



320 HOUR TRAINEESHIP COMPLETION FORM

**PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT SEEKING LICENSURE/RELICENSURE
 WHO NEED A 320-HOUR TRAINEESHIP**

18 VAC 112-20-140. Traineeship required. The 320 hours of traineeship shall be in a facility that (i) serves as a clinical education facility for students enrolled in an accredited program educating physical therapists in Virginia, (ii) is approved by the board, and (iii) is under the direction and supervision of a licensed physical therapist.

The trainee's Physical Therapist Supervisor must complete this form and the form must be sent to the board office immediately after the traineeship has been completed.

Print or Type

Period of traineeship: begin date _____ and end on _____

Legal Full Name of Trainee: _____

Name and Title of Supervisor: _____

Email: _____ **Phone Number:(** _____ **)** _____

Name of Facility: _____

Evaluation/Report:

I hereby certify that the above named trainee completed 320 hours and was directly supervised by me. I hereby certify the information in this document is correct to the best of my knowledge, in compliance with the Virginia Board of Physical Therapy regulations, and understand that any untruth on my part subjects my license to possible disciplinary actions by the Board.

 Signature of Supervisor

 Date