SUBMITTED: 08/17/2021 5:12 PM

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

Hearing Date: 8/17/2021 Today's Date: 8/17/2021 Agency: Occupational Therapy, Physical Therapy, and Athletic Trainers Board Rule Number(s): 4755-23-16, 4755-24-01 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. 1. 2. Click here to enter text. 3. Click here to enter text. 4. Click here to enter text. 5. Click here to enter text. 6. Click here to enter text. 7. Click here to enter text. **8.** Click here to enter text. 9. Click here to enter text.

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- 16. Click here to enter text.

HSR p(190563) d: (784221) print date: 07/06/2025 5:36 AM

## **Hearing Summary Report**

## **Consolidated Summary of Comments Received**

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

No comments received.		

## **Hearing Summary Report**

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

No comments received.			