

KENTUCKY BOARD OF PHYSICAL THERAPY

312 Whittington Pkwy. #102 Louisville, Kentucky 40222 Phone (502) 429-7140 Fax (502) 429-7142 http://pt.ky.gov

PHYSICAL THERAPIST SUPERVISOR REQUIREMENTS INITIAL PLACEMENT OF A FOREIGN EDUCATED PHYSICAL THERAPIST

KRS 327.060 requires a foreign educated physical therapist candidate for Kentucky licensure to successfully complete board approved supervised practice under a physical therapist licensed in Kentucky. During this practice period, of not less than three months or more than six months, the candidate undergoes a Clinical Skills Assessment.

201 KAR 22:070 requires that these candidates work only in a facility that is ACTIVELY INVOLVED as a clinical education site for physical therapist students enrolled in a CAPTE accredited program in Physical Therapy, and under the supervision of a person who has been a clinical education supervisor within the last three years.

It is the belief of the Board that a physical therapist who is actively involved in the clinical education of PT students should be the best person to determine and document entry-level clinical competency of the foreign educated candidate.

Please complete both sides of this document which, when also signed by the foreign educated physical therapist candidate, is to be sent to the Board of Physical Therapy.

TEACHING/CLINICAL AFFILIATION AGREEMENTS

Name(s) of CAPTE	accredited (Physical	Therapist) Schoo	ol(s) of Physical Th	erapy your facility has an
agreement(s) with: _				

Average number of PT students	affiliating/year: _					
I have been assigned as clinical	supervisor to one	e or more l	Physical 7	Therapis	t students	from schools
referenced above within the 3	preceding years	and this	facility re	mains /	AN ACTIV	'E CLINICAL
EDUCATION SITE:	Yes	_No				
SUPERVISOR Signature:		Da	ate:			

NAME PRINTED: _____ KY PT License #:_____



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SUPERVISORY AGREEMENT FOR PHYSICAL THERAPISTS EDUCATED IN A FOREIGN COUNTRY

201 KAR 22:070 requires this candidate to work only with on-site supervision by a physical therapist until he or she furnishes the board a favorable evaluation of on-site supervision performed by a clinical supervisor who utilizes the "Performance Evaluation Tool for Foreign Educated Therapists Completing Supervised Practice in the United States" copyrighted by the FSBPT.

The clinical supervisor shall submit the evaluation to the board after three (3) months of practice, and if required after the sixth month, when the required score denoting clinical competency shall have been reached. Documented competency must be achieved within six months.

I, physical therapist number, <u>PT-</u> agree to provide supervision as required in 201 KAR 22:070 to the candidate listed below during the period it is required. I have read and understand KRS 327.060 and administrative regulations that pertain to the foreign educated physical therapist applicant and agree to provide documentation of competency and supervision required.

I further agree to advise the board if, for any reason, this agreement is terminated, and understand that each applicant must sit for, and pass the NPTE to continue to work as a physical therapist in Kentucky.

			Anticipated	d start date			
APPLICANT				SUPERVISOR			
Name				Name			
Signature				Signature			
Date	e of Signatur	е		Date of S	ignature		
	FA	CILITY W	<u>/HERE PRAC</u>	TICE IS TO TAKE PL	ACE		
Facility Name				Street Address		-	
City	State	Zip	County) Work Telephone		
City	Olaic	-'P	County			(over)	