



Virginia Department of
Health Professions
Board of Physical Therapy

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Henrico, Virginia 23233
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TRAINEESHIP APPLICATION - STATEMENT OF AUTHORIZATION

GRADUATES OF A NON-APPROVED PT OR PTA PROGRAM WHO NEED TO
COMPLETE A FULL TIME 1000 HOURS (APPROXIMATELY SIX MONTHS) OF TRAINEESHIP

Authorization to work as a trainee is valid only for the period indicated on the "Statement of Authorization" issued by the Virginia Board of Physical Therapy. This form must be approved by the Board office before the traineeship begins. Otherwise, the hours obtained prior to approval will not count towards the traineeship requirements. Unforeseen circumstances that require interruption or prevent successful completion of the traineeship should be brought to the attention of the Board. This traineeship must be served under a Virginia licensed physical therapist. A progress report and a **1000-hour** completion report shall be submitted on forms supplied by the Board.

TRAINEE INFORMATION

FULL NAME (Last, First, M.I)		DATE OF BIRTH ____/____/____ MM DD YY	
EMAIL ADDRESS		MOBILE PHONE	
TRAINING FACILITY NAME		TRAINING FACILITY ADDRESS	
TRAINEESHIP ANTICIPATED BEGIN DATE		TRAINEESHIP ANTICIPATED END DATE	
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.			
<input type="checkbox"/> I have completed my Criminal Background Check (CBC) for initial licensure (Not applicable for reinstatement applicants)			
<input type="checkbox"/> I understand that the traineeship MAY NOT begin until approval has been granted by the board office. The approval date by the board office is the date that the trainee may begin the traineeship.			
TRAINEE SIGNATURE			DATE

1st PRIMARY SUPERVISOR INFORMATION

FULL NAME		LICENSE NUMBER	
E-MAIL ADDRESS		TELEPHONE NUMBER	
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.			
<input type="checkbox"/> I understand that the traineeship MAY NOT begin until approval has been granted by the board office. The approval date by the board office is the date that the trainee may begin the traineeship.			
SIGNATURE OF SUPERVISOR			DATE

TRAINEE INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX
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2nd PRIMARY SUPERVISOR INFORMATION

FULL NAME	LICENSE NUMBER
E-MAIL ADDRESS	TELEPHONE NUMBER
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.	
<input type="checkbox"/> I understand that the traineeship MAY NOT begin until approval has been granted by the board office. The approval date by the board office is the date that the trainee may begin the traineeship.	
SIGNATURE OF SUPERVISOR	DATE

1st ALTERNATE SUPERVISOR INFORMATION

FULL NAME	LICENSE NUMBER
E-MAIL ADDRESS	TELEPHONE NUMBER
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.	
<input type="checkbox"/> I understand that the traineeship MAY NOT begin until approval has been granted by the board office. The approval date by the board office is the date that the trainee may begin the traineeship.	
SIGNATURE OF SUPERVISOR	DATE

2nd ALTERNATE SUPERVISOR INFORMATION

FULL NAME	LICENSE NUMBER
E-MAIL ADDRESS	TELEPHONE NUMBER
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.	
<input type="checkbox"/> I have read and understand the Board's Regulations related to traineeships and agree to abide by the requirements contained therein.	
SIGNATURE OF SUPERVISOR	DATE

APPROVAL - FOR OFFICE USE ONLY	
Approved By: _____	Date Approved: _____