

**Louisiana Physical Therapy Board
Application for State Licensure**

Procedures

No Individual May Begin Clinical Practice Without a Provisional License/License

Read the definitions below to determine what type of applicant you are.

Types of Applicants

- 1) Examination – if you are a new graduate of a CAPTE accredited Physical Therapy or Physical Therapist Assistant Program and you have never been licensed in another state or US Territory by temporary or permanent license and have never taken a US administered National Physical Therapy licensing examination. (administered by PES, ASI, or FSBPT).
- 2) Foreign educated – if you have been educated and graduated from a school of physical therapy outside the United States that is not CAPTE accredited.
- 3) Reciprocity – if you have ever held a temporary or permanent license in another US state and have taken a US administered National Physical Therapy or Physical Therapist Assistant licensing exam (administered by PES, ASI, or FSBPT).
- 4) Re-instatement – if you have been previously licensed in Louisiana, but have allowed your license to lapse. The fee for reinstatement is renewal fee plus reinstatement fee.

See Fee Schedule for Applicable Fees.

General Information

Only Current, Original Applications will be accepted

1) The application fee must be submitted in the form of a domestic cashier's check or a money order. A personal check is not acceptable and your application will be returned. **THIS FEE IS NON-REFUNDABLE.**

Your application must be complete and notarized containing one (1) proper passport size photograph (taken within one (1) year) to be used for identification purposes. Staple the photo to the application where indicated.

Enclosed in this packet, you will find a form that must be forwarded to the applicant's Physical Therapy or Physical Therapist Assistant School verifying completion and graduation from that program. This form will be forwarded to this Board by the school. A copy of the applicant's marriage certificate is required if the degree was received in the applicant's maiden name. A photocopy of the applicant's physical therapy or physical therapist assistant diploma and/or certificate must be sent to this office along with your application to be retained in the Board office files. Pass the Board's online jurisprudence (free of charge – www.laptboard.org/coned/jurisprudence)

Personal interviews will be scheduled with a Board Representative upon receipt of completed application and payment of fees. Applicants must present the following ORIGINAL documents at the time of the interview in order to obtain a temporary permit to practice physical therapy in Louisiana:

- a. Original Physical Therapy or Physical Therapist Assistant Diploma
- b. Original licenses from the states where you have most recently been licensed – if any.
- c. Original Passport – if you are not a U.S. Citizen (foreign educated physical therapy graduates only).

Disclosure of your Social Security Number is mandatory. The SSN will be provided to the Department of Child Support and Financial Aid to assist in the identification of persons who are delinquent in complying with a child support order, or in the repayment of educational loans.

2) Renewal fees must be paid to the Louisiana Physical Therapy Board. If renewal fees are not **received** timely, your license will lapse. Approved continuing education is required to in order to renew your license.

REQUIREMENTS FOR REINSTATEMENT

In addition to the application, please send:

- ◇ A letter giving the explanation for the reason the license was not renewed timely.
- ◇ Two letters of character recommendation from reputable physicians, dentists, podiatrists, currently licensed physical therapists, or chiropractors along with the applicable renewal and reinstatement fees.
- ◇ Verification of licensure from all states in which you held a license/permit. (must be forwarded by state PT board)
- ◇ Provide certificates of attendance for 12 contact hours of continuing education from the previous 12 months
- ◇ Pass the Board's online jurisprudence (free of charge – www.laptboard.org/coned/jurisprudence)

COMPLIANCE WITH THE AMERICAN DISABILITIES ACT OF 1990

The Louisiana Physical Therapy Board (the "Board") complies with the American with Disabilities Act of 1990. To assure equal opportunity for all qualified persons, the Board will make reasonable accommodations for candidates having certain physical or mental impairments that might affect their ability to take the licensing examination. If you have a physical or mental impairment which limits one or more of your major life activities for which you desire accommodation in the testing process, please notify the Board office as soon as possible. All requests for accommodations must be received with the application for examination.

FOREIGN-EDUCATED PHYSICAL THERAPY APPLICANTS

NOTICE

Foreign-educated physical therapy graduates must pass the NPTE prior to being issued a provisional license to complete the supervised clinical period. Please see the rules for additional information. Prior to the issuance of a permanent license, the graduate should request from the physical therapist(s) supervising him that he submit to the Board proof of supervised clinical hours obtained since the beginning of his supervised clinical experience and recommendation of his clinical performance using the form provided by the Board.

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)

Type I Certification - Foreign educated applicants must apply to Foreign Credentialing Commission on Physical Therapy (FCCPT) for eligibility to obtain a Type I Comprehensive Certificate. FCCPT is located at 511 Wythe Street, Alexandria, VA 22314-1917. The telephone number is (703) 684-8406. Application materials can be downloaded from FCCPT's website at <http://www.fccpt.org>.

FEE SCHEDULE

*APPLICATION FEE	
Payable to Louisiana Physical Therapy Board.....	\$200.00
Apply on-line to FSBPT (https://www.fsbpt.net)	370.00
RE-EXAMINATION	
(apply on line to FSBPT (https://www.fsbpt.net)	370.00
*RE-INSTATEMENT(must include renewal fee of \$115)	75.00
RENEWAL OF LICENSE OR PROVISIONAL LICENSE	115.00
VERIFICATION OF LICENSE	40.00
DUPLICATE WALL LICENSE.....	50.00
DUPLICATE BILLFOLD LICENSE.....	20.00
* Submit fee in form of a cashier's check or money order.	

Staple 1
Passport Size
Photo Here

APPLICATION

LOUISIANA PHYSICAL THERAPY BOARD
104 Fairlane Drive, Lafayette, LA 70507
(337) 262-1043

PART 1: Applicant Identifying Information

I hereby make application for a license to practice as a Physical Therapist or Physical Therapist Assistant (**circle one**) in Louisiana subject to the provisions of the law and the rules of the Louisiana Physical Therapy Board.

1. Last Name	2. First Name	3. M Name	4. Suffix	5. Maiden Name (if applicable)
6. Mothers Maiden Name		7. SSN		
8. Current Address				
Street	Apt No	County/Parish	City State	Zip Code
9. Permanent Mailing Address (if different from Current address listed above)				
Street	Apt No	County/Parish	City	State Zip Code
10. Business Mailing Address				
Street	Apt No	County/Parish	City	State Zip Code
11. Identify Preferred mailing address.				
<input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business				
Note: You must select one. The preferred mailing address will be available to the public.				
12. Identify any maiden name, surname or any other names of aliases you have been known by or used, and identify the reason for your name change.				
13. Place of Birth (List City, Parish/County, State or other Jurisdiction, Country)			14. Date of Birth (MM/DD/YYYY)	
16. Contact Information (with area code) cell Phone #				
Home Phone #		Business Phone #		E-Mail Address
EACH TIME YOUR ADDRESS CHANGES YOU MUST NOTIFY THE BOARD				
17. Present Employment: (Facility Name, Address, & Telephone Number)				
18. Proposed Employment: (Facility Name, Address, & Telephone Number)				

Applicant Signature & Date

PART II: Education Information

High School Attended	LOCATION (City and State or Country)	DATES OF ATTENDANCE		DEGREE EARNED/ MAJOR
		FROM Month/Year	TO Month/Year	
COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)		DATES OF ATTENDANCE		DEGREE EARNED/ MAJOR
		FROM Month/Year	TO Month/Year	

PART III: Record of Licensure Information

If you have ever been licensed, certified or registered (including temporary permits) to practice in the profession for which you are now making application, or held any other professional license, certification or registration complete the information below. You must identify the method by which you obtained your professional license(s) – i.e. **1. licensure by examination, 2. endorsement/reciprocity, 3. grandfather/waiver** provision in the appropriate column. If you have ever held a temporary permit, it must be listed here also. You must include previous jurisdictions both within and outside the United States. Failure to disclose all licenses, certifications, or registrations previously held may result in denial of your application or other appropriate action. Please provide a copy of your license or certificate. **YOU MUST PROVIDE VERIFICATION OF LICENSURE FOR EACH STATE OR COUNTRY IN WHICH YOU WERE GRANTED A PERMIT OR LICENSE. THE VERIFICATION MUST COME FROM THE STATE/COUNTRY LICENSING BOARD.**

Jurisdiction	Title of License (PT/PTA)	License Number/ Name on License	How License Obtained (Use applicable number from above)	Date of Original (Initial) Issuance	If license is not current and in good standing, explain below or on separate sheet
Jurisdiction of Original (Initial) Licensure:					
Jurisdiction of Current Licensure where you have practiced most recently:					
Licensure from other Jurisdictions:					

Applicant's Signature & Date

PART IV: Record of Licensure Examination

If you have ever taken a licensure examination, in this state or any other state, for the profession for which you are now making application, you must complete the information requested below. Each examination attempt must be shown. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action. You must request your scores be transferred to this Board by the Federation of State Boards of Physical Therapy Score Transfer Service at 703-299-3100 or application can be made on the internet at <https://www.fsbpt.net>. If you are currently registered for the exam please indicate your Confirmation Number.

Name of Examination Note: If an Examination is administered in parts, each part should be listed separately.	Jurisdiction	Score	Date and City of Examination	Passed/Failed/Other (If Other, Please explain.)

PART V. Employment History

Please indicate all employment chronologically since graduation beginning with current employment and account for all times.

FACILITY	CITY, STATE	DATES EMPLOYED	POSITION

PART VI. PERSONAL HISTORY INFORMATION

Please answer each of the following questions by putting a circle around the appropriate answer. All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: if You answer "Yes" to any of the questions below and have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please indicate the date of your previous submission next to the applicable question(s).

1. Have you ever had an application for any professional license refused or denied by any licensing authority? Yes No
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure? Yes No
3. Have you ever been dropped, suspended, placed on probation, expelled, fined or requested to resign from any post-secondary educational program in which you were enrolled? Yes No

Applicant's Signature & Date

- | | | |
|--|-----|----|
| 4. Have you ever been placed on probation, restriction, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise been acted against by any professional training program prior to completion of that training? | Yes | No |
| 5. Have you ever voluntarily surrendered a physical therapy or physical therapist assistant license? | Yes | No |
| 6. Have you ever allowed your physical therapy or physical therapist assistant license to lapse, or had a limited or probationary license issued by any state licensing authority? | Yes | No |
| 7. Have you ever voluntarily surrendered any other professional license? | Yes | No |
| 8. Have you ever allowed any other professional license to lapse, or had a limited or probationary license issued by any other licensing authority? | Yes | No |
| 9. Has your physical therapist or physical therapist assistant license ever been revoked? | Yes | No |
| 10. Have you ever been the subject of disciplinary action with regard to your physical therapist or physical therapist assistant license, been sanctioned by any state licensing authority, state association, licensed healthcare facility, or the administrative staff of such facility? | Yes | No |
| 11. Have your practice privileges ever been restricted or terminated by any licensing authority, association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? | Yes | No |
| 12. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license? | Yes | No |
| 13. To your knowledge are there any complaints against you which are currently pending or unresolved before any licensing authority, association, licensed hospital/clinic, or staff of such hospital or clinic? | Yes | No |
| 14. Have you ever been charged with, convicted of, or pled guilty or nolo contendere, to a felony criminal offense in any state or federal court, whether or not sentence has been imposed or suspended?
If YES, in addition to the affidavit, attach a certified copy of the court records regarding your Conviction or plea, the nature of the offense and date of discharge, if applicable, as well as a statement from your probation or parole officer. | Yes | No |
| 15. Have you ever been pardoned from a criminal felony conviction? | Yes | No |
| 16. Have you ever had a record expunged from a criminal felony conviction? | Yes | No |
| 17. Are you now, or have you in the last 5 years, been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)? | Yes | No |
| 18. During the last 5 years have you been treated for drug or alcohol addiction or participated in a rehabilitation program? | Yes | No |
| 19. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to completely and safely perform the essential functions involved in practice of physical therapy or physical therapist assisting? | Yes | No |
| 20. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice)? | Yes | No |
| 21. Have you ever been court martialled or discharged, other than honorably, from the armed services? | Yes | No |
| 22. Have you ever been terminated from a position with a city, county, state or federal government entity? | Yes | No |
| 23. During the last five (5) years have you had a license or certification revoked or suspended, other disciplinary action taken, or an application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? | Yes | No |

Applicant's Signature & Date

**RE-INSTATEMENT AND RE-EXAMINATION APPLICANTS
ARE NOT REQUIRED TO COMPLETE THIS SECTION BUT MUST INCLUDE WITH THE APPLICATION**

PERSONAL INTERVIEW

Upon completion of your file, you will be notified of the Board representative with whom you are to make a personal appearance. **YOU MAY NOT PRACTICE UNTIL RECEIPT OF YOUR PROVISIONAL LICENSE OR PERMANENT LICENSE.** Please call the Board representative interviewer for an appointment at least one week before you must begin work.

Please indicate below the location you prefer to make your personal appearance.

Baton Rouge _____

Lafayette _____

Lake Charles _____

New Orleans _____

Alexandria _____

Monroe _____

Shreveport _____

APPLICANT'S OATH

I hereby certify under oath that all statements I have made in this application are true, that I am the person named in the credentials herewith presented and that I am the original and lawful possessor of these documents; that the photographs attached hereto are true ones of me and that they were taken within the past year; that in consideration of the issuance to me of a license to practice physical therapy in Louisiana, I swear that I shall abstain from unethical advertising, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that I shall not associate professionally with, nor become a partner or employee of, any person who resorts to such practices, and I hereby agree that violation of this oath shall constitute cause sufficient for the revocation of said license and surrender of the rights and privileges that accrue to me thereunder.

I hereby authorize all hospitals, educational institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, or federal) to release to the Louisiana Physical Therapy Board any information, files or records requested by the Board. I further authorize the Louisiana Physical Therapy Board to release to any such organization, individual or group having reasonable need therefore, any information supplied to or obtained by the Board in connection with my application or relative to the status of any license or permit issued to me as a result of such application.

My name appears on the following documents as follows:

- a. Professional diploma _____
- b. Social Security card _____
- c. Certificate of Naturalization, Declaration of Intention, Valid Visa: (Specify) _____

I am also known as (List all names under which you are known): _____

My legal name and the name which I will be known by the Louisiana Physical Therapy Board is (if different from which appears above, a copy of your marriage Certificate, Divorce Decree, or Court Order must accompany this statement):

_____	_____	_____
Given (first)	Middle	Surname (last)

I understand that the Louisiana Physical Therapy Board maintains all records in alphabetical order and that I will be listed alphabetically under my surname (last).

Subscribed and sworn to before me

This _____ day of _____

Signed

Notary Public

(Seal)

My commission expires _____

APPLYING FOR THE NATIONAL PHYSICAL THERAPY or PHYSICAL THERAPIST ASSISTANT EXAMINATION

The Louisiana Physical Therapy Board (Board) determines your eligibility to sit for the exam, based on educational requirements and other guidelines listed in the state licensing application packet. If you are eligible to sit for the exam, the Board will inform the Federation of State Boards of Physical Therapy (FSBPT). You will be notified by FSBPT in writing when they have both your application and payment with instructions on how to schedule your examination. If you are not eligible, the Board will inform you in writing of outstanding requirements that you must complete before you are eligible to sit for the examination.

The Board requires that applicants sit for and pass the appropriate National Physical Therapy Examinations (NPTE) as a prerequisite for licensure. The FSBPT is the organization responsible for administering and developing these examinations. Although the board neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exam.

Candidates may register to sit for the exam via the Internet and pay by credit card. The website to register for the NPTE online is <https://www.fsbpt.net>. Please do not call the Board about scheduling your examination. Scheduling questions should be addressed to FSBPT at 703-299-3100. After the Board approves your eligibility to sit for the exam, FSBPT will mail you an Authorization to Test letter with information about scheduling the examination. Candidates may now retrieve the Authorization to Test letter is now available from the FSBPT website.

The Board will notify you of exam results by email. If you pass, your licensure application will be reviewed for issuance of a license parchment that is issued once to each new licensed professional. If you fail, you must start the process again by submitting to the Board another licensure application and again register to sit for the exam with FSBPT.

PROCESS

- Candidates obtain application materials from the licensing board in the jurisdiction in which they are seeking licensure.
- Special accommodations are available but must be requested upon submission of application to the Board for licensure. Forms for ADA accommodations are available on the Board website at www.laptboard.org/forms. Online exam registration via the FSBPT internet site allows the candidate to make a request for special accommodations which must be approved by the jurisdiction.
- Online registration for the NPTE must be made to the FSBPT at <https://www.fsbpt.net>.
- Once all required documentation is received in the Board office, a packet of information will be sent to the interviewer for your personal interview. Exam registration requirements must be met, or a Provisional License to practice physical therapy/physical therapist assisting may not be issued.
- Candidates will receive a letter via email with the name and contact information of the Board Representative who will conduct their personal interview. The candidate must contact the interviewer to schedule the personal interview. The candidate must present their original diploma at the interview. Foreign educated therapists must also present their current visa. A provisional license may be issued by the board office for 90 days from the date of issuance after the personal interview. The candidate must schedule and take the examination prior to the expiration date on the provisional license.
- The Board approves candidates as eligible to sit for the examination online via the internet.
- FSBPT processes the registration online and sends an Authorization To Test letter to the eligible candidate containing an authorization number and a number to call to schedule the examination at any Prometric Testing Center. The letter indicates the fixed date of the examination for which the applicant has registered. **PLEASE NOTE THAT A CANDIDATE MUST SCHEDULE AND SIT FOR THE LICENSURE EXAM PRIOR TO THE PROVISIONAL LICENSE EXPIRATION DATE. AN EXTENSION OF THE PROVISIONAL LICENSE WILL NOT BE ISSUED.**

- Candidates may sit for the examination at any Prometric Testing Center. Prometric charges a computer usage fee of \$70.60 for the PT exam and \$55.60 for the PTA exam. This fee is payable to Prometric at the time of scheduling the exam.
- The Physical Therapist Exam consists of 250 items. Candidates are allowed 5 ½ hours to complete the Physical Therapist Exam. The PT exam will have five sections with 50 pre-test questions written into the exam. After each section has been submitted, the candidate cannot go back to that section. Each section will be a “mini-exam” in that it will follow the same basic content outline as the larger exam and contain both scored and pre-test questions.
- The Physical Therapist Assistant Exam consists of 200 items. Candidates are allowed 4 ½ hours to complete the Physical Therapist Assistant Exam. The PTA exam will have four sections with 50 pre-test questions written into the exam. After each section has been submitted, the candidate cannot go back to that section. Each section will be a “mini-exam” in that it will follow the same basic content outline as the larger exam and contain both scored and pre-test questions.
- No computer knowledge is required to take the exam.
- Score reports are sent to the Board from FSBPT, usually within 24 hours. Pass/fail information is available to candidates online. The Board emails score reports to candidates within 24 hours of receipt.
- An applicant who has failed the exam on the first try must apply to sit for re-examination.

LOUISIANA PHYSICAL THERAPY BOARD
104 Fairlane Drive, Lafayette, LA 70507
(337) 262-1043

RE-EXAMINATION AND RE-INSTATEMENT APPLICANTS ARE NOT REQUIRED TO COMPLETE THIS SECTION.

CERTIFICATE OF DEAN OR REGISTRAR OF PHYSICAL THERAPY SCHOOL

This applicant has applied to the Louisiana Physical Therapy Board for licensure. Please verify this individual's credentials regarding completion and graduation from the Physical Therapy Program at your University.

Signature of Applicant Date

Print Name _____

I hereby certify that _____ received his

Bachelor's/Master's/Doctorate Degree in Physical Therapy from _____
Name of University

Date of Completion of Study _____ Graduation Date _____

Signature of Dean/Registrar Date

(Seal)

Please return this form to the above address. Timely receipt of this certificate by the Board is vital. The applicant may not practice until all required forms are received and a temporary permit is issued by the Board.

LOUISIANA PHYSICAL THERAPY BOARD
104 Fairlane Drive, Lafayette, LA 70507
(337) 262-1043

RE-EXAMINATION AND RE-INSTatement APPLICANTS ARE NOT REQUIRED TO COMPLETE THIS SECTION.

CERTIFICATE OF DEAN OR REGISTRAR OF PHYSICAL THERAPIST ASSISTANT SCHOOL

This applicant has applied to the Louisiana Physical Therapy Board for licensure. Please verify this individual's credentials regarding completion and graduation from the Physical Therapist Assistant Program at your college.

Signature of Applicant Date

I hereby certify that _____ received his

Associate Degree in Physical Therapy Assisting from _____
Name of College

Date of Completion of Study _____ Graduation Date _____

Signature of Dean/Registrar Date

(Seal)

Please return this form to the above address. Timely receipt of this certificate by the Board is vital. The applicant may not practice until all required forms are received and a temporary permit is issued by the Board.

LOUISIANA PHYSICAL THERAPY BOARD
Telephone (337) 262-1043 Fax (337) 262-1054

PHYSICAL THERAPY EXAMINATION APPLICANTS COMPLETE THIS SECTION.
VERIFICATION OF SUPERVISION

_____ will be under my direct supervision while he/she is
NAME OF APPLICANT
practicing physical therapy at _____
Worksite Name, Address, and Telephone number of Facility
beginning _____
DATE OF EMPLOYMENT

I understand that the applicant MAY NOT begin work until the applicant is interviewed by a Board representative and a Provisional License is issued.

How many licensed physical therapists work in your department? _____

Are you currently supervising any other support personnel? _____ Yes _____ No

If yes, how many, excluding this applicant? _____

_____ Year graduated from Physical Therapy School

FACILITY WORK TYPE (Check one)

_____ Hospital	_____ Private Practice	_____ Physicians Office
_____ Rehab Center	_____ Extended Care Fac.	_____ HomeHealthAgency
_____ School Sys.	_____ Academic Environment	_____ Outpatient Clinic

It is my understanding that this is required by the Louisiana Physical Therapy Practice Act Revised Statutes 37:2410.A. (5).

I accept the responsibility for physical therapy clinical supervision of the provisional license holder. During the assigned supervision period, I understand that I must:

1. Maintain my license in good standing with the Board
2. Supervise not more than one provisional licensee,
3. Be readily available at all times to provide advice to the provisional licensee and to the patient during Physical Therapy treatment given by the provisional licensee,
4. Assign to the provisional licensee only such Physical Therapy measures, treatments, procedures, and functions that I have documented that the provisional licensee is capable of performing safely and effectively.
5. Perform periodic review of the status of every patient administered to by the provisional licensee and make modifications and adjustments in the patients' treatment plans as necessary.

If for any reason, I am unable to fulfill the above requirements, or if I discontinue supervision of the provisional licensee, I will notify the Board immediately.

If have read and understand the above requirements. Should I fail to properly fulfill my obligations as outlined, I understand that my license shall be subject to sanctions by the Board.

This signed form does not constitute permission for the provisional license holder to begin practice in the listed facility under the named supervisor until such time as the Board has approved the supervisor and facility and the provisional license holder has in his possession a provisional license with the appropriate and current information.

PT signature, License Number, and Date

LOUISIANA PHYSICAL THERAPY BOARD
Telephone (337) 262-1043 Fax (337) 262-1054

PHYSICAL THERAPIST ASSISTANT EXAMINATION APPLICANTS COMPLETE THIS SECTION.

VERIFICATION OF SUPERVISION

_____ will be under my direct supervision while he/she is

NAME OF APPLICANT

practicing physical therapist assisting at _____

Worksite Name, Address, and telephone number of Facility

beginning _____

DATE OF EMPLOYMENT

I understand that the applicant MAY NOT begin work until the applicant is interviewed by a Board representative and a Provisional License is issued.

How many licensed physical therapists work in your department? ____

Are you currently supervising any other support personnel? ____ Yes ____ No

If yes, how many, excluding this applicant? _

_____ Year graduated from Physical Therapy School

FACILITY WORK TYPE (Check one)

_____ Hospital

_____ Private Practice

_____ Physicians Office

_____ Rehab Center

_____ Extended Care Fac.

_____ HomeHealthAgency

_____ School Sys.

_____ Academic Environment

_____ Outpatient Clinic

It is my understanding that this is required by the Louisiana State Physical Therapy Practice Act Revised Statutes 37:2410.A. (5).

I accept the responsibility for physical therapy clinical supervision of the provisional license holder. During the assigned supervision period, I understand that I must:

6. Maintain my license in good standing with the Board
7. Supervise not more than two provisional licensees,
8. Be readily available at all times to provide advice to the provisional licensee and to the patient during Physical Therapy treatment given by the provisional licensee,
9. Assign to the provisional licensee only such Physical Therapy measures, treatments, procedures, and functions that I have documented that the provisional licensee is capable of performing safely and effectively.
10. Perform periodic review of the status of every patient administered to by the provisional licensee and make modifications and adjustments in the patient's treatment plans as necessary.

If for any reason, I am unable to fulfill the above requirements, or if I discontinue supervision of the provisional licensee, I will notify the Board immediately.

If have read and understand the above requirements. Should I fail to properly fulfill my obligations as outlined, I understand that my license shall be subject to sanctions by the Board.

This signed form does not constitute permission for the provisional license holder to begin practice in the listed facility under the named supervisor until such time as the Board has approved the supervisor and facility and the provisional license holder has in his possession a provisional license with the appropriate and current information.

PT signature, License Number, and Date