



TRAINEESHIP APPLICATION STATEMENT OF AUTHORIZATION

GRADUATES OF A NON-APPROVED PHYSICAL THERAPY OR PHYSICAL THERAPY ASSISTANT PROGRAM WHO NEED TO COMPLETE A FULL TIME 1000 HOURS (APPROXIMATELY SIX MONTHS) OF TRAINEESHIP

Authorization to work as a trainee is valid only for the period indicated on the “statement of authorization” issued by the Virginia board of physical therapy. Unforeseen circumstances that require interruption or prevent successful completion of the traineeship should be brought to the attention of the board. This traineeship must be served under a Virginia licensed physical therapist. Upon completion of the 1000 hours, a progress report shall be submitted on forms supplied by the board. This form must be approved by the board office before the traineeship begins. Otherwise the hours obtained prior to approval will not count towards the traineeship requirements.

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 112-20-50 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 _____