

Louisiana Physical Therapy Board

2110 W. Pinhook Rd., Ste. 202 | Lafayette, Louisiana 70508

Phone 337-262-1043 | Fax 337-262-1054

www.laptboard.org | info@laptboard.org

EMPLOYER'S AGREEMENT

Directions: Employer must review this individual's Consent Agreement & Order/Participation Agreement prior to the individual beginning or returning to work (including orientation). **Once the Board has received the agreement, the RPTP Manager will contact the Workplace Monitor to confirm monitoring arrangement. The employer must obtain Board staff approval prior to the individual beginning work/orientation.**

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT INFORMATION:

Name: _____

Address: _____

City

State

Zip

Phone: Home: (____) _____ Cell: (____) _____

Position of Individual: _____ Hours of Work: _____

Level of Licensure Required for the Position: _____

Department: _____ Anticipated Start/Resume Date: _____

EMPLOYER INFORMATION:

Facility: _____

Address: _____

City

State

Zip

Please provide contact information to include:

1. Administrator of Agency/Program: _____

Phone: (____) _____

2. Workplace Monitor: _____ Licensure: _____

Position: _____

Phone: (____) _____

E-Mail: _____

The above named individual has been ordered or agreed to participate in the LPTB Recovering Physical Therapy Program. Special monitoring procedures are required to facilitate safe practice and public safety. It is essential that the employer participate in this part of the monitoring requirements.

The employee should give you a copy of the Participation Agreement before returning **or** beginning employment.

The following items are requested of the employer:

1. The individual must have a Worksite Monitor on-site who is higher on the organizational chart than the individual being monitored.
2. The Worksite Supervisor will submit a Performance Evaluation of the individual's job performance bi-monthly or quarterly, depending upon the specified stipulations in Order/Agreement. The original report is to be mailed to the Board by the employer.
3. Notify the Board in writing if any change in the Worksite Monitor.
4. Immediately notify the Board of any adverse reports, performance issues, change in employment status or any other violations of the Physical Therapy Practice Act.
5. If working as an unlicensed physical therapist/physical therapy assistant, individual may not legally perform, nor be assigned, physical therapy duties other than those allowable to other unlicensed personnel.
6. The individual may be required to submit to supervised drug screens to be collected at pre-arranged laboratory or a screening facility per body fluid analysis policy of LPTB-RPTP.
7. Additional terms may be specified in the Participation Agreement.

Your cooperation is appreciated.

I have received and reviewed the Consent Agreement and Order and/or RPTP Participation Agreement.

I have attached a copy of a job description for this position.

Administrator of Agency/Program

(Date)

Worksite Supervisor

(Date)

PT/PTA/Applicant Signature)*

(Date)

RPTP Manager

(Date)

*By signing this document you hereby grant permission for the LPTB-RPTP and Board staff to contact and exchange information with all parties listed.