PHYSICAL THERAPIST & PHYSICAL THERAPIST ASSISTANTS EXAMINATION APPLICANTS
SUPERVISORY REQUEST & AGREEMENT FORM

Return this form to the office by fax 337-262-1054 or by mail 2110 West Pinhook Rd, Suite 202, Lafayette, LA 70508.

_____ 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

**Date Applicant is requesting provisional license be issued for _____ (If different from employment date)

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 you graduated from Physical Therapy School _____

FACILITY WORK TYPE (Please select one)

— Academic/Higher Education
— Occupational Environ (Industrial, Wkplace)
— Research Center
— Acute Care
— Outpatient (Hospital-Based)
— Extended Care/Nursing Home/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. During the assigned supervision period, I understand that I must:

- Maintain my license in good standing with the Board.
- Supervise not more than two provisional licensees.
- 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.

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 physically 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 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 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.

By signing below, I agree that all information presented on this form is true and correct to the best of my knowledge and belief.

Print Name	**Signature**	**License #**	**Date**
_____	_____	_____	_____

Last Revised 6/25/21