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**Note:** Email completed form to jcarr1@jcarr.state.oh.us.

Hearing Date: 8/19/2020

Agency: Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Rule Number(s): Chapter 4779., 4755-61, -62, -63, -64, -65, -66

If no comments at the hearing, please check the box.  $\square$ 

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

Today's Date: 8/19/2020

- 1. Click here to enter text.
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- **16.** Click here to enter text.

## Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

Click here to enter text.

## Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.