



## TRAINEESHIP APPLICATION - STATEMENT OF AUTHORIZATION

Authorization to work as a trainee is valid only for the period indicated on the “Statement of Authorization” issued by the Board of Physical Therapy. Unforeseen circumstances that require interruption of the traineeship must be brought to the attention of the Board. This traineeship may be served only under the direct supervision of a **Virginia licensed Physical Therapist** and shall terminate two working days following the receipt by the candidate of licensure examination results.

The applicant must be registered with the Federation of State Boards of Physical Therapy (FSBPT) to take the National Physical Therapy Exam (NPTE) for Virginia and must complete the Criminal Background Check (CBC) requirement for initial licensure, before the traineeship application will be reviewed for approval.

**The initial traineeship may be submitted electronically or by fax, if submitted by the primary supervisor. There shall be a limit of two primary physical therapists assigned to provide primary supervision for each trainee. Please provide the names of alternate PTs who may also provide supervision to this trainee.**

### TRAINEE INFORMATION

FULL NAME (Last, First, M.I)		DATE OF BIRTH	
		MM	DD YY
EMAIL ADDRESS		MOBILE PHONE	
TRAINING FACILITY NAME		TRAINING FACILITY ADDRESS	
<input type="checkbox"/> I have registered for the National Physical Therapy Exam (NPTE) through the Federation of State Boards of Physical Therapy (FSBPT).			
<input type="checkbox"/> I have completed my Criminal Background Check (CBC) for initial licensure			
<input type="checkbox"/> I have read and understand the Board’s Regulations related to traineeships and agree to abide by the requirements contained therein.			
TRAINEE SIGNATURE		DATE	

### 1<sup>st</sup> 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.			
SIGNATURE OF SUPERVISOR		DATE	

**TRAINEE INFORMATION**

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX
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**2<sup>nd</sup> 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.	
SIGNATURE OF SUPERVISOR	DATE

**1<sup>st</sup> 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.	
SIGNATURE OF SUPERVISOR	DATE

**2<sup>nd</sup> 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.	
SIGNATURE OF SUPERVISOR	DATE