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|  | 9960 Mayland Drive, Suite 300Henrico, Virginia 23233[www.dhp.virginia.gov/PhysicalTherapy](http://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 “Statement of Authorization” issued by the Board of Physical Therapy. Unforeseen circumstances that require interruption of the traineeship must be brought to the attention of the Board. This traineeship may be served only under the direct supervision of a **Virginia licensed Physical Therapist** and shall terminate five working days following the receipt by the candidate of licensure examination results.

The applicant must be registered with the Federation of State Boards of Physical Therapy (FSBPT) to take the National Physical Therapy Exam (NPTE) for Virginia and must complete the Criminal Background Check (CBC) requirement for initial licensure, before the traineeship application will be reviewed for approval.

**The initial traineeship may be submitted electronically or by fax, if submitted by the primary supervisor. There shall be a limit of two primary physical therapists assigned to provide primary supervision for each trainee. Please provide the names of alternate PTs who may also provide supervision to this trainee.**

**TRAINEE INFORMATION**

|  |  |
| --- | --- |
| FULL NAME (Last, First, M.I) | DATE OF BIRTH \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ MM DD YY |
| EMAIL ADDRESS | MOBILE PHONE |
| TRAINING FACILITY NAME | TRAINING FACILITY ADDRESS |
| [ ]  I have registered for the National Physical Therapy Exam (NPTE) through the Federation of State Boards of Physical Therapy (FSBPT). |
| [ ]  I have completed my Criminal Background Check (CBC) for initial licensure |
| [ ]  I have read and understand the Board’s Regulations related to traineeships and agree to abide by the requirements contained therein. |
| 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 to traineeships and agree to abide by the requirements contained therein. |
| SIGNATURE OF SUPERVISOR | DATE |

**TRAINEE INFORMATION**

|  |  |  |
| --- | --- | --- |
| FIRST NAME | MIDDLE NAME | LAST NAME AND SUFFIX |

**2nd PRIMARY SUPERVISOR INFORMATION**

|  |  |
| --- | --- |
| FULL NAME | LICENSE NUMBER |
| E-MAIL ADDRESS | TELEPHONE NUMBER |
| [ ]  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 |

**1st ALTERNATE SUPERVISOR INFORMATION**

|  |  |
| --- | --- |
| FULL NAME | LICENSE NUMBER |
| E-MAIL ADDRESS | TELEPHONE NUMBER |
| [ ]  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 |

**2nd ALTERNATE SUPERVISOR INFORMATION**

|  |  |
| --- | --- |
| FULL NAME | LICENSE NUMBER |
| E-MAIL ADDRESS | TELEPHONE NUMBER |
| [ ]  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 |  |

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