**MN Department of Human Services**

**Office of Inspector General**

**Licensing Division**

**Adult Day Services SAMPLE FORM**

**Registered Physical Therapist Personnel File**

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: Adult Day Services license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of **July 1, 2017**. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

Registered Physical Therapist Name:

Contact Information:

**LICENSE INFORMATION**

Expiration Date of PT License:

 Copy of license is attached/enclosed in personnel file.

 Copy of license is updated prior to expiration date.

**CONTRACT INFORMATION**

Dates of signed contract or letter of employment (begin and end dates):

Name of person or organization under contract for physical therapy services:

 Copy of contract is attached/enclosed in personnel file.

 Copy of contract is updated prior to expiration date.

 Contract includes the specific conditions and terms of employment.

 Contract includes structured exercise program services required in Minnesota Rules, part 9555.9710, subpart 4.

A licensed adult day center must offer daily structured exercise programs.

The daily structured exercise program must be developed in consultation with a registered physical therapist.

The registered physical therapist must provide consultation and review of the daily structured exercise program. The consultation and review must occur at least every quarter.

Personnel file reviewed and updated as needed:

Date: Name:

Date: Name:

Date: Name:

Date: Name:

Date: Name:

Date: Name: