



Physical Therapy Services Checklist

Agency Name:		City:	Date:
10A NCAC 13J .1103 Physical Therapy Services			
Policies & Procedures		Comments	
<input type="checkbox"/>	Scope of Service (include treatment modalities)		
<input type="checkbox"/>	Service Availability		
<input type="checkbox"/>	Initial Assessment/Evaluation		
<input type="checkbox"/>	Establishment of Plan of Care (include Plan of Care review)		
<input type="checkbox"/>	Recording & Reporting Change in Plan of Care or Client Condition		
<input type="checkbox"/>	Guidelines for Notifying Physician		
<input type="checkbox"/>	Patient & Family Education		
<input type="checkbox"/>	Discharge		
<input type="checkbox"/>	Physician Orders		
Personnel Policies		Comments	
<input type="checkbox"/>	Credentialing & Competency of Staff		
<input type="checkbox"/>	Supervision (include supervision of Physical Therapy Assistant)		

Personnel Record Review *(submit personnel records with all of the items listed below)*

Required Items	Physical Therapist	Physical Therapist	Physical Therapist Asst. <i>(Optional)</i>	Physical Therapist Asst. <i>(Optional)</i>
Employee Name/ Job Title				
Date of Hire				
Application or Resume				
Signed Job Description				
License Verification				
Proof of Blood Borne Pathogen Training				
Hepatitis B Immunization or Declination				
TB Skin Test or Chest X-ray				
Proof of Orientation				
Reference Check(s)				
Signed Consent for Criminal Background Check				