KENTUCKY BOARD OF PHYSICAL THERAPY

Andy G. Beshear
Governor

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Stephen Curley
Executive Director

SUPERVISORY AGREEMENT FOR APPLICANT WITH PROVISIONAL LICENSE

A candidate for a credential by examination may be granted a ***one-time*** provisional license to practice when a completed "Supervisory Agreement" is received by the Board AND all other application requirements are met. The Provisional License shall be effective for no longer than six (6) months from the date of issuance OR until the candidate has received the results of the examination from the Kentucky Board of Physical Therapy. (See 201 KAR 22:020, Section 5)

Section 5. Upon issuance of a provisional license:

(1) The physical therapist or physical therapist assistant applicant shall practice only under the supervision of a physical therapist currently engaged in the practice of physical therapy in Kentucky who:

(a) Has been engaged in the practice of physical therapy in Kentucky for more than one year; and

(b) Has an unrestricted license;

(2) A supervising physical therapist:

(a) Shall be on-site at all times during the practice of the applicant with a provisional license;

(b) Shall be responsible for the practice of physical therapy by the applicant with a provisional license; and

(c) Shall review, approve, date and co-sign all physical therapy documentation by the applicant with a provisional license.

(d) May designate an alternate supervising physical therapist who meets the qualifications of Section 5 (1)(a) and (b). The alternate supervising physical therapist shall sign and date written documentation of the acceptance of the responsibility as identified in Section 5 (2) (a),(b) and (c).

(e) Shall notify the Board immediately in the event the supervisory relationship is terminated.

I,_____, agree to ensure on-site supervision of _____, and countersign all of the candidate's physical therapy records as required in 201 KAR 22:020. By signing this agreement, we certify that the candidate shall **not practice or hold himself or herself out as a physical therapist or physical therapist assistant in any manner until a provisional license is granted** by the Kentucky Board of Physical Therapy. We acknowledge that the unlicensed practice of physical therapy is in violation of KRS 327.020, and each person is subject to any and all disciplinary actions described therein. Should the supervisory relationship be terminated, we shall advise the Board immediately.

Signature of Supervising PT Date

Signature of Examination applicant Date

Print or type PT Name Lic #

Print or type applicant name

Anticipated Starting Date _____

FACILITY IN WHICH SUPERVISED PRACTICE WILL TAKE PLACE

Facility Name (List additional sites on reverse side of page)

Street Address

City State Zip code County

( ) Telephone

Alternate Supervising Physical Therapists:

Signature of Supervising PT Date	Signature of Supervising PT Date
Print or type PT Name Lic #	Print or type PT Name
Signature of Supervising PT Date	Signature of Supervising PT Date
Print or type PT Name Lic #	Print or type PT Name
Signature of Supervising PT Date	Signature of Supervising PT Date
Print or type PT Name Lic #	Print or type PT Name
Signature of Supervising PT Date	Signature of Supervising PT Date
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FACILITY IN WHICH SUPERVISED PRACTICE WILL TAKE PLACE

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Street Address

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(____) Telephone