STATE BOARD OF PHYSICAL THERAPY
P. O. BOX 2649
HARRISBURG, PA 17105-2649
(717)783-7134 www.dos.state.pa.us/physther

APPLICATION FOR PHYSICAL THERAPIST ASSISTANT
TO PRACTICE WITH INDIRECT SUPERVSION

INTRODUCTION:

The Pennsylvania State Board of Physical Therapy would like to remind all practitioners that it is your responsibility to be familiar with the law and the regulations that govern your profession. You can access that information through our website at www.dos.state.pa.us/physther or by calling the Board office and requesting a copy be sent to you. With the changes put in place by Act 38, the Board would also like to remind supervising Physical Therapists that Physical Therapy Assistants working with indirect supervision should be able to recognize common emergent situations. Current training in CPR is also suggested.

INSTRUCTIONS:

1. Attach application fee of **$30.00**. Payment can be made by check or money order made payable to "**Commonwealth of Pennsylvania**". Do **not** send cash. Please note: a $20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documentation as necessary.

2. **Part One** - all applicants must complete.

3. **Part Two** –

    a. For those applicants that have at least **3 years of full time experience** in the five years immediately preceding October 2, 2008, complete **section A**. **Sign and date the application in the presence of a notary**. Attach a **curriculum vitae** detailing your work experience. Make sure to include beginning and ending dates of employment, name of employer, and your specific job duties at that location. You must have a total of 36 months of experience that took place after October 2, 2003.

    b. For those applicants that have **2,000 hours of supervised experience**, complete **section B**. Sign and date your application. Attach a **curriculum vitae** detailing all of your work experience since graduation from physical therapy school. Make sure to include beginning and ending dates of employment, name of employer, and your specific job duties at that location. Have your supervisor complete Part Three. If you have had **more than one supervisor** for your 2,000 hours, complete a **separate form for each supervisor**.

4. **Part Three** – Only for those applicants who choose option B in part two. Have your supervisor fill in the number of hours that they supervised you, sign, date, and fill in their license number. You must verify 2,000 hours of supervision under a licensed supervising physical therapist.

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PART ONE **- To be completed by applicant**

PHYSICAL THERAPIST ASSISTANT LICENSE NUMBER: _____

NAME_____ DAYTIME PHONE _____
Last First Middle Maiden

ADDRESS_____
Street City State Zip Code

SOCIAL SECURITY #_____ BIRTH DATE_____ EMAIL_____

PART TWO - To be completed by applicant

A. At Least 3 years of Practice as a Physical Therapist Assistant

I have been employed full-time as a physical therapist assistant for at least three of the five years immediately preceding October 2, 2008. I verify that the statements in this verification of experience/employment are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

_____
Signature Date

(Notary Seal)

OR

B. 2000 hours of experience (use multiple forms if more than one supervisor)

I have at least 2,000 hours of experience providing patient-related acts and services. . I verify that the statements in this verification of experience/employment are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

_____
Signature Date

PART THREE – Verification of experience for 2000 hours – To be completed by supervisor
(must be completed for option B above)

I have supervised the above physical therapist assistant and certify that he/she has completed at least _____ __hours of experience providing patient-related acts and services. I verify that the statements in this verification of experience/employment are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license.

_____ _____
Signature of Supervisor License Number Date