

WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN
BEFORE THE PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF THE APPLICATION OF	:
	:
	:
KRISTI KNUTSON, P.T.A.,	:
APPLICANT	:

ORDER GRANTING A LIMITED LICENSE

Ms. Kristi Knutson
2607 Fielding Lane
Apartment #106
Waukesha, WI 53188-1487

On March 17, 2005, the Physical Therapists Affiliated Credentialing Board (Board) reviewed the application of Kristi Knutson for a license to practice as a physical therapist assistant. Ms. Knutson appeared before the Board at its meeting on July 14, 2005, and additional information was sought from Ms. Knutson’s medical provider. At its meeting on December 8, 2005, the Board again reviewed Ms. Knutson’s application and the supplemental information that had been requested.

Based upon the Board’s review,

IT IS HEREBY ORDERED that Kristi Knutson, P.T.A., is granted a LIMITED LICENSE to practice as a physical therapist assistant subject to the following terms and conditions:

- (1) Ms. Knutson shall continue in treatment and cooperate with Jon S. Berlin, M.D. Ms. Knutson shall meet with Dr. Berlin at least once every three months. Dr. Berlin shall file quarterly reports with the Board regarding Ms. Knutson’s progress.
- (2) Ms. Knutson shall obtain advance approval of the Board if she wishes to change her mental health treatment provider.
- (3) Quarterly reports and any other requests should be filed with the Department Monitor-Division of Enforcement, Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708-8935 Telephone: (608) 267-3817. Facsimile: (608) 266-2264.

Violation of any of the terms of this Order shall be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent’s license; the Board in its discretion may in the alternative impose additional conditions and limitations or other discipline.

Dated this 8th day of December, 2005.

STATE OF WISCONSIN
PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

Otto Codero, P.T.
Chairperson

NOTICE

This Order constitutes notice of denial of your application for full and unconditional licensure. Please take notice that pursuant to s. 227.42, Wis. Stats., and ch. RL1, Wis. Admin. Code, you have a right to a hearing on the denial of the license requested. You may request such hearing if your request is received in the office of the Social Work Section of the Marriage and Family Therapy, Professional Counseling, and Social Work Examining Board within 45 days of the date of this notice at the following address:

1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

The request must include your name and address, the type of license for which you have applied, the reason why you have requested a hearing, the facts which you intend to prove at a hearing, and an explanation of the mistake you believe was made, if you claim that the denial of the license is based on a mistake in fact or law. Within 45 days of receipt of a request for hearing, the Board shall grant or deny the request, but the request will be granted if the foregoing requirements are met. If the request for hearing is granted, you will be notified of the time, place and nature of the hearing. If the request for a hearing is denied, you will be notified in writing of the reason for denial.