

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