



TRAINEESHIP APPLICATION STATEMENT OF AUTHORIZATION

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

Authorization to work as a trainee is valid only for the period indicated on the traineeship application "statement of authorization" issued by the Board of Physical Therapy. Unforeseen circumstances that require interruption or prevent successful completion of the traineeship shall be brought to the attention of the Board. The traineeship supervisor shall be a Virginia licensed physical therapist. Upon completion of the 160 hour traineeship, the traineeship supervisor must complete the traineeship certification form and the form must be sent to the board office immediately after the traineeship has been completed.

Please Print or Type

Traineeship anticipated begin date _____ and end date _____

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 112-20-135 or 18 VAC 112-20-140. We, the undersigned, understand that the traineeship MAY NOT begin until approval has been granted by the board office. The approval date by the board office is the date that the trainee may begin the traineeship.

Signature of Trainee _____ Date _____

Signature of 1st Primary Supervisor _____ Date _____

Signature of 2nd Primary Supervisor _____ Date _____

Signature of Alternate Supervisor _____ Date _____

Signature of 2nd Alternate Supervisor _____ Date _____

APPROVAL - FOR OFFICE USE ONLY

Approved By: _____ Date Approved _____