



Virginia Department of
Health Professions
Board of Physical Therapy

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TRAINEESHIP APPLICATION

STATEMENT OF AUTHORIZATION

Authorization to work as a trainee is valid only for the period indicated on the "Statement of Authorization" issued by the Board of Physical Therapy. Unforeseen circumstances that require interruption or prevent successful completion of the traineeship must be brought to the attention of the Board. This traineeship may only be served under a **Virginia licensed Physical Therapist**. Traineeship will begin on the date of approval of this authorization and will end upon receipt of examination results. The trainee and the supervisor must have read and understand the Virginia Board of Physical Therapy regulations before submitting this application. **The initial traineeship must NOT be faxed; original signatures are required. There shall be a limit of two primary physical therapists assigned to provide primary supervision for each trainee.** Please provide the names of alternate PTs who may also provide supervision to this trainee.

Print or Type

Legal Full Name of Trainee: _____

Trainee's Contact Phone Number: _____

Name of 1st Primary Supervisor: _____ License #: _____

Name of 2nd Primary Supervisor: _____ License #: _____

Name of Alternate Supervisor: _____ License #: _____

Name of 2nd Alternate Supervisor: _____ License #: _____

Name and Address of Facility: _____

E-Mail Address: _____

Phone Number: _____

Fax Number: _____

We, the undersigned, have read and understand Regulation 18 VAC 112-20-70(A,B,C) pertaining to the unlicensed Physical Therapist/Physical Therapist Assistant employed under the direct supervision of a licensed Physical Therapist while awaiting the results of the licensure examination and agree to abide by the conditions contained herein. The traineeship shall terminate two working days following receipt by the candidate of the licensure examination results. As the Trainee, I have registered for the exam for Virginia.

You must be registered with the Federation of State Boards of Physical Therapy (FSBPT) to take the exam for Virginia, before the traineeship application will be reviewed for approval.

_____	_____	Signature of 1 st Primary Supervisor	Date
_____	_____	Signature of 2 nd Primary Supervisor	Date
_____	_____	Signature of Alternate Supervisor	Date
_____	_____	Signature of 2 nd Alternate Supervisor	Date
_____	_____	Signature of Trainee	Date

FOR OFFICE USE ONLY	
APPROVED BY _____	Date Approved _____