

STATEMENT OF SUPERVISING LICENSED PHYSICAL THERAPIST

NAME OF PERSON APPLYING FOR TEMPORARY LICENSE: _____
(Print name of applicant)

This is to certify that I, _____, whose Physical Therapist
(Print name of licensed Physical Therapist)

License No. is **PT** - _____, will be providing direct supervision* to _____

from _____.
(date)

Further, should there be a severance of this supervisory relationship, I shall notify the Board, within 48 hours and through certified mail, of the severance.

Signature of Supervising Physical Therapist

Name of Company

Address of Company

Telephone No.

Subscribed and sworn to before me this
_____ day of _____ A.D. 20 _____.

Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____

Notary Signature: _____
Date _____

*"Direct supervision" means the supervisor is on the premises, is quickly and easily available, and has examined the patient at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.

Upon issuance of the temporary license, the supervising Physical Therapist is required to confirm, in writing, the date that the above-referenced applicant begins working under the temporary license. If we do not hear from you within 20 days, the Board of Physical Therapy ("Board") will assume that the above referenced applicant is not working with you and this temporary license will automatically terminate without further notice from the Board.

Please be advised that you are required to notify the Board of severance of your supervisory relationship.