

9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 www.dhp.virginia.gov/PhysicalTherapy (804) 367-4674 (Tel) (804) 939-5973 (Fax) Email:

ptboard@dhp.virginia.gov

## 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			
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EMAIL ADDRESS	MOBILE PHONE			
TRAINING FACILITY NAME	TRAINING FACILITY ADDRESS			
TRAINEESHIP ANTICIPATED BEGIN DATE	TRAINEESHIP ANTICIPATED END DATE			
I have read and understand the Board's Regulations related contained therein.	to traineeships and agree to abide by the requirements			
☐ I have completed my Criminal Background Check (CBC) applicants)	for initial licensure (Not applicable for reinstatement			
I understand that the traineeship MAY NOT begin until app	proval has been granted by the board office.			
The approval date by the board office is the date that the tra				
TRAINEE SIGNATURE	DATE			
1st PRIMARY SUPERVISOR INFORMATION				
FULL NAME	LICENSE NUMBER			
E-MAIL ADDRESS	TELEPHONE NUMBER			
☐ I have read and understand the Board's Regulations related contained therein.	to traineeships and agree to abide by the requirements			
☐ I understand that the traineeship MAY NOT begin until app	proval 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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FULL NAME	RY SUPERVISOR INFORMATION  ME LICENSE NUMBER		D		
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E-MAIL ADDRESS		TELEPHONE NUMBER			
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I understand that the traineeship MAY					
The approval date by the board office is the date that the trainee may begin the traineeship.  SIGNATURE OF SUPERVISOR  DATE			DATE		
SIGNATURE OF SOI ERVISOR	IONATURE OF SUPERVISOR		DATE		
1st ALTERNATE SUPERVISOR INFORMATION					
FULL NAME		LICENSE NUMBER			
E-MAIL ADDRESS		TELEPHONE NUN	ELEPHONE NUMBER		
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contained therein.	s regulations related	to transcessings and ag	ice to ablae by the requirements		
I understand that the traineeship MAY	Y NOT begin until apr	oroval has been grante	d 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		
2 <sup>nd</sup> ALTERNATE SUPERVISOR INFORMATION					
FULL NAME		LICENSE NUMBER			
E-MAIL ADDRESS	SS TELEPHONE N		IMRER		
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contained therein.					
☐ I have read and understand the Board	's Regulations related	to traineeships and ag	ree to abide by the requirements		
contained therein.					
SIGNATURE OF SUPERVISOR	RVISOR		DATE		
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APPROVAL - FOR OFFICE USE ONLY					
Approved By: Date Approved					