

**Application for Certification for Occupational Therapy Professionals
to use Physical Agent Modalities in the State of South Dakota**

SD Codified Law 36-31-6 states:

(6) Certification: In order to apply physical agent modalities as defined in § 36-3-1, an occupational therapist or occupational therapist assistant shall be qualified pursuant to this subdivision, as follows:

- (a) Has successfully completed twenty-five hours of American Occupational Therapy Association or American Physical Therapy Association approved education covering physical agent modalities and completed a supervised mentorship to include five case studies on each class of modality to be incorporated into patient care;
- (b) Is certified as a hand therapist by the Hand Therapy Certification commission or other equivalent entity recognized by the board; or
- (c) Has completed education during a basic occupational therapy educational program that included demonstration of competencies on each class of the physical agent modalities.

Please complete the following questions and submit to the South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) in order to request certification to use physical agent modalities in the state of South Dakota.

Section A.

	Yes	No
<p>1. Are you a Certified Hand Therapist by the Hand Therapy Certification Commission or other equivalent entity recognized by the board?</p> <p>If yes, you do not need to respond to the remaining questions. Please sign below and return this form, along with evidence of your certification in hand therapy to the SDBMOE.</p> <p>If no, proceed to question #2.</p>		
<p>2. Did you receive training in the use of physical agent modalities in your occupational therapy educational curriculum that included demonstration of competencies on each class of the physical agent modalities?</p> <p>If yes, you do not need to respond to the remaining questions. Please sign below and return this form, along with the course syllabus and official transcripts from your occupational therapy education to the SDBMOE.</p> <p>If no, proceed to question #3.</p>		
<p>3. Have you completed twenty-five hours of American Occupational Therapy Association or American Physical Therapy Association approved education covering physical agent modalities and completed a supervised mentorship to include five case studies on each class of modality to be incorporated into patient care?</p> <p>If yes, complete Section B and Section C of this form. Submit this form along with evidence of completion of 25 hours of continuing education covering physical agent modalities to the SDBMOE. Please include documentation indicating the course was from an AOTA or APTA approved provider.</p> <p>If no, you will need to complete this step prior to submitting your application for certification to use physical agent modalities in the state of South Dakota.</p>		

Signature: _____ **SD license #:** _____
Email address: _____ **Date:** _____

Section B.

Please complete the following table to indicate completion of your supervised mentorship in each category of modalities as outlined in SD Codified Law 36-31-6.

Please note:

“A supervising therapist or mentor may be a physical therapist, a certified hand therapist, or an occupational therapist who has completed a supervised mentorship and has five years of clinical experience utilizing each class of physical agent modalities; or an occupational therapist who has graduated from an occupational therapy program whose curriculum includes physical agent modality education.” (SD Codified Law 36-31-6)

Date of Supervision	Type of Modality	Location on Body	Signature/Credentials of Mentor	Mentor Qualifications
I. Superficial thermal agents such as hydrotherapy/whirlpool, cryotherapy (cold packs/ice), fluidotherapy, hot packs, paraffin, water, infrared, and other commercially available superficial heating and cooling technologies				
II. Deep thermal agents such as therapeutic ultrasound, phonophoresis, and other commercially available technologies				
III. Electrotherapeutic agents such as biofeedback, neuromuscular electrical stimulation, functional electrical stimulation, transcutaneous electrical nerve stimulation, electrical stimulation for tissue repair, high-voltage galvanic stimulation, and iontophoresis and other commercially available technologies				
IV. Mechanical devices such as vasopneumatic devices and CPM (continuous passive motion).				

Section C.

Please copy this page as necessary for each mentor/class of modality.

CERTIFICATE OF COMPLETION

PHYSICAL AGENT MODALITY MENTORSHIP

I certify that _____ has successfully completed a supervised mentorship in the use of physical agent modalities. The mentorship included five case studies on each class of modality to be incorporated into patient care by the occupational therapist. These case studies were performed on patients in a patient care setting under my supervision. I further certify that in addition to providing the supervised mentorship, I am a physical therapist, a certified hand therapist, or occupational therapist who had completed a supervised mentorship and has five years of clinical experience utilizing each class of physical agent modality to be incorporated into patient care by the occupational therapist; or an occupational therapist who has graduated from an occupational therapy program whose curriculum includes physical agent modality education.

Signature of Mentor _____

Mentorship Date of Completion _____

Mentor Qualifications: (Circle One)

1. Physical Therapist
2. Certified Hand Therapist
3. OT with completed AOTA or APTA approved education completed supervised mentorship in PAMS, and 5 years clinical experience utilizing each class of modality.
4. OT from a program including PAMS in curriculum