

**PART A**  
**New Hampshire Occupational Therapy Governing Board**  
**Report of Required Professional Education in Physical Agent Modalities (PAMs)**

Full Name: _____	OT, OTA, PT, or PTA: _____
License #: _____	Check Here <input type="checkbox"/> if OT/OTA license is pending
If certified by the Hand Therapy Certification Commission certificate #: _____	
Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Phone number: _____	

**INSTRUCTIONS**

**IF YOU ARE CURRENTLY A CERTIFIED HAND THERAPIST:**

Submit an official statement of certification sent directly to the board by the hand therapy certification commission.

**INSTRUCTOR MUST MEET THE FOLLOWING CRITERIA:**

1. Is licensed in any state as an occupational therapist or physical therapist; and
2. Is licensed/certified in physical therapy modalities and uses physical agent modalities in the course of his or her practice.

**FORM CATEGORY DESCRIPTION:**

Category	Description
Name of Course	The name on the certificate of completion.
Begin Date	The first date the class begins. Month/Day/Year
End Date	The last day on which you attended class. Month/Day/Year
Sponsor	The name of the person/organization hosting the class.
On-Line, Workshop, Seminar, or individual instructor	List one of the types indicated here.
# of hours it took to complete the course	This is the number of hours spent in class.
Topics Covered	List A, B, C, D, etc. from the appropriate training element sheet.
Signature of the Course Instructor	This must be the signature of the person giving the course and who can attest to the fact that the topics listed were actually the topics covered.
Printed Name	Printed name of the instructor. Must be legible

**FORM INSTRUCTION:**

1. Complete each category on the work sheet.
2. Make sure that once you complete the sheet for ultrasound modalities that each element of the topic is covered and the total equals 6 hours.
3. Make sure that once you complete the sheet for electrical stimulation that each topic is covered and the total equals 15 hours.

**FOR OFFICE USE ONLY**

Board action: \_\_\_\_\_ At meeting dated: \_\_\_\_\_ Board Member Signature: \_\_\_\_\_

## **SUBMIT WITH FORM:**

### **For courses, workshops and trainings submit:**

- a. An official transcript, certificate or grade report documenting the completion of the course, workshop or training; and
- b. If the information does not appear on the official transcript, certificate or grade report, a statement signed by the sponsor or provider giving the following information:
  - (1) The course outline for the course, workshop or training;
  - (2) The location and duration in hours of the course, workshop or training;
  - (3) The date the course, workshop or training was completed; and
  - (4) The results of any test covering the course, workshop or training topics which was taken by the applicant;

### **For on-line courses:**

- (1) A certificate issued by the course provider;
- (2) The results of any test taken which covered the course; and
- (3) A signed statement describing, the topics covered by the course, the hours spent by in taking the course, and the beginning and ending dates of the period during which the course was taken.

### **For individualized instruction:**

- (1) The signature of the person giving the instruction on the forms provided and the results of any test taken which covered any of the topics of the instruction.

## ULTRASOUND MODALITIES TRAINING ELEMENT SHEET

**The following is required professional education as it relates to ultrasound modalities, including phonoporesis. This portion of the instruction must have been at least 6 hours in duration and contain the following elements:**

- A. Proper use of ultrasound equipment, including:
  - 1. The use of treatment controls;
  - 2. Soundhead selection;
  - 3. Frequency;
  - 4. Application method; and
  - 5. Equipment maintenance as it relates to overall client safety;
  
- B. Knowledge of the clinical use, optimal parameters, precautions and contraindications to determine, prior to administration, the appropriateness of ultrasound for a client;  
  
Knowledge of the physiological effect of ultrasound, including the therapeutic benefits as well as the tissue response for both thermal and non-thermal delivery;
  
- C. Understanding of the optimal parameters for maximum therapeutic benefit in regards to:
  - 1. Tissue depth;
  - 2. Tissue type;
  - 3. Intensity;
  - 4. Size of the area to be sonated; and
  - 5. The mode of ultrasound delivery, including but not limited to, pulse, continuous and medication;
  
- D. The appropriate selection and storage of topical drugs:
  - 1. Prescribed by a licensed healthcare practitioner authorized to prescribe medicine; and
  - 2. Used in the ultrasound treatment; and
  
- E. The proper positioning of the client for maximum safety and therapeutic effectiveness.

**PART B – PAGE 1**  
**METHOD OF EDUCATION FOR ULTRASOUND MODALITIES**

Using the "Ultrasound Modalities Training Element Sheet" complete this form.

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

Name of Course	Begin Date	End Date	Sponsor or supervisor	On-Line, Workshop, Seminar, individual instruction, or supervision	Topics Covered - Using the designated letter from the training element sheet.	# of Hours it took to complete the course
<b>TOTAL # OF HOURS</b>						
Signature of the Course Instructor/Supervisor:					Printed Name:	
License Number:		State Licensed In:				
<b>TOTAL # OF HOURS</b>						
Signature of the Course Instructor/Supervisor:					Printed Name:	
License Number:		State Licensed In:				

**PART B – PAGE 2**  
**METHOD OF EDUCATION FOR ULTRASOUND MODALITIES**

Using the "Ultrasound Modalities Training Element Sheet" complete this form.

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

Name of Course	Begin Date	End Date	Sponsor or supervisor	On-Line, Workshop, Seminar, individual instruction, or supervision	Topics Covered - Using the designated letter from the training element sheet.	# of Hours it took to complete the course
<b>TOTAL # OF HOURS</b>						
Signature of Course Instructor/Supervisor:					Printed Name:	
License Number:		State Licensed In:				
<b>TOTAL # OF HOURS</b>						
Signature of Course Instructor/Supervisor:					Printed Name:	
License Number:		State Licensed In:				

## ELECTRICAL STIMULATION MODALITIES TRAINING ELEMENT SHEET

The following is required professional education as it relates to electrical stimulation modalities. This portion of the instruction must have been at least 15 hours in duration and contain the following elements for each of the following modalities:

### NMES; TENS; Iontophoresis; and HVGS

- A. Electrotherapeutic terminology and biophysical principles, including current, voltage and amplitude;
- B. The normal electrophysiology of nerve and muscle;
- C. The types of current, direct, pulsed and alternating, used for electrical stimulation;
- D. The duration and type of current appropriate for the client's neurological status;
- E. The following common denominators of electrical currents:
  - 1. Normal and abnormal human responses to direct and alternating current;
  - 2. Current flow effect on tissue, including thermal, chemical and kinetic changes;
  - 3. Waveforms, including:
    - (a) The true direct current of iontophoresis; and
    - (b) Pulsed currents, including monophasic, biphasic and polyphasic;
  - 4. The characteristics of phase, including:
    - (a) Duration;
    - (b) Intensity;
    - (c) Charge; and
    - (d) Frequency or rate;
  - 5. The modulation of the characteristics listed in e.4. above; and
  - 6. The physiological correlates of the phase characteristics listed in e.4. above;
- F. The indications, contraindications, warnings and precautions of electrotherapy, including considerations regarding pathology of nerve and muscle tissue;
- G. The rationale and clinical indications of electrotherapy necessary for the safe and appropriate integration in the delivery of occupational therapy;
- H. The appropriate selection and storage of topical drugs:
  - 1. Prescribed by a licensed healthcare practitioner authorized to prescribe medicine; and
  - 2. Used in electrical stimulation treatments;
- I. The proper positioning of, and adequate instructions to, the client during application of the modality;
- J. Appropriate education of the client as to the benefits and risks of the electrotherapeutic treatment;
- K. Knowledge of the safe and appropriate operation of the electrical stimulation device and the optimal parameters, including:
  - 1. The intensity;
  - 2. The frequency or rate;
  - 3. The type of current; and
  - 4. The duration of treatment; and
- L. The optimal electrode placement, including motor points and physiological effects desired.

**PART B – PAGE 3**  
**METHOD OF EDUCATION FOR ELECTRICAL STIMULATION**

Using the "Electrical Stimulation Training Element Sheet" complete this form.

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

Name of Course	Begin Date	End Date	Sponsor or supervisor	On-Line, Workshop, Seminar, individual instruction, or supervision	Topics Covered - Using the designated letter from the training element sheet.	# of Hours it took to complete the course
<b>TOTAL # OF HOURS</b>						
Signature of the Course Instructor/Supervisor:					Printed Name:	
License Number:		State Licensed In:				
<b>TOTAL # OF HOURS</b>						
Signature of the Course Instructor/Supervisor:					Printed Name:	
License Number:		State Licensed In:				

**PART B – PAGE 4**  
**METHOD OF EDUCATION FOR ELECTRICAL STIMULATION**

Using the "Electrical Stimulation Training Element Sheet" complete this form.

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

Name of Course	Begin Date	End Date	Sponsor or supervisor	On-Line, Workshop, Seminar, individual instruction or supervision	Topics Covered - Using the designated letter from the training element sheet.	# of Hours it took to complete the course
<b>TOTAL # OF HOURS</b>						
Signature of the Course Instructor/Supervisor:					Printed Name:	
License Number:		State Licensed In:				
<b>TOTAL # OF HOURS</b>						
Signature of the Course Instructor/Supervisor:					Printed Name:	
License Number:		State Licensed In:				