



## APPLICATION CHECKLIST AND INSTRUCTIONS FOR **TRAINEESHIP** TO PRACTICE PHYSICAL THERAPY

### SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed; you must be 18 years of age to apply.

#### IMPORTANT INFORMATION ABOUT THE 1,000-HOUR TRAINEESHIP PROGRAM

- A 1,000-hour traineeship program is required for licensure as a Physical Therapist or Physical Therapist Assistant **who is not a graduate of an approved [Commission on Accreditation in Physical Therapy Education \(CAPTE\)](#) program**. The traineeship program must be completed within a two-year period.
- It is the responsibility of the primary supervisor and trainee to communicate the results of the Performance Evaluation Tool utilized by the [FSBPT](#) through a mid-point and final evaluation.
- If the traineeship program is interrupted for any reason, you must contact the Board immediately.
- A Criminal Background Check (CBC) must be completed prior to the approval of a traineeship.

#### IMPORTANT INFORMATION ABOUT THE 320-HOUR TRAINEESHIP PROGRAM

- A physical therapist who does not meet the active practice requirements shall successfully complete 320 hours in a traineeship in accordance with the requirements in [18VAC112-20-140](#).
- Upon the completion of the traineeship program, the supervisor must complete and submit the “Completion Form for 320-Hour Traineeship to Practice Physical Therapy” form to the Board.
- If the traineeship program is interrupted for any reason, you must contact the Board immediately.
- A Criminal Background Check (CBC) must be completed prior to the approval of a traineeship.

#### GENERAL INFORMATION

1. It is unlawful to practice physical therapy in Virginia until you have been issued a Virginia license or until you have been issued written authorization from the board office to serve a traineeship under the direct supervision of a licensed Physical Therapist in Virginia.
2. Virginia is unable to license a person trained as a Physical Therapist to become licensed as a Physical Therapist Assistant unless they have also graduated from a Physical Therapist Assistant education program [[§54.1-3478](#)].
3. Once all documentation has been received, the review process can take up to 30 days. Board staff will contact you at the email address provided on your application with a status update.
4. Applications will remain on file with the board for one year from the date of receipt. If at the end of one (1) year, licensure/certification/registration is not issued, the applicant shall reapply in accordance with the requirements of the Regulations.



## APPLICATION FOR **TRAINEESHIP** TO PRACTICE PHYSICAL THERAPY STATEMENT OF AUTHORIZATION

**MARK ONLY ONE BOX:**

- 1,000-hour Traineeship  
 320-hour Traineeship

**TRAINEE AND ADDRESS OF RECORD INFORMATION**

The address information you provide is your address of record with the Board. Please be advised that all notices from the Board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

FULL NAME (First and Last)		DATE OF BIRTH (mm/dd/yyyy)	
PHONE NUMBER		OTHER PHONE NUMBER	
E-MAIL ADDRESS			

**TRAINING FACILITY INFORMATION**

FACILITY NAME				
ADDRESS STREET		CITY	STATE	ZIP CODE
PHONE NUMBER		E-MAIL ADDRESS		
ANTICIPATED TRAINEESHIP BEGIN DATE		ANTICIPATED TRAINEESHIP END DATE		

**1<sup>ST</sup> PRIMARY SUPERVISOR INFORMATION**

FULL NAME		LICENSE NUMBER	
EMAIL ADDRESS OF RECORD		PHONE NUMBER	
I certify that I have carefully read the <a href="#">Code of Virginia</a> regarding Physical Therapy and <a href="#">Regulations Governing the Practice of Physical Therapy</a> . I understand that the traineeship may not begin until the Board has provided written approval.			
SIGNATURE		DATE	

**2<sup>nd</sup> PRIMARY SUPERVISOR INFORMATION**

FULL NAME	LICENSE NUMBER
EMAIL ADDRESS OF RECORD	PHONE NUMBER
I certify that I have carefully read the <a href="#">Code of Virginia</a> regarding Physical Therapy and <a href="#">Regulations Governing the Practice of Physical Therapy</a> . I understand that the traineeship may not begin until the Board has provided written approval.	
SIGNATURE	DATE

**1<sup>ST</sup> ALTERNATE SUPERVISOR INFORMATION**

FULL NAME	LICENSE NUMBER
EMAIL ADDRESS OF RECORD	PHONE NUMBER
I certify that I have carefully read the <a href="#">Code of Virginia</a> regarding Physical Therapy and <a href="#">Regulations Governing the Practice of Physical Therapy</a> . I understand that the traineeship may not begin until the Board has provided written approval.	
SIGNATURE	DATE

**2<sup>ND</sup> ALTERNATE SUPERVISOR INFORMATION**

FULL NAME	LICENSE NUMBER
EMAIL ADDRESS OF RECORD	PHONE NUMBER
I certify that I have carefully read the <a href="#">Code of Virginia</a> regarding Physical Therapy and <a href="#">Regulations Governing the Practice of Physical Therapy</a> . I understand that the traineeship may not begin until the Board has provided written approval.	
SIGNATURE	DATE

**AFFIDAVIT OF APPLICANT**

I certify that I have carefully read the laws and regulations related to the practice of Physical Therapy, which are available at <http://www.dhp.virginia.gov/PhysicalTherapy>, and I fully understand that funds submitted as part of the application process shall not be refunded. I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<u>For Office Use Only</u>	
Approved By:	Approved Date: