



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

2110 W. PINHOOK RD., STE. 202 | LAFAYETTE, LOUISIANA 70508
 PHONE 337-262-1043 | FAX 337-262-1054
 WWW.LAPTBOARD.ORG | INFO@LAPTBOARD.ORG

**CLINICAL INSTRUCTOR or MENTOR of a FELLOW
 Documentation Form**

Licensees may obtain a maximum of five credit hours for serving as the primary clinical instructor for PT and PTA students or provisional licensees. Licensees may also obtain a maximum of five credit hours for mentoring physical therapists in residency and fellowship education programs. One administrative credit hour may be earned per 120 hours of clinical instruction/mentoring during the renewal period.

I, _____ (PT/PTA # _____) provided clinical instruction/mentoring
CI/Mentor (print) *license number* *Circle One*

for, _____ of, _____
Student/Mentee (print) *School/Program Name*

For 40 hours per week or 20 hours per week from _____ to _____
Start Date *End Date*

for a total of _____ hours. I am requesting _____ CE credit hours for the purpose of renewals.
CI/Mentoring Hours *CE Hours Requested*

 By signing this documentation form, I agree that I have provided clinical instruction or have mentored the named individual for the amount of hours listed above.

 Clinical Instructor/Mentor Signature

 Date

- One of the following must sign below:
1. Student/Mentee
 2. Center Coordinator Clinical Education
 3. Academic Coordinator Clinical Education
 4. Program Coordinator of the Residency or Fellowship Education Program

 Signature

 Date

**Keep this form for your records and in the event that you are audited by the Board.
 Do NOT submit this form to the Board office unless requested.**