

# REPORT REGISTRATION

MINNESOTA BOARD OF PHYSICAL THERAPY  
335 RANDOLPH AVE., SUITE 285  
ST. PAUL MN 55102  
612-627-5406  
MN Relay Service for Hearing Impaired 800-627-3529

## **REPORTING OBLIGATIONS OF LICENSED HEALTH CARE PROFESSIONALS**

A licensed health professional shall report to the Board personal knowledge of any conduct which the professional reasonably believes constitutes grounds for disciplinary action under MN Statutes by any physical therapist, or physical therapist assistant including any conduct indicating that the licensee may be medically incompetent, or may have engaged in unprofessional conduct, or may be medically or physically unable to engage safely in the practice of physical therapy. Please note that a physical therapist's, or physical therapist assistant's failure to report may be grounds for disciplinary action in accordance with MN Statute 148.75 (a) (17).

### **YOUR NAME, ADDRESS, AND TELEPHONE NUMBER**

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

WORK PHONE:

### **NAME OF THE PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT YOU ARE REPORTING**

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

PHONE:

**REPORT**  
(Use Additional Sheets as Necessary)

**ACKNOWLEDGEMENT & SIGNATURE**

I attest all information provided in this Report Registration Form is true and correct to the best of my knowledge.

**SIGNATURE** (*electronic signatures are acceptable if completing electronically*):

**DATE:**

**AUTHORIZATION TO INFORM PHYSICAL THERAPIST OR PHYSICAL  
THERAPIST ASSISTANT OF COMPLAINT**

Having been informed of my rights under Data Practices Act,

I, \_\_\_\_\_, hereby authorize the Minnesota Board of Physical Therapy, its agents, or the agents of the Minnesota Office of Attorney General, to inform \_\_\_\_\_ of my complaint by providing this physical therapist or physical therapist assistant copies of my complaint documents.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**Mail, Fax or Email these forms to:**

Minnesota Board of Physical Therapy  
335 Randolph Avenue, Suite 285  
St. Paul, MN 55102  
Fax: (651) 797-1377  
Email: [physical.therapy@state.mn.us](mailto:physical.therapy@state.mn.us)