



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Professional Licensing Administration
899 North Capitol Street, NE – First Floor
Washington, DC 20002
BOARD OF PHYSICAL THERAPY

PHYSICAL THERAPY ASSISTANT APPLICANTS:

This form must be returned in a sealed envelope and hand delivered to the office of Health Professional Licensing Administration by the applicant. Please note: You must have a Physical Therapy Assistant application on file.

SUPERVISED PRACTICE FORM TO BE COMPLETED BY
THE PHYSICAL THERAPY ASSISTANT’S SUPERVISOR OF RECORD

TO THE SUPERVISOR:

This form must be completed if you are supervising an applicant for licensure as a Physical Therapy Assistant. In accordance with Title 17 of the District of Columbia Municipal Regulations, section 6711.7 “a physical therapist supervising a student or an applicant **shall be fully responsible for all of the actions performed by the student or applicant during the time of the supervision** and is subject to disciplinary action for any violation of the Act or this chapter by the person supervised.”

Applications for licensure are kept on file for no more than ninety (90) days; thus, an eligible applicant may work under supervised practice from the date of signature on this form by an authorized representative for the Board of Physical Therapy for a maximum of 90 days. This supervised practice form shall be issued for only one time.

Supervisor’s name and license number (Please Print):

 LAST NAME FIRST NAME MI LICENSE NUMBER

Applicant’s name (Please Print):

 LAST NAME FIRST NAME MI PROFESSIONAL DEGREE EARNED

Location of supervised practice (Facility Name): _____

Brief description of applicant’s duties and responsibilities:

SUPERVISOR’S SIGNATURE	PHONE NUMBER	DATE

FOR OFFICE USE ONLY

Date Supervision Form submitted: _____ Date supervision will end: _____

Date of Board Review: _____

DC SEAL

HPLA Staff Signature: _____

Contact Phone Number: _____