

**Part B:** **TO BE COMPLETED BY THE SUPERVISOR OF CLINICAL APPLICATIONS OF PHYSICAL AGENT MODALITIES**

Please print legibly:

Full name	NH PAM Certificate # (if any)
Business mailing address and phone number	

- |  | Y     | N     |
|--|-------|-------|
| 1. Are you licensed in NH or any other state as an occupational therapist?<br>If so, please provide the name(s) of the state(s) and the license # (s) _____<br>If so, do you use physical agent modalities in your practice? _____   | _____ | _____ |
| 2. If you are NH licensed as an occupational therapist but not as a physical therapist:<br>(a) Had you, on or before July 3, 2003, been trained on the job in the use of physical agent modalities? _____<br>(b) Had you, on or before July 3, 2003, been using physical agent modalities for 3 consecutive years? _____ | _____ | _____ |
| 3. Are you licensed in NH or any other state as a physical therapist?<br>If so, please provide the name(s) of the state(s) and the license # (s) _____<br>If so, do you use physical agent modalities in your practice? _____  | _____ | _____ |
| 4. Are you authorized by any regulatory body of another state to apply ultrasound and electrical stimulation modalities?<br>If so, provide state and authorization number, if any _____  | _____ | _____ |
| 5. Please enter the date(s) on which you supervised the applicant's clinical applications of physical agent modalities _____   |       |       |
| <b>6. Has the applicant demonstrated the following competencies to your full satisfaction</b>  | _____ | _____ |
| 1. An understanding of the properties and principles of each of the modalities within the categories of ultrasound and electrical stimulation?   | _____ | _____ |
| 2. An understanding of the rationale and indications for applying each of the modalities within the categories of ultrasound and electrical stimulation?   | _____ | _____ |
| 3. The correct use of the equipment for applying each of the modalities within the categories of ultrasound and electrical stimulation?  | _____ | _____ |
| 4. The proper positioning of the patient for applying each of the modalities within the categories of ultrasound and electrical stimulation?   | _____ | _____ |
| 5. An understanding of the expected physiologic response to the administration of each of the modalities within the categories of ultrasound and electrical stimulation? _____   | _____ | _____ |
| 6. An understanding of the precautions and contraindications for administering each of the modalities within the categories of ultrasound and electrical stimulation? _____  | _____ | _____ |
| 7. An ability to educate patients and their families about each of the modalities within the categories of ultrasound and electrical stimulation?  | _____ | _____ |
| 8. The safe and appropriate maintenance and storage of equipment and supplies for the administration of each of the modalities within the categories of ultrasound and electrical stimulation.   | _____ | _____ |

\_\_\_\_\_  
Signature of supervisor of clinical application of physical agent modalities  
See Occ 305.07 (b) and (c) for qualifications to be met by the supervisor

\_\_\_\_\_  
Date