



STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

NOTICE OF PUBLIC MEETING

November 8, 2025 – 9:30 am

Board of Occupational Therapy
Administrative Office
6170 Mae Anne Ave., Suite 1
Reno, NV 89523

Zoom Access:

<https://us06web.zoom.us/j/88312642626?pwd=VtwqWax2SYWmkc5rGoP0RQPpDqtKg.1>

Meeting ID: 883 1264 2626

Passcode: 864527

Telephone Audio Only: **(253) 215-8782**

AGENDA

Public comment is welcomed by the Board in writing or in person. Persons wishing to provide public comments remotely may access the meeting by telephone at (253) 215-8782 or through the electronic link posted on the agenda. Public comment will be limited to five minutes per person and comments based on viewpoint will not be restricted. Public comment will be available at the beginning of the meeting and as the last item on the agenda. At the discretion of the Chairperson, additional public comment may be heard when that item is reached. The Chairperson may allow additional time to be given a speaker as time allows at his/her sole discretion. (NRS 241.020, NRS 241.030)

The State of Nevada Board of Occupational Therapy may: (a) address agenda items out of sequence, (b) combine agenda items, and (c) pull or remove items from the agenda at any time. The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of a person. (NRS 241.020, NRS 241.030) **Action** by the Board on an item may be to approve, deny, amend, or table.

1. Call to Order, Confirmation of Quorum
2. Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

3. Approval of the Minutes (for possible action)
 - September 13, 2025

4. Legislative Activities (informational)
 - Legislative Interim Report – Cartwright NV Government Affairs
5. Disciplinary Matter – Recommendation for Dismissal of Complaint (for possible action)
 - Complaint Case No. C25-06
6. Work Session regarding Dry Needling (for possible action)
7. Discussion of New and/or Revisions of Regulations (for possible action)
 - New Self Reporting of Complaint or Legal Charges
 - Revised NAC 640A.062 Temporary Licensing
8. Revised Policies and Procedures (for possible action)
 - Board Policy Manual
9. Executive Director's Report (for possible action)
 - Investment of Funds
10. Report from Deputy Attorney General (informational)
11. Board Activities & Reports from Members (for possible action)
 - 2026 Meeting and Activities Schedule
 - Recognition of Board Member Service – Philip Seitz, OTA
 - Future Agenda Items
12. Public Comment

No vote may be taken upon a matter raised during a period devoted to public comment until the matter itself has been specifically included on an agenda as an item upon which action may be taken. (NRS 241.020)

13. Adjournment (for possible action)

Prior to the commencement and conclusion of a contested case or a quasi-judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. (NRS 233B.126)

Notice: Persons with disabilities who require special accommodations or assistance at the meeting should contact the Board office at (775) 746-4101; or fax (775) 746-4105 no later than 48 hours prior to the meeting. Requests for special accommodations made after this time frame cannot be guaranteed.

This meeting has been posted at the Board of Occupational Therapy Administrative Office, 6170 Mae Anne Ave., Reno, NV 89523, on the Board of Occupational Therapy website www.nvot.org; and may also be accessed at the following websites: <https://notice.nv.gov/> - State of Nevada Public Notices

This agenda has been sent to all members of the State of Nevada Board of Occupational Therapy and other interested persons who have requested an agenda from the Board. Persons who wish to continue to receive an agenda and notice must request so in writing on an annual basis.

Supporting materials relating to this public meeting of the Board of Occupational Therapy are available on the Board website www.nvot.org or by contacting the Board office at (775) 746-4101 or email board@nvot.org

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AGENDA ITEM 3: Approval of Minutes

The minutes of the meeting of September 13, 2025 of the State Board of Occupational Therapy are presented for approval.

Minutes have not yet been approved and are subject to revision at the next meeting.



STATE OF NEVADA BOARD OF OCCUPATIONAL THERAPY

SUMMARY MINUTES PUBLIC BOARD MEETING September 13, 2025

Members Present: Christopher Liebl, Philip Seitz, Jocelyn Pereira, Chelsea Gonzalez, Scott Oakley

Members Absent: None

Staff Present: Heather Hartley, Executive Director
Stacey Whittaker, Director of Licensing & Operations
Henna Rasul, Senior Deputy Attorney General

Public Present: Norman Beckwood, Lea Cartwright, Matt Olivier, Deanna Yates

Call to Order, Confirmation of Quorum

Chair Liebl called the Board meeting to order at 9:35 am. A roll call confirmed a quorum was present.

Public Comment

Chair Liebl called for public comments, there were none.

Approval of Minutes

Chelsea Gonzalez made the motion, seconded by Jocelyn Pereira, to approve the minutes of the meeting of July 19, 2025. The motion passed.

Legislative Activities

Lea Cartwright of Cartwright Nevada Government Affairs provided both a written and verbal Legislative Report. The report provided an update on legislative activities and bills that may have potential impact on the Board of Occupational Therapy. Further discussion centered on the State's cyberattack, a possible special session of the legislature, an election season update, and the Governor's plans for re-election. The Board members did not have any additional questions or comments.

Criminal History Petition-Predetermination of Eligibility for Licensure, Norman Beckwood OT

Executive Director Hartley introduced the petition to the Board Members including applicable Board Policies and supplemental documents provided with the request. Mr. Beckwood has submitted a predetermination request for eligibility for licensure to the Board for review pertaining to prior criminal history. In January of 2023, Mr. Beckwood pled guilty to one count of Conspiracy to Commit Wire Fraud. Documentation and details surrounding the conviction were provided in the Board Packet. Mr. Beckwood was in attendance and available for questions from the Board.

Minutes have not yet been approved and are subject to revision at the next meeting.

The Board deliberated extensively on the matter. Concerns from all members indicated that the conviction was too recent and against current Board Policies regarding Moral Character Determinations within the last ten years. Additionally, the National Board for Certification has yet to make a determination of eligibility for Mr. Beckwood. NBCOT certification is a licensure requirement in Nevada and would be required at time of initial application.

The Board discussed further concerns, particularly with billing for services with a criminal conviction, the risk of starting his own business as a licensed practitioner (without oversight), and the fact that most employers will conduct a background check. The Board unanimously agreed that if Mr. Beckwood obtains his board certification through NBCOT, they would consider bringing this back before the Board after a minimum of five years.

Vice Chair Seitz made the motion, seconded by Jocelyn Pereira to deny the predetermination for licensure for Norman Beckwood, OT. The motion passed.

Revised Policies and Procedures

Executive Director Hartley presented Board Policy Manual revisions to the Co-Locating/Cost Sharing Policy 06:034, adding the State of Nevada Board of Examiners for Long Term Care Administrators.

Board Policy 08:01, to Petition for Review of Criminal History was also amended to cite NRS622.085. Chelsea Gonzalez made the motion, seconded by Vice Chair Seitz, to approve the Board Policy revisions as presented. The motion passed.

Executive Director's Report

Executive Director Hartley provided a report on Investment Funds and Office Operations and Activities including licensure statistics as of August 31, 2025. Further discussion was presented on the Department of Business and Industry, NOTA Advocacy Meeting, Numbers Inc. contract amendment, and an update on current complaints. There were no questions or comments.

Report from Deputy Attorney General

Henna Rasul, Senior Deputy Attorney General, had no report.

Board Activities & Reports from Members

Executive Director Hartley stated that the next Board meeting will be held on November 8, 2025, with emphasis on NAC review and investment accounts. Ms. Hartley noted that she is currently working with the Governor's Office on filling Phil Seitz' Board member seat that will term out in December 2025.

The Board discussed the 2026 meeting calendar. Chelsea Gonzalez made the motion, seconded by Jocelyn Pereira, to hold Board meetings on January 24, 2026, and March 14, 2026. The motion passed.

Public Comment

Chair Liebl opened the floor for public comments. Matt Olivier, OT thanked Executive Director Hartley for the collaboration and for attending NOTA's Advocacy Action Committee Meeting on September 3rd. There were no further comments.

Adjournment – Chair Liebl adjourned the meeting at 10:36 am.

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AGENDA ITEM 4: Legislative Interim Report

Legislative Report

Lea Cartwright of Cartwright NV Government Affairs will provide an update on Legislative activities including Interim Committee meetings and 2025 Election activities.

Attachment

Written Legislative Report

Nevada State Board of Occupational Therapy

Legislative Report – October 29th, 2025

Submitted by Cartwright NV Government Affairs

Governor's Actions

Governor Lombardo [announced in October](#) that he plans to call a special session in the next few months, “to finish what the Legislature left unfinished.” While the announcement was vague, it did give Douglas, Lyon, and Clark counties the authority they needed to replace Assemblymembers Ken Gray and Toby Yurek with county appointments. Blayne Osborn was appointed in October to replace Gray, and Jason Patchett is expected to be appointed to replace Yurek. There are only rumors for now on what will be addressed in the special session including the Governor's healthcare bill, his crime bill, the film tax bill, or other revenue moves to help fill funding gaps.

Five weeks into the government shutdown, Nevada's legislature has had to supplement WIC funds with state emergency and disaster funding. SNAP, or food stamp funds, cannot be replaced by states. Nevada's Democratic federal delegation is [publicly calling on Lombardo](#) to do more to fill food gaps. His office announced Monday that they would appropriate \$38 million to local food banks, but Representative Susie Lee came out on October 28th claiming it would take \$270 million to fill the hole left by SNAP for one month. The Interim Finance Committee will hold an emergency meeting on October 30th to allocate the \$38 million, approved by the Board of Examiners, to the state's two food banks.

Elections:

While candidates do not need to officially file until March 2026, several major shifts have already occurred since the 2025 legislative session. All 42 assembly seats and about half the senate will be on the ballot in November 2026. Here are some of the updates we've learned so far:

- Former DMV Director Julie Butler will run for the seat left vacant by P.K. O'Neill's retirement. Two Republicans have already announced (Woodbury and Ribar).
- At least eight assemblymembers are expected not to run again, including Yeager, Jauregui, Monroe-Moreno, Dalia, Gray, Yurek, O'Neill, and Kasama
- Jauregui has announced her intent to run for Lt. Governor
- Dalia announced his intent to run for treasurer

Candidates will not officially file until March, though a handful have already announced their intent to run for AD1 (vacant), AD40 (vacant), and AD41 (vacant).

Legislative Interim Activity:

The Interim Finance Committee met on October 16th, beginning with a dozen people giving public comments to oppose the film tax bill rumored to return in the special session. The committee is growing concerned about ARPA funding, which must be spent or returned to the federal government by the end of 2026. Additionally, the Office of Cybersecurity faced a number of questions, many of which they couldn't answer yet, about the cyberattack. They plan to produce an after-action report, and staff were praised for their long hours. The Office of the Chief Information Officer testified that no private citizen data was taken. Two million dollars in federal funds and \$263,000 in private hospital provider tax for improved reporting from the Nevada Health Authority was approved without discussion.

The Legislative Commission met on October 28th to approve agency regulations. Legislators expressed concern for any agency who had state regulations tied to federal laws, with the ever-fluid landscape of federal policy recently. The commission approved the budget for interim committees, allowing them to begin meeting by November 1 if desired. Committee membership for the interim committees is attached to this report.

Public Meetings:

Several state boards, including the Board of Osteopathic Medicine and the Speech-Language Pathology Board, have met to discuss the proposed regulations from Business and Industry, [R074-251](#). Business and Industry did have a meeting scheduled for October to discuss their new proposed regulation, but it was tentatively postponed to Nov. 25.

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AGENDA ITEM 5: Disciplinary Matter

Recommendation for Dismissal - Complaint Case No. C25-06

After review of all documentation received regarding the above referenced complaint, it has been determined that there is insufficient evidence to file a formal complaint for hearing before the Board and the facts set forth in the accusations are insufficient to establish a violation of Chapter 640A of the Nevada Revised Statutes or the Nevada Administrative Code.

Case No. C25-06 alleging unprofessional conduct, and violation of the Code of Ethics and Standards of Practice.

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AGENDA ITEM 6: Work Session - Dry Needling

Potential Legislative Items - Requires a bill to be approved by the Nevada Legislature

- Dry Needling

The Legislative Counsel Bureau has determined that specific authority must be granted in law, Nevada Revised Statute, authorizing dry needling in scope of practice. The Board issued a dry needling advisory in 2019 based upon the LCB determination. The Board of Athletic Trainers and the Board of Physical Therapy introduced legislation in 2019, SB 186, which was approved by the legislature. Similar legislation would be required of the Board of Occupational Therapy in order to authorize dry needling to the OT scope of practice.

Provided for information is SB 186 and the regulations implementing dry needling for the AT and PT Boards.

Action Item- Does the Board wish to pursue potential legislation for the 2027 Legislative Session regarding adding dry needling to the OT scope of practice in Nevada?

Attachments

Board of Occupational Therapy Dry Needling Advisory Notice
AOTA State Licensing Entity Actions on Dry Needling
SB 186

NV Athletic Trainers Dry Needling Statutes and Adopted Regulation R053-19
NV Physical Therapy Board Revised Adopted Regulation R054-19



Joe Lombardo
Governor

STATE OF NEVADA
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Heather Hartley
Executive Director

ADVISORY NOTICE

Occupational Therapy Scope of Practice Dry Needling

The provision of Dry Needling IS NOT authorized as being within the Scope of Practice of Occupational Therapy in Nevada.

The Nevada Legislative Counsel Bureau, in response to an inquiry by Senator Parks, regarding whether dry needling was within the scope of practice of physical therapy, issued an opinion regarding dry needling in the State of Nevada. Pertinent sections of that opinion reads in part:

“After thoroughly examining all the relevant statutory provisions in NRS Title 54, and after interpreting those statutory provisions in a manner that best promotes the protective public policy of NRS Title 54 and best carries out the intent of the Legislature to safeguard the public from potential societal harms, we believe that the practice of dry needling is a healing art encompassed within the scope of practice of: (1) physicians practicing medicine under NRS Chapter 630; (2) osteopathic physicians practicing osteopathic medicine under NRS Chapter 633; (3) homeopathic physicians practicing neural therapy under NRS Chapter 630A; and (4) doctors of Oriental medicine practicing acupuncture under NRS Chapter 634A.”

“In order for licensed physical therapists to practice dry needling in Nevada, it is the opinion of this office that the Legislature would need to change Nevada's existing laws by enacting clear statutory authority allowing licensed physical therapists to practice dry needling in Nevada.”

At the 2019 Legislative Session, the Nevada Legislature passed SB 186 which created clear statutory authority for Physical Therapists and Athletic Trainers to perform dry needling with the appropriate training as established through regulation.

Occupational Therapists are NOT authorized to perform dry needling until such time as statutory authority is granted by the Nevada Legislature.

August 10, 2019

Dry Needling Licensing Entity Actions

State	Action
Alabama	
Alaska	
Arizona	
Arkansas	
California	<p>Minutes of the Board's May 2-3, 2024 meeting state the following:</p> <p>Mr. Bookwalter [Board chair] added that if a consumer asked Board staff if dry needling was within the scope of occupational therapy, staff would respond that the Board does not have clear statutory authority to practice dry needling and clear statutory authority would be required in California.</p>
Colorado	<p>In May, 2024, the OT Association of Colorado received the following statement from DORA regarding dry needling and posted it on the OTAC facebook page:</p> <p>"OT's in Colorado are not permitted by statute or rule to perform dry needling, a modality that presents unique risks and requires specific training.</p> <p>In contrast, both physical therapists and chiropractors have explicit authorizations in statute to puncture skin with needles, and both have rules specific to dry needling that require additional training and signed client consent forms to perform the modality.</p> <p>Remember that the Department of Regulatory Agencies is an executive branch agency and acts to enforce laws made by the Colorado General Assembly."</p>
Connecticut	<p>CT Medical Assistance Program Provider Bulletin 2022-50</p> <p>Effective for dates of service July 1, 2022 moving forward, DSS added CPT codes 20560 and 20561 to the Independent PT and OT fee schedule. Providers are eligible if the services are consistent with the Dept. of Public Health practitioner's scope of practice requirements. If dry needling is not within the scope of practice, the service should not be billed to CMAP.</p>
Delaware	
District of Columbia	<p>During a Board meeting in September, 2019, after discussion, the Board agreed that though not specified in the OT regulations, OTs who have advanced training or certification in dry needling would be allowed to practice it.</p>
Florida	<p>On June 1, 2023, The OT Board responded to a Petition for Declaratory Statement filed by Sharon Rosenberg, citing the Board's existing regulations on electrical stimulation devices, ultrasound devices, and neurofeedback device, and asking for "guidance as to whether she can perform/receive reimbursement for taking CE courses and becoming certified in the modality of dry needling." The Board ruled that dry needling is "not a statutorily accepted prescription device" and would therefore "be outside the scope of Occupational Therapy."</p>
Georgia	<p>Position Statement on Dry needling posted on Board website in April, 2024: https://sos.ga.gov/sites/default/files/2024-04/Dry%20Needling%20Position%20Statement.pdf</p> <p style="text-align: center;">POSITION STATEMENT ON DRY NEEDLING</p> <p>The American Occupational Therapy Association (AOTA) notified each agency/board responsible for licensing occupational therapists (OTs) and occupational therapy assistants (OTAs) of their intent to propose an Adjunctive & Preparatory Techniques policy asserting that dry needling is an adjunctive and preparatory technique. The policy further stipulates that adjunctive and preparatory techniques, to include but not limited to dry needling, can be utilized by OTs and OTAs who possess the advanced training or certification to do so and who operate in accordance with local and state policies, rules, and regulations.</p>

State	Action
	<p>As a result of AOTA's proposed policy, the increase in courses offering dry needling certification to OTs and OTAs, and the national conversation surrounding the practice of dry needling by licensed OTs and OTAs, the Georgia State Board of Occupational Therapy has noted a substantial increase in the number of inquiries involving the legalities of the practice of dry needling by Georgia licensed occupational therapists and occupational therapy assistants. In response, the Board requested counsel to conduct a review of the laws governing the practice of occupational therapy and other professions within the State of Georgia to determine if any statutory authority exists to allow the practice of dry needling by the persons licensed under the Georgia Occupational Therapy Practice Act.</p> <p>After careful consideration of the statutory review, it has been determined that dry needling is not statutorily authorized in the Occupational Therapy Practice Act and is therefore not within the scope of occupational therapy within the State of Georgia. A legislative change to the Occupational Therapy Practice Act would be necessary to permit the practice of dry needling by OTs and OTAs in this state.</p> <p>The Georgia State Board of Occupational Therapy is not eligible to present a Bill to the Georgia General Assembly for consideration; however, the Board may consider any amendments proposed by other persons as well as any public comments relative to the proposals and release a position statement if warranted. The Board will distribute a copy of this statement to AOTA and Georgia Occupational Therapy Association (GOTA) and post a copy on the Board website for the public to review.</p> <p>Members of the public who are interested in identifying whether a Bill has been proposed to the legislature to amend the Occupational Therapy Practice Act are encouraged to visit the Georgia General Assembly website at https://www.legis.ga.gov/search to conduct a search using the keywords feature.</p>
Guam	
Hawaii	
Idaho	
Illinois	<p><u>Statute: 225 ILCS 75/2. Definitions.</u></p> <p>(7) "Occupational therapy services" means services that may be provided to individuals, groups, and populations, when provided to treat an occupational therapy need, including the following:</p> <ul style="list-style-type: none"> (a) evaluating, developing, improving, sustaining, or, restoring skills in activities of daily living, work, or productive activities, including instrumental activities of daily living and play and leisure activities; (b) evaluating, developing, remediating, or restoring, sensorimotor, cognitive, or psychosocial components of performance with considerations for cultural context and activity demands that affect performance; (c) designing, fabricating, applying, or training in, the use of assistive technology, adaptive devices, seating and positioning, or temporary, orthoses and training in the use of orthoses and prostheses; (d) adapting environments and processes, including, the application of ergonomic principles, to enhance performance and safety in daily life roles; (e) for the occupational therapist or occupational, therapy assistant possessing advanced training, skill, and competency as demonstrated through criteria that shall be determined by the Department, applying physical agent modalities, including dry needling, as an adjunct to or in preparation for engagement in occupations; (f) evaluating and providing intervention in, collaboration with the client, family, caregiver, or others; (g) educating the client, family, caregiver, or, others in carrying out appropriate nonskilled interventions; (h) consulting with groups, programs, organizations, or communities to provide population-based services; (i) assessing, recommending, and training in, techniques to enhance functional mobility, including wheelchair management;

State	Action
	<p>(j) driver rehabilitation and community, mobility; (k) management of feeding, eating, and, swallowing to enable or enhance performance of these tasks; (l) low vision rehabilitation; (m) lymphedema and wound care management; (n) pain management; and (o) care coordination, case management, and, transition services.</p> <p>Statute: 225 ILCS 75/3.7 Use of dry needling.</p> <p>(a) For the purpose of this Act, "dry needling", also known as intramuscular therapy, means an advanced needling, skill or technique limited to the treatment of myofascial pain, using a single use, single insertion, sterile filiform needle (without the use of heat, cold, or any other added modality or medication), that is inserted into the skin or underlying tissues to stimulate trigger points. Dry needling may apply theory based only upon Western medical concepts, requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. "Dry needling" does not include the teaching or application of acupuncture described by the stimulation of auricular points, utilization of distal points or non-local points, needle retention, application of retained electric stimulation leads, or other acupuncture theory.</p> <p>(b) An occupational therapist or occupational therapy assistant licensed under this Act may only perform dry needling after completion of requirements, as determined by the Department by rule, that meet or exceed the following:</p> <ul style="list-style-type: none"> (1) 50 hours of instructional courses that include, but are not limited to, studies in the musculoskeletal and neuromuscular system, the anatomical basis of pain mechanisms, chronic pain, and referred pain, myofascial trigger point theory, and universal precautions; (2) completion of at least 30 hours of didactic course work specific to dry needling; (3) successful completion of at least 54 practicum hours in dry needling (4) completion of at least 200 supervised patient treatment sessions; and (5) successful completion of a competency examination. Dry needling shall only be performed by a licensed occupational therapist or licensed occupational therapy assistant upon referral. <p>Regulation: Illinois Administrative Code Title 68, Chapter VII, Subchapter b, Section 1315.162. Modalities in Occupational Therapy</p> <p>Occupational therapy services include the use of physical agent modalities for occupational therapists and occupational therapy assistants who have the training, skill and competency to apply these modalities.</p> <p>a) Physical agent modalities:</p> <ol style="list-style-type: none"> 1) refer to those modalities that produce a response in soft tissue through the use of light, water, temperature, sound, or electricity; 2) are characterized as adjunctive methods used in conjunction with or in immediate preparation for: patient involvement in purposeful activity; the use of ergonomic principles; the adaptation of environments and processes to enhance functional performance; or the promotion of health and wellness; and 3) include but are not limited to the following: <ol style="list-style-type: none"> A) modalities using electricity. These would cover pain control, edema reduction, and muscle reeducation. Examples include, but are not limited to, biofeedback, neuromuscular electrical stimulation/functional electrical stimulation (NMES/FES), transcutaneous electrical nerve stimulation (TENS), high volt pulsed stimulation (HVPS), interferential, and iontophoresis; B) thermal modalities, including superficial and deep heat and cryotherapy. Examples include, but are not limited to, hot and cold packs, ice massage, fluidotherapy, warm whirlpool, cool whirlpool, ultrasound, phonophoresis, paraffin and contrast baths, and lasers;

State	Action
	<p>C) modalities using mechanical forces including touch, pressure, traction, stretch, stroke, petrissage, friction, vibration, oscillating and/or translating in different vectors/planes. Examples include, but are not limited to, soft tissue mobilization such as manual lymph drainage, elastic taping application, joint mobilization and tool assisted fascial remodeling such as assisted soft tissue mobilization (ASYM), dynamic cupping or pneumatic compression;</p> <p>D) dry needling/Intramuscular Manual Therapy.</p> <p>d) The training required for the use of dry needling/intramuscular manual therapy under Section 3.7 of the Act must include:</p> <ol style="list-style-type: none"> 1) Successful completion of 50 hours of college-level instruction from an accredited program approved by the Division in the following areas: <ol style="list-style-type: none"> A) the musculoskeletal and neuromuscular system; B) the anatomical basis of pain mechanisms, chronic pain and referred pain; C) myofascial trigger point theory; and D) universal precautions. 2) Completion of at least 30 hours of didactic course work specific to intramuscular manual therapy. This requirement can be fulfilled, regardless of delivery method, by the didactic pre-study required for the intramuscular manual therapy practicum course. This may include, but is not limited to, distance learning such as web-based courses or webinars, required textbook assignments and pre-course work. 3) Practicum Hours. <ol style="list-style-type: none"> A) Successful completion of at least 54 practicum hours in intramuscular manual therapy offered through an approved CE sponsor as defined in Section 1315.145. Each instructional course shall specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in intramuscular manual therapy. Each instruction course shall include the following areas: <ol style="list-style-type: none"> i) intramuscular manual therapy technique; ii) intramuscular manual therapy indications and contraindications; iii) documentation of intramuscular manual therapy; iv) management of adverse effects; v) practical psychomotor competency; and vi) the Occupational Safety and Health Administrations Bloodborne Pathogens standard. B) Classes qualifying for completion of the mandated 54 hours of intramuscular manual therapy shall be in one or more modules, with the initial module being no fewer than 27 hours. The 54 practicum hours must be completed within 24 months after the start of study. 4) Completion of at least 200 patient treatment sessions. <ol style="list-style-type: none"> A) Occupational therapists must complete the treatment sessions under general supervision by a medical professional who has previously fulfilled the necessary dry needling/intramuscular manual therapy credentials. B) Occupational therapy assistants must complete the treatment sessions under direct line of sight supervision by a licensed occupational therapist who has previously met the requirements for dry needling/intramuscular manual therapy credentials. 5) Successful completion of a competency examination approved by the Division. The Division will accept competency examinations administered as part of the intramuscular manual therapy practicum course work. 6) Each licensee is responsible for maintaining records of the completion of the requirements of this subsection (a) and shall be prepared to produce those records upon request by the Division. 7) Intramuscular manual therapy may be performed by a licensed occupational therapist and only be delegated to a licensed occupational therapy assistant that has met the requirements of this subsection (d) and is supervised by a licensed occupational

State	Action
	<p>therapist who has met the requirements of this subsection (d) and maintains direct line of sight observation and supervision of the occupational therapy assistant at all times while the treatment is rendered.</p> <p>8) An occupational therapist or occupational therapy assistant shall not advertise, describe to patients or the public, or otherwise represent that dry needling/intramuscular manual therapy is acupuncture, nor shall he or she represent that he or she practices acupuncture unless separately licensed under the Acupuncture Practice Act [225 ILCS 2].</p> <p>e) Nothing in this Section shall be construed as preventing or restricting the practices, services or activities of any person licensed in this State by any other law or occupation for which the person is licensed.</p>
Indiana	
Iowa	<p>From the Board, 2022:</p> <p>It is the current consensus of the Board that dry needling does not appear to be prohibited by the law or administrative rules. However, dry needling is an advanced skill that requires additional training beyond entry-level education and should only be performed by OTs who have completed additional education and demonstrated knowledge, skill, ability and competency in the performance of the procedure. If the Board determines that an OT is performing dry needling outside their training or expertise it could result in the licensee being disciplined by the Board. The Board has not issued an official opinion or policy statement on the performance of dry needling by Iowa licensed OTs. The Board will continue to evaluate information regarding this issue as it becomes available.</p>
Kansas	
Kentucky	
Louisiana	<p><u>Regulation:</u> Louisiana Administrative Code Title 46, Part XLV, Subpart 2. Occupational Therapists and Occupational Therapy Assistants</p> <p>§1903. Definitions.</p> <p>A. As used in this Chapter the following terms shall have the meanings specified.</p> <p><i>Dry Needling</i>—a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular, and connective tissues for the management of neuromusculoskeletal conditions, pain, and movement impairments.</p> <p><i>Occupational Therapy</i>—the therapeutic use of everyday life occupations with persons, groups, or populations (clients) to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and diagnose occupational challenges (e.g., issues with client factors, performance patterns, and performance skills). Occupational therapy interventions may include occupations and activities, interventions to support occupation (including but not limited to physical agent modalities), education and training, advocacy, group, and virtual interventions. Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision engagement of in skilled services and everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in people with, or at risk of experiencing, a range of developmental, physical, and mental health disorders.</p> <p><i>Occupational Therapy Assistant</i>—a practitioner who is licensed to deliver occupational therapy services in the practice of occupational therapy under the supervision of, and in partnership with an occupational therapist licensed under this chapter. Under the appropriate level of supervision of an occupational therapist, an occupational therapy assistant may perform all interventions stated in the definition of occupational therapy, including physical agent modalities, with the exception of dry needling.</p>

State	Action
	<p><i>Physical Agent Modalities</i>—those modalities that produce a response in soft tissue through the use of mechanical devices, light, water, temperature, sound, or electricity. Physical agent modalities are characterized as adjunctive methods used in conjunction with or in immediate preparation involvement in purposeful activity.</p> <p>Regulation: Louisiana Administrative Code Title 46, Part XLV, Subpart 3. Occupational Therapists and Occupational Therapy Assistants.</p> <p>§4930. Dry Needling.</p> <p>A. Dry Needling is a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular, and connective tissues for the management of neuromusculoskeletal conditions, pain, and movement impairments. As with all other physical agent modalities in occupational therapy, dry needling is to be utilized in the therapeutic process to ultimately achieve improved function and therefore must not be applied as a stand-alone treatment.</p> <ol style="list-style-type: none"> 1. In order to perform dry needling, an occupational therapist must obtain all of the educational instruction described in Paragraphs (2)(a) and (2)(b) herein. The majority of the educational instruction must be obtained in person, allowing for self-study and partial online instruction. 2. Mandatory Training. Before performing dry needling to the upper limb, a practitioner must complete educational requirements in each of the following areas: <ol style="list-style-type: none"> a. Instruction in each of the four areas listed herein, from a LOTA, AOTA or NBCOT approved continuing education provider: <ol style="list-style-type: none"> i. systems; ii. musculoskeletal and neuromuscular anatomical basis of pain mechanisms, chronic pain, and referred pain; iii. trigger points; and iv. universal precautions. b. A minimum of 24 hours of dry needling instruction must include specific instruction on the upper limb defined as hand, wrist, elbow, and shoulder girdle. <ol style="list-style-type: none"> i. The 24 hours must include instruction in each of the following six areas: <ol style="list-style-type: none"> (a). dry needling technique; (b). dry contraindications; needling indications and (c). documentation of dry needling; (d). management of adverse effects; (e). practical competency; and psychomotor (f). Occupational Safety and Health Administration's Bloodborne Protocol. Pathogens 3. Each instructional course shall also specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling; contain a practical examination and a written examination with a passing score; include an anatomical review for safety and effectiveness, and evidence-based instructions on the theory of dry needling. 4. Advanced dry needling (i.e., craniofacial, spine, abdominal, etc.,) will require more advanced training than the minimum requirements outlined above. It is the responsibility of each occupational therapist to acquire specialty certification through additional training beyond the minimum requirements. 5. Any occupational therapist who obtained the requisite hours of instruction to meet another state's requirements for dry needling must provide the documentation to the LSBME that demonstrates compliance with Louisiana's minimum instructional requirements as outlined in Paragraphs 2(a), (b), and (c).

State	Action
	<p>6. Dry needling may only be performed by a licensed occupational therapist and may not be delegated to an occupational therapy assistant or support personnel.</p> <p>7. Dry needling may only be performed with an order from a physician or otherwise authorized prescriber or provider for dry needling.</p> <p>8. An occupational therapist practicing dry needling must supply written documentation, upon request by the board, that substantiates appropriate training as required by this Rule.</p> <p>9. An occupational therapist performing dry needling in their practice must have informed consent for each patient that is maintained in the patient's chart/medical record. The patient must sign an informed consent form created by the therapist. The consent form must, at a minimum, clearly state the following information:</p> <ul style="list-style-type: none"> a. risks and benefits of dry needling; b. the occupational therapist's level of education and training in dry needling; and c. potential side effects of dry needling. <p>10. When dry needling is performed, the occupational therapist must document in the patient's daily encounter/procedure note. The note shall indicate how the patient tolerated the intervention as well as the outcome of the intervention, including any reactions/events that occurred, if any. adverse</p> <p>11. When dry needling is performed, the clinic or facility must have a written plan in place for management of major complications in a prompt and effective manner.</p> <p>12. Practicing dry needling without compliance with this requirement constitutes unprofessional conduct and subjects a licensee to appropriate discipline by the Board and its agents.</p>
Maine	
Maryland	<p><u>Regulation: COMAR 10.46.09 Dry Needling</u></p> <p>.01 Scope. This chapter establishes standards for the provision of dry needling as an intervention performed by occupational therapists who are certified hand therapists (CHTs).</p> <p>.02 Definitions.</p> <p>A. In this chapter, the following terms have the meanings indicated.</p> <p>B. Terms Defined.</p> <p>(1) "Board" means the Maryland Board of Occupational Therapy Practice.</p> <p>(2) "Dry needling" means a physical agent modality as defined in COMAR 10.46.06.03, also known as intramuscular manual therapy, that:</p> <ul style="list-style-type: none"> (a) Involves the insertion of one or more solid needles, a mechanical device, into the muscle and related tissues to effect change in muscle and related tissues of the hand, wrist, elbow, and shoulder; (b) Requires ongoing evaluation, assessment, and re-evaluation of the impairments; (c) Is only utilized in parts of the body with neuromuscular or musculoskeletal links to the impairments; and (d) Is not performed for: <ul style="list-style-type: none"> (i) The purposes of acupuncture and East Asian medicine as defined in Health Occupations Article, §1A-101, Annotated Code of Maryland; or (ii) Any purpose outside the scope of occupational therapy. <p>.03 Minimum Education and Training Necessary to Perform Dry Needling.</p>

State	Action
	<p>A. In order to perform dry needling, an occupational therapist shall be a certified hand therapist in good standing, in addition to having completed at least 52 total hours of further instruction, which includes:</p> <p>(1) A total of at least 27 hours of instruction in the following dry-needling-specific course content areas:</p> <ul style="list-style-type: none"> (a) Theory and application of dry needling to the hand, wrist, elbow, and shoulder; (b) Dry needling technique to the hand, wrist, elbow, and shoulder; (c) Dry needling indications and contraindications; (d) Infection control, the Occupational Safety and Health Administration's Bloodborne Pathogen Protocol, and safe handling of needles; (e) Emergency preparedness and response procedures related to complications associated with dry needling; and (f) Appropriate documentation of dry needling; and <p>(2) At least 25 hours of practical, hands-on instruction in the application and technique of dry needling, under the supervision of a licensed health care practitioner competent in dry needling procedures who has:</p> <ul style="list-style-type: none"> (a) Completed the requisite course work under §A(1) of this regulation; and (b) Practiced dry needling for at least 5 years. <p>B. The instruction required under §A(1) of this regulation shall be provided by a continuing education course approved by the Board.</p> <p>C. All instruction required under this regulation shall include an assessment of competency.</p> <p>D. The instruction required under §A(1) of this regulation shall be offered:</p> <ul style="list-style-type: none"> (1) In person at a face-to-face session; or (2) In real time through electronic means that allow for simultaneous interaction between the instructor and the participants. <p>E. An occupational therapist may not fulfill any portion of the practical, hands-on instruction required under §A(2) of this regulation with online or distance learning.</p> <p>F. An occupational therapist shall have practiced occupational therapy for at least 2 years, in addition to having been certified as a hand therapist, before performing dry needling in the State.</p> <p>G. Registration.</p> <ul style="list-style-type: none"> (1) An occupational therapist shall be registered with the Board as having the appropriate education and training required by this regulation to be approved to practice dry needling. (2) In order to be registered to practice dry needling, an occupational therapist shall submit a completed application on a form supplied by the Board with proof of the hand therapist certification. (3) In order to continue to practice dry needling, an approved occupational therapist shall submit proof of their certified hand therapy recertification. <p>H. An occupational therapist who practices dry needling without the education and training required by this regulation shall be subject to discipline pursuant to COMAR 10.46.07.</p> <p>.04 Standards of Practice in Performing Dry Needling.</p> <p>A. An occupational therapist shall:</p> <ul style="list-style-type: none"> (1) Fully explain dry needling to the patient in advance of treatment; and (2) Obtain written informed consent specific to dry needling that shall be included in the patient's medical record. <p>B. An occupational therapist shall perform dry needling to the hand, wrist, elbow, and shoulder in a manner consistent with standards set forth in the Maryland Occupational Safety and Health Act, Labor and Employment Article, Title 5, Annotated Code of Maryland.</p> <p>C. An occupational therapist shall document the provision of dry needling services in accordance with the documentation requirements set forth under COMAR 10.46.01.03.</p>

State	Action
	<p>D. An occupational therapist who practices dry needling in a manner inconsistent with the standards of practice enumerated in this regulation shall be subject to discipline pursuant to COMAR 10.46.07.</p> <p>E. Dry needling is not within the scope of practice of limited occupational therapy and shall only be performed by a licensed occupational therapist with a hand therapy certification.</p>
Massachusetts	
Michigan	
Minnesota	
Mississippi	<p>Regulation: Rule 8.2.3 Definitions.</p> <p>The following terms shall have the meaning set forth below, unless the context otherwise requires:</p> <p>16. Dry needling shall mean a physical agent modality that aims to restore and/or optimize the neuro-muscular-skeletal systems. Dry needling involves the use and insertion of solid filiform needles for the treatment of musculoskeletal pain and soft tissue dysfunction by increased blood flow, decreased banding, decreased spontaneous electrical activity, biomechanical and central nervous system changes.</p>
	<p>Rule 8.2.4 Requirements to perform dry needling.</p> <p>As with all other physical agent modalities in occupational therapy, dry needling is to be utilized in the therapeutic process in order to ultimately achieve improved function and therefore not to be applied as a stand-alone treatment. Dry needling does not include the stimulation of auricular or distal points. Dry needling is not part of an occupational therapist's academic or clinical preparation for entry-level practice; therefore, this rule establishes the minimum standards required for an occupational therapist to be deemed competent to perform dry needling.</p> <p>1. Dry needling shall be performed only by an occupational therapist who is competent by education and training to perform dry needling as specified in this regulation. Online/virtual/remote study and/or self-study for dry needling instruction shall not be considered appropriate training.</p> <p>2. An occupational therapist must meet the following requirements in order to be deemed competent to perform dry needling:</p> <ul style="list-style-type: none"> a. A minimum of 3 years clinical experience as a licensed occupational therapist b. Documented successful completion of dry needling course(s) of study approved by the Department that includes: <ul style="list-style-type: none"> (i) A minimum of 50 hours face-to-face instruction; an online study is not allowed. Advanced dry needling (i.e., craniofacial, spine, abdominal, etc...) will require more advanced training than the minimum requirements. It is the responsibility of each occupational therapist to acquire specialty certification through additional training beyond the minimum requirements. (ii) Each course shall specify which anatomical regions/structures are included in the certification and whether the instruction was introductory or advanced concepts in dry needling (iii) Every course instructor must be a licensed healthcare provider and have a minimum of two years of experience performing dry needling (iv) A practical examination and a written examination with a passing score (v) Anatomical review for safety and effectiveness (vi) Indications and contraindications for dry needling (vii) Management of adverse effects (viii) Evidence-based instructions on the theory of dry needling (ix) Sterile needle procedures which shall include the standards of the U.S. centers for disease control or the U.S. occupational safety and health administration

State	Action
	<p>c. An occupational therapist performing dry needling in his/her practice must have written informed consent for each patient that is maintained in the patient's chart/medical record. The patient must sign and receive a copy of an informed consent form created by the therapist. The consent form must, at a minimum, clearly state the following information:</p> <ul style="list-style-type: none"> (i) Risks and benefits of dry needling (ii) The occupational therapist's level of education and training in dry needling (iii) The occupational therapist will not dry needle any auricular or points distal to the identified treatment area. <p>3. Each licensed occupational therapist performing dry needling must have a written physician's order for dry needling or receive verbal authorization from the patient's physician approving dry needling that is documented in the patient's chart/medical record.</p> <p>4. When dry needling is performed, the occupational therapist must document in the patient's daily/encounter/procedure note. The note shall indicate how the patient tolerated the intervention as well as the outcome of the intervention, including any adverse reactions/events that occurred if any.</p> <p>5. Dry needling shall not be delegated and must be performed only by a qualified, licensed occupational therapist who has met the minimum standards in this section.</p> <p>6. Dry needling is not to be performed by an occupational therapy assistant under any circumstances including certification training or supervision.</p> <p>7. After completion of the Department approved dry needling course, the occupational therapist will submit proof of certification. This will include confirmation of passing scores on written and practical exams. The Department must review and approve documents prior to beginning use of dry needling. This also includes any advanced courses that may follow.</p> <p>8. Failure of an occupational therapist who is performing dry needling to provide written documentation that confirms he/she has met the requirements of this section shall be evidence that the occupational therapist is not competent and not permitted to perform dry needling. An occupational therapist performing dry needling in violation of this section shall be subject to disciplinary action as specified in Rule 8.8.1(1), (2), (6), (20), and (21).</p>
Missouri	
Montana	
Nebraska	<p>LB 257 passed in 2025 and updated the OT practice act, including the scope of practice.</p> <p>Statute: Nebraska Revised Statutes, Chapter 38 – Health Occupations.</p> <p>§38-2507.01. Instrument-assisted modality, defined.</p> <p>Instrument-assisted modality means the therapeutic use of an instrument or tool that is manually applied by a trained practitioner to target specific tissues including skin, fascia, and other connective tissues or muscle.</p> <p>§38-2510 Practice of occupational therapy defined.</p> <p>(1) Practice of occupational therapy means the therapeutic use of everyday life occupations with persons, groups, or populations to support occupational performance and participation. Occupational therapy practice includes clinical reasoning and professional judgment to evaluate, analyze, and diagnose occupational challenges and provide occupation-based interventions. Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability-related needs. These services are provided to a client who has, or is at risk for, developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Through the provision of skilled services and engagement in everyday activities, occupational therapy promotes physical and mental health and well-being by supporting occupational performance in a person with, or at risk of experiencing, a range of developmental, physical, and mental health disorders.</p> <p>(2) The practice of occupational therapy includes the following components:</p>

State	Action
	<p>(a) Evaluation of factors affecting activities of daily living, instrumental activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation, and includes environmental and personal factors and occupational and activity demands that affect performance;</p> <p>(b) Performance patterns, including habits, routines, roles, and rituals;</p> <p>(c) Performance skills, including motor skills, process skills, and social interaction skills;</p> <p>(d) Client factors, including body functions and structures, values, and spirituality;</p> <p>(e) Methods or approaches to identify and select intervention, including</p> <ul style="list-style-type: none"> (i) establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or is in decline, (ii) compensation, modification, or adaptation of occupations, activities, and contexts to improve or enhance performance, (iii) maintenance of capabilities to prevent decline in performance of everyday life occupations, (iv) health promotion and wellness to enable or enhance performance of everyday life activities and quality of life, and (v) prevention of occurrence or emergence of barriers to performance and participation, including injury and disability prevention; and <p>(f) Interventions and procedures to promote or enhance safety and performance in activities of daily living, independent activities of daily living, health management, rest and sleep, education, work, play, leisure, and social participation, and includes:</p> <ul style="list-style-type: none"> (i) Therapeutic use of occupations and activities; (ii) Training in self-care, self-management, health management, home management, community and work integration, school activities, and work performance; (iii) Identification, development, remediation, or compensation of physical, neuromusculoskeletal, sensoryperceptual, emotional regulation, visual, and mental and cognitive functions, pain tolerance and management, praxis, developmental skills, and behavioral skills; (iv) Education and training of persons, including family members, caregivers, groups, and populations; (v) Care coordination, case management, and transition services; (vi) Consultation services to persons, groups, populations, programs, organizations, and communities; (vii) Virtual interventions; (viii) Modification of contexts and adaptation of processes, including the application of ergonomic principles; (ix) Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices; (x) Assessment, recommendation, and training in techniques to enhance functional mobility, including fitting and management of wheelchairs and other mobility devices; (xi) Exercises, including tasks and methods to increase motion, strength, and endurance for occupational participation; (xii) Remediation of, and compensation for, visual deficits, including low vision rehabilitation; (xiii) Driver rehabilitation and community mobility; (xiv) Management of feeding, eating, and swallowing to enable eating and feeding performance; (xv) Application of physical agent, instrument-assisted, and mechanical modalities and the use of a range of specific therapeutic procedures and techniques to enhance sensory, motor, perceptual, and cognitive processing, and manual therapy techniques to enhance performance skills; (xvi) Facilitating the occupational participation of persons, groups, or populations through modification of contexts and adaptation of processes; (xvii) Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in everyday life occupations; (xviii) Group interventions; and

State	Action
	<p>(xix) Addressing wound care.</p> <p>(3) Occupational therapy does not include the use of joint manipulation, grade five mobilization or manipulation, thrust joint manipulation, high-velocity or low-amplitude thrust, or any other procedure intended to result in joint cavitation. Joint manipulation commences where grades one through four mobilization ends.</p> <p>§38-2513. Physical agent and instrument-assisted modalities, defined. Physical agent and instrument-assisted modalities means modalities that produce a biophysiological response through the use of water, temperature, sound, electricity, or mechanical devices.</p> <p>§38-2526. Occupational therapist; services authorized. (1) An occupational therapist may perform any services identified in section 38-2510 for which the occupational therapist is competent to perform based on the occupational therapist's entry-level training or continued professional development. An occupational therapist may pursue specialization, training, or professional development in a specific modality, procedure, or technique. It is the responsibility of the practitioner to be proficient and document proficiency in the specific modality of practice. (2) An occupational therapist is qualified to apply physical agent and instrument-assisted modalities pursuant to subsection (1) of section 38-2530.</p> <p>§38-2530. Physical agent and instrument-assisted modalities; certification required, when; restrictions. (1) (a) If an occupational therapist's occupational therapy educational program does not include education in superficial thermal, deep thermal, electrotherapeutic, and mechanical devices or the occupational therapist is not certified by the Hand Therapy Certification Commission or other equivalent body recognized by the board, the occupational therapist shall request approval from the board to practice physical agent and instrument-assisted modalities. (b) An occupational therapist may perform dry needling only in accordance with the level of education and training successfully completed. Education and training shall be approved by the board and include clinical instruction and application on the performance of dry needling. (c) An occupational therapist may not use diathermy. (2) The department shall issue a certificate to an occupational therapist to administer a physical agent and instrument-assisted modality if the occupational therapist: (a) Has successfully completed a training course approved by the board and passed an examination approved by the board on the physical agent and instrument-assisted modality; (b) Is certified as a hand therapist by the Hand Therapy Certification Commission or other equivalent body recognized by the board; (c) Has a minimum of five years of experience in the use of physical agent and instrument-assisted modalities and has passed an examination approved by the board on physical agent and instrument-assisted modalities; or (d) Has completed education during a basic educational program which included demonstration of competencies for application of physical agent and instrument-assisted modalities. (3) The department shall issue a certificate for an occupational therapist to utilize dry needling if the occupational therapist has successfully completed a board-approved training course to administer dry needling. (4) An occupational therapist shall not delegate evaluation, reevaluation, treatment planning, and treatment goals for physical agent and instrument-assisted modalities to an occupational therapy assistant. (5) (a) An occupational therapy assistant may administer a physical agent modality if the occupational therapy assistant (i) has successfully completed a training course approved by the board and passed an examination approved by the board on the physical agent modality and</p>

State	Action
	<p>(ii) is appropriately supervised by an occupational therapist who is approved to administer physical agent modalities.</p> <p>(b) An occupational therapy assistant shall not complete evaluation, reevaluation, treatment planning, or treatment goal setting related to physical agent modality use.</p> <p>(c) An occupational therapy assistant may not use the instrument-assisted modality of dry needling or diathermy.</p> <p>(6) The department shall issue a certificate to authorize an occupational therapy assistant to set up and implement treatment using superficial thermal agent modalities, deep thermal agent modalities, electrotherapeutic modalities, and mechanical devices if the occupational therapy assistant has successfully completed a training course approved by the board and passed an examination approved by the board. Such set up and implementation shall only be done under the onsite supervision of an occupational therapist certified to administer such modalities.</p> <p>§38-2531. Rules and regulations.</p> <p>(2) The board may adopt and promulgate rules and regulations governing the training courses for an occupational therapist to be certified to administer physical agent and instrument-assisted modalities. The board may adopt and promulgate rules and regulations governing the training course for an occupational therapy assistant to be certified to set up and implement superficial thermal agent modalities. In adopting such rules and regulations, the board shall give consideration to the levels of training and experience which are required, in the opinion of the board, to protect the public health, safety, and welfare and to insure, to the greatest extent possible, the efficient, adequate, and safe practice of occupational therapy. Such rules and regulations shall include the approval of examinations and the passing score for such examinations for certification.</p>
Nevada	<p><u>Advisory Notice</u> posted on the occupational therapy licensing board website:</p> <p style="text-align: center;">ADVISORY NOTICE Occupational Therapy Scope of Practice Dry Needling</p> <p>The provision of Dry Needling IS NOT authorized as being within the Scope of Practice of Occupational Therapy in Nevada.</p> <p>The Nevada Legislative Counsel Bureau, in response to an inquiry by Senator Parks, regarding whether dry needling was within the scope of practice of physical therapy, issued an opinion regarding dry needling in the State of Nevada. Pertinent sections of that opinion reads in part:</p> <p>“After thoroughly examining all the relevant statutory provisions in NRS Title 54, and after interpreting those statutory provisions in a manner that best promotes the protective public policy of NRS Title 54 and best carries out the intent of the Legislature to safeguard the public from potential societal harms, we believe that the practice of dry needling is a healing art encompassed within the scope of practice of: (1) physicians practicing medicine under NRS Chapter 630; (2) osteopathic physicians practicing osteopathic medicine under NRS Chapter 633; (3) homeopathic physicians practicing neural therapy under NRS Chapter 630A; and (4) doctors of Oriental medicine practicing acupuncture under NRS Chapter 634A.”</p> <p>“In order for licensed physical therapists to practice dry needling in Nevada, it is the opinion of this office that the Legislature would need to change Nevada’s existing laws by enacting clear statutory authority allowing licensed physical therapists to practice dry needling in Nevada.”</p> <p>At the 2019 Legislative Session, the Nevada Legislature passed SB 186 which created clear statutory authority for Physical Therapists and Athletic Trainers to perform dry needling with the appropriate training as established through regulation.</p>

State	Action
	Occupational Therapists are NOT authorized to perform dry needling until such time as statutory authority is granted by the Nevada Legislature. August 10, 2019
New Hampshire	
New Jersey	
New Mexico	Board discussed dry needling in late 2019 and early 2020. The Board decided not to draft dry needling regulations because there wasn't enough documentation of its effectiveness at the time. However, the Board notes that the law and rules do not prohibit its use.
New York	
North Carolina	OT Board FAQ posted on its website regarding dry needling: Question: What is the Board's position on dry needling? Answer: At its July 22, 2019 Board meeting, the Board agreed that dry needling is not within the scope of practice of occupational therapy, at this time.
North Dakota	<p>Statement on OT Board website:</p> <p>The Board does not regulate or require certification for OT's performing specific modalities, including dry needling. It is the responsibility of the OT to be proficient in the specific modality he/she is practicing. Should a complaint or lawsuit arise involving an OT's application of a specific modality, the OT would be responsible for proving his/her proficiency and appropriateness of application of the modality.</p>
Ohio	Licensing board determined in 2012 that "There is nothing in the Ohio Occupational Therapy Practice Act that prohibits an occupational therapist from completing dry needling (intramuscular manual therapy) as part of the occupational therapy treatment/intervention plan, provided that the occupational therapist has received training, and demonstrated and documented competence in this activity."
Oklahoma	
Oregon	<p>Webpage on Oregon OT Licensing Board website (Click on More Topics then on Dry Needling):</p> <p>Can OT's practice Dry Needling in Oregon? No</p> <p>In May, 2023, the AOTA Representative Assembly adopted a new policy, E.18: Interventions to Support Occupations. In regards to dry needling, the document states the following:</p> <p>"AOTA asserts that interventions to support occupations including but not limited to physical agent modalities (PAMs), dry needling, and other techniques may be used in preparation for, or concurrently with occupations and activities or interventions that ultimately enhance a client's engagement in occupation." To view the policy, click here.</p> <p>In Oregon, however, licensed acupuncturists are the only professionals that can legally practice dry needling.</p> <p>The Oregon Medical Board and its Acupuncture Advisory Committee regulates the practice of acupuncture in Oregon. They have concluded that "dry needling" is acupuncture and can only be performed by a licensed acupuncturist. Their rules state that no person may practice acupuncture without a license. Here is the rule:</p> <p>847-070-0007 Practice of Acupuncture</p> <p>(1) No person may practice acupuncture without first obtaining a license to practice medicine and surgery or a license to practice acupuncture from the Oregon Medical Board.</p> <p>Other professions have challenged the rule but have not been successful:</p> <p>In 2017, the Oregon Board of Physical Therapy paid for a very costly review by the Dept. of Justice General Counsel Division. However, the opinion was No, dry needling is not within the scope of a PT. And in 2011, the Board of Chiropractic Examiners adopted a rule authorizing chiropractors to practice dry needling which led to the decision of the Oregon Appeals Court Commissioner to stay the dry</p>

State	Action
	needling rule. In 2013, the Oregon Court of Appeals concluded that dry needling is not within the chiropractic scope of practice, and the rule was rescinded.
Pennsylvania	
Puerto Rico	
Rhode Island	
South Carolina	
South Dakota	
Tennessee	<p>Statute: Tennessee Code Annotated §63-13-103 Chapter Definitions.</p> <p>As used in this chapter, unless the context otherwise requires:</p> <p>(6) "Dry needling" means a skilled intervention that uses a thin filiform needle to penetrate the skin and stimulate underlying neural, muscular, and connective tissues for the management of neuromusculoskeletal conditions, pain, and movement impairments;</p> <p>(10)</p> <p>(B) Occupational therapy services are provided for the purpose of promoting health and wellness to those clients who have, or are at risk of developing, illness, injury, disease, disorder, impairment, disability, activity limitation or participation restriction and may include:</p> <ul style="list-style-type: none"> (i) Training in the use of prosthetic devices; (ii) Assessment, design, development, fabrication, adaptation, application, fitting and training in the use of assistive technology and adaptive and selective orthotic devices; (iii) Application of physical agent modalities with proper training and certification; (iv) Assessment and application of ergonomic principles; (v) Adaptation or modification of environments, at home, work, school or community, and use of a range of therapeutic procedures, such as wound care management, techniques to enhance sensory, perceptual and cognitive processing and manual therapy techniques, to enhance performance skills, occupational performance or the promotion of health and wellness; and (vi) Practice of dry needling of the upper limb, with proper training and certification; <p>(D) "Occupational therapy practice" includes specialized services provided by occupational therapists or occupational therapy assistants who are certified or trained in areas of specialization that include, but are not limited to, hand therapy, neurodevelopmental treatment, dry needling of the upper limb, sensory integration, pediatrics, geriatrics and neurorehabilitation, through programs approved by AOTA or other nationally recognized organizations;</p>
	<p>Regulation: Tennessee Rules and Regulations Rule 1150-02-.21 DRY NEEDLING TO THE UPPER LIMB</p>
	<p>(1) In order to perform dry needling to the upper limb, an occupational therapist must obtain all of the educational instruction described in paragraphs (2)(a) and (2)(b) herein. All such educational instruction must be obtained in person and may not be obtained online or through video conferencing.</p>
	<p>(2) Mandatory Training - Before performing dry needling to the upper limb, a practitioner must complete educational requirements in each of the following areas:</p>
	<p>(a) Fifty (50) hours of instruction, to include instruction in each of the four (4) areas listed herein, which are generally satisfied during the normal course of study in occupational therapy school or continuing education from a Board-approved continuing education provider:</p>
	<p>1. Musculoskeletal and Neuromuscular systems;</p>

State	Action
	<p>2. Anatomical basis of pain mechanisms, chronic pain, and referred pain;</p> <p>3. Trigger Points; and</p> <p>4. Universal Precautions.</p> <p>(b) Twenty-four (24) hours of dry needling instruction that includes specific instruction of the upper limb defined as hand, wrist, elbow, and shoulder girdle.</p> <ol style="list-style-type: none"> 1. The twenty-four (24) hours must include instruction in each of the following six (6) areas: <ol style="list-style-type: none"> (i) Dry needling technique; (ii) Dry needling indications and contraindications; (iii) Documentation of dry needling; (iv) Management of adverse effects; (v) Practical psychomotor competency; and (vi) Occupational Safety and Health Administration's Bloodborne Pathogens Protocol. 2. Each instructional course shall specify what anatomical regions are included in the instruction and describe whether the course offers introductory or advanced instruction in dry needling. 3. Each course must be pre-approved or approved by the Board or its consultant, or the Board may delegate the approval process to recognized health-related organizations or accredited occupational therapy educational institutions. <p>(c) A newly licensed occupation therapist shall not practice dry needling to the upper limb for at least one (1) year from the date of initial licensure unless the practitioner can demonstrate compliance with paragraph (2) through his or her pre-licensure educational coursework.</p> <p>(3) Any occupational therapist who obtained the requisite twenty-four (24) hours of instruction as described in paragraph (2)(b) in another state or country must provide the same documentation to the Board, as described in paragraph (2)(b), that is required of a course provider. The Board or its consultant must approve the occupational therapist's dry needling coursework before the therapist can practice dry needling in this state.</p> <p>(4) Dry needling to the upper limb may only be performed by a licensed occupational therapist and may not be delegated to an occupational therapy assistant or support personnel.</p> <p>(5) An occupational therapist practicing dry needling to the upper limb must supply written documentation, upon request by the Board, that substantiates appropriate training as required by this rule.</p> <p>(6) All occupational therapy patients receiving dry needling to the upper limb shall be provided with information from the patient's occupational therapist that includes a definition and description of the practice of dry needling and a description of the risks, benefits, and potential side effects of dry needling.</p>
Texas	Statement from the OT board: "The occupational therapy practitioners must know how to perform and demonstrate proficiency in, as noted, any modalities, techniques, or procedures performed; however, please note that the Texas Board does not specify certifications they must hold for specific modalities, etc. The occupational therapy practitioners are responsible for all of the modalities, techniques, or procedures that are used and the use of such must comply with the OT Act and Rules."
Utah	
Vermont	
Virginia	At the June 13, 2023 meeting of the OT Advisory Committee , it was reaffirmed that dry needling does not appear to be within the OT scope of practice and that a legislative change would be needed to allow OTs to perform dry needling.
Washington	
West Virginia	

State	Action
Wisconsin	According to the state OT association, the licensing Board's position was that if an OT wanted to provide dry needling or any other treatment, the OT would need to have documented evidence of proper training, skills, and abilities to use the treatment in their practice setting.
Wyoming	<p><u>Regulation: Occupational Therapy Board Chapter 3, Section 7. Dry Needling</u></p> <p>(a) Licensed occupational therapists may use dry needling techniques on patients. Occupational therapists must be able to demonstrate that they have received dry needling training that meets the Board's requirements.</p> <ul style="list-style-type: none"> (i) Dry needling training under this section must include a minimum of twenty-four (24) hours of live, face-to-face post professional instruction in dry needling. (ii) Dry needling training under this section must include, but is not limited to, anatomy, training in indications for dry needling, contraindications for dry needling, potential risks, proper hygiene, proper use and disposal of needles, and appropriate selection of clients. (iii) Occupational therapists who practice dry needling must retain written records of receiving dry needling training and present these records to the Board upon request. <p>(b) Occupational therapy assistants or other support personnel may not perform dry needling techniques.</p>

Senate Bill No. 186—Senator Seevers Gansert

CHAPTER.....

AN ACT relating to professions; expanding the scope of practice of physical therapy and athletic training to include the performance of dry needling under certain circumstances; requiring the Nevada Physical Therapy Board and the Board of Athletic Trainers to adopt regulations relating to dry needling; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law provides for the licensure and regulation of: (1) physical therapists by the Nevada Physical Therapy Board; and (2) athletic trainers by the Board of Athletic Trainers. (Chapters 640 and 640B of NRS) Existing law: (1) authorizes the Nevada Physical Therapy Board to adopt regulations to carry out its powers and duties relating to physical therapy; and (2) requires the Board of Athletic Trainers to adopt regulations to carry out its powers and duties relating to athletic training. (NRS 640.050, 640B.260) **Sections 6 and 11** of this bill require the Nevada Physical Therapy Board and the Board of Athletic Trainers to adopt regulations establishing the qualifications a physical therapist or an athletic trainer, as applicable, must obtain before he or she is authorized to perform dry needling. **Sections 6 and 11** require these qualifications to include the successful completion of not less than 150 hours of didactic education and training in dry needling approved by the appropriate Board. **Sections 6 and 11** further require the appropriate Board to adopt regulations establishing procedures: (1) concerning the handling of needles used to perform dry needling, including procedures for the disposal of a needle after a single use; and (2) to ensure that a physical therapist or athletic trainer does not engage in needle retention. **Sections 3 and 9** of this bill prohibit a physical therapist or an athletic trainer who is qualified to perform dry needling from inserting the same needle more than once during the performance of dry needling. **Sections 2 and 8** of this bill define "dry needling," and **sections 5 and 10** of this bill include dry needling in the scope of practice of physical therapy for qualified physical therapists and athletic trainers.

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets **[omitted material]** is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Chapter 640 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this act.

Sec. 2. *"Dry needling":*

1. *Means a skilled technique performed by a physical therapist using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability.*

2. Does not include:

- (a) *The stimulation of an auricular point;*
- (b) *The stimulation of sinus points or other nonlocal points to treat underlying organs;*
- (c) *Needle retention; or*
- (d) *The teaching or application of acupuncture.*

Sec. 3. *A physical therapist who is qualified to perform dry needling pursuant to the regulations adopted in accordance with subsection 3 of NRS 640.050 shall not insert the same needle more than one time during the performance of dry needling.*

Sec. 4. NRS 640.011 is hereby amended to read as follows:

640.011 As used in this chapter, unless the context otherwise requires, the terms defined in NRS 640.013 to 640.026, inclusive, **and section 2 of this act** have the meanings ascribed to them in those sections.

Sec. 5. NRS 640.024 is hereby amended to read as follows:

640.024 “Practice of physical therapy”:

1. Includes:

(a) The performing and interpreting of tests and measurements as an aid to evaluation or treatment;

(b) The planning of initial and subsequent programs of treatment on the basis of the results of tests; ~~and~~

(c) The administering of treatment through the use of therapeutic exercise and massage, the mobilization of joints by the use of therapeutic exercise without chiropractic adjustment, mechanical devices, and therapeutic agents which employ the properties of air, water, electricity, sound and radiant energy ~~H~~; and

(d) The performance of dry needling, if a physical therapist is qualified to do so pursuant to the regulations adopted in accordance with subsection 3 of NRS 640.050.

2. Does not include:

(a) The diagnosis of physical disabilities;

(b) The use of roentgenic rays or radium;

(c) The use of electricity for cauterization or surgery; or

(d) The occupation of a masseur who massages only the superficial soft tissues of the body.

Sec. 6. NRS 640.050 is hereby amended to read as follows:

640.050 1. The Board shall:

(a) Enforce the provisions of this chapter and any regulations adopted pursuant thereto;

(b) Evaluate the qualifications and determine the eligibility of an applicant for a license as a physical therapist or physical therapist

assistant and, upon payment of the applicable fee, issue the appropriate license to a qualified applicant;

(c) Investigate any complaint filed with the Board against a licensee; and

(d) Unless the Board determines that extenuating circumstances exist, forward to the appropriate law enforcement agency any substantiated information submitted to the Board concerning a person who practices as a physical therapist or physical therapist assistant without a license.

2. The Board may adopt reasonable regulations to carry this chapter into effect, including, but not limited to, regulations concerning the:

(a) Issuance and display of licenses.

(b) Supervision of physical therapist assistants and physical therapist technicians.

3. *The Board shall adopt regulations establishing:*

(a) The qualifications a physical therapist must obtain before he or she is authorized to perform dry needling, which must include, without limitation, the successful completion of not less than 150 hours of didactic education and training in dry needling approved by the Board. Such hours may include didactic education and training completed as part of a graduate-level program of study.

(b) Procedures concerning the handling of needles used to perform dry needling, including, without limitation, procedures for the disposal of a needle after a single use.

(c) Procedures to ensure that a physical therapist does not engage in needle retention.

4. The Board shall prepare and maintain a record of its proceedings, including, without limitation, any disciplinary proceedings.

~~4.~~ 5. The Board shall maintain a list of licensed physical therapists authorized to practice physical therapy and physical therapist assistants licensed to assist in the practice of physical therapy in this State.

~~5.~~ 6. The Board may:

(a) Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.

(b) Employ attorneys, investigators and other professional consultants and clerical personnel necessary to the discharge of its duties.

(c) Adopt a seal of which a court may take judicial notice.

[6.] 7. Any member or agent of the Board may enter any premises in this State where a person who holds a license issued pursuant to the provisions of this chapter practices physical therapy or as a physical therapist assistant and inspect the premises to determine whether a violation of any provision of this chapter or any regulation adopted pursuant thereto has occurred, including, without limitation, an inspection to determine whether any person at the premises is practicing physical therapy or as a physical therapist assistant without the appropriate license issued pursuant to the provisions of this chapter.

[7.] 8. Any voting member of the Board may administer an oath to a person testifying in a matter that relates to the duties of the Board.

Sec. 7. Chapter 640B of NRS is hereby amended by adding thereto the provisions set forth as sections 8 and 9 of this act.

Sec. 8. “Dry needling”:

1. *Means a skilled technique performed by an athletic trainer using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability.*

2. *Does not include:*

- (a) *The stimulation of an auricular point;*
- (b) *The stimulation of sinus points or other nonlocal points to treat underlying organs;*
- (c) *Needle retention; or*
- (d) *The teaching or application of acupuncture.*

Sec. 9. *An athletic trainer who is qualified to perform dry needling pursuant to the regulations adopted in accordance with subsection 5 of NRS 640B.260 shall not insert the same needle more than one time during the performance of dry needling.*

Sec. 9.5. NRS 640B.005 is hereby amended to read as follows:

640B.005 As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 640B.011 to 640B.120, inclusive, *and section 8 of this act* have the meanings ascribed to them in those sections.

Sec. 10. NRS 640B.090 is hereby amended to read as follows:

640B.090 1. “Practice of athletic training” means:

(a) The prevention, recognition, assessment, management, treatment, disposition or reconditioning of the athletic injury of an athlete:

(1) Whose condition is within the professional preparation and education of the licensed athletic trainer; and

(2) That is performed under the direction of a physician;

(b) The organization and administration of programs of athletic training;

(c) The administration of an athletic training room;

(d) The provision of information relating to athletic training to members of the public;

(e) The performance of dry needling under the direction of a physician, if an athletic trainer is qualified to do so pursuant to the regulations adopted in accordance with subsection 5 of NRS 640B.260; or

~~(f)~~ Any combination of the activities described in paragraphs (a) to ~~(d), (e)~~, inclusive.

2. The term does not include the diagnosis of a physical disability, massaging of the superficial soft tissues of the body or the use of X-rays, radium or electricity for cauterization or surgery.

Sec. 11. NRS 640B.260 is hereby amended to read as follows:

640B.260 The Board shall adopt regulations to carry out the provisions of this chapter, including, without limitation, regulations that establish:

1. The passing grades for the examinations required by NRS 640B.310 and 640B.320. ~~;~~

2. Appropriate criteria for determining whether an entity is an intercollegiate athletic association, interscholastic athletic association, professional athletic organization or amateur athletic organization. ~~;~~

3. The standards of practice for athletic trainers. ~~, and~~

4. The requirements for continuing education for the renewal of a license of an athletic trainer. The requirements must be at least equivalent to the requirements for continuing education for the renewal of a certificate of an athletic trainer issued by the National Athletic Trainers Association Board of Certification or its successor organization.

5. The qualifications an athletic trainer must obtain before he or she is authorized to perform dry needling, which must include, without limitation, the successful completion of not less than 150 hours of didactic education and training in dry needling approved by the Board. Such hours may include didactic education and training completed as part of a graduate-level program of study.

6. Procedures concerning the handling of needles used to perform dry needling, including, without limitation, procedures for the disposal of a needle after a single use.

7. Procedures to ensure that an athletic trainer does not engage in needle retention.

Dry Needling Statutes and Regulations

NRS 640B – ATHLETIC TRAINERS – Dry Needling Statutes

NRS 640B.037 “Dry needling” defined.

“Dry needling”:

1. Means a skilled technique performed by an athletic trainer using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability.

2. Does not include:

- (a) The stimulation of an auricular point;
- (b) The stimulation of sinus points or other nonlocal points to treat underlying organs;
- (c) Needle retention; or
- (d) The teaching or application of acupuncture.

(Added to NRS by 2019, 1587)

NRS 640B.090 “Practice of athletic training” defined.

1. “Practice of athletic training” means:

(a) The prevention, recognition, assessment, management, treatment, disposition or reconditioning of the athletic injury of an athlete:

- (1) Whose condition is within the professional preparation and education of the licensed athletic trainer; and
- (2) That is performed under the direction of a physician;

- (b) The organization and administration of programs of athletic training;
- (c) The administration of an athletic training room;
- (d) The provision of information relating to athletic training to members of the public;
- (e) The performance of dry needling under the direction of a physician, if an athletic trainer is qualified to do so pursuant to the regulations adopted in accordance with subsection 5 of NRS 640B.260; or
- (f) Any combination of the activities described in paragraphs (a) to (e), inclusive.

2. The term does not include the diagnosis of a physical disability, massaging of the superficial soft tissues of the body or the use of X-rays, radium or electricity for cauterization or surgery.

(Added to NRS by 2003, 895; A 2019, 1588)

NRS 640B.260 Regulations.

The Board shall adopt regulations to carry out the provisions of this chapter, including, without limitation, regulations that establish:

1. The passing grades for the examinations required by NRS 640B.310 and 640B.320.
2. Appropriate criteria for determining whether an entity is an intercollegiate athletic association, interscholastic athletic association, professional athletic organization or amateur athletic organization.
3. The standards of practice for athletic trainers.
4. The requirements for continuing education for the renewal of a license of an athletic trainer. The requirements must be at least equivalent to the requirements for continuing education for the renewal of a certificate of an athletic trainer issued by the National Athletic Trainers Association Board of Certification or its successor organization.
5. The qualifications an athletic trainer must obtain before he or she is authorized to perform dry needling, which must include, without limitation, the successful completion of not less than 150 hours of didactic education and training in dry needling approved by the Board. Such hours may include didactic education and training completed as part of a graduate-level program of study.
6. Procedures concerning the handling of needles used to perform dry needling, including, without limitation, procedures for the disposal of a needle after a single use.
7. Procedures to ensure that an athletic trainer does not engage in needle retention.

(Added to NRS by 2003, 897; A 2019, 1588)

NRS 640B.890 Limitation on insertion of same needle during dry needling.

An athletic trainer who is qualified to perform dry needling pursuant to the regulations adopted in accordance with subsection 5 of NRS 640B.260 shall not insert the same needle more than one time during the performance of dry needling.

(Added to NRS by 2019, 1587)

**ADOPTED REGULATION OF THE
BOARD OF ATHLETIC TRAINERS**

LCB File No. R053-19

EXPLANATION – Matter in *italics* is new; matter in brackets [emitted material] is material to be omitted.

AUTHORITY: §§1-4, NRS 640B.260, as amended by section 11 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1588.

A REGULATION relating to athletic trainers; prescribing the training required before an athletic trainer is authorized to perform dry needling; prescribing standards of practice for dry needling; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Board of Athletic Trainers to prescribe by regulation the qualifications required for an athletic trainer to perform dry needling. Those qualifications must include the completion of at least 150 hours of certain didactic education and training in dry needling. (NRS 640B.260, as amended by section 11 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1588) **Section 2** of this regulation prescribes the requirements for such didactic education and training.

Existing law requires the Board to prescribe by regulation: (1) the standards of practice for athletic trainers; (2) procedures concerning the handling of needles used to perform dry needling; and (3) procedures to ensure that an athletic trainer does not engage in needle retention. (NRS 640B.260, as amended by section 11 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1588) **Section 3** of this regulation requires an athletic trainer to obtain the informed consent of a patient before performing dry needling. **Section 3** also requires an athletic trainer who performs dry needling to: (1) use only single-use, single-insertion needles; (2) refrain from inserting a needle more than one time or retaining a needle in the body of a patient after completing a procedure; and (3) dispose of those needles after completing a procedure. **Section 3** additionally prohibits an athletic trainer from delegating the performance of dry needling to a person who is not authorized to perform dry needling.

Section 1. Chapter 640B of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. 1. Before performing dry needling, an athletic trainer must submit to the Board written proof of successful completion of at least 150 hours of didactic education and training in dry needling which meets the requirements set forth in this section.

2. The courses taken to satisfy the didactic education and training requirements must:

(a) Be approved by the National Athletic Trainers' Association Board of Certification, Inc., or its successor organization, the Commission on Accreditation of Athletic Training Education, or its successor organization, or the Board of Athletic Trainers;

(b) Include instruction concerning:

(1) The use of sterile needles in accordance with standards prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services or the Occupational Safety and Health Administration of the United States Department of Labor;

(2) The aspects of human anatomy relevant to dry needling;

(3) Control of blood-borne pathogens; and

(4) Circumstances under which performing dry needling on a patient may or may not be appropriate;

(c) Except as otherwise provided in paragraph (d), be provided as part of a graduate-level program of study approved by the Board; and

(d) Include at least 25 hours of didactic instruction and training provided through a postgraduate course of study that requires the successful completion of a written examination and a practical examination. Each part of the course, including, without limitation, each examination, must be completed in person.

Sec. 3. 1. Before performing dry needling, an athletic trainer must obtain a signed form which provides informed consent from the patient. Such a form must include, without limitation:

- (a) The definition of “dry needling” set forth in section 8 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1587;**
- (b) A description of the particular treatment that will be provided and the risks and benefits of the treatment; and**
- (c) The signature of the patient.**

2. An athletic trainer who performs dry needling:

- (a) Shall use only single-use, single-insertion sterile needles;**
- (b) Shall not insert the same needle:**
 - (1) More than one time in a person; or**
 - (2) In more than one person;**
- (c) Shall not retain a needle in the body of a patient after completing a procedure;**
- (d) Shall dispose of each needle after completing a procedure;**
- (e) Shall not delegate dry needling to a student athletic trainer, graduate student athletic trainer or other person who is not authorized to perform dry needling; and**
- (f) Shall ensure that the form described in subsection 1 is maintained as part of the health care records of the patient pursuant to NRS 629.051.**

Sec. 4. An athletic trainer who wishes to perform dry needling after the effective date of this regulation shall submit proof of compliance with the requirements of section 2 of this regulation not later than 30 days after the effective date of this regulation.

Sample Consent Form

DRY NEEDLING CONSENT TO TREAT FORM

Dry needling (DN) is a skilled technique performed by an athletic trainer using a single-use, single-insertion, sterile filiform needle, which is used to penetrate the skin or underlying tissue to effect change in body conditions, pain, movement, impairment and disability. Like any treatment there are possible complications. While these complications are rare in occurrence, they are real and must be considered prior to giving your consent for dry needling treatment.

Risks of the procedure:

The most serious risk associated with DN is accidental puncture of a lung (pneumothorax). If this were to occur, it may require a chest x-ray and no further treatment. The symptoms of shortness of breath may last for several days to weeks. A more severe lung puncture, while rare, may require hospitalization.

Other risks may include bruising, infection, or nerve injury. It should be noted that bruising is a common occurrence and should not be a concern. The monofilament needles are very small and do not have a cutting edge; the likelihood of any significant tissue trauma from DN is unlikely. There are other conditions that require consideration so please answer the following questions:

- **Are you taking blood thinners?** Yes / No
- **Are you or is there a chance you could be pregnant?** Yes / No
- **Are you aware of any problems or have any concerns with your immune system?** Yes / No
- **Do you have any known disease or infection that can be transmitted through bodily fluids?** Yes / No

Patient's Consent:

I have read and fully understand this consent form and attest that no guarantees have been made on the success of this procedure related to my condition. I am aware that multiple treatment sessions may be required, thus this consent will cover this treatment as well as subsequent treatments by this facility. All of my questions, related to the procedure and possible risks, were answered to my satisfaction.

My signature below represents my consent to the performance of dry needling and my consent to any measures necessary to correct complications, which may result. I am aware I can withdraw my consent at any time.

I, _____, authorize the performance of Dry Needling.

Patient or Authorized Representative

Date

Relationship to patient (if other than patient)

Date

I was offered a copy of this consent and refused.

**REVISED ADOPTED REGULATION OF THE
NEVADA PHYSICAL THERAPY BOARD**

LCB File No. R054-19

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §§1-4, NRS 640.050, as amended by section 6 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1586.

A REGULATION relating to physical therapists; prescribing the training required before a physical therapist is authorized to perform dry needling; prescribing standards of practice for dry needling; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the Nevada Physical Therapy Board to prescribe by regulation the qualifications required for a physical therapist to perform dry needling. Those qualifications must include the completion of at least 150 hours of certain didactic education and training in dry needling. (NRS 640.050, as amended by section 6 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1586) **Section 2** of this regulation prescribes the requirements for such didactic education and training.

Existing law requires the Board to prescribe by regulation: (1) procedures concerning the handling of needles used to perform dry needling; and (2) procedures to ensure that a physical therapist does not engage in needle retention. Existing law additionally authorizes the Board to adopt other reasonable regulations to carry out provisions of law governing physical therapy. (NRS 640.050, as amended by section 6 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1586) **Section 3** of this regulation requires a physical therapist to obtain the informed consent of a patient before performing dry needling. **Section 3** also requires a physical therapist who performs dry needling to: (1) use only single-use, single-insertion needles; (2) refrain from inserting a needle more than one time or retaining a needle in the body of a patient after completing a procedure; and (3) dispose of all needles after completing a procedure. **Section 3** additionally prohibits a physical therapist from delegating the performance of dry needling to a person who is not authorized to perform dry needling.

Section 1. Chapter 640 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. 1. Before performing dry needling, a physical therapist must submit to the Board written proof of successful completion of at least 150 hours of didactic education and training in dry needling which meets the requirements set forth in this section.

2. The courses taken to satisfy the didactic education and training requirements must:

- (a) Be approved by the Commission on Accreditation in Physical Therapy Education, or its successor organization, the American Physical Therapy Association, or its successor organization, or the Nevada Physical Therapy Board;**
- (b) Include instruction concerning:**
 - (1) The use of sterile needles in accordance with standards prescribed by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services or the Occupational Safety and Health Administration of the United States Department of Labor;**
 - (2) The aspects of human anatomy relevant to dry needling;**
 - (3) Control of blood-borne pathogens; and**
 - (4) Circumstances under which performing dry needling on a patient may or may not be appropriate;**
- (c) Except as otherwise provided in paragraph (d), be provided as part of a graduate-level program of study approved by the Board; and**
- (d) Include at least 25 hours of the didactic instruction and training provided through a postgraduate course of study that requires the successful completion of a written examination and a practical examination. Each part of the course, including, without limitation, each examination, must be completed in person.**

Sec. 3. 1. Before performing dry needling, a physical therapist must obtain a signed form which provides informed consent from the patient. Such a form must include, without limitation:

- (a) The definition of “dry needling” set forth in section 2 of Senate Bill No. 186, chapter 277, Statutes of Nevada 2019, at page 1585;**
- (b) A description of the particular treatment that will be provided and the risks and benefits of the treatment; and**
- (c) The signature of the patient.**

2. A physical therapist who performs dry needling:

- (a) Shall use only single-use, single-insertion sterile needles;**
- (b) Shall not insert the same needle:**
 - (1) More than one time in a person; or**
 - (2) In more than one person;**
- (c) Shall not retain a needle in the body of a patient after completing a procedure;**
- (d) Shall dispose of each needle after completing a procedure;**
- (e) Shall not delegate dry needling to a physical therapist assistant, student of physical therapy, physical therapist technician or other person who is not authorized to perform dry needling; and**
- (f) Shall ensure that the form described in subsection 1 is maintained as part of the health care records of the patient pursuant to NRS 629.051.**

Sec. 4. A physical therapist who wishes to perform dry needling after the effective date of this regulation shall submit proof of compliance with the requirements of section 2 of this regulation by not later than 30 days after the effective date of this regulation.

**State of Nevada
Board of Occupational Therapy**

**6170 Mae Anne Ave., Suite 1, Reno, Nevada 89523
Phone (775) 746-4101 / Fax (775) 746-4105 / Website www.nvot.org**

AGENDA ITEM 7: New / Revised Regulations

Recommendations for new and revised Board regulations (NAC 640A) are attached for discussion and direction as to whether to move forward with the proposed regulation revisions.

Attachments

New* Self Reporting of Complaint or Legal Charges
Revised NAC 640A.062 Temporary Licensing

New and Revised Regulations Draft
NAC 640A

NAC 640A.xxx

1. A licensee shall notify the Board in writing within 30 days after:

- (a) An action is taken against any license, certification, registration or other credential held by the licensee that was issued in Nevada or by another state or territory of the United States;
- (b) the licensee is convicted of a criminal offense, other than a traffic offense which is a misdemeanor that does not involve alcohol or controlled substances;
- (c) A civil action, including, without limitation, an action for malpractice, is filed against the licensee; or
- (d) A settlement or judgment is made in any civil action, including, without limitation, an action for malpractice, in any case filed against the licensee for any act relating to the practice of occupational therapy.

2. Report a complaint or legal charges filed within 30 days; and disposition thereof.

NAC 640A.062 Temporary licensing; conversion of temporary license to standard license.

(NRS 640A.110, 640A.170)

1. A person who is currently certified as an occupational therapist registered or certified occupational therapy assistant and who holds a license that is active and in good standing as an occupational therapist or occupational therapy assistant issued in another state or territory of the United States may apply to the Board for a temporary license to practice in this state by meeting the requirements set forth in NAC 640A.030.

2. A temporary license expires 6 months after the date on which it is issued.

3. A temporary license may be renewed not more than once.

4. A temporary license may be converted to a standard license if the person:

(a) Meets the requirements set forth in NAC 640A.030 and 640A.041; and

(b) For a temporary license as an occupational therapy assistant, submits proof of employment and supervision by a licensed occupational therapist upon conversion of the license.

~~5. A person who has previously been issued a temporary license may not apply for another temporary license until 6 months after the expiration of his or her last original or renewed temporary license, as applicable.~~

(Added to NAC by Bd. of Occupational Therapy, eff. 5-23-95; A by R083-99, 9-27-99; RI 79-01, 9-20-2002; R210-07, 9-18-2008; R067-17, 5-16-2018)

**State of Nevada
Board of Occupational Therapy**

6170 Mae Anne Ave., Suite 1, Reno, Nevada 89523
Phone (775) 746-4101 / Fax (775) 746-4105 / Website www.nvot.org

AGENDA ITEM 8: Revised Policies and Procedures

The Board Policy Manual has been revised to update and clarify sections of the Board's policies and procedures in relation to NAC 640A.

Revisions are to the following sections:

Section 2 – Continuing Education

02:02 Continuing Education Documentation

Revisions add that licensees may submit current NBCOT certification, if the expiration date is more than 12 months after the date in which the license expires, as meeting the continuing education requirements pursuant to approved regulation LCB File No. R113-23.

Section 3 – Supervision

03:03 Supervisory Log(s)

Revisions clarify supervisory documentation requirements. Licensees may continue to utilize supervisory logs; however the logs are no longer the only required document format to record the required information.

03:04 Client / Patient Records - Documentation, Review and Signing of Records

This section is to clarify documentation and record requirements for Provisional Licensees.

Section 4 Compliance

04:02 Compliance Monitoring and Reviews

Adds compliance through monitoring of continuing education requirements, displayed license card or name tag, name change or practicing under another name, and required information or documentation as indicated in approved regulation LCB File No. R113-23.

04:04 Formal Monitoring Process

Revisions clarify the administrative process of citations and administrative fines pursuant to approved regulation LCB File No. R113-23.

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Section 5 – Administrative Sanctions/ Complaints

05:02 Progressive Sanctions

Revisions indicate supervisory documentation and administrative procedures regarding first and second violations.

Disciplinary Guidelines – (8) Submit Documentation

Changes supervisory logs to supervisory documents.

Challenges in School Based Practice

Can an OTA carry her own caseload as long as she is supervised by an OT for 1 hour for every 40 hours worked?

Revisions remove supervisory logs to provide alternative documentation methods.

Attachments

Revised Policies and Procedures

Board Policy Manual (02:02, 03:03, 03:04, 4:02, 4:04 & 05:02)

Disciplinary Guidelines – (8) Submit Documentation

Challenges in School Base Practice – Supervisory Documentation

Board Policy Manual Proposed Revisions

02:02 Continuing Education Documentation

Documentation of completion of 24 hours of continuing education may be uploaded at time of on-line license renewal. Documentation must be retained and submitted to the Board upon request or notice of audit of continuing education and with a License Reinstatement Application.

A licensee who is a new graduate is required to complete 12 hours of continuing education for the first renewal of a Standard license.

To qualify as a new graduate, a licensee must have graduated from an occupational therapy program within the previous 12 months from the date of initial application.

Documentation may be comprised of but is not limited to:

- certificates of completion and/or attendance for each continuing competency activity or course.
- Sign in Sheets for in-service training with description of course
- Letters from educational institutions documenting Level I and Level II fieldwork supervision
- Academic and CE Transcripts
- Current NBCOT certification, if expiration date is more than 12 months after the date on which the license expires.

03:03 Supervisory Log(s) Documentation

At a minimum, ~~a~~ supervisory ~~log~~ documentation must contain:

- Daily or weekly treatment or intervention schedules;
- logs of supervision, which include,
 - the time and date of supervision,
 - the type of supervision provided, and
 - the subject matter covered during the supervision; or
- Patient Records

The ~~supervisory log~~ documentation shall ~~document~~ include general supervision of not less than 1 hour for each 40 hours of work performed by the OTA ~~or Provisional Licensee~~ and, in any event, not less than 1 hour per month. ~~If the OTA has not worked during the month, the supervisory log must so state.~~

Licensees may utilize the sample Supervisory Log provided by the Board or may utilize another document format to record the required information.

An Occupational Therapy Assistant ~~or Provisional Licensee~~ shall provide a copy of the Supervisory Log(s) documentation to the Board upon request.

03:04: Client / Patient Records - Documentation, Review and Signing of Records

An Occupational Therapy Assistant **or Provisional Licensee** shall document all treatment provided to a patient in the patient's record.

The Occupational Therapist and Occupational Therapy Assistant **or Provisional Licensee** shall jointly ensure that each record regarding a patient treated by the occupational therapy assistant **or Provisional Licensee** is reviewed, signed, and dated at least monthly.

04:02 Compliance Monitoring and Reviews

Periodic reviews and monitoring will be conducted of licensee records in order to ensure compliance with occupational therapy law and regulations.

Monitoring shall include, but is not limited to verification of:

- Continuing competency requirements
- **Submission of continuing education requirements**
- Documentation of supervision of OTA and Provisional OT
- Supervision
- Employment
- Contact information
- **Displayed license card or name tag**
- Name change or practicing under another name
- Information or documentation required to be maintained by licensee.

04:03 Informal Monitoring

Licensees will be notified if problem areas are discovered during review and/or monitoring. Notifications will include any corrective action required, including time schedules.

04:04 Formal Monitoring Process

The formal monitoring process shall be comprised of the following actions:

1. **Notice** of monitoring or audit shall be provided in writing through e-mail **or** and USPS mail. Notice shall identify the scope of the monitoring, specific documentation to be provided and/or verified, and date a response must be received by the Board.
2. A **Final Notice of Citation and Administrative Fine** as a result of monitoring or audit will be issued within 30 days after a due date, if a response is not received. Attempts to **contact** notify a licensee by **phone and/or** e-mail and USPS mail will be made prior to **issuing a Final Notice** issuance. The **Final Notice of Citation and Administrative Fine** will be sent by **e-mail and USPS mail**.

The **Final Notice of Citation and Administrative Fine** shall identify the attempts to contact the licensee, specific **NRS** and **NAC** sections relative to the monitoring request, an extended date a response is expected and potential sanctions if the licensee does not respond.

3. An **Administrative Complaint** will be issued within 30 days after the due date of **a Final Notice** the **Citation and Administrative Fine**, if there is no response.

Notice of an Administrative Complaint will be sent by e-mail and certified mail to the contact address of record. Additional copies of the notice may be sent by USPS mail to both the address of record and/or to the licensee, care-of the employer of record.

05:02 Progressive Sanctions

A progressive level of sanctions will be utilized when informal reviews, formal monitoring or audit of licensee records indicate non-compliance with administrative requirements for reporting changes in contact information, employment status, name change, supervisory information or formal audits of continuing education and maintenance of supervisory ~~logs~~ documentation.

- First Violation: ~~Administrative Verbal Warning~~ Notice of Non-Compliance
- Second Violation: ~~Written Warning~~ Issuance of Citation and Administrative Fine
- Third Violation: Administrative Complaint

Progressive sanctions will not apply to a failure to respond to a formal monitoring or audit and will result in an Administrative Complaint.

In all cases, telephone contact will be attempted prior to the issuance of an Administrative Complaint.

In general, Administrative Sanctions and/or Administrative Complaints are Board actions that do not affect the health and safety of the public. Administrative Complaints may be subject to compliance reporting requirements of the “National Practitioner Data Bank” and “~~Healthcare Integrity and Protection Data Bank~~” dependent upon the circumstances and whether a formal disciplinary Hearing in the matter is warranted.

Disciplinary Guidelines – (8) Submit Documentation

Upon request, Respondent shall submit documentation to the Board including, but not limited to the following: quarterly reports, supervisory ~~logs~~ documents and authorization for release of confidential information. On a case-by-case basis, documents shall be required to contain statements relative to Respondent’s compliance with all the conditions of probation, and compliance with Board instructions.

Challenges in School Based Practice

Can an OTA carry ~~her~~ ~~their~~ own caseload as long as ~~she is~~ ~~they are~~ supervised by an OT for 1 hour for every 40 hours worked?

Supervision of 1.0 hour per 40.0 hours worked — This is the minimum amount of time required for supervision, and more is expected with high caseloads and involved students. Teams may choose

an alternative ~~to use two~~ documentation methods for supervision, ~~the required log which is more general and one that is student specific~~. Documentation that supports OT/OTA supervision on a specific student is up to the team, and is essential in cases which are moving toward a due process hearing. ~~These notes might be in specific student files, not listed on the general log, so that student information is confidential~~. Many OTs choose to remove the OTA from situations headed toward/in due process.

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AGENDA ITEM 9: Executive Director's Report

Executive Director's Report

Heather Hartley will provide a report on Board Office Administrative Activities.

Attachments

Written Report

FY 2026 Financial Reports
1st Quarter Ending September 30, 2025

LCB R074-25I

**State of Nevada
Board of Occupational Therapy**

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EXECUTIVE DIRECTOR'S REPORT
November 8, 2025

Licensure Statistics - The following chart provides current and prior year licensing details and activity as of September 30, 2025. The number of practitioners increased by a net of 22 licenses in the first quarter.

1st Quarter Statistics

New Applications Received:	67	Licenses Issued:	67
Licenses Expired:	45	Licenses Renewed:	114

Comparison to Prior Year at September 30

Description	FY 2026	FY 2025	% +	OT's 2026	OT's 2025	OTA's 2026	OTA's 2025
Total Current Licensees	1866	1795	1%	1427	1384	439	411
Standard Licensees (active)	1799	1740	1%	1378	1343	421	397
Inactive Licensees	46	35		33	24	13	11
Inactive - Retired	9	11		8	9	1	2
Provisional Licensees	9	8		5	7	4	1
Temporary Licensees	3	1		3	1	0	0

Fiscal Year 26 by Quarter

Fiscal Year 2026	Total Licensees	OT	OTA
July 1, 2025	1844	1410	434
September 30, 2025	1866	1427	439
December 31, 2025			
March 31, 2026			
June 30, 2026			

FY 26 Financial Statements
1st Quarter, Period ending September 30, 2025

FY 26 Budget vs Actuals - Period ending September 30, 2025 reflects a net income of \$14,363.11. Net operating income, revenue less expenses, is \$10,114.02. With other income of \$4,249.09. The net overall income for the period is \$14,363.11.

Licensing Revenue - Licensing revenue is slightly above budget at 27.56%. Total License fees are just over budget at 27.15%.

Other Income - Other income is 25.32% of the budget.

Operating Expenses - Expenses are under budget at 23.46%. Payroll budget is at 23.52%.

Balance Sheet and Investments - Total Cash as of September 30, 2025 was \$644,912.23; with \$644,912.23 in operating, \$0.00 in investments due to funds being moved into the checking account. Total Equity is \$362,999.35.

Investment of Funds - Correspondence has occurred with First Independent Bank and Aspire Capital Advisors regarding the potential for the Board to invest funds by purchasing CDs. Local credit unions were contacted to compare current rates on CDs. The Board's Wells Fargo checking account and business credit card would remain in effect. It is recommended that the Board approve investment of funds with First Independent Bank with authorized Board signatories and the Executive Director.

Office Operations & Activities - Correspondence has continued with NOTA and AOTA. Staff have held update meetings with Cartwright NV Government Affairs.

State reporting has been submitted to the Legislative Counsel Bureau (Disciplinary and Registration Report).

Department of Business and Industry – Nikki Haag, Deputy Director, has provided updates regarding the initial draft of the regulations being developed under NRS 232.8415. The completed initial draft is now undergoing review and edits. A working group was created to help with this process. Members of the working group are from the following licensing boards, the Board of Medical Examiners, the State Board of Nursing, the Veterinary Medical Examining Board, the Funeral and Cemetery Services Board, and the State Contractors Board. A workshop for review of the draft regulations has been tentatively scheduled for November.

Big Picture/Albertson Consulting - Board staff has held update meetings with Big Picture. The website has been updated to now provide a direct link to disciplinary action documents when conducting online license verifications.

NBCOT State Regulatory Forum – The annual forum was held virtually in mid-September. Session topics included Occupational licensing reform, NBCOT exam development, State regulatory research, statutory changes, AI, and an update on the OT Compact.

Complaints Status - There are currently two complaints in the investigation phase.

State of Nevada Board of Occupational Therapy

Budget vs. Actuals: Budget FY26 - FY26 P&L

July - September, 2025

			TOTAL	
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Income				
Fees	12,125.00	44,660.00	-32,535.00	27.15 %
Fines and Legal Fees	1,743.14		1,743.14	
License Fees	62,657.38	233,972.83	-171,315.45	26.78 %
List Fee	1,650.00	5,000.00	-3,350.00	33.00 %
Total Income	\$78,175.52	\$283,632.83	\$ -205,457.31	27.56 %
GROSS PROFIT	\$78,175.52	\$283,632.83	\$ -205,457.31	27.56 %
Expenses				
Attorney General / Legal Fees	-78.52	12,000.00	-12,078.52	-0.65 %
Bank Service/Merchant Charges	1,594.06	7,000.00	-5,405.94	22.77 %
Board Compensation	1,350.00	4,500.00	-3,150.00	30.00 %
Dues & subscriptions	959.87	2,575.00	-1,615.13	37.28 %
Equipment Rental	455.25	2,260.00	-1,804.75	20.14 %
Insurance	1,139.00	3,636.00	-2,497.00	31.33 %
Licensing - Data System	225.00		225.00	
Amortization	1,852.06	8,400.00	-6,547.94	22.05 %
Data System expense	0.00		0.00	
Data System Interest	176.78		176.78	
System Support		750.00	-750.00	
Total Licensing - Data System	2,253.84	9,150.00	-6,896.16	24.63 %
Office Expense				
Internet Service	479.97	2,400.00	-1,920.03	20.00 %
Postage and Delivery	318.53	400.00	-81.47	79.63 %
Printing and Reproduction	60.52		60.52	
Records Storage/Recycling	65.00	130.00	-65.00	50.00 %
Telephone	165.01	700.00	-534.99	23.57 %
Total Office Expense	1,089.03	3,630.00	-2,540.97	30.00 %
Office Lease				
Depreciation	6,875.75	34,356.18	-27,480.43	20.01 %
Lease Expense	-147.73	700.00	-847.73	-21.10 %
Office Lease Interest	464.32		464.32	
Total Office Lease	7,192.34	35,056.18	-27,863.84	20.52 %
Office Supplies	109.49	1,200.00	-1,090.51	9.12 %
Payroll Expenses				
Deferred Compensation	4,269.92	18,402.77	-14,132.85	23.20 %
Employer Taxes	3,107.90	11,686.70	-8,578.80	26.59 %
Medical Benefit	484.61	1,800.00	-1,315.39	26.92 %
PTO Expense	592.96	3,500.00	-2,907.04	16.94 %
Salaries and Wages	35,796.75	152,767.36	-116,970.61	23.43 %
Total Payroll Expenses	44,252.14	188,156.83	-143,904.69	23.52 %
Professional Fees				
Accounting	750.00	4,000.00	-3,250.00	18.75 %

State of Nevada Board of Occupational Therapy

Budget vs. Actuals: Budget FY26 - FY26 P&L

July - September, 2025

			TOTAL	
	ACTUAL	BUDGET	OVER BUDGET	% OF BUDGET
Legislative Services	6,000.00	12,000.00	-6,000.00	50.00 %
Total Professional Fees	6,750.00	16,000.00	-9,250.00	42.19 %
Travel				
Out of State Travel		2,500.00	-2,500.00	
Travel - in state	995.00	2,500.00	-1,505.00	39.80 %
Total Travel	995.00	5,000.00	-4,005.00	19.90 %
Total Expenses	\$68,061.50	\$290,164.01	\$ -222,102.51	23.46 %
NET OPERATING INCOME	\$10,114.02	\$ -6,531.18	\$16,645.20	-154.86 %
Other Income				
Interest Income	16.39	500.00	-483.61	3.28 %
Sublease Income	4,232.70	16,280.78	-12,048.08	26.00 %
Total Other Income	\$4,249.09	\$16,780.78	\$ -12,531.69	25.32 %
NET OTHER INCOME	\$4,249.09	\$16,780.78	\$ -12,531.69	25.32 %
NET INCOME	\$14,363.11	\$10,249.60	\$4,113.51	140.13 %

State of Nevada Board of Occupational Therapy

Balance Sheet

As of September 30, 2025

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Wells Fargo Bank - Checking	644,912.23
Wells Fargo Bank - Investments	0.00
Wells Fargo Bank - Money Market	0.00
Total Bank Accounts	\$644,912.23
Accounts Receivable	
Accounts Receivable	1,451.36
Total Accounts Receivable	\$1,451.36
Other Current Assets	
Prepaid Expenses	6,180.00
Undeposited Funds	0.00
Total Other Current Assets	\$6,180.00
Total Current Assets	\$652,543.59
Fixed Assets	
Net Fixed Assets	0.00
Total Fixed Assets	\$0.00
Other Assets	
Accum Depr - Right of Use Asset	-160,433.75
Accumulated Amortization of SAAS Asset	-15,434.06
Right of Use Asset	192,521.00
SAAS Asset	29,633.00
Total Other Assets	\$46,286.19
TOTAL ASSETS	\$698,829.78
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	120.24
Total Accounts Payable	\$120.24
Credit Cards	
WF Mastercard	55.00

State of Nevada Board of Occupational Therapy

Balance Sheet

As of September 30, 2025

	TOTAL
Total Credit Cards	\$55.00
Other Current Liabilities	
Accrued PTO	10,172.78
Deferred Compensation Payable	131.34
Deferred Revenue	259,656.37
Direct Deposit Liabilities	0.00
Due to State Treasurer	0.00
Lease Liabilities - Current	30,373.00
Other Current Liabilities	12,619.57
Payroll Liability	3,796.63
Payroll Tax Liability	290.44
SAAS Liability - Current	5,960.00
Total Other Current Liabilities	\$323,000.13
Total Current Liabilities	\$323,175.37
Long-Term Liabilities	
Lease Liabilities - Non Current	5,809.28
SAAS Liability - Non Current	6,845.78
Total Long-Term Liabilities	\$12,655.06
Total Liabilities	\$335,830.43
Equity	
Invested in Capital Assets	-7,973.00
Retained Earnings	356,609.24
Net Income	14,363.11
Total Equity	\$362,999.35
TOTAL LIABILITIES AND EQUITY	\$698,829.78

Profit and Loss
State of Nevada Board of Occupational Therapy
 July 1-September 30, 2025

DISTRIBUTION ACCOUNT	TOTAL
Income	
Fees	12,125.00
Fines and Legal Fees	1,743.14
License Fees	62,657.38
List Fee	1,650.00
Total for Income	\$78,175.52
Cost of Goods Sold	
Gross Profit	\$78,175.52
Expenses	
Attorney General / Legal Fees	-78.52
Bank Service/Merchant Charges	1,594.06
Board Compensation	1,350.00
Dues & subscriptions	959.87
Equipment Rental	455.25
Insurance	1,139.00
Licensing - Data System	\$225.00
Amortization	1,852.06
Data System expense	0.00
Data System Interest	176.78
Total for Licensing - Data System	\$2,253.84
Office Expense	
Internet Service	479.97
Postage and Delivery	318.53
Printing and Reproduction	60.52
Records Storage/Recycling	65.00
Telephone	165.01
Total for Office Expense	\$1,089.03
Office Lease	
Depreciation	6,875.75
Lease Expense	-147.73
Office Lease Interest	464.32
Total for Office Lease	\$7,192.34
Office Supplies	109.49
Payroll Expenses	
Deferred Compensation	4,269.92
Employer Taxes	3,107.90
Medical Benefit	484.61
PTO Expense	592.96
Salaries and Wages	35,796.75
Total for Payroll Expenses	\$44,252.14

Profit and Loss
 State of Nevada Board of Occupational Therapy
 July 1-September 30, 2025

DISTRIBUTION ACCOUNT	TOTAL
Professional Fees	
Accounting	750.00
Legislative Services	6,000.00
Total for Professional Fees	\$6,750.00
Travel	
Travel - in state	995.00
Total for Travel	\$995.00
Total for Expenses	\$68,061.50
Net Operating Income	\$10,114.02
Other Income	
Interest Income	16.39
Sublease Income	4,232.70
Total for Other Income	\$4,249.09
Other Expenses	
Net Other Income	\$4,249.09
Net Income	\$14,363.11

**PROPOSED REGULATION OF THE
DIRECTOR OF THE OFFICE OF NEVADA BOARDS, COMMISSIONS
AND COUNCILS STANDARDS**

LCB FILE NO. R074-25I

**The following document is the initial draft regulation proposed
by the agency submitted on 10/24/2025**

OPENDEPARTMENT OF BUSINESS AND INDUSTRY - OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

Disclaimer: Nothing in these regulations shall be construed to supersede or conflict with the procedural requirements set forth in NRS Chapters 622 or 622A, or with any current NRS or NAC applicable to boards governed under Title 54. These standards are intended solely to supplement existing statutory provisions for the purpose of administrative oversight, operational consistency, and inter-board standardization pursuant to NRS 232.8415.

General Provisions

NAC 232.010 Definitions. (NRS 233B.505) As used in NAC 232.010 to 232.140, inclusive, unless the context otherwise requires:

1. “Chief” means the chief of a division of the Department.
2. “Department” means the Department of Business and Industry.
3. “Director” means the Director of the Department.
4. *“Office” means the Office of Nevada Boards, Commissions, and Councils Standards.*
5. *“Purview” as used in NRS 232.8415(2), includes the administrative oversight of all professional and occupational licensing Boards*
6. *“Board” means any board, commission, or other statutorily created entity under the purview of the Office pursuant to NRS 232.8415.*
7. *“Board Member” means a person appointed to serve on a specific board or who has previously served on that specific board.*
8. *“Executive Director, or equivalent officer of the boards” means a person appointed or employed by a board who is responsible for overseeing the day-to-day operations of the board.*
9. *“License” means any permit, registration, certificate, or license issued by the a board under the Department.*
10. *“Licensee” means any person who has been issued a permit, registration, certificate, or license by the board under the Department.*
11. *“Profession” means any activity, occupation, or vocation regulated by the board under the Office of Nevada Boards, Commissions, and Councils Standards.*

NAC 232. – Department; powers and duties

1. *Pursuant to NRS 232.8415(1)(a), each board shall comply with the following procedures and requirements approved by the Office for purposes of centralized*

administration which include, but are not limited to:

a. In regards to Performance Monitoring and Data Reporting, Boards shall:

i. Submit to the Office, on a quarterly basis, the same complaint and licensing data required to be reported pursuant to NRS 622.100, including but not limited to:

- 1. complaints received, resolved, pending, and the average processing times for each state of the complaint process;*
- 2. licensing applications received, approved, denied, and rejected as incomplete, together with average processing times.*

For purposes of this section, submission to the Office may be satisfied by providing the Office a copy of the reports transmitted to the Legislative Counsel Bureau pursuant to NRS 622.100, together with any supplemental data requested by the Office that is not otherwise captured under NRS 622.100.

ii. For any matter under investigation by a Board, the Board shall document in the investigative file for that matter any necessary timelines as well as any deviations from those timelines and the basis for the same. Report to the Office, as part of its quarterly submission, those cases in which investigative timelines were exceeded, together with a summary of the reason for the missed deadline. For the purposes of this subsection, “investigative timeline” means the statutory or regulatory deadlines, benchmarks, or procedural steps applicable to a Board’s investigation of a complaint or disciplinary matter, including, without limitation, the receipt and acknowledgment of a complaint, the issuance of notice to the licensee, the determination of probable cause, the filing of a formal complaint, the scheduling of hearings, and the issuance of a final decision.

iii. Boards shall track bills during each regular and special session of the Nevada Legislature that may affect Board operations or the professions regulated by the Board. Within 60 days after adjournment of the session, each Board shall submit to the Office a report, in the format prescribed by the Office, identifying:

- 1. The bills tracked by the Board*
- 2. The potential impact of each bill on Board operations or Licensees;*
- 3. Any actions required of the Board to implement enacted legislation; and*
- 4. An estimated timeline for implementation of such actions.*

Each Board shall notify the Office when implementation of an enacted bill has been completed, using the format prescribed by the Office

- iv. Update its administrative codes in response to newly enacted laws*
- v. Ensure proper reconciliation of board accounts and bank records*

b. In regards to reporting and audit readiness, each Board shall ensure timely and accurate compliance with all reporting and audit requirements mandated by statute or regulation, including but not limited to NRS 622.100, NRS 218G.400, NRS 331.110, and 333.705. To support centralized oversight and transparency, each Board shall:

- i. Provide to the Office, in a standardized format prescribed by the Office, copies of the same quarterly and annual reports submitted pursuant to NRS 622.100 and NRS 218G.400. In addition to the statutory reports, submit a simplified quarterly financial summary within 30 days after the close of each quarter, including total revenues, total expenditures, and Quarter-end cash balances. Submit a simplified annual financial summary within 9 months after the end of each fiscal year, which must include:*
 - 1. Total revenues, expenditures, and year-end cash balances*
 - 2. A reconciliation to the financial statements or balance sheet prepared pursuant to NRS 218G.400;*
 - 3. A statement identifying any significant financial or structural concerns observed by the Board; and*
 - 4. A review of the adequacy of existing fees conducted pursuant to statute.*

c. Training of Board Members

- i. Require the Board's Executive Director and relevant staff to notify Board Members of updated training modules to ensure their ongoing compliance with training required by this Chapter;*
- ii. Each Board shall, within 30 days after a member's completion of the training, provide written notice to the Office confirming the date of completion.*

ii. The Office shall establish the form of such notice to ensure consistency of reporting across all Boards.

d. In regards to Board Member Support Services:

- i. Boards shall maintain a centralized log of appointment terms and expiration dates*

e. Access to investigative reports and documentation

- i. Upon request of the Office, and to the extent permitted by law, a Board shall communicate, cooperate with, and provide any documents, data, or other information requested by the Office regarding an investigation or disciplinary matter of the Board. In carrying out its oversight duties pursuant to NRS 232.8413 and 232.8415, the Office is entitled to obtain such information notwithstanding any confidentiality provisions contained in a Board's enabling statutes, provided that the Office maintains the confidentiality of those records in accordance with applicable state and federal law. The provision of such information to the Office does not*

constitute a disclosure to the public or a waiver of confidentiality, but rather an authorized disclosure for official oversight purposes. And confidential records obtained by the Office pursuant to this section must remain confidential and shall be used solely for official purposes consistent with the Office's statutory duties.

2. *Pursuant to NRS 232.8415(1)(c), The Office requires the following standards for internal financial controls:*
 - a. *In regards to fiscal accountability, Boards shall develop and monitor board budgets*
 - b. *In regards to data integrity and information management, Board's shall*
 - i. *Ensure licensee, financial, and complaint data are accurate and verifiable*
 - ii. *Protect confidential and personally identifiable information*
 1. *Respond to all statutory Audits including*
 - a. *Addressing audit findings of authorized entities, including the Office, with written plans and submission follow-up documentation as required within 60 days.*
 - b. *Cooperating with audit reviews conducted by the Office, the Legislative Auditor, or other authorized entities*
 - c. *Fiscal independence and cost allocation*
 - i. *Each Board shall retain full control and custody of all revenue collected under its statutory authority, including but not limited to license fees and other board-generated income.*
 - ii. *The Office shall not access, redirect, or utilize Boards funds*
 - iii. *Boards shall be responsible only for cost allocation charges specifically authorized by statute and enacted by the legislature to fund the operations of the Office.*
 - iv. *All other funding shall remain under the Board's sole authority, subject only to its enabling statutes and applicable financial controls.*

3. *Pursuant to NRS 232.8415(1)(e), the Office requires the following structural standards for Boards*
 - a. *In regards to Board composition and statutory compliance, Boards shall maintain records of each board member's designated seat, including whether their designation is statutorily required as a public member, industry representative, or licensee.*
 - b. *In regards to Board officer roles and elections, Boards shall*
 - i. *Hold officer elections as required by statute or regulation of the*

Board.

- 9. A license verification system accessible from the homepage within one click, including full name, license type, license number, status, issuance/expiration dates, and an indication of disciplinary history (“yes/no”)A disciplinary action portal or searchable system available on the Board’s homepage, updated within 15 days of new actions, which includes: at a minimum,*

 - a. licensee name, license number, action type and date, and access to final orders or settlement agreements, unless confidentiality is required by statute*
 - 10. Instructions and forms for filing a complaint*
 - 11. The most recent financial summary prescribed under Section 1(b) of these regulations, together with any CPA audit or balance sheet submitted pursuant to NRS 218G.400*
 - 12. Any audit, sunset review report, or legislative performance evaluation prepared within the last 5 years, and*
 - 13. A direct link to the website of the Office of Nevada Boards, Commissions, and Councils Standards available on the Board’s homepage.*
 - 14. Final adopted regulations net yet codified in NAC, as filed with the Secretary of State*
 - 15. Each Board shall include the following additional information: mission statement, annual reports or performance data, licensing/renewal/reinstatement instructions, and statutory reports and audits*
 - b. In regards to complaint transparency and access, Boards shall*

 - i. Provide clear instructions for filing complaints against licensees or the Board*
 - ii. Offer online complaint portals or downloadable forms on Board websites*
 - iii. Protect confidentiality in accordance with NRS 622.360 and other applicable laws, while ensuring fairness and responsiveness to complainants*
 - c. In regards to consumer education and outreach, Boards are encouraged to publish newsletters, alerts, or bulletins to inform the public of Board activities, professional standards, ethical requirements, consumer rights, and procedures for reporting misconduct.*
 - 5. Pursuant to NRS 232.8415(1)(g), the Office requires the following standards for efficacy and efficiency, which each Board shall comply with:*

 - a. Evaluation of Performance*

- i. The Office may evaluate each Board's performance using the financial and operational reports submitted to Section 1(b) of these regulations and the transparency and complaint data submitted pursuant to Section 6.*
 - ii. Boards shall cooperate with the Office in any performance reviews, audits, or requests for additional information necessary to assess the efficiency and effectiveness of operations.*
- b. Continuous Improvement*
 - i. Based on the results of these evaluations, the Office may issue recommendations or require corrective action to improve efficiency, reduce costs, or enhance consumer protection.*
 - ii. Boards shall implement corrective actions within 90 days of receiving notice from the Office, unless the Office specifies a different timeframe in writing based on the nature or complexity of the corrective action required*

6. Pursuant to NRS 232.8415(1) (a-g), the Office requires the following remedies for noncompliance with the Boards:

- a. If a Board fails to comply with the requirements set forth in these regulations, the Office may issue a written notice of deficiency and require corrective action within 60 days.*
- b. Continued failure to comply may result in:*
 - i. Enhanced administrative oversight,*
 - ii. Referral to the Governor for potential removal actions under NRS 232A.030, or*
 - iii. Withholding of administrative or fiscal support services*

**State of Nevada
Board of Occupational Therapy**

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AGENDA ITEM 10: Report from Legal Counsel

Henna Rasul, Sr. Deputy Attorney General will report on legal matters.

AGENDA ITEM 11: Board Activities & Reports from Members

Meeting and Activities Schedule

Activity	Calendar Year 2026	Topics/Comments
Board Meeting	January 24	Appointment of Chair & Board Officers
Board Meeting	March 14	ED Annual Evaluation
Board Meeting	June	FY 26 Budget Approval
Board Meeting	September	Policies and Procedures Revisions

Recognition of Board Member Service

Philip Seitz, OTA
January 1, 2020 – December 31, 2025
In Recognition of Your Distinguished Service and Commitment to Excellence
as Member, Chair, and Vice Chair of the Board

Future Agenda Items

Reports and Comments from Board Members