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STATE OF DELAWARE
EXAMINING BOARD OF PHYSICAL THERAPISTS
AND ATHLETIC TRAINERS

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STATEMENT OF SUPERVISING PHYSICAL THERAPIST OR ATHLETIC TRAINER
INSTRUCTIONS

This form is required before the Board office can issue a Temporary license. The form's purpose is to document that the applicant has a Delaware-licensed supervising PT/AT and that the supervisor understands his or her responsibility.

This form may also be used when the Board requires a period of supervised clinical practice following a period of disciplinary status, such as suspension.

When to Apply For a Temporary License

If an applicant for Physical Therapist (PT), Physical Therapist Assistant (PTA) or Athletic Trainer (AT) licensure meets specific requirements, the Delaware Board may issue a Temporary license to the applicant who has been determined to be eligible to take the examination. While practicing under a Temporary license, the applicant must be under **direct supervision**.

Applicants are NOT allowed to begin practicing until the temporary license is issued. To look up the status of the temporary license online, go to delpros.delaware.gov and click *Search & Verify License*.

When to Apply to Reactivate a License

A Delaware-licensed Physical Therapist (PT), Physical Therapist Assistant (PTA) or Athletic Trainer (AT) may request reactivation of a license in inactive status. If the licensee has not been actively practicing for the past five years, he or she is required to complete six months of supervised clinical practice (Section 11.1.2.3 of the Board's [Rules and Regulations](#)).

This form must be submitted to the Delaware Examining Board of Physical Therapists and Athletic Trainers before the licensee starts supervised practice. The Board office cannot reactivate the license until it receives this form.

Section I – To be completed by the applicant. - UPLOAD THIS FORM WITH THE APPLICATION OR SERVICE REQUEST

Step 1	<p>If you are:</p> <ul style="list-style-type: none"> • Applying for a temporary license, answer questions 1 and 2 below. • Requesting to reactivate an inactive license, answer questions 3 and 4 on the next page.
Step 2	<p>Send the updated form to the PT/AT who will provide supervision of your practice. The supervisor will complete Section II on the next page and return this document to you to upload with your application or service request in DELPROS. If you have more than one supervising PT and/or AT, a form must be completed for each supervisor.</p>

TEMPORARY LICENSE APPLICANT INFORMATION - Answer questions 1 and 2 only if you are requesting a temporary license.

- Applicant Name on Application: _____
Last/Family First Middle
- Check type of license applied for: PT PTA AT

REACTIVATION REQUEST LICENSEE INFORMATION - Answer questions 3 and 4 only if you are requesting to reactivate an inactive license.

- Licensee Name: _____
Last/Family First Middle
- Delaware License Number: **J** ____ - _____

Section II – To be completed by the supervising PT/AT.

The supervising Physical Therapist (PT) or Athletic Trainer (AT) completes, signs and returns the form to the applicant for submission with his/her application or service request. The supervisor is responsible for the actions of the applicant under his/her supervision and must document all supervision. If the applicant has more than one supervising PT and/or AT, **each** supervisor must submit one of these forms.

Direct supervision in connection with a PT or AT practicing under supervision means:

- A licensed PT or AT supervisor must be on the premises when the person with a temporary license is practicing.
- The supervisor must sign all evaluations and progress notes written by the person.

Direct supervision in relation to a PTA who has less than one-year experience means a PT must always be on the premises and see each patient.

To read the complete rules on supervision, see Section 1.2 of the Board's [Rules and Regulations](#).

SUPERVISOR INFORMATION - Supervisor completes this section. Return this form to the applicant.

5. Supervisor's Name on License: _____
Last/Family First Middle

6. Delaware License Number: J _____ - _____

7. Address Where Supervision Will Occur: _____
Practice Name

_____ DE _____
Street City State Zip

SUPERVISOR CERTIFICATION

I certify that I understand my responsibility to supervise the applicant named above and that I will do so in accordance with the Board's Rules and Regulations. I agree to promptly report to the Board office, in writing, if I cease to be the applicant's supervisor.

For Temporary License by Examination Only – I understand that the temporary license will expire **immediately** if the applicant fails the licensure examination.

Supervisor Signature: _____ Date: _____

APPLICANT UPLOADS THIS FORM WITH THE APPLICATION OR SERVICE REQUEST