



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

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STATEMENT OF SUPERVISING PHYSICAL THERAPIST OR ATHLETIC TRAINER

Under specific circumstances, the Delaware Examining Board of Physical Therapists issues temporary licenses while applicants await permanent licensure. Under the Board's Rules and Regulations, the PT, PTA, or AT applicant practicing with a temporary license must be under direct supervision. This statement from the supervising PT or AT is required before a temporary license may be issued. If there will be more than one supervising PT and/or AT, each must complete one of these forms. Under Rule 1.2 of the Board's Rules and Regulations, "direct supervision" is defined as follows:

Direct supervision in connection with a PT practicing under a temporary license means 1) a licensed PT supervisor shall be on the premises when the individual with a temporary license is practicing and 2) evaluations and progress notes written by the individual with the temporary license shall be co-signed by the licensed PT supervisor.

Direct supervision in connection with a PTA with less than one year experience means a PT shall be on the premises at all times and see each patient.

Direct supervision in connection with an AT in a clinical setting means a PT shall be on the premises at all times in a clinical setting and see every patient. In accordance with 24 *Del. C.* §2611 as amended, an AT in nonclinical setting may use the temporary license only while under the direct supervision of a licensed athletic trainer.

SUPERVISORS PLEASE NOTE: Processing time for temporary licenses is 7 – 10 days. Applicants will not be able to begin practicing until the temporary license fee is paid and the temporary license is issued.

1. APPLICANT NAME: _____

CHECK ONE: PT PTA AT

2. SUPERVISOR'S NAME: _____

ADDRESS OF DELAWARE EMPLOYMENT: _____

_____ TELEPHONE : _____

DELAWARE LICENSE #: _____

I CERTIFY THAT I UNDERSTAND MY RESPONSIBILITY TO SUPERVISE THIS PT/PTA/AT AND THAT I WILL DO SO IN ACCORDANCE WITH THE RULES ABOVE.

SUPERVISOR SIGNATURE _____ DATE: _____

Return this completed form to the applicant or send it directly to the Board office at the address or fax number above.