Main Motion to the 2024 House of Delegates



Required for Adoption: Majority Vote Category: ID-8

- **Motion Contact:** Benjamin "Ben" Aguila PT, DPT, American Physical Therapy Association of New Jersey E-mail: benaguilapt@gmail.com
- **RC Contact:** Kathy Mairella PT, DPT, MA, FAPTA E-mail: kkmairella@gmail.com
- **PROPOSED BY: NEW JERSEY**

RC 2-24 ADOPT: EQUITABLE AND INCLUSIVE PROCESS OF LICENSURE BY ENDORSEMENT FOR AN INTERNATIONALLY EDUCATED PHYSICAL THERAPIST

That the following be adopted:

EQUITABLE AND INCLUSIVE PROCESS OF LICENSURE BY ENDORSEMENT FOR AN INTERNATIONALLY EDUCATED PHYSICAL THERAPIST

The American Physical Therapy Association supports equitable and inclusive processes for licensure by endorsement for an internationally educated physical therapist who has already been granted licensure to practice physical therapy by a United States regulatory body.

<u>SS</u>:

1

2 3

4

5 6 7

8

9 10

11 12

13

14 15 16

18

21

22

28

30

37

A. What is the expected outcome of this motion? 17

- The expected primary outcome of this motion is to create a professional association position statement 19 that would support state advocacy efforts in facilitating more equitable, inclusive and consistent processes 20 in licensure by endorsement of an Internationally Educated Physical Therapist.
- 23 The Federation of State Board of Physical Therapy (FSBPT) describes on their "Acronyms-A-Z" 1 website that a Foreign Educated Physical Therapist (FEPT) as "Physical therapists educated outside 24 the US CAPTE-accredited physical therapy system." For the purpose of this motion, the term 25 26 Internationally Educated Physical Therapist (IEPT) is intended to be synonymous with the term Foreign Educated Physical Therapist (FEPT.) 27
- 29 Subsequent outcomes intended by the motion include:
- 31 Help address uneven shortages of the physical therapist workforce ² across the United States. Components and IEPT stakeholder "state champions" that choose to initiate state-level physical 32 therapy advocacy to facilitate more equitable and inclusive processes of licensure by endorsement for 33 IEPTs may be able to attract qualified IEPT professionals from across the nation and ameliorate 34 35 underserved populations and areas, such as regional areas with lower number of physical therapist to 36 people ratios.³
- Facilitate patient access to physical therapy services with reduction of unwarranted barriers of 38 professional mobility and IEPT across United States geographic and regulatory regions. 39



- Serve to mitigate the IEPT-only procedural barrier specific to an IEPT desiring to permanently change
 residence to another jurisdiction who is unable to avail of "Compact Privilege" from the PT Compact.⁴
 - If an IEPT who has previously established substantial equivalency of education, passed the National Physical Therapy Examination, and any other requirements in a particular US regulatory jurisdiction, has been granted a current physical therapy license and *then* subsequently decides to permanently change residence to another jurisdiction, the IEPT would be unable to avail of "Compact Privilege" from the PT Compact. This is due to Commission Rule 3.5 ⁵ that stipulates that by changing to a new "Home State" any existing "Compact Privilege" would expire/terminate, and the IEPT would be required to comply with the new "Home State" regulatory body's particular process of licensure by endorsement for an IEPT.
 - Possible scenarios of IEPT-only processes include repeating the credential evaluation service, requiring a retake ⁶ of English Proficiency test, even despite PhD completion in the United Kingdom ⁷ or years of US PT practice, or requirement to take geography or non-PT ⁶ related subject matter after.
 - In comparison, if the IEPT had a comparative peer that is a currently-licensed, US-educated graduate of a CAPTE approved program that has had similar work experience and a substantially equivalent education to an IEPT, the US-educated professional would *not* be subject to educational credential review and English Proficiency tests by the regulatory body.
 - Foster belonging and inclusiveness to IEPTs, in alignment with APTA's Strategic Plan and expressed commitment to diversity, equity and inclusion (DEI) and <u>DEI action plan</u>.⁸

How does it contribute to achieving the Vision?

The Vision Statement of the APTA:

1

4 5

6 7

8

9

10

11

12 13 14

15

16

17

18 19

20

21

22

23 24

25 26 27

28 29

30 31

32 33

34

35

36

42 43

44

46

"transforming society by optimizing movement to improve the human experience"

demonstrates the outward facing, societal focus of the APTA. The United States, with the largest numerical foreign-born population in the world, is <u>"home to 47 million foreign residents in 2015 or 19%</u> of the population" ⁹ and is increasingly becoming a <u>multicultural society</u>.⁹

The adoption of this motion expresses to the public that the APTA recognizes that IEPTs can be a key
contributor a to serve better an increasingly multicultural society. The IEPT, being multicultural
themselves, have a lived experience that can provide insights both for the patient/client and PT
relationship as well as to the greater physical therapy profession of the unique challenges that multicultural
patients face navigating the US healthcare system.

- Does it support APTA priorities (as reflected in the current Strategic Plan), and if so, how?
- 45 APTA priorities from the Strategic Plan goal of **Demand and Access** is facilitated two ways:

IEPTs and related stakeholders can advocate for review and facilitate revision of unwarranted barriers for
 IEPT licensure by endorsement. There could be greater ease of patient access to physical therapy with
 IEPT supplementation of the PT workforce wherever there is a community need for PT services, helping
 achieve the goal:



1 2 "... Drive demand for and access to physical therapy as a proven pathway to improve the human 3 experience." 4 5 By having fair and just processes of licensing by endorsement for the IEPT, this allows greater professional growth and facilitates social mobility of IEPTs, diversifying and widening the talent pool of 6 7 qualified candidates that institutions and workplaces can recruit, engage and retain for physical therapy 8 practice, research and education. Further progress is then made for the goal that the: 9 10 "... APTA community will collaborate to reach more consumers, drive demand for physical therapy, and expand the markets and venues that promote the profession." 11 12 13 In addition, APTA priorities from the Strategic Plan goal of **Member Value** is supported by the Motion in 14 three ways. 15 16 Firstly, this proposed Position statement can address perceptions of "otherness" of the IEPT by expressing 17 the Association's assent that unwarranted barriers for IEPT needs to be recognized and addressed by all 18 relevant stakeholders. This corresponds to the goal: 19 20 "...delivers unmatched opportunities to belong, engage, and contribute..." 21 22 to the IEPT as a member of the APTA community. 23 24 Secondly, with adoption of this position statement, the goal that: 25 ... APTA will grow membership market share to extend the reach and impact of the APTA community ... " 26 27 the motion is a tangible expression of recognition to the IEPT community that comprises 12% of the US 28 PT workforce, a segment that as recently as the **1994 House of Delegates** ¹⁰ was excluded and not 29 eligible to be part of the APTA. 30 31 Finally, this motion signals support for the IEPT community that can spur greater engagement with IEPTs 32 who are non-APTA members to possibly seek membership, achieving the goal that: 33 "... The profession will realize improvement in diversity and representation among program applicants, 34 35 graduates, and association leaders." 36 37 B. How is this motion's subject national in scope or importance? 38 The motion addresses national concerns about physical therapy workforce shortages, and particularly 39 uneven shortages of the physical therapist workforce ¹ across the United States. The motion maker has 40 found research articles regarding the IEPT and its predecessor nomenclature, "foreign educated physical 41 therapist" across the decades from the 50s, 60s, 70s, 80s and 90s, '00s and '10s, 10-16 with the last 40 42 years being in the context of IEPTs being an supplemental input to ameliorate physical therapist workforce 43 shortages. 44 45 By facilitating patient access to physical therapy services with reduction of unwarranted barriers of 46 professional mobility and IEPT across United States geographic and regulatory regions, components and 47 IEPT stakeholder "state champions" can initiate state-level physical therapy help attract qualified IEPT 48 professionals from across the nation and ameliorate underserved populations and areas, such as regional 49 areas with lower number of physical therapist to people ratios.² 50



1 This Motion is also future focused, as support for more equitable and inclusive processes of licensure by 2 endorsement for IEPTs demonstrates the APTA's commitment and readiness to integrate IEPTs as part 3 of the US PT workforce. With this motion, the APTA incorporates the IEPTs' unique lived-experiences, 4 skills and insights of their own multicultural lens to better serve an increasingly multicultural American 5 society.

Two examples of the US being increasingly multicultural:

"Since its founding, the United States has sustained two distinct waves ... The first from Europe reached a crescendo at the turn of the 20th century. Today's second wave of immigrants emanates from Latin America and Asia."

"The total population of Latin Americans reached 55.4 million in 2014 or 17.4% of the total U.S. population (Krogstad & Lopez, 2015), making people of Latin origin the nation's largest ethnic minority. Between July 1, 2011, and July 1, 2012, 1.1 million Latin Americans constituted close to half of the approximately 2.3 million people added to the U.S. population during the same period (U.S. Census Bureau, 2012a). The projected 2060 Latin American population of the United States is 128.8 million, or 31% of the U.S. population (Krogstad & Lopez, 2015; Passel, Cohn, & Gonzalez-Barrera, 2012; U.S. Census Bureau, 2012b)." ⁹

and;

 "... One in 4 children (25%) ... were in immigrant families in 2022..."¹⁷

This Motion recognizes that the IEPT community has a depth of skills, insights and lived experiences of the IEPT can then be shared with APTA members and the wider US physical therapy profession, enabling enhanced positioning and capacity to help improve the health of all, including historically marginalized groups, such as those from multicultural society.

31 C. What previous or current activities of the House, Board, or staff address this topic?

Listed below are previous work that the IEPT community has contributed to various efforts in collaboration with relevant stakeholders in the US PT profession:

With APTA Staff:

- 1. Formation of the 2020-2022 APTA IEPT Staff Work Group with former APTA Staff Senior Practice Specialist Heidi Kosakowski, PT, DPT, PhD
- 2. <u>Internationally Educated PTs in the US: A World of Experience</u> ⁶ Raising awareness of the IEPT experience and issues via APTA magazine article
- 3. <u>APTA Live Event Challenges of Licensure by Endorsement for Internationally Educated PTs</u>¹⁸ Raising awareness of issues with licensure by endorsement for IEPT.
- <u>APTA Live: Recruiting and Hiring internationally educated PTs</u> ¹⁹ Increasing awareness of issues affecting IEPTs and best practices for recruiting and hiring PTs educated outside of the US and what employers and internationally educated PTs should know.
- <u>IEPTs Face Barriers Obtaining US Licensure</u> ⁷ APTA magazine Viewpoint article in APTA Magazine regarding IEPT licensure.
- 48 6. From Immigration to Acculturation: The Ongoing Journey of an Internationally Educated PT in 49 the US ²⁰ APTA Staff Work Group project to increase awareness of acculturative stressors of 50 immigrants and IEPTs.



- 2 With the House of Delegates:
- HOD G06-20-33-27 Guidelines: Recruiting and Hiring Internationally Educated Physical Therapists
 Advocacy to retain and to update the Guidelines from the IEPT community who are engaged APTA
 members that serve in the House of Delegates.

Who are the interested parties that might be affected by this motion (internal to APTA as well as relevant groups external to APTA)?

Answer:

1

3

8

9

10 11

12

15

22

26

37

After the Motion Concept was posted on the APTA Hub, <u>feedback from a meeting</u>²¹ between the
 Liaisons between the staff of APTA and the FSBPT was shared with the Motion Makers, as follows:

"FSBPT provided information regarding their desire to retain the language of foreign trained to differentiate those who graduated from CAPTE accredited international programs. FSBPT also offered that adopting two sets of titles (foreign trained and IEPT) would likely cause confusion in the profession and/or in the public.

- It was recommended that these motions be pursued in the FSBPT governance structure opposed to the
 HOD as APTA has no authority over FSBPT."
- These concerns were relayed back and discussed by the motion makers to various stakeholders and the
 IEPT community. The House of Delegates are asked to consider the following responses by motion
 makers and IEPT community:
- Since the formation of the APTA IEPT Staff Work Group in 2020, subsequent sunset in 2022, and
 transition to the thematic successor, the Multicultural PT (MCPT) Catalyst Group ²² of the Academy of
 Leadership and Innovation (ALI), the engaged members of the IEPT community has been actively
 advocating for more equitable and inclusive processes of licensure by endorsement for IEPTs.
- Kripa Dholakia, an IEPT reached out to FSBPT stakeholders and was granted time in the agenda of the
 FSBPT 2022 Annual Meeting. Kripa expressed the concerns of the IEPT community and their advocacy
 on this issue addressing equitable policies.
- The motion makers also reiterate that the intent of the motion for greater equity and inclusiveness in the
 licensure process by endorsement for IEPTS is concomitant with ensuring public safety on the challenges
 of licensure by endorsement
- The APTA and FSBPT are different organizations, with differing mission and vision statements, ²³ ²⁴ and
 each serves different purposes. The APTA motion being proposed to Delegates would help efforts of
 motion makers and stakeholders to be able to expound further on the APTA mission statement: that by
 helping build a community of IEPTs that advances the profession of physical therapy to improve the health
 of society, we also foster perceptions of belonging and inclusiveness to the IEPT community, as well as
 with IEPTs potentially serving as content resource/experts for an increasingly multicultural society in the
 United States.
- 45
 46
 47 Finally, the motion makers cite that there is a history of APTA developing positions to support advocacy efforts that are then addressed at the state level; the previous Vision Statement, APTA Vision 2020, ²⁵
 49 clarified the intent of the Association to pursue autonomous practice and Direct Access. Though Direct



- 1 Access is a state level issue, the APTA position have been used then, and can be used in the present 2 again, to drive change.
- The House of Delegates has recently reassessed how and what exactly is its own highest and best work,
 Motion makers note examples such as the organizational self-reflection on who is able to participate (and *who isn't*, and *why*) in the House, generative discussions rather than reactive responses, and the focus on
 visionary ideas and foresight are all testament to this renewed interest in this philosophical theme.
- 9 It is the hope of motion makers that passing positions on the aspirational premise of "what should be" 10 instead of "what it is", such as the intent of this motion to seek more equitable and inclusive processes of 11 licensure by endorsement, would be germane to the identity and purpose of the House and its Delegates.
 - Are there any state or federal laws or regulations which also address this topic; if so, what are they?
 - Answer:

3

8

12 13

14

15 16

17

23

28

36

46

- 18 There are <u>53 PT regulatory bodies in their respective jurisdictions</u> ²⁶ in the US, each one with their 19 own particular process suited to the needs of their jurisdiction. Similarly, each IEPT applicant to each of 20 the 53 regulatory bodies would have their own unique educational attainment, work history, practical 21 knowledge, and lived experiences that gives nuance to the considerations of each particular regulatory 22 body to either grant, deny, or request certain items from each individual IEPT applicant.
- Rather than being prescriptive, the motion makers foresee that the 53 regulatory bodies can collaborate with the individual IEPT applicants, the IEPT community, component leaderships and all other relevant stakeholders to work together on reviewing and updating the licensure by endorsement processes to ensure that processes are more equitable and inclusive.
- An example for components, the IEPT community, and interested stakeholders to review and collaborate with their respective 53 regulatory bodies is appropriateness of the <u>Model Rules for Foreign Educated</u> <u>Physical Therapists & Physical Therapist Assistants (Examination & Endorsement)</u>, ²⁷ released by FSBPT in 2023 as a <u>regulatory resource</u> ²⁸ for that particular jurisdiction. The Model Rules reflect recommendations from FSBPT and follow the FSBPT's <u>Model Practice Act</u>; ²⁹ not all of the requirements are applicable for all boards, with examples that include jurisprudence examinations, supervised clinical practice, and criminal background checks.
- The 53 regulatory bodies can review the extent of how to balance their mandate to protect the public and
 simultaneously be as equitable and inclusionary as possible with their jurisdictional laws regarding
 licensure by endorsement of the IEPTs, both in their concept and operationalization of the regulatory
 bodies' respective policies and procedures.
- By considering the salient points and potential listed benefits on how this support statement can contribute
 to the Mission, Vision, and impact on the future of the profession and society it serves, the APTA can lead
 the way for the US physical therapy profession to adhere to the aspirational goals and the professed
 values of equity and inclusiveness by the Association.

47 D. Additional Background Information.

The FSBPT is " <u>comprised of fifty-three regulatory bodies charged with the regulation of physical</u>
 <u>therapy in their respective jurisdictions</u>." ²⁶ The 53 regulatory bodies (District of Columbia, Puerto Rico,



1 US Virgin Islands, and each of the 50 states) are all tasked to protect the public and regulate the physical 2 therapy profession in each of their jurisdictions.

4 Each of the 53 bodies grant initial licensure to practice physical therapy to all applicants, either CAPTE 5 graduates or Non CAPTE graduates, by one method: Initial Licensure by Examination. ³⁰ The motion makers would like to clarify that initial licensure by examination process for the IEPT is not in 6 7 the scope of this motion. The motion makers support ³¹ United States jurisdictional laws and/or 8 regulations enforced under which non-U.S. citizens can immigrate, live and work in the United States. The 9 motion makers also agree with the importance of FSBPT (and all of its respective member regulatory 10 bodies') primary goal to protect the public, and the motion maker concurs that an IEPT who applies for initial licensure by examination must have: 11

- undergone credentialing of entry level education (and possibly having taken additional courses to meet Course Work Tool equivalency as determined by appropriate PT regulatory bodies)
- established English language proficiency (i.e. <u>TOEFL</u>, <u>IELTS</u> etc.) as deemed appropriate by the respective physical therapy regulatory body,
- passed the National Physical Therapy Examination (NPTE),
- and passed any jurisprudence exam as required by the regulatory body.

Rather, the focus of this motion concept is the disparity in the process of Licensure by Endorsement for IEPTs in comparison to US educated PTs who graduated from a CAPTE school.

Inequitable and exclusionary processes of Licensure by Endorsement for IEPTs create unwarranted
 barriers for IEPTs who are seeking employment opportunities across interstate/jurisdictional lines, and
 create unwarranted barriers for patient access to physical therapy, exacerbate workforce shortages, limit
 social mobility, and reduce professional growth opportunities for IEPTs that US educated physical
 therapists would otherwise not be subjected to.

In the context of this motion, the terms Equity and Inclusivity is retrieved from the Foundational
 Diversity Equity and Inclusion Knowledge Toolkit ³² of the APTA website:

32 Equity:

3

12 13

14

15

16 17

18

19 20

21

22

28

31

Definition: Equity goes beyond equality (equal treatment of all people), to include the elimination of barriers
 and upliftment of marginalized groups, producing truly fair treatment, access, and opportunity for all
 people.

- 36 Operationally: Seeks to ensure fair treatment, equality of opportunity, and parity in access to information 37 and resources for all. When applied to health, this concept is often referred to as health equity.
- 38 Inclusion:
- Definition: The quality of welcoming, respecting, valuing, and providing opportunities for full participation
 for all individuals and groups.
- 41 Operationally: Builds a culture of belonging by actively inviting the contribution and participation of all 42 people.
- 43 Case examples of IEPTs who are APTA members and their experiences of inequitable and exclusionary 44 processes of licensure by endorsement for IEPTs are:



2 Case Example 1

Claudia Herrera, PT, MSPT, was frustrated. She'd been practicing in Connecticut for more than a decade. When her husband considered moving to Florida for his job, she investigated what it would take to become licensed in the Sunshine State. It wouldn't be easy. "They told me to take more classes and earn credits. I already had a master's degree and had been practicing for a long time. I had gotten a specialist certification in orthopedic manual therapy. Did they want another certification? No, they wanted me to take courses in English and geography. Not physical therapy. So, we ended up staying in Connecticut." <u>APTA Magazine ⁶</u>

Case Example 2

(Shruti) "Joshi gives a real-world example: "Credentialing can be frustrating — having to have my credentials evaluated all over again when I have a license and have practiced in the United States for 15 years, have a specialist certification, and have taught students. I have to again prove my competency in physical therapy and the English language. I feel undermined and constantly evaluated. I've been told that I have to take chemistry again. It's not just the time and money; it's the lack of respect. A state can require taking and passing the TOEFL as a condition of licensing." <u>APTA Magazine ⁶</u>

Case Example 3

(Ankit) Shahi makes the argument that the benefits of greater uniformity will extend beyond international PTs. "If all states can have uniform standard requirements regarding meeting deficiencies," Shahi says, "we can make the transfer process a little easier. For example, I was licensed in 2015. If I have to move my license to Pennsylvania, Florida, or Texas, I'll have to get additional credits. That doesn't benefit anyone. Greater uniformity also will benefit the states; they will get good therapists much faster." <u>APTA Magazine ⁶</u>

Case Example 4

Francesca Raponi, PT, DPT, practiced in Rome for nine years before immigrating in 2010 when her husband got a job in Maryland. The credentialing process cost her around \$4,000, and she was given permission to take the NPTE in 2017. She practiced for three years in Baltimore, and then her husband's job moved them to New York. Because the New York Board works with a different credentialing agency from Maryland's, she had to restart the entire process. She says: "I have an active Maryland license but am working as a technician in New York City. This has not only impacted us financially, but the burden and undue stress of having to re-prove that I am competent, despite having a valid license to practice, feels unjustified." APTA Magazine 7

41 Case Example 5

The English language requirement typically is determined by passage of the TOEFL. But Joshi points out,
"The English language requirement is different across states. In Illinois, for example, if you've been
practicing in another state for three or more years, you can have it waived. But in Texas, you must practice
for 10 years before waiving the TOEFL. In California, you can have the requirement waived if you earned
any degree in the U.S. or another English-speaking country." <u>APTA Magazine</u>⁶

- 49 Case Example 6



1 Nadine Booysen, PT, PhD, MRes, MCSP, shares a similar story. She completed her PT education in 2 South Africa, and a master's degree in clinical research and PhD in health sciences in the United 3 Kingdom. She moved to New Jersey in 2018 and decided to obtain a license there and in New York due to 4 their proximity and professional opportunities. She received her New York license first and now is applying 5 for licensure in New Jersey. She must reestablish English proficiency through formal assessment, even 6 though she completed her entry-level education in English. Despite writing to the New Jersey licensing 7 board with evidence of her English proficiency through her New York license and her master's and PhD 8 degrees from the U.K., her waiver request was declined, and she had to pass the Test of English as a 9 Foreign Language. She says: "I was disappointed that my request was denied. The focus was on my 10 entry-level PT degree obtained over 18 years ago, while disregarding my education and my clinical and research experience achieved since." APTA Magazine 7 11

Two examples of Equitable and Inclusive Processes by regulatory bodies that motion makers are aware ofdescribed below.

16 **Oregon** ³³ is balancing the primary goal of protecting the public and the complexity of an IEPT seeking 17 licensure by endorsement but due to extenuating circumstances beyond the IEPT's control, is unable to 18 fulfill technical requirements. The Oregon regulatory body demonstrated an equitable and inclusive 19 process by considering the applicant's circumstances and rewrote their rules and arrived at an outcome 20 that addresses both their workforce shortage and the need to establish substantial equivalency of 21 education to protect the public.

Arizona **granting** ³⁴ licensure to a qualified IEPT in who had technical compliance issues with TOEFL score requirements after the IEPT **informed the Arizona State Board of Physical Therapy via correspondence** ³⁵ of her licensure in good standing from the State of Georgia, self-directed professional development, and citing the jurisdiction's workforce ratio of physical therapists to population, the Arizona regulatory body demonstrated an equitable and inclusive process for the IEPT licensure by endorsement applicant while concomitant of protecting the public and the patient access needs of their Arizona State residents.

30 31

35

39

46

12

15

22

E. How has this motion concept been disseminated, or how does the motion maker plan to
 disseminate the concept to other delegates prior to the deadline for submission of main motions?
 Potential stakeholders impacted and the motion maker's method of input solicitation include:

Internationally Educated Physical Therapists - email correspondence and town hall/listening session
 invitations to all members of the defunct APTA Staff Work Group and previous attendees of IEPT focused
 advocacy efforts.

Multicultural PT Catalyst Group - The Multicultural PT (MCPT) Catalyst Group ³⁷ of the Academy of
 Leadership and Innovation (ALI), a component of the APTA, is thematically the successor advocacy group
 of the now defunct APTA IEPT Staff Work Group (2020 to 2022.) Formally organized and recognized by
 the ALI Board of Directors July 2022, the MCPT Catalyst Group has had Virtual meetings in 2022 and
 2023, and has had an in person meeting at 2023 CSM San Diego, and a 2024 CSM Boston in person
 meeting.

47 APTA Hub Online Communities - posting of the 2024 motion concept with an open invite to interested
48 stakeholders and access to all APTA members in the House of Delegates forum of the APTA.
49



- 1 Nonmembers of the APTA among the IEPT community email correspondence and personal
- 2 communications of the motion maker and former members of the APTA IEPT Staff Work Group to
- 3 potentially interested IEPTs who may not have prior engagement with the APTA.

5 **REFERENCES**

4

- Federation of State Board of Physical Therapy <u>"Acronyms-A-Z"</u> Foreign Educated Physical Therapist (FEPT) as
 "Physical therapists educated outside the US CAPTE-accredited physical therapy system." [online]. Accessed March
 16, 2024.
- 2. Zimbelman JL, Juraschek SP, Zhang X, Lin VW. Physical therapy workforce in the United States: forecasting nationwide shortages. PM R. 2010 Nov;2(11):1021-9. doi: 10.1016/j.pmrj.2010.06.015. PMID: 21093838.
- American Physical Therapy Association. <u>A Physical Therapy Profile: Demographics of the Profession, 2021-22.</u>
 [online]. Accessed March 16, 2024.
- 13 4. PT Compact. <u>About Us</u>. [online]. Accessed March 16, 2024.
- 14 5. PT Compact. <u>Rules</u>. [online]. Accessed March 16, 2024.
- American Physical Therapy Association. <u>Internationally Educated PTs in the United States: A World of</u>
 <u>Experience.</u> [online]. Accessed March 16, 2024.
- American Physical Therapy Association. APTA Magazine: Viewpoints. pp. 10-11. [online]. Accessed March 16,
 2024.
- 19 8. American Physical Therapy Association. DEI Action Plan. [online]. Accessed March 16, 2024.
- 209.Bornstein MH. The Specificity Principle in Acculturation Science. Perspect Psychol Sci. 2017 Jan;12(1):3-45.21doi: 10.1177/1745691616655997. PMID: 28073331; PMCID: PMC5234695.
- American Physical Therapy Association. APTA Hub: House of Delegates, 1990-2000 Archive.
 HODMINJUN1994.PDF pp 6-7. [online]. Accessed March 16, 2024.
- World Confederation for Physical Therapy, Physical Therapy, Volume 32, Issue 10, October 1952, Pages 517–
 518, <u>https://doi.org/10.1093/ptj/32.10.517</u>
- Janet B. Nelson, State Examinations for Physical Therapists, Physical Therapy, Volume 40, Issue 4, April 1960, Pages
 270–280, <u>https://doi.org/10.1093/ptj/40.4.270</u>
- Standards for Physical Therapy Services, Adopted by the Board of Directors, February 1971, Physical Therapy,
 Volume 51, Issue 12, December 1971, Pages 1315–1318, <u>https://doi.org/10.1093/ptj/51.12.1315</u>
- 30 14. <u>Chevan J, Chevan A. A statistical profile of physical therapists, 1980 and 1990. Phys Ther. 1998 Mar;78(3):301-</u>
 31 <u>12. doi: 10.1093/ptj/78.3.301. PMID: 9520975.</u>
- 32 15. <u>American Physical Therapy Association environmental statement. Phys Ther. 1992 May;72(5):378-94. doi:</u>
 33 10.1093/ptj/72.5.378. PMID: 1631207.
- Michel D Landry, Thomas C Ricketts, Erin Fraher, Molly C Verrier, Physical Therapy Health Human Resource Ratios:
 A Comparative Analysis of the United States and Canada, Physical Therapy, Volume 89, Issue 2, 1 February 2009,
 Pages 149–161, <u>https://doi.org/10.2522/ptj.20080075</u>
- The Annie E Casey Foundation. Understanding the Children of Immigrant Families. [online]. Accessed March
 16, 2024.
- American Physical Therapy Association. APTA Magazine. <u>APTA Live Event Challenges of Licensure by</u>
 <u>Endorsement for Internationally Educated PTs</u> [online]. Accessed March 16, 2024.
- American Physical Therapy Association. <u>APTA Live: Recruiting and Hiring internationally educated PTs</u> [online].
 Accessed March 16, 2024.
- 43 20. American Physical Therapy Association. <u>From Immigration to Acculturation: The Ongoing Journey of an</u>
 44 <u>Internationally Educated PT in the US.</u> [online]. Accessed March 16, 2024.
- 45 21. <u>American Physical Therapy Association. APTA Hub: House of Delegates, Motion Concept: Preferred</u>
 46 <u>Nomenclature of Internationally Educated Physical Therapist or IEPT. [online]. Accessed March 16, 2024.</u>
- 47 22. Academy of Leadership and Innovation. Multicultural Physical Therapy Catalyst Group. [online]. Accessed
 48 March 16, 2024.
- 49 23. <u>American Physical Therapy Association. Vision, Mission and Strategic Plan. [online]. Accessed March 16,</u>
 50 <u>2024.</u>
- 5124.Federation of State Boards of Physical Therapy. Mission and Vision: Promoting Safety and Competence.52[online]. Accessed March 16, 2024.
- 53 25. American Physical Therapy Association. <u>APTA Vision 2020.</u> [online]. Accessed March 16, 2024.
- 54 26. Federation of State Board of Physical Therapy. **Our Organization.** [online]. Accessed March 16, 2024.



- Federation of State Board of Physical Therapy. <u>Model Rules (Regulations) for Graduates of non-CAPTE</u>
 <u>Accredited Programs.</u> [online]. Accessed March 16, 2024.
- 3 28. Federation of State Board of Physical Therapy. <u>Regulatory Resources.</u> [online]. Accessed March 16, 2024.
- 4 29. Federation of State Board of Physical Therapy. Model Practice Act. [online]. Accessed March 16, 2024.
- 5 30. Federation of State Board of Physical Therapy. Licensure Reference Guide. [online]. Accessed March 16, 2024.
- 6 31. Federation of State Board of Physical Therapy. Non-US Candidates. [online]. Accessed March 16, 2024.
- 32. American Physical Therapy Association. <u>Diversity, Equity and Inclusion Toolkit.</u> [online]. Accessed March 16, 2024.
- 9 33. Federation of State Board of Physical Therapy. <u>Update on Foreign Educated Issues in Oregon.</u> [online]. Accessed
 10 March 16, 2024.
- 11 34. State of Arizona. E-Licensing Search Results. [online]. Accessed March 16, 2024.
- 12 35. M. Aragon. Personal Communication to Arizona State Board of Physical Therapy. August 12, 2021.