In compliance with Act 655 of the 2018 Regular Legislative Session, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or procedures. You may submit such complaints to one or more of the following organizations:

La Physical Therapy Board, 2110 W. Pinhook Road, Ste. 202, LA 70508; 337-262-1043; info@laptboard.org
Committee on House & Governmental Affairs; La House of Representatives, P.O. Box 44486, Baton Rouge, LA 70804; 225-342-2403; bkga@legis.la.gov
Committee on Senate & Governmental Affairs; La Senate, P.O. Box 94183, Baton Rouge, LA 70804; 225-342-9845; s&g@legis.la.gov

SUPERVISED CLINICAL PRACTICE SUPERVISOR REQUEST FORM

will be under my direct supervision while he/she is 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 a Provisional License is issued by the LAPT Board Office.

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

_____ Academic/Higher Education  _____ Occupational Environ (Industrial, Wkplace)  _____ Research Center

_____ Acute Care  _____ Outpatient (Hospital-Based)  _____ School/Preschool

_____ Extended Care/Nursing Hm/Skilled Nursing  _____ Outpatient (Other Owner)  _____ Sub-Acute Rehabilitation

_____ Government (Local, State, or Federal)  _____ Outpatient (Physician-Owned)  _____ ___.

_____ Home Health  _____ Outpatient (PT/PTA-Owned)  _____ Wellness/Prevention/Sports/

_____ Hospice  _____ Rehabilitation Hospital  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:

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 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 in this documentation form is true and correct to the best of my knowledge and belief.

Print Name License Number Signature Date

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