.

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								contact lens distributors
KY	A			✓				
LA	A			✓				
<b>ME*</b>	E	State regulated						
MD	A			✓				
<b>MA*</b>	D				✓	✓		PT Facilities
MI	C			✓				
MN	A			✓				
MS	A			✓				
MO	B					✓		
MT	C							Optometry, Clinical lab scientists, hearing aid dispensers
NE	D			✓				
NV	A			✓				
NH	A			✓				
<b>NJ*</b>	C			✓				
<b>NM*</b>	C			✓				
NY	E	Board of Regents	**	✓				
NC	A			✓				
ND	A			✓				
OH	A				✓	✓		
OK	E	Medical Board		✓				
OR	A			✓				
PA	C			✓				
<b>PR*</b>								
RI	D			✓				
SC	D			✓				
SD	B				✓	✓		***
<b>TN*</b>	C			✓				

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TX	C			✓				
UT	D			✓				
VT	E	Central Regulatory Agency		✓				
<b>VI*</b>	E			✓				
VA	C			✓				
WA	D			✓				
WV	A			✓				On 7/1/2011, will add ATs.
WI	C			✓				
WY	A			✓				

\*\*NY Board of Regents oversees the professions. All State Board actions are advisory with the Board of Regents having the final decision. In addition, there is a Deputy Commissioner, appointed by the Board of Regents, who leads the Office of Professions and makes determinations about practice and regulation before submission to the Regents.

\*\*\* SD Medical & Osteopathic Examiners Board regulates EMT, AT, GC (Genetic Counselors), LN (Dietician/Nutritionist), MA (Medical Assistant), MD/DO, Medical Corporation or Limited Liability Company, OT/ OTA, PT/PTA, PA, Physician Assistance Corporation or Limited Liability Company, RCP (Respiratory Therapist).