

**Print or Type** 

Period of Traineeship begin date

9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 www.dhp.virginia.gov/PhysicalTherapy (804) 367-4674 (Tel) (804) 527-4413 (Fax) Email: ptboard@dhp.virginia.gov

## 160 TRAINEESHIP COMPLETION FORM

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT SEEKING LICENSURE/RELICENSURE WHO NEEDS A 160-HOUR TRAINEESHIP

**18VAC112-20-140. Traineeship required.** The 160 hours of traineeship shall be approved by the board, and under the direction and supervision of a license physical therapist. The trainee's Physical Therapist Supervisor must complete this form and the form must be sent to the board office immediately after the traineeship has been completed.

Legal Full Name of Trainee	
Trainee's Contact Phone Number	
Name and Title of Supervisor	
Email of Supervisor/Facility	
Name of Facility	
Evaluation/Report:	
information in this document is correct to the	completed 160 hours and was directly supervised by me. I hereby certify the est of my knowledge, in compliance with the Virginia Board of Physical Therapy my part subjects my license to possible disciplinary actions by the Board.
regulations, and understand that any untruth	is part subjects my needse to possible disciplinary actions by the Board.
Signature of Trainee	Date