



State of Louisiana
Department of Health and Hospitals
Louisiana Physical Therapy Board

SUPERVISED CLINICAL PRACTICE SUPERVISOR REQUEST FORM

_____ will be under my direct supervision while he/she is practicing physical therapy at the following facility:

Worksite name _____ Worksite Address _____

Worksite Phone _____ Date of Employment _____

How many licensed physical therapists work in your department? _____

Are you currently supervising any other support personnel? ____ yes ____ no

Year you graduated from physical therapy school _____

FACILITY WORK TYPE

- | | | |
|--|--|--|
| _____ Academic/Higher Education | _____ Occupational Environ (Industrial, Workplace) | _____ Research Center |
| _____ Acute Care | _____ Outpatient (Hospital-Based) | |
| _____ Extended Care/Nursing Hm/Skilled Nursing | _____ Outpatient (Other Owner) | _____ School/Preschool |
| _____ Government (Local, State, or Federal) | _____ Outpatient (Physician-Owned) | _____ Sub-Acute Rehabilitation |
| _____ Home Health | _____ Outpatient (PT/PTA-Owned) | |
| _____ Hospice | _____ Rehabilitation Hospital | _____ Wellness/Prevention/Sports/
Fitness |

I accept the responsibility for the physical therapy clinical supervision of the provisional license holder. I understand that the applicant MAY NOT begin work until a Provisional License is issued by the LAPT board office. During the assigned supervision period, I understand that I must:

1. observe, assist and support the provisional licensee during the supervised clinical practice;
2. rate the provisional licensee's performance during his clinical practice using criteria in the board's Clinical Performance Evaluation, indicating the dates of observation, demonstration or discussion of each skill;
3. assess skills required for success in such setting with recommendations for improvement upon completion of a supervised clinical practice site;
4. submit the results of the supervised clinical practice to the board in a timely manner. Approval of the next clinical placement or granting of license, shall not take place until this report is received and evaluated by the executive director; and
5. continue with clinical supervision until the supervised individual receives notice of termination of supervision by issuance of permanent license
6. A provisional licensee shall not supervise any personnel unless assistance is required to ensure the safety and welfare of the patient during ambulation, transfers, or functional activities.

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. I have read and understand the above requirements. Should I fail to properly fulfill my obligations as outline, 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 on a provisional license with the appropriate and current information. By signing below, I agree that all information presented in this documentation form is true and correct to the best of my knowledge and belief.

Print Name _____ License Number _____

Date _____ Signature _____