



Louisiana Physical Therapy Board

2110 W. PINHOOK ROAD, SUITE 202 | LAFAYETTE, LOUISIANA 70508
PHONE 337-262-1043 | FAX 337-262-1054

WWW.LAPTBOARD.ORG | INFO@LAPTBOARD.ORG

PT & PTA EXAMINATION APPLICANTS COMPLETE THIS SECTION SUPERVISORY REQUEST FORM

_____ 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? (Circle One) Yes No If yes, how many, excluding this applicant? _____

Year graduated from Physical Therapy School _____

FACILITY WORK TYPE

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

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

- Maintain my license in good standing with the Board
- Supervise not more than one provisional licensee.
- Be readily available at all times to provide advice to the provisional licensee and to the patient during the Physical Therapy treatment given by the provisional licensee,
- 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.
- Perform periodic review of the status of every patient administered to the 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. 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 (Last, First, Middle Initial)	Signature	License Number	Date



State of Louisiana
DEPARTMENT OF HEALTH AND HOSPITALS
Louisiana Physical Therapy Board

SUPERVISOR AGREEMENT

**Return this page to the Board office by
Fax (337-262-1054) or email (licensing@laptboard.org)**

I, _____, Physical Therapy License _____, accept responsibility for the
Supervisor Name License No.
physical therapy clinical supervision of _____, **PT / PTA** Provisional License
Provisional Licensee Name (circle one)

holder. During the assigned supervision period, I understand that I must:

- Maintain my license in good standing with the Board
- Supervise not more than one provisional licensee
- 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
- 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

PT supervision additional requirements:

- Perform periodic review of the status of every patient administered to by the provisional licensee and make modifications and adjustments in the patients' treatment plan as necessary
- Daily face-to-face communication with the provisional licensee
- On premises observation of patient care in each of the provisional licensee's practice location for a minimum of 2 hours per day with a minimum of 10 hours per week.

PTA supervision additional requirements:

- Provide continuous supervision of the provisional licensee. Continuous supervision is defined as where the supervisor is physical present in the same treatment area to provide observation and supervision of the procedures, functions, and practice rendered by the PTA provisional licensee.

If for any reason I am unable to fulfill supervision requirements of this provisional licensee, or I or my provisional licensee no longer work at this facility, it is my obligation to report this in writing to the Board immediately. I 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.

I, _____, understand that the provisional license of
Supervisor Name
_____, which will be valid for 90 days after the day of licensure.
Provisional Licensee Name

Supervisor Signature

Date