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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 - UPLOAD THIS FORM WITH THE APPLICATION OR SERVICE REQUEST

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, or when a licensee wants to reactivate or reinstate a license.

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 awaiting his or her permanent license. 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 or Reinstate 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 or reinstatement of a license in expired 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 (Sections 11.1.6. and 11.2.6 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.

Section I – To be completed by the applicant.

Step 1	If you are:	<ul style="list-style-type: none"> Applying for a temporary license, answer questions 1 and 2 below. Requesting to reactivate an inactive license or reinstate an expired license, answer questions 3 and 4 on the next page.
Step 2	Send the updated form to the PT/AT who will provide supervision of your practice or work. 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 or AT, a form must be completed for each supervisor.	

TEMPORARY LICENSE APPLICANT INFORMATION – Complete this section **only** if you are requesting a temporary license.

- Applicant Name on Application: _____
Last First Middle
- Check type of temporary license applied for: PT PTA AT Application Number: **APP** - _____

REACTIVATION OR REINSTATEMENT REQUEST LICENSEE INFORMATION – Complete this section **only** if you are requesting to reactivate an inactive license or reinstate an expired license.

- Licensee Name: _____
Last First Middle
- Delaware License Number: **J** ____ - _____ Service Request Number: **SR** - _____

Statement of Supervising Physical Therapist or Athletic Trainer continued...

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 the supervisor's supervision and must document all supervision. If the applicant has more than one supervising PT or AT, **each** supervisor must submit one of these forms.

Direct supervision in connection with a PT or AT practicing under a temporary license 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 connection with a PT, PTA or AT requesting reactivation or reinstatement of a license means:

- A licensed PT or AT supervisor must be on the premises when the person is working.

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

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

6. Delaware License Number: J _____ - _____

7. Address Where Supervision Will Occur: _____
Practice Name

Street City DE State Zip

SUPERVISOR CERTIFICATION

I certify that I understand my responsibility to supervise the person 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 person'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:** _____

UPLOADS THIS FORM WITH THE APPLICATION OR SERVICE REQUEST