

ALABAMA BOARD OF PHYSICAL THERAPY
100 North Union Street, Suite 724
Montgomery, Alabama 36130-5040
Regular Board Meeting
February 21, 2019

Meeting held on the campus of Alabama State University

- I. Call to Order** – The meeting was called to order by Chair Wiley Christian at 10:00 AM. Board Members present were; Adams, Christian, Hemm, McGriff, Strunk, Matt Bledsoe, Assistant Attorney General, Sheila Wright, Executive Assistant III, Jeffrey Vinzant, Executive Director. Visitors were Andrea Johnson, PT, President of the ALAPTA and PT Students of Alabama State University (attachment A).

Chair Christian greeted everyone. Legal Counsel noted that the meeting did have a quorum.

Ms. Wright provided the devotional.

Open Discussion – Executive Director thanked the ASU students for inviting the Board to their campus for the meeting. Vinzant inquired if all members were able to get their W-2 forms and reminded the Board that the Statement of Economic Interest are due again this year by April 30th. An email reminder will be sent out to all members.

- II. Minutes** – The minutes of the December 2018 meeting were reviewed. Member Adams requested a change in the wording of the open discussion section of the minutes. After discussion, motion to accept the amended minutes was made by McGriff, seconded by Adams. Adams, Christian, Hemm, and McGriff voted yea, Strunk abstained.

III. Reports

New Licensees Report –Presented by Sheila Wright. Ms. Wright reviewed new license activity from November 30, 2018 through January 31, 2019. There were 84 new licensees. 56 Physical Therapists; 27 by exam and 29 by endorsement. There were 28 Physical Therapist Assistants; 20 by exam and 8 by endorsement. We had 18 Temporary licenses issued; 13 to Physical Therapists and 5 to Physical Therapist Assistants. There were three FCCPT reports all equivalent to CWT5.

Violations Committee Report –The Executive Director presented the recommendations for the cases under review by the committee. Case #18-12-24, unprofessional conduct is recommended to be held over due to additional charges and a pending court date. Case #19-01-15 is recommended to be closed. This individual is incarcerated pending felony charges. The licensee's file will be flagged for non-renewal. Case #19-03-11, patient abuse. Licensee will be requested to appear before the violations committees next meeting. Case #19-05-04, substance abuse, recommendation of emergency suspension of license for

120 days. Case #19-05-12, falsification of records is new and awaiting response from licensee. Motion to accept recommendations from committee by Adams, Seconded by McGriff. Adams, McGriff, and Strunk voted yea, Christian and Hemm abstained.

Executive Director Report – Vinzant noted they have been very busy in the office through the month of January into February. There was a delay going “live” in the database by a few days due to file transfer issues; however, we went active on February 7 and are getting accustomed to the new technology.

The last week of January, Vinzant attended the FARB Forum in New Orleans. It was announced that it was the largest attendance for a FARB meeting. A lot of good information as to review of current regulatory cases in the United States.

School visits are picking up. Ms. Wright and Vinzant visited UAB on January 18. Vinzant visited ASU for a board operation review on February 5th, and we have our spring visits to Calhoun, South University, Samford and Dothan already booked out.

Communications Committee Report – presented by the Executive Director. Vinzant reviewed the activity since the last meeting. No blast emails have been sent, there will be one the next week on Wellness program. A review of Facebook activity for December 1st through January 31st there was a total of 14 posts made, 114 views of the site, 24 “likes” and 24 new followers. Spring newsletter is set for the first week of April. Vinzant will do articles on renewals in the new system, board nominations, and announcing jurisprudence seminar. Strunk, Adams, and McGriff mentioned they’ll provide articles.

Wellness Committee Report—presented by Member McGriff for Dr. Garver (Attachment B). McGriff reviewed the most recent report with the membership.

Financial Report – presented by the Executive Director. Financial activity through January (attachment C).

IV. Unfinished Business

Direct Access Legislation—The membership reviewed the proposed legislation changing the direct access of the Practice Act. It is agreed upon by the board members that the proposed change will not present any harm to the public. Furthermore, since this is a consumer driven initiative to change the practice act, it was also agreed that the board will monitor the process of the legislation reserving comment until the final outcome of the legislative process. A statement will be created to have at the board office to provide if inquires arise.

Chapter 3 changes—Members reviewed the proposed changes to Chapter 3 (attachment D). In relation to the physical therapy aide definition, content was adjusted to keep the language brief. In regard to the violations that constitute unbecoming conduct, one item

added, three redacted due to no longer relative or enforceable. After discussion and review of all of Chapter 3 changes, motion to accept and file changes made by Adams, seconded by Strunk. All members voted yea.

iPad update—Vinzant thanked member Adams for maintaining a record of the original account. Since we were able to access it, we now have the ability to reset the devices. The login information will be emailed to members, so they can update the devices.

Applicant review—The applicant coming in via endorsement who did not have the necessary FCCPT educational requirements but has been practicing in another jurisdiction since 1993 was discussed. After discussion, counsel recommended licensing the individual with the condition of entrance into a consent agreement to complete the courses recommended by FCCPT. If licensee fails to complete the consent agreement conditions, there can be disciplinary action. Motion to accept by Adams, seconded by Hemm. All members voted in agreement.

Member Stunk inquired into the Ms. Hogan situation. Executive Director acknowledged she had been notified of a 90-day window to complete the boards offer. After that time, she'll have to retake the NPTE in accordance with our Practice Act.

V. **New Business**

FSBPT meetings & dates—Executive Director reviewed the upcoming meeting cycle. Leadership Issues Forum July 13 & 14. Christian is the delegate. The alternate delegate will be decided later. Board training is August 16th through 18th and conflicts with the ALAPTA Fall meeting. We need to make sure if a member wants to attend, we still maintain a quorum for our meeting. The FSBPT annual meeting is October 24th through 26th in Oklahoma City.

Samford survey request—We have a request from Samford to assist with the distribution of their survey on Practitioner burnout. After discussion, it was decided that it will be best not to assist in distribution of the survey; however, remind them the mailing list is available for purchase.

April 26th meeting—members agreed we needed a planning meeting to set up the format for this meeting. Members agreed to have a workshop in Montgomery at the Board Office on Wednesday, March 13th, after the PT Day at the State Capitol, starting at 2:00PM.

The ASU students left the meeting at 12:22 PM.

Jurisprudence Requirement for renewals—Executive Director requested clarification of the upcoming jurisprudence requirement for new graduates. During discussion of the requirement, it was decided that any individual who has completed one of the jurisprudence

requirements 18 months prior to the 2020 renewal had fulfilled the requirement of that renewal.

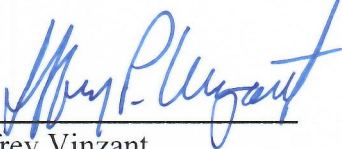
VI. Announcements

Scheduled board meetings:

- April 26, 2019 (Alabama State University, Montgomery)
- June 20, 2019 (Board Office, Montgomery)
- August 16, 2019 (Westin Hotel, Birmingham)
- October 17, 2019 (TBA)
- December 12, 2019 (Board Office, Montgomery)

IX. ADJOURN

The meeting adjourned at 12:33 PM.



Jeffrey Vinzant
Executive Director



Wiley Christian, III
Board Chair

Taylor	Aerne
MARGARET	AUSTIN
James	Benak
Nidhi	Chig
Braxton	Clifton
Kadie	Coker
Brianna	Fairley
Kayla	Gowens
Bryanna	Henry
Dakota	Hooper
Halle	Hudnall
Zachary	Kaylor
Katy	Messick
Shondarria	Nunn
Ike	Obakpolor
Haley	Palmer
Paul	Simon
Oteru	Tay
Tesha	Vickery
Corey	Walker
Arantixa	Wijngaarde
Jill	Heitzman

Alabama Physical Therapy Wellness Committee

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01.29.2019

Gentlemen/Ladies:

I am glad to report that all these Physical Therapy Health Professionals are all fully compliant at this time. I want to express their gratitude to a Board who has taken the stance to be a part of rehabilitation of its constituents.

PTA D-14-01 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PTA D-14-02 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PTA 09-08-34 (Public) is currently under contract and is compliant with all reports and all screens are negative.

PTA D-15-01 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PT D-15-03 (Deferral) is currently under contract and is compliant with all reports and all screens are negative.

PTA D-15-02 (Deferral) is currently under contract and is compliant with all of the treatment center recommendations.

PT D 16-01 (Deferral) has signed documents, is under contract and is compliant with all reports and all screens are negative

PTA D -16-03 (Deferral) has completed treatment (alcohol) and is being monitored by us.

PT D-17-1 (Deferral) has completed treatment (alcohol) and is being monitored by us.

PT D-17-2 Has completed treatment and is being monitored by our committee

PTA H17- has completed treatment (alcohol) and is being monitored by us.

PT D 18-6 Has completed treatment and is being monitored by our committee

PTA D18-7 Self-reported to us. Completed treatment and is being monitored by us.

PTA D18-8 Self-reported to us. Has had treatment and has signed an agreement and is being monitored

ALABAMA BOARD OF PHYSICAL THERAPY
ADMINISTRATIVE CODE

CHAPTER 700-X-3
PROFESSIONAL CONDUCT

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700-X-3-.01 Statement Of Policy. Physical therapists and physical therapist assistants are to respect the rights and dignity of all individuals and are to be guided at all times by concern for the welfare of those patients entrusted to their care. Inherent within this charge of care for a patient is a code of conduct which includes both required and prohibitive actions.

Author: Robert L. Shoemake

Statutory Authority: Code of Ala. 1975, §§34-24-193, 34-24-217.

History: Filed September 30, 1982.

700-X-3-.02 Unbecoming Conduct/Conduct Detrimental To The Best Interest Of The Public Prohibited.

(1) "Unbecoming Conduct" is defined as incompetent, illegal, unethical, unprofessional, or dishonorable conduct which violates those standards which have become accepted as obligations reasonably necessary for the protection of the public interest and for professional accountability.

(2) Certain Conduct Specifically Prohibited. While the statements of conduct apply universally, the application or interpretations are usually based on specific individual circumstances. The determination as to what constitutes unbecoming conduct shall be solely within the judgment of the

Board of Physical Therapy. The Board finds that and declares that unbecoming conduct shall include, but not be limited to, the following either singularly, in part, or in combination:

- (a) Practicing with an expired license.
- (b) Willful or grossly negligent failure to comply substantially with provisions of laws, rules or regulations governing the practice of the profession.
- (c) Abandoning or neglecting a patient in need of immediate professional care without making reasonable arrangements for the continuation of such care.
- (d) Willfully harassing, abusing, or intimidating a patient, co-worker, student, volunteer, or any individual either physically or verbally while practicing physical therapy.
- (e) Suggesting to a patient referred by one practitioner that the patient seek the services of another practitioner without first consulting the referring practitioner.
- (f) Guaranteeing that satisfaction or a cure will result from the performance of professional services.
- (g) Administering excessive tests or treatment; use of treatment procedures or equipment not warranted by the condition of the patient.
- (h) Claiming that the quality of ~~your~~ services is greater than the quality of services performed by other physical therapists or other physical therapist assistants.
- (i) Using the word "doctor" in offering to perform professional services without also indicating the discipline in which the licensee holds a doctorate.
- (j) Accepting and undertaking the performance of responsibilities which the licensee knows or has reason to know that he or she is not qualified to perform, or performing without adequate supervision or direction, services which the licensee is authorized to perform only under the supervision or direction of licensed persons.

(k) Delegating responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by education, by experience, or by licensure to perform them.

(l) Failing to exercise appropriate supervision or direction over persons who are authorized to practice only under the supervision or direction of the licensed professional.

(m) Failing to maintain appropriate records which accurately reflect the evaluation and treatment for each patient.

(n) Revealing personally identifiable facts, data, or information obtained in a practitioner capacity without the prior consent of the patient or client, except as authorized or required by law.

(o) Failing to make available to a patient, or, upon a patient's request, to another licensed health care practitioner consistent with that practitioner's authorized scope of practice, copies of reports, tests, records, or evaluations relating to the patient, or failing to complete forms or reports required for the reimbursement of a patient by a third party.

(p) Endorsing equipment, products or services to the patient and the lay public if any remuneration is received in return for such endorsement without notifying the patient or lay person that you would profit from the sale of the equipment, products or services.

~~(q) Directly or indirectly requesting, receiving or participating in the dividing, transferring, assigning, rebating or refunding of an unearned fee or profiting by means of a credit or other valuable consideration such as an unearned commission, discount or gratuity with a referral source in connection with the furnishing of physical therapy services. Such conduct shall include but not be limited to the following:~~

~~1. Paying a referral source to refer patients.~~

~~2. Paying a referral source compensation as a medical director when the payment is not usual and customary for the time required to perform the duties of the medical director.~~

~~3. Providing staff to a referral source without receiving compensation from the referral source consistent with fair market value for the labor provided.~~

~~(q) Forming a business, partnership, corporation, or other entity does not exempt the individual physical therapist or physical therapist assistant, whether employer, partner, or stockholder, either individually or collectively, from the obligation of promoting and maintaining legal principles.~~

~~(r)(q) Failing to report known incompetent, illegal or unprofessional conduct.~~

~~(s)(r) Engaging in sexual misconduct. Sexual misconduct, for the purpose of this section, includes but is not limited to the following:~~

- ~~1. Engaging in or soliciting sexual relationships with a patient currently under your care.~~
- ~~2. Sexually harassing patients under your care.~~

~~(t)(s) Charging unreasonable or fraudulent fees for services performed or not performed.~~

~~(u)(t) Interfering with or refusing to cooperate in an investigation or disciplinary proceeding conducted by the Board or other any governmental agency where cooperation is required.~~

Authors: Donald L. Hiltz, Anne H. Harrison, Herbert R. Caillouet, Cathy T. Sanford, Bernard Harris, Andy Gustafson, John Cormier, Jay Segal, Ron Bass, Sonja Enfinger, Mitzi Tuttle, Vince Molyneux, Eric Dekle, Mary Jolley, Wiley Christian

Statutory Authority: Code of Ala. 1975, §§3-24-191; 3-24-193.

History: Filed September 30, 1982. **Amended:** Filed: September 9, 1993; effective October 14, 1993. **Amended:** Filed December 5, 1995; effective January 9, 1996. **Amended:** Filed July 8, 1997; effective August 12, 1997. **Amended:** Filed November 18, 2009; effective December 23, 2009. **Amended:** Filed January 17, 2014; effective February 21, 2014.

700-X-3-.03 Roles And Responsibilities Of Licensees.

(1) Within the provision of physical therapy service there are three recognized levels of personnel: The physical

therapist who is licensed to practice physical therapy; the physical therapist assistant who is licensed to assist the physical therapist; and the physical therapist aide who is an unlicensed person. The physical therapist must assume primary responsibility for physical therapy care rendered under his/her supervision or direction. Both direction and supervision include, when appropriate, observation of the application of physical therapy procedures, conferences related to patient progress, verbal and written reports.

(2) Definitions.

(a) Direction means the action of the physical therapist in delegating duties to a physical therapist assistant, maintaining close communication with the physical therapist assistant, and overseeing the physical therapist assistant's activities on a frequent regularly scheduled basis.

(b) Supervision means the direct onsite overseeing of the performance of assigned or delegated duties or functions.

(c) Diagnosis for physical therapy means the identification of functional limitations and/or impairments and/or disabilities which are used to guide physical therapy treatments. It is not a medical diagnosis or the identification of a disease.

(3) Roles and Responsibilities, Specifically.

(a) Physical Therapist. The roles and responsibilities of a person licensed by this Board to practice physical therapy in the State of Alabama generally are:

1. To interpret a practitioner's referrals.
2. To perform and document the initial evaluation, as well as the physical therapy plan of care which may include:
 - (i) Diagnosis rendered by the referring or previously diagnosing health care provider
 - (ii) Diagnosis for physical therapy
 - (iii) Presenting problems

(iv) Past medical history including, but not limited to, conditions for which patient is taking medication and conditions which are currently being treated by a physician

(v) List of medications being taken by the patient

(vi) Objective findings of the physical therapy evaluation

(vii) Assessment as to what the current problem(s) is/are that require physical therapy intervention

(viii) Goals, both short-term and long-term if appropriate

(ix) Physical therapy plan of treatment including frequency and duration

3. A Physical Therapist will not be disciplined for accepting a referral from a licensed assistant to a physician acting pursuant to a valid supervisory agreement or a licensed certified registered nurse practitioner in a valid collaborative practice agreement with a licensed physician as long as the physical therapist has a reasonable good faith belief that the assistant to a physician is acting pursuant to a valid supervisory agreement or the nurse practitioner is in a valid collaborative practice agreement with a licensed physician.

4. To identify and document precautions, special problems, contraindications, anticipated progress, and plans for reevaluation.

5. To implement and supervise that program.

6. To select and delegate the appropriate portions of the treatment plan and program.

7. To delegate only those patient care duties to supportive personnel who are qualified under the provisions of these rules to perform such duties.

8. To reevaluate the patient and adjust the treatment plan, perform the final evaluation of the patient and discharge planning.

9. To designate or establish channels of written and oral communication.

10. To maintain adequate records of the case and report to appropriate sources.

11. To direct no more than four licensed physical therapist assistants at one time.

12. To refuse to carry out treatment procedures that they believe to be not in the best interest of the patient.

13. To provide supervision of physical therapist and/or physical therapist assistant students who are on clinical experiences approved by their school as part of their Commission on Accreditation of Physical Therapy Education (CAPTE) approved educational program.

(b) Physical Therapist Assistant. When using an abbreviated title, the physical therapist assistant should use the letters PTA. The roles and responsibilities of a person licensed by this Board to practice as a physical therapist assistant in the State of Alabama generally are:

1. To practice only under the direction of a physical therapist licensed to practice in the State of Alabama.

2. To assist with but not perform patient disability evaluations.

3. To perform treatment procedures as delegated by the physical therapist but not to initiate or alter a treatment plan.

4. To supervise other supportive personnel as charged by the physical therapist.

~~5. To perform clerical, housekeeping, or other tasks as designated by the physical therapist.~~

5. To notify the physical therapist of changes in patient's status, including all untoward patient responses.

6. To discontinue immediately any treatment procedures which in their judgment appear to be harmful to the patient.

7. To refuse to carry out treatment procedures that they believe to be not in the best interest of the patient.

8. To provide supervision of physical therapist assistant students who are on clinical experiences approved by their school as part of their CAPTE approved educational program.

~~(c) Physical Therapy Aide. The roles and responsibilities of physical therapy aides in physical therapy care are:~~

~~1. To perform assigned duties under the direct on-site supervision of the physical therapist or physical therapist assistant.~~

~~2. To prepare patients and area for physical therapy treatment.~~

~~3. To assist patients in dressing, removing clothing, and applying or removing assistive or supporting devices.~~

~~4. To support or stabilize patients to assist the physical therapist or physical therapist assistant.~~

~~5. To transport patients.~~

~~6. To transfer or assist in transfer of patients when appropriate.~~

~~7. To perform housekeeping duties.~~

~~8. To perform clerical or reception duties when directed by the physical therapist.~~

~~9. To assist in performance of routine treatment procedures as delegated and directly supervised (onsite) by the physical therapist or physical therapist assistant:~~

~~(i) The aide may only perform activities that do not require the clinical decision making of the physical therapist or physical therapist assistant.~~

~~10. To perform designated tasks with the following restrictions:~~

~~(i) The PT or PTA supervising the aide must reassess the patient at the beginning of each treatment session to~~

~~determine what treatment procedures are appropriate for that treatment session.~~

~~(ii) If modality treatments are to be provided, the PT or PTA supervising the aide must designate the exact location to be treated, the length of treatment, and the parameters of the modality being used.~~

~~(iii) The aide may not perform any hands-on treatment, including, but not limited to, manual resistance exercise, passive range of motion, soft tissue mobilization or joint mobilization. This does not prohibit an aide from assisting licensed personnel in handling a patient when more than one person is needed.~~

~~(iv) If exercise is to be provided, the licensee supervising the aide must be in direct line of sight.~~

~~11. An aide may perform restorative care on patients discharged from physical therapy.~~

(c) Physical Therapy Aide. The roles and responsibilities of physical therapy aides in physical therapy care are to perform patient related support duties that do not require decision making skills of a licensee.

Authors: Robert L. Shoemake, Andy Gustafson, Ron Bass, Mitzi Watson, Jay Segal, John Cormier, Vince Molyneux, Eric Dekle

Statutory Authority: Code of Ala. 1975, §§34-24-191, 34-24-193.

History: Filed September 30, 1982. **Amended:** Filed September 9, 1993; effective October 14, 1993. **Amended:** Filed December 5, 1995; effective January 9, 1996. **Amended:** Filed May 6, 1996; effective June 10, 1996. **Amended:** Filed April 19, 2010; effective May 24, 2010. **Amended:** Filed September 20, 2012; effective October 25, 2012; Operative November 2, 2012. **Amended:** Filed February 19, 2013; effective March 26, 2013. **Amended:** Filed August 26, 2014; effective September 30, 2014.

700-X-3-.04 Advertising.

(1) Statement of Policy. Advertising must be done in accordance with this rule which is designed to reasonably

facilitate the flow of accurate information and prevent false and/or misleading advertising.

(2) Certain Advertising Prohibited.

(a) The advertising is intentionally designed to mislead or deceive its intended audience.

(b) Licensees are not to compensate or give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity in a news item. A paid advertisement is to be identified as such unless it is apparent from the context that it is a paid advertisement.

(3) The following shall be deemed appropriate means advertising:

(a) Advertising any form not prohibited by paragraph 1 and 2 above.

(b) Listings in directories published by third parties which are open to all qualified members of the profession practicing in the geographic area covered by the directories. The listings may include such factual material as name, address, telephone number, office days and hours, and approved area(s) of specialty.

(c) Endeavoring to educate the public to an awareness of the physical therapy profession.

(d) Preparation of articles for nonmedical publications and participation in seminars, lectures, and civic programs designed to educate the public to the services offered by the profession.

Authors: Robert L. Shoemake, Beth Curry Dozier, Herbert R. Caillouet, Cathy T. Sanford, Sonja Farrell, Olivia J. Box

Statutory Authority: Code of Ala. 1975, §§34-24-193, 34-24-217.

History: Filed September 30, 1982. **Amended:** Filed December 14, 2001; effective January 18, 2002. **Amended:** Filed April 23, 2013; effective May 28, 2013.

(a) Licensees shall be identified as a physical therapist or physical therapist assistant in a legible manner to individuals that come in contact with them during the provisions of physical therapy services. The appropriate credentials, Physical Therapist or Physical Therapist Assistant, or the appropriate abbreviations, PT or PTA, shall be displayed on their person via proper identification. Non-licensed physical therapy support personnel shall be identified as physical therapy aide in a legible manner to individuals that come in contact with them while working under the supervision of a PT/PTA. Primary identification as a physical therapy aide may be followed by other license credentials or certifications. Proper identification includes, but is not limited to, embroidery, clip-ons, paper nametags, name badges, or other appropriate means. This rule shall be effective as of January 1, 2011.

(b) There shall at all times be prominently displayed in the place of business of each licensee under this Act a sign containing the name, mailing address, and telephone number of this Board.

(c) Students shall be identified as a physical therapist student or a physical therapist assistant student in a legible manner, when in a clinical affiliation arrangement and will be in contact with patients. This may be achieved by the student wearing the name tag given to them by the educational institution they are enrolled in or by wearing a name tag issued by the clinical institution they are assigned to. The name tag must identify them as a physical therapist student or a physical therapist assistant student.

Authors: Donald L. Hiltz, Anne H. Harrison, Herbert R. Caillouet, Danny Sutter, Bernard Harris, Andy Gustafson, Jay Segal, John Cormier, Eric Dekle, Vince Molyneux, Mitzi Tuttle, Ron Bass, Wiley Christina, Mary Jolley, Alina Adams, Dillard McGriff

Statutory Authority: Code of Ala. 1975, §34-24-193.

History: Filed September 30, 1982. **Amended:** Filed November 29, 1989. **Amended:** Filed February 6, 1997; effective March 17, 1997. **Amended:** Filed October 18, 2010; effective November 22, 2010. **Amended:** Filed May 13, 2014; effective June 17, 2014.