



## Self-Reporting Potential Violations

### Purpose:

The goal of self-reporting is to protect the public. This form is for licensed physical therapists and physical therapist assistants to self-report conduct that may violate the [Maryland Physical Therapy Act](#). Violations are to be reported to the Maryland Board of Physical Therapy Examiners for investigation.

### Examples of Reportable Violations:

1. **Negligent or Illegal Behavior:**
  - Practicing without a valid license.
  - Falsifying patient records or documentation.
  - Performing treatments beyond the scope of practice.
2. **Gross Incompetence:**
  - Repeatedly making errors in patient care that demonstrate a lack of skill or knowledge.
  - Failing to stay updated with continuing education requirements.
3. **Sexual Misconduct:**
  - Engaging in inappropriate sexual behavior with patients or colleagues.
  - Violation of professional boundaries or ethical standards.
4. **Impaired Practice:**
  - Practicing under the influence of alcohol or drugs.
  - Physical or mental impairments affecting the ability to provide safe care.

### Specifics:

- **This Form is for Self-Reporting ONLY.**
- **This Form IS NOT for License Applications or Renewals.**

### Reporting Process:

1. **Complete the Self-Reporting Form:** Provide detailed information about the potential violation, including a description of the incident, relevant dates, and any supporting evidence.
2. **Submit to the Maryland Board of Physical Therapy Examiners:** Send the completed form to [mdh.bphte@maryland.gov](mailto:mdh.bphte@maryland.gov) for review. Ensure all information is accurate and complete to facilitate the review process.
3. **Follow-Up:** Be prepared to cooperate with any additional requests for information or clarification from the Board during their review process.

For more detailed guidance on what constitutes a violation or the reporting process, please refer to the Maryland Physical Therapy Act or contact the Maryland Board of Physical Therapy Examiners directly at Email: [mdh.bphte@maryland.gov](mailto:mdh.bphte@maryland.gov) or Phone: 410-764-4718.

## Self-Reporting Potential Violations Form

Your Information:

Name: \_\_\_\_\_

Check One:    Physical Therapist       Physical Therapist Assistant

License #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Personal Phone Number: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Personal Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Check all preferred methods of contact:    Mailing Address    Phone Call    Email Address

List the profession and license number for each professional license you hold in any jurisdiction, including Compact Privileges:

\_\_\_\_\_  
\_\_\_\_\_

List all facilities, boards, associations, jurisdictions, or locations where you work as a physical therapy professional or with which you are affiliated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason(s) for self-reporting (check all that apply):

- I have been investigated by, had disciplinary action taken against me by, or withdrawn or surrendered my license with a professional government agency or occupational health licensing board in this state, or any state or jurisdiction or foreign country (Disciplinary action could include but is not limited to, reprimand, probation, suspension, revocation, licensure denial, or fines).
- I am now or have been reliant on alcohol or drugs (e.g. stimulants, opium-related painkillers, hallucinogens).
- I have a physical or mental health condition that may adversely affect my ability to practice.
- I have been denied employment due to incompetence, unprofessional conduct, impairment, drug or alcohol reliance, or addiction in this state, or any state, jurisdiction, or foreign country.
- I have outstanding complaints, investigations, charges, or allegations pending against my license(s), certification(s), or registration(s) in this state, or any state, jurisdiction, or foreign country.
- I have been convicted of, or have entered a plea of guilty, nolo contendere, or no contest to a crime in this state, or any state or jurisdiction, or foreign country other than a minor traffic offense (Including all misdemeanors and felonies, even if adjudication (formal judgment) was withheld). Attach any additional relevant documentation. Statement of Attestation: The statements I have made are true and correct to the best of my knowledge.

Provide a detailed description/reason for self-reporting (attach additional pages and/or documents as needed):

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I understand that an electronic signature has the same legal effect and enforceability as a written signature.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Email the completed self-reporting form to the Maryland Board of Physical Therapy Examiners at [mdh.bphpte@maryland.gov](mailto:mdh.bphpte@maryland.gov)