1. Administrative Matters
   1.1 Agenda Review
   1.2 Approval of Minutes
       **Action Required**
   1.3 Executive Director Report
   1.4 Executive Session:
       1.4.1 To discuss pending and imminent court action (ORC 121.22 (G)(3))
       1.4.2 To discuss personnel matters related to:
           • Appointment; Employment; Dismissal; Discipline; Promotion; Demotion; Compensation (ORC 121.22 (G)(1))
           • Investigation of charges/complaints against a public employee, licensee, or regulated individual in lieu of a public hearing (ORC 121.22 (G)(1))
       1.4.3 To discuss matters required to be kept confidential by federal law, federal rules, or state statutes (ORC 121.22 (G)(5))
   1.6 Discussion of Law and Rule Changes
       1.6.1 Safe Haven rules (OPHP) – Prep for full Joint Board discussion
       1.6.2 House Bill 176 and associated rules
           1.6.2a Rule comments
           1.6.2b Jurisprudence test
       1.6.3 Ethics rule – chaperones
           1.6.3a Survey results and feedback
           1.6.3b Rule language
   1.7 Board newsletter topics
       **(Missy)**

2. Administrative Reports
   2.1 Continuing Education
       **(Lake/Sczpanski)**
       2.1.1 Application for Waiver of Continuing Education
       2.1.2 CE Denial Appeal
       2.1.3 CE Requests for Approval
   2.2 Event Approvals
   2.3 Licenses
       **(Lake)**
       2.3.1 Athletic Training Licensure Applications
           **Action Required**
       2.3.2 Licensure Renewal Report
       2.3.3 Application Withdrawals
2.4 Enforcement

2.4.1 Enforcement Report

2.4.2 Notice(s) of Opportunity for Hearing

2.4.3 Consent Agreement(s)

2.4.4 Releases from Consent Agreements

2.4.5 Affidavit Consideration(s)

2.4.6 Hearing Officer Report(s)

2.4.7 Summary Suspension(s)

2.4.8 To discuss proposed disciplinary action against a licensee pursuant to ORC 121.22 (G)(1) and pursuant to 121.22 (G)(5) that involve matters required to be kept confidential under ORC sections 149.43 (A)(2) and 4755.02 (E)(1)

2.5 Licensure Renewal Reports

3. Assistant Attorney General Report

4. OATA Report

4.1 Annual meeting feedback

5. BOC Update

6. Open Forum

7. Old Business

8. New Business

8.1 KSI/OATA TUFFS meeting

9. Correspondence

9.1 Agenda Items

9.2 Executive Director Assignments

10. Next Meeting Preparation – July 19

11. Adjournment
Members Present
Trevor Bates, Chair
Benjamin Burkam, MD, Secretary
Timothy Keck, Public Member
Hollie Kozak
Gary Lake
Jeff Sczpanski

Members Absent
None

Call to Order
Trevor Bates, Chair, called the meeting to order at 8:35 AM.

Trevor Bates made a motion, second by Hollie Kozak to approve the January 20, 2022 minutes as amended. Motion passed.

Executive Director’s Report
The Executive Director discussed collegiate outreach, and creating a possible template for the recent athletic training practice act changes. She also discussed budget projections and updates to the Board’s new website.

Discussion of Laws and Rules Changes
The AT section noted that there was one comment, and chaperone language needs to be amended for better clarification. Safe Haven program rules will be discussed with the Joint Board in May.

Jeff Sczpanski moved that rule 4755-41-01 Scope of Practice, 4755-42-02 referring practitioner, 4755-43-11 approval of an event, and 4755-46-02 athletic training students be filed with JCARR. Hollie Kozak seconded the motion. All in favor. Motion passed.

The AT Section reviewed updates to the standard responses and FAQs due to the scope of practice changes.

Continuing Education
Gary Lake moved for the AT section to approve three applications for contact hour approval. Second by Jeff Sczpanski. All in favor. Motion passed.

Licensure Applications
Gary Lake moved that the Athletic Trainers Section ratify, as submitted, the athletic training licenses issued by examination, endorsement, and reinstatement by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board from January 21, 2022, through March 10, 2022, taking into account those licenses subject to discipline, surrender, or non-renewal. Second by Jeff Sczpanski. All in favor. Motion passed.
Athletic Trainer by Endorsement - 8

Joseph Paul Hall Casedonte  
Katie Lyn Ostrovecky  
Marlena Payne  
Brian Trautman  
Morgan Elizabeth Coduto  
Calli Meghan Scheuermann  
Bryan Shelley  
Chris Unkraut

Athletic Trainer by Examination - 4

Matthew James Kilboy  
Max Driver  
Brian Thomas Zak  
Julieann Elizabeth Firoitto

Enforcement Report

“New” cases opened since the last meeting: 9  
Cases closed at the last meeting: 7  
Cases “currently open”: 11  
Active consent agreements: 1  
Adjudication order being monitored: 0

Hollie Kozak recommended that a motion be made accepting the consent agreement for case number AT-21-012 in lieu of going to hearing. Jeff Sczpanski made the motion and Gary Lake seconded. All in favor. Hollie Kozak abstained. Motion carried. The AT Section accepted the consent agreement for Joshua Pizanna, AT.

Hollie Kozak recommends that a motion be made accepting a consent agreement for case number AT-21-007 in lieu of going to hearing. Jeff Sczpanski made the motion and Gary Lake seconded. All in favor. Hollie Kozak abstained. Motion carried. The AT section accepted the consent agreement for Jeff Russell, AT.

Hollie Kozak recommends that a motion be made to issue a notice of opportunity for hearing for case number AT-21-005 for sexual assault of a patient, inadequate record keeping, and providing substandard care. Jeff Sczpanski made the motion and Gary Lake seconded. All in favor. Hollie Kozak abstained. Motion carried.

Jeff Sczpanski moved to postpone the appeal of Jason Nutter to remove his license restriction until the next AT Section meeting when more information can be provided. Gary Lake seconded the motion. All in favor. Hollie Kozak abstained. Motion carried.

Trevor Bates left the meeting at 10:06 AM.

AAG Report

None

OATA

The AT section discussed their presentation for the upcoming OATA conference.

Open Forum

None

Old Business

None

Correspondence

The AT section discussed questions concerning collaboration agreements, and credentialing.
Adjournment
There being no further business and no objections, Jeff Sczpanski adjourned the meeting at 10:48am.

Respectfully submitted,

Aariann Felix

Trevor Bates, AT, Chair
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, AT Section

Dr. Benjamin Burkam, MD, Secretary
Ohio Occupational Therapy, Physical Therapy,
and Athletic Trainers Board, AT Section

Missy Anthony, Executive Director
Ohio Occupational Therapy, Physical Therapy
and Athletic Trainers Board
Athletic Trainers Section
April 18, 2022
3:00 PM
Microsoft Teams

Members Present
Trevor Bates, AT, Chair
Benjamin Burkam MD, Secretary
Hollie Kozak, AT
Gary Lake, AT
Jeff Sczpanski, AT

Members Absent
None

Legal Counsel
Lindsay Miller

Staff Present
Melissa Anthony, Executive Director
Aariann Felix, Executive Assistant
David Day, Paralegal
Jeffery Duvall, Supervisor, Enforcement Division
Jaklyn Shucofsky, Investigator

Guests
Jason Nutter, AT

Call to Order
Trevor Bates, Chair, called the meeting to order at 3:06 PM. Dr. Ben Burkam was not present at the start of the meeting.

Enforcement
Trevor Bates invited Mr. Jason Nutter to explain why he believed why his license restriction to treat only patients over age 18 should be lifted.

Jason Nutter explained that it has been over 10 years since he has actively practiced Athletic Training, but he has kept up with his continuing education credits and kept his license active. He also explained that he has taken the steps to remedy his actions such as counseling and seeking advice from those within his church and other colleagues. He felt that because of these actions, he has the tools to prevent this situation from occurring again. Jason Nutter thanked the AT Section for their time and consideration and stated he would be happy to answer any of their questions.

The AT section asked Jason Nutter questions pertaining to what kind of athletic training employment he has had since 2016 and what Mr. Nutter has learned from this experience. Jason Nutter explained he has had no employment related to athletic training and that he learned not to fully immerse himself at his place of employment. Jason Nutter also stated that he applied to positions involving athletic training but was not hired due to his license restriction.

Jeff Sczpanski stated that he saw within Jason Nutter’s counseling notes that he has coached for sporting events as well as refereeing. Jeff Sczpanski asked Jason Nutter to elaborate on those activities. Jason Nutter stated that he coached for his daughter’s softball team for a year and is currently a State of Ohio licensed referee for multiple sports.

Jeff Sczpanski moved that the AT section go into executive session to discuss reinstatement from previous disciplinary actions. Gary Lake seconded the motion.

Trevor Bates - yes
Benjamin Burkam – not present
Hollie Kozak - yes
Gary Lake - yes
Jeff Sczpanski - yes

Motion passed. The AT Section went into executive session at 3:19 pm. Hollie Kozak was not present for the
executive session.

The AT Section reconvened at 4:30 PM. At this time, Ben Burkam also joined the meeting.

Hollie Kozak motioned to remove the restrictions placed on Jason Nutter’s license based on his progress. Gary Lake seconded. The AT section moved to an open discussion about the motion. Members of the AT Section stated that this was a difficult decision for them. Hollie Kozak mentioned that Jason Nutter has followed through with all of the requests that the Board has asked of him, and that the board has documentation regarding the counseling Jason Nutter has completed. Trevor Bates stated that he was expecting more of Jason Nutter’s initial statement at the beginning of the meeting. He was hoping and expecting Jason Nutter to have more responsibility or regret within his initial statement as the Board’s responsibility is to protect the public. Jeff Sczpanski said he agreed with both Hollie Kozak and Trevor Bates, and added he felt that Jason Nutter still being around minors while referring was concerning to him. Gary Lake said that while he understands Jeff’s concerns, he feels that the limitation was only concerning practicing around minors, and felt that since another incident has not happened, he did not see Jason Nutter as a public concern. Ben Burkam agreed with Hollie Kozak that with all of the documentation provided he did not believe that Jason Nutter would be a threat to the public and that the Board should weigh heavily the advice of his multiple mental health professionals that they had no concerns about his threat to the public.

Trevor Bates invited Jason Nutter to make closing comments. Mr. Nutter said that he takes full responsibility for his actions and apologizes to the minor and his previous employer. He felt that his actions were an embarrassment. Mr. Nutter went on to say that he went through a background check in order to coach and referee. The organizations he was involved with knew what had happened.

Trevor Bates called a vote for all of those in favor of Hollie Kozak’s motion as stated. Roll call:

Trevor Bates- No  
Benjamin Burkam-Yes  
Hollie Kozak- Yes  
Gary Lake- Yes  
Jeff Sczpanski- No  

The motion is passed, and the Board will move forward to remove the restrictions on Mr. Nutter’s license.

New Business  
Trevor Bates and Ben Burkam left the meeting. The AT section discussed their presentation for the OATA conference.

Adjournment  
There being no further business and no objections, Jeff Sczpanski adjourned the meeting at 5:16 PM.

Respectfully submitted,

Aariann Felix

Trevor Bates, AT, Chair  
Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, AT Section

Dr. Benjamin Burkam, MD, Secretary  
Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board, AT Section

Missy Anthony, Executive Director  
Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board
Ohio Administrative Code Rule 4755-41-04
Impaired practitioner rules and safe haven program for athletic trainers and applicants

(A) For purposes of the rule, an individual license holder who accepts the privilege of practicing as an athletic trainer in this state is subject to the supervision by the board. The act of filing an application for licensure or being licensed by the board, the individual has given consent to submit to a mental or physical examination, at the individual’s expense when ordered to do so by the board in writing, and to have waived all objections to the admissibility of testimony or examination of reports that constitute privileged communications.

(B) If the athletic trainer section receives information by the filing of a verified complaint with the board office or upon its own information that a license holder’s ability to practice has fallen below the acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs or alcohol or other substances, or other medical condition or illness, the athletic trainer section may order the license holder to submit to a mental or physical examination at the license holder’s expense conducted by a designee of the board for the purpose of determining if there is an impairment that is posing a threat to the license holder’s well-being or the treatment of a client whom the license holder serves.

(C) Failure of the individual license holder to submit to a mental or physical examination order by the athletic trainer section constitutes an admission of the allegations against the individual license holder or unless the failure is due to circumstances beyond the individual’s control.

(D) If the athletic trainer section determines that the individual’s ability to practice is impaired the following actions may be taken:

   (1) The athletic trainer section shall suspend or place restrictions on the individual’s license to practice; or
   (2) Deny the individual’s application for licensure and require the individual to submit to treatment; or
   (3) Other requirements as a condition for initial, continued, reinstated or renewed licensure to practice.

(E) The athletic trainer section at its discretion may:

   (1) Contract with providers of impaired treatment programs.
   (2) Receive and evaluate reports of suspected impairment from any source.
   (3) Intervene in cases of verified impairment.
   (4) Monitor treatment and rehabilitation of the impairment.
   (5) Provide post-treatment monitoring and support.
   (6) Provide other functions as necessary to carry out the provisions of this rule.
(F) The athletic trainer section approved treatment program shall:

1. Receive relevant information from the board office and other sources regarding the potential impairment.

2. Report in a timely fashion any license holder:
   (a) Who refuses to cooperate with an evaluation or investigation.
   (b) Who refuses to submit to treatment/rehabilitation.
   (c) Whose impairment is not substantially alleviated through treatment.
   (d) Who in the opinion of the evaluators is unable to practice athletic training with reasonable skill and safety.

3. Provide confidentiality of non-public information of the review process.

4. Provide an initial report of the nature, severity, and progress of the impairment.

5. Provide periodic reports, at a rate determined by the board concerning the license holder’s progress.

6. Provide a final report including the treatment outcome and a finding as to the license holder’s fitness to practice.

7. Follow any requirements outlined in a formal agreement the license holder, or applicant for licensure has entered into with the board.

(G) Pursuant to division (A)(12) of section 4755.61 of the Revised Code, as part of the Ohio occupational therapy, physical therapy, and athletic trainers board’s impairment or diversion program, the board hereby establishes a confidential, non-disciplinary program for the evaluation and treatment of eligible practitioners who need assistance with a potential or existing impairment due to abuse of or dependency on alcohol or drugs or other medical condition or illness. This program shall be known as the board’s safe haven program.

1. The board shall contract with one entity, hereafter referred to as the monitoring organization, to conduct the safe haven program. The monitoring organization shall determine the eligibility for participation in the safe haven program and provide associated services to eligible practitioners.

2. Eligible practitioners shall include license holders of the board as well as applicants who have applied for a license from the board.

3. Services provided by the monitoring organization include but are not limited to the following:
   (a) Screening and/or evaluation for possible impairment due to abuse of or dependency on alcohol or drugs or other medical condition or illness.
(b) Referral to treatment providers approved by the monitoring organization for the purpose of evaluating and/or treating impairment.

(c) Establishment of individualized monitoring criteria for a duration determined by the monitoring organization to ensure the continuing care and recovery from impairment.

(d) Case management.

(4) The monitoring organization that contracts with the board to conduct the safe haven program may receive referrals from any of the following:

(a) Applicants, and license holders.

(b) Other individuals.

(c) Employers.

(d) Professional societies and associations.

(e) Health care personnel and treatment providers.

(f) Other entities and organizations.

(g) The board.

(5) To participate in the safe haven program, an eligible practitioner must enter into an agreement with the monitoring organization to seek assistance for a potential or existing impairment due to abuse of or dependency on alcohol or drugs or other medical condition or illness. The agreement may specify but is not limited to the following:

(a) Treatment and therapy plan.

(b) Support group participation.

(c) Case management.

(d) Duration of monitoring. Relapses and other failures to comply with the terms of the agreement may result in a longer period of monitoring. As appropriate, an addendum to the agreement may be initiated by the monitoring organization.

(e) Random toxicology testing.

(f) Releases for seeking information or records related to the practitioner’s impairment, including but not limited to family, peers, health care personnel, employers, and treatment providers.

(g) Grounds for dismissal from participation in the safe haven program for failure to comply with program requirements.
(h) Any required fees associated with participation in the safe haven program, including but not limited to fees for toxicology testing.

(6) The board shall not institute disciplinary action based on impairment against a safe haven program participant so long as the participant enters into an agreement with the monitoring organization and complies with the same. The presence of impairment shall not excuse acts or preclude investigation or disciplinary action against a participant for other violations of Chapter 4755 of the Revised Code or other provisions or rules adopted under it.

(7) The monitoring organization shall report to the board for further investigation and/or action any participant who is unwilling or unable to complete or comply with any part of the safe haven program, including evaluation, treatment, or monitoring.

(8) All information received and maintained by the monitoring organization shall be held in confidence subject to Section 2317.02 of the Revised Code and in accordance with federal law.
Suggested edits to other Ohio Administrative Code provisions

Ohio Administrative Code 4755-41-01(B) - Code of ethical conduct.

(2) Athletic trainers shall protect the public and the profession by reporting any conduct that they consider unethical, illegal, or incompetent to the athletic trainers section of the Ohio occupational therapy, physical therapy, and athletic trainers board.

(a) Where the alleged violation involves impairment issues and no other provisions of Chapter 4755 of the Revised Code or rules adopted under it, the reporting license holder may make a referral to the safe haven program in lieu of making report to the athletic trainers section.

(3) Athletic trainers shall not practice athletic training while the ability to practice is impaired. With regard to its charge to protect the public, it is the policy of the athletic trainer’s section to discipline and/or restrict the practice of any licensed athletic trainer with an impairment that prevents the athletic trainer from practicing athletic training with reasonable skill. “Impaired practitioner” means, as defined in the “Professional Practice and Discipline Guidelines and Procedures 2017-2018” from the Board of Certification, Inc., “a person with a physical or mental condition, including deterioration through aging, loss of motor skill, or excessive use or abuse of drugs including alcohol, that prevents one from practicing athletic with reasonable skill and safety to patients. Types of impairments may include, but are not limited to: substance abuse, personality disorders/disruptive behavior, physical impairments, and psychological impairments.” If an athletic trainer’s or an applicant’s ability to practice is in question, the person shall submit to a physical or mental examination or drug/alcohol screen with a provider chose by the athletic trainer’s section and at the athletic trainer’s cost to determine whether the athletic trainer’s abilities are impaired.

(a) The prohibition in section (3) regarding engaging in continued practice shall not be applicable where the athletic trainer is a participant in the board’s safe haven program and complies with the same.

Ohio Administrative Code 4155-41-03 - Reporting requirements.

A license holder shall self-report to the athletic trainers section, within thirty days, any of the items outlined in paragraphs (A) to (G) of this rule. Failure to comply with this rule may be grounds for disciplinary action pursuant to section 4755.64 of the Revised Code and in accordance with Chapter 119. of the Revised Code.

(A) Impairment due to abuse of or dependency on alcohol or drugs or other medical condition or illness by physical or mental illness, chemical use, or chemical dependency, that affects the applicant's or license holder's ability to practice with reasonable skill and safety. This reporting requirement shall not be applicable where the applicant or license holder is a participant in the board’s safe haven program and complies with the same.
To whom it may concern,

I am commenting on 4755-46-02 as it relates to athletic training students. As written, the revised rule states that supervising ATs must have ‘daily’ auditory and visual contact with the student. This is unclear whether or not a simple daily check-in is compliant or if constant (I believe this was the word used previously) contact is necessary. From both a legal-ethical and student learning perspective I would like for this to be clarified.

Thank you,
Sarah Long

Sarah Long, MS, AT, ATC
Director, Professional Athletic Training Program
School of Exercise and Rehabilitation Sciences
College of Health and Human Services
University of Toledo
419-530-2024
Scope of practice.

(A) With a collaboration agreement.

(1) Under a collaboration agreement, the athletic trainer is authorized to engage in the following:

(a) The prevention, examination, and athletic training diagnosis of injuries or emergent conditions resulting from physical activities that require skill and utilize strength, power, endurance, speed, flexibility, range of motion, or agility;

(b) The complete management, treatment, disposition, and reconditioning of injuries or emergent conditions resulting from physical activities;

(c) The provision of emergent care, therapeutic interventions, and rehabilitation for injuries or emergent conditions resulting from physical activities;

(d) The promotion of and education about wellness;

(e) The administration of drugs, including topical drugs, that have been prescribed by a licensed health professional authorized to prescribe drugs and are administered under the direction of the prescriber, except that an athletic trainer shall not administer intra-articular or intratendinous injections;

(f) The performance of athletic training research;

(g) The organization and administration of educational programs and athletic training facilities; and

(h) The education of and consulting with the public as it pertains to athletic training.

(2) A collaboration agreement:

(a) Is entered into between an athletic trainer and one or more physicians;

(b) Shall be in writing and signed by the athletic trainer and each physician with whom the athletic trainer collaborates;

(c) Shall be maintained in the records of both the athletic trainer and each collaborating physician;

(d) Shall address the following:

   (i) The duties and responsibilities to be fulfilled by the athletic trainer
when engaging in the activities under (A)(1) of this rule;

(ii) Any limitations on the athletic trainer's performance of the activities; and

(iii) A plan of care for patients treated by the athletic trainer.

(B) Without a collaboration agreement.

(1) Athletic Trainers who do not have a collaboration agreement with a physician must maintain standard operating procedures or have an individual referral and are authorized to engage in only the following activities:

(a) The practice of prevention, recognition, and assessment of an athletic injury;

(b) The complete management, treatment, disposition, and reconditioning of acute athletic injuries;

(c) The administration of topical drugs that have been prescribed by a health professional authorized to prescribe drugs;

(d) The organization and administration of educational programs and athletic facilities; and

(e) The education of and consulting with the public as it pertains to athletic training.

(2) A standard operating procedure means a written referral relationship that consists of a plan of care communicated between the health care professional listed in division (A) of section 4755.623 of the Revised Code or rule 4755-41-01 of the Administrative Code and the athletic trainer, and shall include procedures for assessment and treatment.
In accordance with division (A) of section 4755.60 of the Revised Code, an athletic trainer shall practice upon the referral from the following individuals:

(A) In accordance with division (A) of section 4755.623 of the Revised Code, an athletic trainer shall practice upon the referral from the following individuals

(A)(1) An individual licensed under Chapter 4731. of the Revised Code to practice medicine and surgery;

(B) An individual licensed under Chapter 4731. of the Revised Code to practice osteopathic medicine and surgery;

(C) An individual licensed under Chapter 4731. of the Revised Code to practice podiatric medicine and surgery;

(D)(2) A dentist licensed under Chapter 4715. of the Revised Code;

(E)(3) A physical therapist licensed under Chapter 4755. of the Revised Code;

(F)(4) A chiropractor licensed under Chapter 4734. of the Revised Code;

(5) An athletic trainer licensed under Chapter 4755. of the Revised Code, only if athletic training has already been recommended and referred by a health care provider listed in this paragraph;

(6) A physician assistant licensed under Chapter 4730. of the Revised Code;

(7) A certified nurse practitioner licensed under Chapter 4723. of the Revised Code.
Approval of an event.

(A) Pursuant to division (A)(4) of section 4755.65 of the Revised Code, an organizer of an event at which athletic trainers not licensed in Ohio will be performing athletic training services, as defined in section Chapter 4755. 4755.60 of the Revised Code, shall apply to the athletic trainers section to have the event approved.

(B) The event organizer or medical director shall:

1. Submit a written request for approval no later than sixty days prior to the date of the event; and

2. Submit to the athletic trainers section a list of all athletic trainers not licensed in Ohio who will be providing athletic training services at the event. The list shall contain the license number of a current, valid non-Ohio athletic training license. If the person is from a state where athletic trainers are not regulated, the list shall contain the current, valid certification number issued by the national athletic trainers' association board of certification, inc. (BOC).
4755-46-02 Athletic training students.

(A) A student is an unlicensed person. However, for purposes of the exemption from licensure contained in division (A)(3) of section 4755.65 of the Revised Code, a student need not be licensed if all of the following requirements are met:

(1) The student is enrolled in:

(a) An professional (entry-level) education program accredited by the commission on accreditation of athletic training education (CAATE); or

(i) An education program accredited by the commission on accreditation of athletic training education (CAATE); or

(b) An international professional (entry-level) education program located in a country that has entered into a mutual recognition agreement with the board of certification (BOC) and enrolled as a student at a program identified in paragraph (A)(1)(a) of this rule.

(2) The student has not met the requirements to sit for the examination;

(3) The activities and services performed by the student constitute a part of an approved course of study in accordance with paragraphs (B) and (C) of this rule;

(4) Students are designated by titles which clearly indicate their status as a student.

(B) A student shall be supervised by an Ohio licensed athletic trainer. The supervising athletic trainer is responsible for planning, directing, and evaluating the student's athletic training experience. Supervision requires daily visual and audible contact at all the sites at which the student provides services. The supervising athletic trainer must demonstrate knowledge and competency in any procedure or services delegated to an athletic training student.

(C) Any documentation written by a student must be countersigned by the supervising athletic trainer. Documentation shall include the student's handwritten signature or unique electronic identifier. The student shall identify as "athletic training student" or the abbreviation "ATS."

(D) High school students are not "students" for the purpose of the exemption from
licensure provided by section 4755.65 of the Revised Code and this rule. High school students should be referred to as "student aides." High school student aides are unlicensed persons as defined in rule 4755-46-01 of the Administrative Code.
<table>
<thead>
<tr>
<th>Timestamp</th>
<th>Have you used a chaperone in the past?</th>
<th>My employer has a policy I follow regarding medical chaperones? Please type &quot;yes,&quot; &quot;no,&quot; or &quot;IDK.&quot;</th>
<th>Under what circumstances should a chaperone be used?</th>
<th>Would chaperone requirements hinder the ability to provide care?</th>
<th>Please describe your professional work setting, including listing any licenses you hold.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/29/2022 16:29:07</td>
<td>No, I have not used a medical chaperone</td>
<td>No</td>
<td>Maybe if there was an AT who was subjected to disciplinary actions due to misfeasance, etc. that the need to be chaperoned for certain skills to ensure competency to prevent it from occurring again.</td>
<td>Yes. We have detailed standing orders and collaboration agreements already dictating our practices. More oversight would make it more difficult to provide care making it even more specific and possibly limited.</td>
<td>Secondary school</td>
</tr>
<tr>
<td>4/29/2022 16:42:32</td>
<td>Yes, another medical professional</td>
<td>Yes</td>
<td>When a patient requests it or a procedure involves a potentially personal or sensitive part of a the patients body. A chaperone is for the protection of both the patient and AT.</td>
<td>No</td>
<td>Medical Outreach/Health system administrator AT.</td>
</tr>
<tr>
<td>4/29/2022 16:45:54</td>
<td>Yes, another medical professional, Yes, another person (adult &gt; 18 years old)</td>
<td>Yes</td>
<td>Anytime an evaluation/treatment is being conducted near an sensitive area where privacy is needed, recommended and/or requested by the patient</td>
<td>No</td>
<td>Collegiate</td>
</tr>
<tr>
<td>4/29/2022 22:22:39</td>
<td>Yes, another person (minor &lt; 18 years old), Yes, another person (adult &gt; 18 years old)</td>
<td>No</td>
<td>If I'm doing a treatment that looks questionable to the common person such as IASTM or another manual therapy technique. If it looks uncomfortable it makes me uncomfortable.</td>
<td>Only if there's no one available that can chaperone me when I'm treating an athlete at the school or practice</td>
<td>AT in high school setting and I try to document when I have another person in the room as well chaperoning me as a witness to the treatment</td>
</tr>
<tr>
<td>5/1/2022 6:56:35</td>
<td>Yes, another medical professional, Yes, another person (adult &gt; 18 years old)</td>
<td>No</td>
<td>I use one when performing an intimate examination or when doing a therapeutic intervention on an intimate area</td>
<td>It has not done so for me. I make sure the patient is comfortable with the person who is a chaperone.</td>
<td>AT DIII collegiate setting</td>
</tr>
<tr>
<td>5/1/2022 15:29:16</td>
<td>No, I have not used a medical chaperone</td>
<td>No</td>
<td>In any examination where a minor without a parent present or an individual who is unable to consent at the time of the examination is being examined by a medical professional.</td>
<td>Yes it would delay emergent care if a parent or medical chaperone is not present.</td>
<td>Athletic Trainer at a Secondary School (LAT, ATC, OPE-C)</td>
</tr>
<tr>
<td>Date/Time</td>
<td>Response 1</td>
<td>Response 2</td>
<td>Response 3</td>
<td></td>
<td></td>
</tr>
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<td>-------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/1/2022 17:01:26</td>
<td>No, I have not used a medical chaperone</td>
<td>Yes</td>
<td>For exams of a private nature, ie genitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I think it is dependent on how it is worded - as long as there is a provision to exclude emergency care and is only for examining a patient's private areas then I do not believe it will</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td></td>
<td>clinic/secondary school setting, AT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/1/2022 17:35:20</td>
<td>Yes, another medical professional, No, I have not used a medical chaperone</td>
<td>Not sure</td>
<td>When the exam/evaluation could be embarrassing or could cause some anxiety of both the clinician and patient. When completed in a professional and ethically sound manner, there should not be any hinders.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Multiple sites as independent contractor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/4/2022 9:29:13</td>
<td>No, I have not used a medical chaperone</td>
<td>No</td>
<td>Under age and/or opposite sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No (unless it is an intrusive parent)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>AT license; education and administrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answer Summary</td>
<td>Have you used a chaperone in the past?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>----------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Answer options</td>
<td>Yes, another medical professional</td>
<td>Yes, another person (minor &lt; 18 years old)</td>
<td>Yes, another person (adult &gt; 18 years old)</td>
<td>No, I have not used a medical chaperone</td>
<td></td>
</tr>
<tr>
<td>Number of answers received</td>
<td>16</td>
<td>9</td>
<td>27</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td>20.80%</td>
<td>11.70%</td>
<td>35.00%</td>
<td>32.50%</td>
<td></td>
</tr>
</tbody>
</table>
My employer has a policy I follow regarding medical chaperones? Please type "yes," "no," or "IDK."

Yes – 11

No – 30

IDK – 40

Other – 2

Under what circumstances should a chaperone be used?

<table>
<thead>
<tr>
<th>On an as needed basis</th>
<th>Need to expose or palpate sensitive areas as part of an exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate when dealing with minors. Especially if the conversation is held in a private exam room.</td>
<td>Exposing/evaluating a private region</td>
</tr>
<tr>
<td>Assisting patient to x-ray or other clinical services to ensure proper care</td>
<td>Evaluating a sensitive area or preforming treatment in a sensitive area</td>
</tr>
<tr>
<td>Minor, opposite sex, emotionally charged situation, high profile event</td>
<td>In cases where patient privacy is a concern and in cases of working with minors</td>
</tr>
<tr>
<td>Minors, private area examined, opposite sex</td>
<td>First aid is needed</td>
</tr>
<tr>
<td>Additional help</td>
<td>Gender</td>
</tr>
<tr>
<td>Rectal Temps &amp; any other “sensitive” exams needing to be done</td>
<td>Working with a minor</td>
</tr>
<tr>
<td>When the patient requests a chaperone, when you are performing an intimate exam on the opposite gender, when you feel more comfortable doing so</td>
<td>When a athletic training student is being trained</td>
</tr>
<tr>
<td>Anytime there is opposite sex patient/provider for any issue, even PPP</td>
<td>When the need for trust is heightened (either from patient or from clinician)</td>
</tr>
<tr>
<td>Underage and involving exam that could require removal of clothing and/or palpation of sensitive areas</td>
<td>Any time a doctor or medical person is alone with a S-A.</td>
</tr>
<tr>
<td>Minor</td>
<td>Any intimate evaluation or treatment</td>
</tr>
<tr>
<td>For evals on difficult regions</td>
<td>When a parent or guardian is not available</td>
</tr>
<tr>
<td>with unaccompanied minors. with adults during private exams</td>
<td>When a caretaker is not available.</td>
</tr>
<tr>
<td>What my gut tells me</td>
<td>IDK</td>
</tr>
<tr>
<td></td>
<td>Anything closed door, especially with patients of the opposite sex.</td>
</tr>
<tr>
<td></td>
<td>For intimate exams for any gender</td>
</tr>
<tr>
<td></td>
<td>When the individual is uncomfortable and wants someone else there</td>
</tr>
<tr>
<td>With a minor Opposite sex patient with injury in delicate region</td>
<td>When required by law or to make the patient more comfortable</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Anything that is done in a non public area of the ATR</td>
<td>When dealing with a minor in potentially uncomfortable situations.</td>
</tr>
<tr>
<td>When a patient requests one or when a scenario may create potential perceived inappropriate interaction.</td>
<td>When doing a groin eval on a male (im female)</td>
</tr>
<tr>
<td>If looking at an injury in an area that the athlete or AT is uncomfortable. Maybe groom, etc.</td>
<td>Anytime there is a treatment of an area that may be considered private or something not common… ie not an ankle elbow etc</td>
</tr>
<tr>
<td>Upon request of athlete</td>
<td>Many different</td>
</tr>
<tr>
<td>Education</td>
<td>Pt is minor</td>
</tr>
<tr>
<td>During a medical examination</td>
<td>Sensitive topic/area if unable to have someone else do assessment, esp with opposite gender</td>
</tr>
<tr>
<td>Idk</td>
<td>Taping/wrapping in sensitive areas.</td>
</tr>
<tr>
<td>Unsure</td>
<td>IDK</td>
</tr>
<tr>
<td>Idk</td>
<td>Alone and unobserved with a patient</td>
</tr>
<tr>
<td>Any exam or conversation where sensitive subject matter will be discussed</td>
<td>When completing an intimate exam of a minor of the opposite sex</td>
</tr>
<tr>
<td>Evaluations of the hip/groin, rectal temps</td>
<td>Opposite sex minor requiring removal of clothing or evaluation of intimate areas</td>
</tr>
<tr>
<td>When needing help</td>
<td>When someone is put on probation and must be under supervision. Or when a new AT is being implemented into a hospital to have a chaperone guide them.</td>
</tr>
<tr>
<td>Don't need one</td>
<td>When a pt requests one or if eval or Rx involves the pelvic area.</td>
</tr>
<tr>
<td>No clue!</td>
<td></td>
</tr>
<tr>
<td>Minor of opposite sex</td>
<td></td>
</tr>
</tbody>
</table>
(A) "Licensee" means the following:

Add in definition of Athletic Trainer under ORC

(B) "Athletic Training services" means examination, consultation, athletic training, treatment, or other services provided by a licensee under the legal authority conferred by a license issued by the board.

(C) "Patient" means a person for whom the licensee has provided athletic training services, whether provided by mutual consent or implied consent.

Patient includes any of the following:

(1) A person who is receiving or has received athletic training services from the licensee

(2) A person who meets the criteria of a key third party, as that term is defined in paragraph (D) of this rule.

(D) "Key third party" means an individual closely involved in the patients decision-making regarding athletic training services, including but not limited to, the patients spouse or partner, parents, child, sibling, or guardian.

(E) "Chaperone" means a third person who, with the patients consent, is present during a medical examination.

(F) "Former patient" means one of the following:

(1) A person for whom the licensee has not rendered athletic training services since the licensee-patient relationship was terminated; or

(2) A person who has otherwise been referred to another licensee for care subsequent to receipt of athletic training services by a licensee in an emergency setting or on an episodic basis, and such action has been recorded in the persons medical record or chart.

(G) "Intimate examination" means an examination of the pelvic area, genitals, rectum, breast, or prostate.

(H) "Sexual misconduct" means conduct that exploits the licensee-patient relationship in a sexual way, whether verbal or physical, and may include the expression of thoughts, feelings, or gestures that are sexual or that reasonably may be construed by a patient as sexual. Sexual misconduct includes sexual impropriety, sexual contact, or sexual interaction as follows:

(1) "Sexual impropriety" means conduct by the licensee that is seductive, sexually suggestive, disrespectful of patient privacy, or sexually demeaning to a patient, including but not limited to, the following:

(a) Neglecting to employ disrobing or draping practices respecting the patients privacy;

(b) Subjecting a patient to an intimate examination in the presence of a third party, other than a chaperone, without the patients consent or in the event such consent has been withdrawn;

(c) Making comments that are not clinically relevant about or to the patient, including but not limited to,
making sexual comments about a patient's body or underclothing, making sexualized or sexually
demeaning comments to a patient, criticizing the patient's sexual orientation, or making comments
about potential sexual performance;

(d) Soliciting a date or romantic relationship with a patient;

(e) Participation by the licensee in conversation regarding the sexual problems, sexual preferences, or
sexual fantasies of the licensee;

(f) Requesting details of the patient's sexual history, sexual problems, sexual preferences, or sexual
fantasies when not clinically indicated for the type of athletic training services; and

(g) Failing to offer the patient the opportunity to have a third person or chaperone in the examining
room during an intimate examination and/or failing to provide a third person or chaperone in the
examining room during an intimate examination upon the request of the patient.

(2) "Sexual contact" includes, but is not limited to, the following:

(a) Touching a breast or any body part that has sexual connotation for the licensee or patient, for any
purpose other than appropriate athletic training services, or where the patient has refused or has
withdrawn consent; and

(b) Examining or touching of the patient's genitals without the use of gloves.

(3) "Sexual interaction" means conduct between a licensee and patient, whether or not initiated by,
consented to, or participated in by a patient, that is sexual or may be reasonably interpreted as sexual,
including but not limited to, the following:

(a) Sexual intercourse, genital to genital contact;

(b) Oral to genital contact;

(c) Oral to anal contact, genital to anal contact;

(d) Kissing in a romantic or sexual manner;

(e) Encouraging the patient to masturbate in the presence of the licensee or masturbation by the
licensee while the patient is present;

(f) Offering to provide athletic training services, in exchange for sexual favors; and

(g) Performing an intimate examination without clinical justification.

(h) Conduct that is sexually demeaning to a patient or which demonstrates a lack of respect for the
patient's privacy.

(4) Conduct described in paragraphs (H)(1)(a), (H)(1)(b), (H)(1)(g), and (H)(2)(b) of this rule does not
constitute sexual misconduct when all of the following criteria are met:

(a) The conduct occurred during the rendering of athletic training services in an emergency setting;

(b) The athletic training services rendered were clinically necessary;
(c) The patient was unconscious or otherwise unable to consent to athletic training services; and

(d) The patient's clinical condition required immediate action and the licensee's violation of the provisions of paragraph (H)(1)(a), (H)(1)(b), (H)(1)(g), or (H)(2)(b) of this rule, as applicable, was due to circumstances not within the licensee's control.

(I) "Emergency setting" means an emergency when life and/or limb are in immediate jeopardy.

(J) "Board" means the Occupational Therapy, Physical Therapy and Athletic Trainers Board of Ohio.

(K) "Conduct" includes, but is not limited to the following:

(1) Behaviors, gestures, or expressions, whether verbal or physical; or

(2) The creation, receipt, exchange, saving, or sending of images or communications, whether verbal or written, via a telecommunications device.
The following basic principles make up the code of ethical conduct for the practice of athletic training in the state of Ohio. When a person becomes a licensed athletic trainer they assume certain ethical obligations and responsibilities. An athletic trainer whose conduct is not in accordance with the principles set forth in the following code of ethical conduct shall be considered in violation of the Revised Code.

(A) Athletic trainers shall respect the rights, welfare, and dignity of all persons.

   (1) Athletic trainers shall show no discrimination in their efforts while performing duties.

   (2) Athletic trainers shall provide care on the basis of the needs of the person.

   (3) Athletic trainers shall be committed to providing competent care consistent with both the requirements and limitations of their profession.

   (4) Athletic trainers shall obtain informed consent from the patient.

      (a) An athletic trainer, unless otherwise allowed by law, shall not provide patient care without disclosing to the patient or the patient's representative, the benefits, substantial risks, if any, or alternatives to the recommended examination or intervention.

      (b) Information relating to the athletic trainer-patient relationship is confidential and may not be communicated to a third party not involved in that patient's care without the prior written consent of the patient or the patient's representative, or unless otherwise allowed by law. Information must be disclosed when required by law for the protection of the patient or the public.

   (5) Athletic trainers shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

   (6) Athletic trainers shall not, by their conduct, publicly discredit or lower the dignity of the members of the profession.

   (7) Athletic trainers shall not engage in conduct that constitutes harassment or verbal or physical abuse of, or unlawful discrimination against, clients, patients, students, and/or colleagues.

   (8) Athletic trainers shall not engage in harassment that creates a hostile work...
environment.

(B) Athletic trainers shall comply with the laws and regulations governing the practice of athletic training.

(1) Athletic trainers shall comply with the laws and rules of the state of Ohio and any applicable local and federal laws governing the practice of athletic training.

(2) Athletic trainers shall protect the public and the profession by reporting any conduct that they consider unethical, illegal, or incompetent to the athletic trainers section of the Ohio occupational therapy, physical therapy, and athletic trainers board.

(3) Athletic trainers shall not practice athletic training while the ability to practice is impaired. With regard to its charge to protect the public, it is the policy of the athletic trainers section to discipline and/or restrict the practice of any licensed athletic trainer with an impairment that prevents the athletic trainer from practicing athletic training with reasonable skill. "Impaired practitioner" means, as defined in the "Professional Practice and Discipline Guidelines and Procedures effective January 1, 2020" from the board of certification, inc., "a person with a physical or mental condition, including deterioration through aging, loss of motor skill, or excessive use or abuse of drugs including alcohol, that prevents one from practicing athletic training with reasonable skill and safety to patients. Types of impairments may include, but are not limited to: substance abuse, personality disorders/disruptive behavior, physical impairments, and psychological impairments. If an athletic trainer's or an applicant's ability to practice is in question, the person shall submit to a physical or mental examination or drug/alcohol screen with a provider chosen by the athletic trainers section and at the athletic trainer's cost to determine whether the athletic trainer's abilities are impaired.

(C) Athletic trainers shall accept responsibility for the exercise of sound judgment in protecting the public and the profession of athletic training.

(1) Athletic trainers shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, title, identity, or services.

(2) Athletic trainers shall provide only those services for which they are qualified via education and/or experience.
(3) Athletic trainers shall not guarantee the results of any training, consultation, or therapeutic procedure. A reasonable statement of prognosis is not improper, but successful results are dependent upon many uncontrollable factors, hence, any warranty is deceptive and unethical.

(4) Athletic trainers shall not cheat or assist others in conspiring to cheat on the national certification examination or the state jurisprudence examination.

(D) Athletic trainers shall maintain and promote high standards in the provision of services.

(1) Athletic trainers shall strive to achieve the highest level of competence.

(2) Athletic trainers shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge in accordance with continuing education guidelines for the profession.

(3) Athletic trainers shall keep accurate records for all areas of injury management. These shall include, but are not limited to, standard operating procedures, written referrals, personal injury reports/initial evaluation, and daily care rendered/rehabilitation logs. These records shall be in paper or electronic format and secured according to legal statutes regarding confidentiality.

"Standard operating procedure" means a written referral relationship that consists of a plan of care communicated between the health care professional listed in division (A) of section 4755.60 of the Revised Code or rule 4755-41-01 of the Administrative Code and the athletic trainer, and shall include procedures for assessment and treatment.

(4) Athletic trainers shall not document or bill for services not actually provided.

(5) Athletic trainers shall only seek compensation that is reasonable for the athletic training services delivered. Athletic trainers, regardless of the practice setting, shall safeguard the public from unethical and unlawful business practices.

(6) Athletic trainers shall not intentionally or knowingly offer to pay or agree to accept any compensation, directly or indirectly, overtly or covertly, in cash or in kind, to or from any person or entity for receiving or soliciting patients or patronage, regardless of the source of the compensation.
(7) Athletic trainers shall not influence a patient or the patient's family to utilize, purchase, or rent any product or equipment based on the direct or indirect financial interests of the athletic trainer. Recommendations of product or equipment must be based solely on the therapeutic value of that product or equipment to the patient. An athletic trainer who owns or has a direct financial interest in an equipment or supply company must disclose the financial interest to the patient if the athletic trainer sells or rents, or intends to sell or rent, to the patient.

(8) Athletic trainers shall ensure the patient's rights to participate fully in their care, including the patient's right to select the athletic training provider, regardless of the practice setting.

(9) Athletic trainers shall safeguard the public from underutilization or overutilization of athletic training services by providing only those services appropriate and prudent in the provision of care.

(10) Athletic trainers shall provide accurate and relevant information to patients about the patients' care within the scope of confidentiality statutes.

(11) Athletic trainers shall provide accurate and relevant information to the public about athletic training services.

(12) Athletic trainers shall report to the athletic trainers section any unprofessional, incompetent, unethical, or illegal behavior of an athletic trainer of which the person has knowledge. An obligation to report is inherent in the profession.

(13) Athletic trainers shall adhere to the minimal standards of acceptable prevailing practice. Failure to adhere to minimal standards of practice, whether or not actual injury to a patient occurred, includes, but is not limited to, practice or use of tasks, knowledge, and skills that are not valid with the current professional practice of athletic training. These tasks, knowledge, and skills should reflect current practice trends and supported in the literature as evidence-based practices.

(E) Athletic trainers shall not exploit persons served professionally.

(1) Athletic trainers shall not accept persons for treatment if benefit to the person cannot reasonably be expected.

(2) Athletic trainers shall not continue treatment without reasonable expectation of
further benefit to the patient.

(3) Athletic trainers shall not place financial gain above the welfare of the patient and shall not participate in any arrangement that exploits the patient.

(4) Athletic trainers shall not have a romantic or dating relationship or engage in any sexual activity, including sexual conduct or sexual contact, with any patient, or engage in any conduct that may reasonably be interpreted by the patient to be sexual, whether consensual or nonconsensual, while a practitioner/patient relationship exists. In the case of minors, the practitioner/patient relationship extends to the minor's parent or guardian.

(a) An athletic trainer shall not intentionally expose or view a completely or partially disrobed patient in the course of treatment if the exposure or viewing is not related to the patient diagnosis or treatment under current practice standards.

(b) An athletic trainer shall not engage in a conversation with a patient that is sexually explicit or tacitly imply sexually implicit intentions during the athletic training plan of care. This includes verbal behavior that is sexually demeaning to the patient or may be reasonably interpreted by the patient as sexually demeaning.

(5) Athletic trainers shall offer the patient the opportunity to have a third person or chaperone in the examining room during an intimate examination and/or shall provide a third person or chaperone in the examining room during an intimate examination upon the request of the patient. "Chaperone" means a third person who, with the patients consent, is present during a medical examination.

(5)(6) An athletic trainer shall not engage explicitly or tacitly in harassment of patients, the parent/guardian of a minor patient, students, or colleagues. Harassment includes, but is not limited to, racial, political, ethnic, religious, gender and gender identification, sexual orientation, age, disability, marital status, or veteran status. Harassment includes making unwelcome sexual advances, requesting sexual favors, engaging in other verbal or physical conduct of a sexual nature, intimidating words or actions, or words or actions that demean, threaten or offend a victim where such actions result in:

(a) Withholding athletic training services to a patient;

(b) Creating an intimidating, hostile, or offensive environment for the patient;
or

(c) Interfering with the patient's ability to recover.

(F) Cooperation.

Athletic trainers shall cooperate with an investigation by the athletic trainers section. Failure to cooperate is conduct detrimental to the best interest of the public and grounds for disciplinary action. Cooperation includes responding fully and promptly to any questions raised by the athletic trainers section and providing copies of the medical records and other documents requested by the athletic trainers section. Failure to comply with paragraphs (F)(1) to (F)(7) of this rule may be grounds for disciplinary action pursuant to section 4755.64 of the Revised Code and in accordance with Chapter 119. of the Revised Code.

(1) A license holder shall respond fully and truthfully to a request for information from the athletic trainers section.

(2) A license holder shall comply with a subpoena issued by the athletic trainers section.

(3) A license holder shall provide information or documents within the time frame specified by the athletic trainers section.

(4) A license holder shall appear and provide information at an interview requested by the athletic trainers section.

(5) A license holder shall not deceive, or attempt to deceive, the athletic trainers section regarding any matter, including by altering or destroying any record or document.

(6) A license holder shall not interfere with an investigation or disciplinary proceeding by willful misrepresentation of facts before the agency or the athletic trainers section, or by use of threats or harassment against any patient or witness to prevent the patient or witness from providing evidence in a disciplinary proceeding or any other legal action.

(7) A license holder shall not refuse to provide testimony in an administrative hearing.
<table>
<thead>
<tr>
<th>License Number</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT006584</td>
<td>Megan Elizabeth Etter</td>
</tr>
<tr>
<td>AT006581</td>
<td>Matthew Thomas Summers</td>
</tr>
<tr>
<td>AT006582</td>
<td>Ali Shanae Fischer</td>
</tr>
<tr>
<td>AT006587</td>
<td>Jacob Clark</td>
</tr>
<tr>
<td>AT006588</td>
<td>Michael Alan Turner</td>
</tr>
<tr>
<td>AT006590</td>
<td>Marissa Anne Johnson</td>
</tr>
<tr>
<td>AT006595</td>
<td>Austin Pierpont</td>
</tr>
<tr>
<td>AT006593</td>
<td>Evan Joseph Abbott</td>
</tr>
<tr>
<td>AT006592</td>
<td>Ai La</td>
</tr>
<tr>
<td>AT006589</td>
<td>Kylie Robbins</td>
</tr>
<tr>
<td>AT006591</td>
<td>Caitlyn N Wilson</td>
</tr>
<tr>
<td>AT006580</td>
<td>Kelsey Renee Kitchel</td>
</tr>
<tr>
<td>AT006586</td>
<td>Marion Tyler Schnitzler</td>
</tr>
<tr>
<td>AT006583</td>
<td>Morgan Leann Fultz</td>
</tr>
<tr>
<td>AT006585</td>
<td>Julia K Genovesi</td>
</tr>
<tr>
<td>AT006579</td>
<td>Emily Weitzel</td>
</tr>
<tr>
<td>AT006594</td>
<td>Simon Trey Anderson</td>
</tr>
</tbody>
</table>
Athletic Trainers

Kylie Robbins  APP-000564305
ENFORCEMENT STATISTICS FOR ATHLETIC TRAINERS SECTION MEETING

Date: 05/19/2022

Statistics:

“New” cases opened since the last meeting: 00
Cases “closed” at the last meeting: 00
Cases “currently open”: 10
Active consent agreements: 02
Adjudication orders being monitored: 00

*Statistics as of 05/03/2022
Before The Ohio
Occupational Therapy, Physical Therapy and Athletic Trainers Board

Section

IN RE:
The eligibility of , to retain license as an in the State of Ohio Case No: AT-22-007

Consent Agreement

This CONSENT AGREEMENT constitutes an Adjudication Order within the meaning of section 119.01(D) of the Ohio Revised Code. This Consent Agreement ("Agreement") is entered into by and between and the OHIO OCCUPATIONAL THERAPY, PHYSICAL THERAPY AND ATHLETIC TRAINERS BOARD, ("Board").

The Board is a state agency, charged with enforcing relevant provisions of Ohio Revised Code Chapter 4755 and all rules promulgated thereunder. hereby enters into this Agreement being fully informed of rights, including those under Chapter 4755 and Chapter 119, Ohio Revised Code, including the right to representation by counsel and an adjudication hearing.

In consideration of the forgoing and mutual promises hereinafter set forth, and the Board hereby agree as follows:

Jurisdiction and Predicate Facts

1. The Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board, , is empowered by section 4755.64(A) of the Ohio Revised Code to suspend, revoke, or refuse to issue or renew an athletic trainers license, or reprimand, fine, place a licensee on probation, for the following:

   (2) Violation of sections 4755.61 to 4755.65 of the Revised Code or any order issued or rule adopted thereunder;

2. was initially licensed as an in the State of Ohio on

3. On October 5, 2021, was randomly selected for a continuing education audit and was sent an audit notice letter. failed to respond to said audit notice letter by the November 4, 2021 deadline. A second audit notice letter was sent to on November 15, 2021 and again failed to respond to said audit notice letter by the December 15, 2021 deadline. A third audit notice letter was sent to on December 20, 2021. A final audit notice letter was sent to via certificate of mailing on January 26, 2022. failed to respond to the audit notice letter by the February 25, 2022 deadline. Said conduct constitutes a violation of Ohio Revised Code section 4755.64 (A)(2) and Ohio Administrative Code rule 4755-45-01 (F)(3).
4. [Redacted] currently holds a license to practice as a [Redacted] in the State of Ohio, and therefore is subject to all laws and rules of Ohio regulating the practice of [Redacted].

Admissions

1. [Redacted] hereby admits and acknowledges that [Redacted] has received proper notice of [Redacted] right to a formal hearing pursuant to Ohio Revised Code Chapter 119.

2. [Redacted] hereby knowingly waives all rights to a formal hearing in this matter and agrees that this Agreement shall have the full force and effect of an Order duly entered in accordance with those procedures set forth in Ohio Revised Code Chapter 119 and Chapter 4755 relating to administrative proceedings.

3. [Redacted] admits that the facts as set forth above are true and accurate and expressly waives all rights to challenge said facts.

4. [Redacted] admits that the facts set forth above constitute a violation of Ohio law thereby subjecting [Redacted] to disciplinary action by the Board, pursuant to section 4755.64 of the Ohio Revised Code.

Terms

WHEREFORE, in consideration of the foregoing, and in lieu of any further disciplinary action, [Redacted] and the Board, knowingly and voluntarily agree to the following terms:

1. [Redacted] license to practice as a [Redacted] in the State of Ohio shall be placed on probationary status until [Redacted] fulfills all of the requirements in this Agreement.

2. [Redacted] shall pay a fine of $200.00. This fine shall be paid within sixty (60) days of the effective date of the agreement. Acceptable forms of payment include cashier's check, business check, or money order. Payments should be made payable to “Ohio Treasurer of State.” Payment may also be made via credit card by contacting the Board’s Enforcement Division.

3. [Redacted] shall submit proof of twenty-five (25) continuing education hours, which must include one (1) hour of ethics, for the reporting period of October 01, 2018 and September 30, 2020, within thirty (30) days of the effective date of this agreement.

4. [Redacted] agrees to be audited for continuing education credits for the next renewal cycle. Upon receiving the audit notice, [Redacted] shall submit twenty-five (25) hours of continuing education, which must include one (1) hour of ethics.

5. [Redacted] shall provide a copy of the consent agreement to any current and future employers during the term of this agreement. The copy shall be given to [Redacted] supervisor(s), or whoever is responsible for evaluating [Redacted] work performance. [Redacted] employer(s) must send written notification on company letterhead to the Enforcement Division indicating that they were provided with a copy of this agreement. [Redacted] shall ensure that this notification by [Redacted] employer is received within (30) days of the effective date of this agreement. If [Redacted] changes employers during the course of this agreement, [Redacted] shall ensure that written notification by [Redacted] new employer(s) is received within thirty (30) days of [Redacted] start date of [Redacted] new
position. If [insert position] is not employed within thirty (30) days of the effective date of this agreement, [insert name] shall submit a statement to that effect to the Enforcement Division of the Board.

6. [insert name] agrees to abide by all federal, state, and local laws, and all laws and rules governing the practice of [position] in the State of Ohio.

7. Failure to abide by the terms of this Agreement shall constitute an actionable violation in and of itself without further proof and may subject [insert name] to any and all disciplinary remedies to the [Board's name] including, but not limited to, revocation.

8. [insert name] hereby releases the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board, its members, employees, agents and officers jointly and severally from any and all liability from the within matter.

9. All parties to this Agreement understand that this Agreement is a public record and may be published on the Board’s website and reported to appropriate organizations, data banks, and governmental bodies, including, but not limited to, the United States Department of Health and Human Services’ National Practitioner Data Bank (NPDB).

10. By [insert name]’s signature on this Agreement, [insert name] agrees that in the event the Board, in its discretion, does not approve this Agreement, this settlement offer is withdrawn and shall be of no evidentiary value and shall not be relied upon or introduced in any disciplinary action or appeal by either party. [insert name] agrees that should the Board reject this Agreement and if this case proceeds to hearing, [insert name] will assert no claim that the Board was prejudiced by its review and discussion of this Agreement or of any information relating thereto.

11. By adopting and executing this Agreement, the Board hereby acknowledges that this Agreement is a full and final settlement of the within matter and agrees that it will not pursue further action against [insert name] resulting from the aforementioned conduct.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. [insert name] has had the opportunity to review the Agreement and receive the advice of the legal counsel of [insert name]’s choice regarding it and all of its terms, conditions and requirements.
I, [REDACTED], have carefully read the above agreement and I enter into it freely and voluntarily with full knowledge of its force and effect, and full knowledge of my rights under Ohio law. By executing this agreement, I recognize that if, in the discretion of the Board it appears that I have breached any terms or conditions of this consent agreement, the Board may initiate formal disciplinary proceedings which may be based solely upon a breach of the consent agreement. If the Board finds a breach of this consent agreement, it may impose any disciplinary remedy available under Ohio law.

The terms and conditions of this agreement shall not become effective until approved by the Board and executed pursuant to its approval.

[Signature]
Melissa Anthony
Executive Director

DATE

Counsel to [REDACTED]
(If represented)

[Signature]
Lindsay Miller
Associate Assistant Attorney General

DATE
In the state of Ohio is an Athletic Trainer allowed to work in a PT clinic in a hospital setting and the clinic bill incident to for the work they do?

Under a physical therapy referral, the physical therapist may delegate tasks to other licensed personnel, which includes athletic trainers. However, pursuant to rule 4755-27-03 of the Administrative Code, the athletic trainer cannot be assigned his/her own physical therapy caseload without the supervising physical therapist or physical therapist assistant having direct contact with each patient during each visit. It is the responsibility of the physical therapist to determine and document the extent of contact necessary to assure safe patient care.

If the physical therapist delegates tasks to an athletic trainer, the delegation must be within the athletic training scope of practice. Within the practice of physical therapy, documentation by "other licensed personnel" is restricted to an accounting of the activities provided. Such accounting is intended to include patient comments relating to those activities and a description of the patient's response or ability/ inability to perform specific components of the program. However, any interpretation or that response, assessment or a patient's progress, and prognosis or plan revision must be documented by the physical therapist. When needed, only the physical therapist may make adjustments to the plan of care.

If the patient receives a prescription for physical therapy and during care the physical therapist determines that the patient may benefit from athletic training services (e.g.: a patient's condition is an athletic injury), then the physical therapist may refer that particular patient to an athletic trainer. This transfer of care from a physical therapist must be documented in the patient's medical record. In addition, the athletic trainer must now obtain physician approval and prescription for an athletic training evaluation and treatment as described above. If this procedure is followed, the athletic trainer must perform an injury assessment and determine the athletic training plan of care. The patient is no longer under the care of the physical therapist. The physical therapist may also refer the patient to the care of the athletic trainer but have the patient still remain under the care of the physical therapist. In this non-transfer
scenario, a physician prescription for athletic training is not required. A transfer of care from another licensed healthcare professional, such as a physical therapist, must be documented in the patient's medical record. The athletic trainer must obtain physician approval and prescription for athletic training evaluation and treatment.

Nothing in the Ohio Revised Code prevents athletic trainers from billing for services. However, employers may restrict your practice due to billing or other protocol issues. You should consult with Medicare, Medicaid, the Ohio Bureau of Workers' Compensation, and any other third party payers because they may not consider athletic training as a billable service. The Athletic Trainers Section suggests you contact the Ohio Athletic Trainers Association or the National Athletic Trainers Association or refer to CPT codes listed under physical medicine.

<table>
<thead>
<tr>
<th>Joint Board</th>
<th>Shambaugh Barbara</th>
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<td>Scenario: Ohio licensed PTA and licensed ATC. The ATC was trained in dry needling. Is this person allowed under the practice act to perform dry needling when in the role of a PTA?</td>
<td>AT section can answer, however, since the question is specific to performing “dry needling when in the role of the PTA” the PT section is the only relevant response.</td>
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