



## TRAINEESHIP APPLICATION STATEMENT OF AUTHORIZATION

PHYSICAL THERAPIST SEEKING LICENSURE/RELICENSURE WHO NEEDS A 320-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 immediately. The traineeship Supervisor shall be a Virginia licensed Physical Therapist. Upon completion of the 320 hour traineeship, the traineeship Supervisor must complete the RELICENSURE OF 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 1<sup>st</sup> Primary Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

Name of 2<sup>nd</sup> Primary Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Alternate Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

Name of 2<sup>nd</sup> Alternate Supervisor: \_\_\_\_\_ License #: \_\_\_\_\_

Name and Address of Facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**We, the undersigned, have read and understand Regulation 18VAC 112-20-135, 18VAC112-20-136 or 18VAC 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 1<sup>st</sup> Primary Supervisor \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Primary Supervisor \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Alternate Supervisor \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of 2<sup>nd</sup> Alternate Supervisor \_\_\_\_\_  
Date

**APPROVAL - FOR OFFICE USE ONLY**

Approved By: \_\_\_\_\_ Date Approved \_\_\_\_\_