

## Pelvic Rehabilitation Practitioner Certification Request for Consideration of Application

Section 2.2.1 of the outlines that the following applicants holding an active license in the following professions may apply to sit for the PRPC examination:

### 2.2.1 Profession / Location

In order to meet the eligibility requirements to sit for the exam, applicants must be a Physical Therapist (PT), Physical Therapist Assistant (PTA), Physician (MD), Registered Nurse (RN), Occupational Therapist (OT), Occupational Therapists Assistants (OTA), Doctor of Osteopathic Medicine (DO), Doctor of Chiropractic Medicine (DC), Advanced Registered Nurse Practitioner (ARNP), Nurse Midwives (CNM), Doctor of Naturopathic Medicine (ND), or Physician's Assistant (PA-C) with an active state-board license to practice, living and practicing in the United States of America, Puerto Rico, or the US Virgin Islands.

If a clinician wishes to sit for the exam but is not licensed in one of the above professions or lives/practices outside of the United States of America, the clinician must submit this **Request for Consideration of Application** form to HW before submitting an application. HW will evaluate requests from clinicians not licensed in one of the above professions and international applications on a case-by-case basis.

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Practitioners who do not meet the above requirements and wish to have their application considered for the PRPC examination certification must submit the following to [PRPCapplications@hermanwallace.com](mailto:PRPCapplications@hermanwallace.com):

- Submit request in writing a minimum of 45 days prior to scheduled testing date
- Submit completed **Request for Consideration of Application** form
- Submit copy of active practitioner's license

Practitioner full name and degrees:

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Does your degree and state governing body include diagnosing and internal examinations in your scope of care:

- Yes
- No





# HERMAN & WALLACE

pelvic rehabilitation institute

What organization or authority regulates the distribution and renewal of your license(s)?

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In what country(s) do you reside? \_\_\_\_\_

In what country(s) do you reside practice? \_\_\_\_\_

**Are you licensed to perform direct pelvic patient care, as defined in section 2.2.2 of the PRPC Terms and Conditions?**

### 2.2.2 Direct Patient Care

There is no comprehensive list of activities that encompass direct patient care. A general guideline is that direct patient care includes any time spent by a clinician that has a direct influence on the care of a specific individual patient. This time may be paid or provided at no cost. While time spent on the examination, evaluation, diagnosis, prognosis, or intervention of an individual absolutely qualifies as direct patient care, there are other activities that applicants may apply toward this requirement. Applicants who have a question about whether or not a certain activity qualifies as direct patient care should contact HW for clarification.

Yes

No

**Please describe the care that you most frequently give to pelvic patients:**

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**Is there any other information you would like to share:**

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**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

