



TRAINEESHIP APPLICATION - STATEMENT OF AUTHORIZATION

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. Immediately upon completion of the **320-hour traineeship**, the traineeship Supervisor must complete the 320 HOUR TRAINEESHIP COMPLETION form and send the form to the Board office.

TRAINEE INFORMATION

FULL NAME (Last, First, M.I)		DATE OF BIRTH ____/____/____ MM DD YY	
EMAIL ADDRESS		MOBILE PHONE	
TRAINING FACILITY NAME		TRAINING FACILITY ADDRESS	
TRAINEESHIP ANTICIPATED BEGIN DATE		TRAINEESHIP ANTICIPATED END DATE	
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.			
<input type="checkbox"/> I have completed my Criminal Background Check (CBC) for initial licensure (Not applicable for reinstatement applicants)			
<input type="checkbox"/> I 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.			
TRAINEE SIGNATURE			DATE

1st PRIMARY SUPERVISOR INFORMATION

FULL NAME		LICENSE NUMBER	
E-MAIL ADDRESS		TELEPHONE NUMBER	
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.			
<input type="checkbox"/> I 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 SUPERVISOR			DATE

TRAINEE INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX
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2nd PRIMARY SUPERVISOR INFORMATION

FULL NAME	LICENSE NUMBER
E-MAIL ADDRESS	TELEPHONE NUMBER
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.	
<input type="checkbox"/> I 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 SUPERVISOR	DATE

1st ALTERNATE SUPERVISOR INFORMATION

FULL NAME	LICENSE NUMBER
E-MAIL ADDRESS	TELEPHONE NUMBER
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.	
<input type="checkbox"/> I 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 SUPERVISOR	DATE

2nd ALTERNATE SUPERVISOR INFORMATION

FULL NAME	LICENSE NUMBER
E-MAIL ADDRESS	TELEPHONE NUMBER
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.	
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.	
SIGNATURE OF SUPERVISOR	DATE

APPROVAL - FOR OFFICE USE ONLY	
Approved By: _____	Date Approved: _____