

Mandatory Reporting in Physical Therapy

Preface

The purpose of mandatory reporting of potential violations is to protect the public. Conduct suspected of violating licensure regulations should be reported to the appropriate state regulatory agencies or departments for investigation. Examples of violations may include reporting of negligent or illegal behavior, gross incompetence, sexual misconduct, or impaired practice due to alcohol, drugs, physical, mental, or other issue.

Reporting Forms

Two mandatory reporting form templates have been created to serve as “samples” for jurisdictions to review and modify as applicable to their own state laws and regulations:

- 1) A self-reporting form for individuals to report violations related to their own practice or behaviors; and
- 2) A form to report alleged violations of other health care providers.

Customizing templates is important as reporting requirements are often located in multiple statutes in the same jurisdiction and the conduct required to be reported, and by whom, varies amongst jurisdictions. To the extent possible, consolidating reporting requirements into a single form facilitates awareness of requirements and streamlines the process for reporters. Completed forms should be submitted for investigation following applicable policies and procedures relevant to individual state jurisdictions and could be incorporated into existing more general complaint forms.

Mandatory Reporting Form Other Licensed Health Professional

**Use this form if you are reporting someone else's behavior. Do not use for self-reporting.*

Submit this completed report to the **(appropriate regulatory agency-customize with appropriate information)** in your jurisdiction. **[Or if online form, identify which agency is receiving this form]**

Individual Submitting the Report (Your Information):

Name: _____

Profession: _____

License #: _____

Today's Date: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Preferred method of contact:

- Mailing Address
- Phone
- Email Address

Do you wish to remain anonymous to the individual reported?

- Yes
- No

Information on the Individual Being Reported:

Name: _____

Profession: _____

License # (if known or applicable): _____ **(customize and add instructions regarding license look up here)**

Date of Reporting: _____

