



## APPLICATION CHECKLIST AND INSTRUCTIONS FOR **UNLICENSED GRADUATE TRAINEESHIP** TO PRACTICE PHYSICAL THERAPY

### SUBMIT THE FOLLOWING:

- APPLICATION** – This application will not be considered until all sections have been completed; you must be 18 years of age to apply.
- EXAM REGISTRATION** – You must be registered for the National Physical Therapy Examination (NPTE) through [The Federation of State Boards of Physical Therapy](http://The Federation of State Boards of Physical Therapy). The FSBPT will determine eligibility for examination and approve any request for testing accommodations.

### IMPORTANT INFORMATION ABOUT THE UNLICENSED GRADUATE TRAINEESHIP PROGRAM

- This traineeship application applies to those who are unlicensed graduates who (1) are registered with the FSBPT to sit for the national examination and are awaiting the results of their exam or (2) to graduates who have taken and passed the NPTE, but who are waiting for official degree conferral from their educational institution ([Guidance Document 112-13](#)).
- Authorization to work as a trainee is only valid for the period approved by the Board.
- The traineeship shall terminate five working days following receipt of the licensure examination results.
- If the traineeship program is interrupted for any reason, you must contact the Board immediately.
- A Criminal Background Check (CBC) must be completed prior to the approval of a traineeship.
- If you have not officially graduated from a physical therapy program, you may need to submit the Verification of Physical Therapy Education form for consideration.

### GENERAL INFORMATION

1. It is unlawful to practice physical therapy in Virginia until you have been issued a Virginia license or until you have been issued written authorization from the board office to serve a traineeship under the direct supervision of a licensed Physical Therapist in Virginia.
2. Virginia is unable to license a person trained as a Physical Therapist to become licensed as a Physical Therapist Assistant unless they have also graduated from a Physical Therapist Assistant education program [[§54.1-3478](#)].
3. Once all documentation has been received, the review process can take up to 30 days. Board staff will contact you at the email address provided on your application with a status update.
4. Applications will remain on file with the board for one year from the date of receipt. If at the end of one (1) year, licensure/certification/registration is not issued, the applicant shall reapply in accordance with the requirements of the Regulations.



## APPLICATION FOR **UNLICENSED GRADUATE TRAINEESHIP** TO PRACTICE PHYSICAL THERAPY STATEMENT OF AUTHORIZATION

### TRAINEE AND ADDRESS OF RECORD INFORMATION

The address information you provide is your address of record with the Board. Please be advised that all notices from the Board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

FULL NAME (First and Last)		DATE OF BIRTH (mm/dd/yyyy)	
PHONE NUMBER	OTHER PHONE NUMBER		
E-MAIL ADDRESS			

### TRAINING FACILITY INFORMATION

FACILITY NAME			
ADDRESS STREET	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		
ANTICIPATED TRAINEESHIP BEGIN DATE	ANTICIPATED TRAINEESHIP END DATE		

### 1<sup>ST</sup> PRIMARY SUPERVISOR INFORMATION

FULL NAME	LICENSE NUMBER
EMAIL ADDRESS OF RECORD	PHONE NUMBER
I certify that I have carefully read the <a href="#">Code of Virginia</a> regarding Physical Therapy and <a href="#">Regulations Governing the Practice of Physical Therapy</a> . I understand that the traineeship may not begin until the Board has provided written approval.	
SIGNATURE	DATE

**2<sup>nd</sup> PRIMARY SUPERVISOR INFORMATION**

FULL NAME	LICENSE NUMBER
EMAIL ADDRESS OF RECORD	PHONE NUMBER
I certify that I have carefully read the <a href="#">Code of Virginia</a> regarding Physical Therapy and <a href="#">Regulations Governing the Practice of Physical Therapy</a> . I understand that the traineeship may not begin until the Board has provided written approval.	
SIGNATURE	DATE

**1<sup>ST</sup> ALTERNATE SUPERVISOR INFORMATION**

FULL NAME	LICENSE NUMBER
EMAIL ADDRESS OF RECORD	PHONE NUMBER
I certify that I have carefully read the <a href="#">Code of Virginia</a> regarding Physical Therapy and <a href="#">Regulations Governing the Practice of Physical Therapy</a> . I understand that the traineeship may not begin until the Board has provided written approval.	
SIGNATURE	DATE

**2<sup>ND</sup> ALTERNATE SUPERVISOR INFORMATION**

FULL NAME	LICENSE NUMBER
EMAIL ADDRESS OF RECORD	PHONE NUMBER
I certify that I have carefully read the <a href="#">Code of Virginia</a> regarding Physical Therapy and <a href="#">Regulations Governing the Practice of Physical Therapy</a> . I understand that the traineeship may not begin until the Board has provided written approval.	
SIGNATURE	DATE

**AFFIDAVIT OF APPLICANT**

I certify that I have carefully read the laws and regulations related to the practice of Physical Therapy, which are available at <http://www.dhp.virginia.gov/PhysicalTherapy>, and I fully understand that funds submitted as part of the application process shall not be refunded. I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Office Use Only

Approved By:

Approved Date:



Virginia Department of  
**Health Professions**  
Board of Physical Therapy

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233  
[www.dhp.virginia.gov/PhysicalTherapy](http://www.dhp.virginia.gov/PhysicalTherapy)

(804) 367-4674 (Tel)  
(804) 939-5973 (Fax)  
Email:  
[ptboard@dhp.virginia.gov](mailto:ptboard@dhp.virginia.gov)

## VERIFICATION OF PHYSICAL THERAPY **EDUCATION** For Graduates of Approved Programs Only

If the applicant has not yet officially graduated from a physical therapy program, this form should be submitted and completed by the college/university verifying that the applicant is within 90 days of the completion of their degree requirements and scheduled examination date with [The Federation of State Boards of Physical Therapy \(FSBPT\)](http://www.fsbpt.org). This form may be submitted electronically to the Board by email.

This form does not replace the requirement for the applicant to submit an official transcript for licensure. The Board will not license an applicant without an official transcript.

**(PLEASE PRINT IN BLUE OR BLACK INK)**

FIRST NAME	MIDDLE NAME	LAST NAME
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER <i>OR</i> VIRGINIA DMV CONTROL NUMBER		
DATE OF BIRTH (mm/dd/yyyy)	MAIDEN/OTHER NAME(S), IF APPLICABLE	

It is hereby certified that the applicant listed above is enrolled with the following information **and is within 90 days of completing their PT/PTA degree program** as listed below:

NAME OF INSTITUTION	
COURSE OF STUDY	
ENROLLMENT DATE	
DEGREE PROGRAM	
GRADUATION DATE	

\_\_\_\_\_  
SIGNATURE OF DEAN OR DEPARTMENT HEAD

\_\_\_\_\_  
DATE