



CANNON BUILDING
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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

Temporary License

INSTRUCTIONS

When to File

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**.

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

The supervising PT/AT completes, signs and submits the form **directly** to the Board office. 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. **UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS.**

Supervision

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 with a temporary license.

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

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

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.**

APPLICANT INFORMATION

1. Applicant Name on Application: _____
Last/Family First Middle

2. Check type of license applied for: PT PTA AT

SUPERVISOR INFORMATION

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

4. Delaware License Number: J _____ - _____

5. Address Where Supervision Will Occur: _____
Practice Name

Street City DE State Zip

I certify that I understand my responsibility to supervise the applicant named above and that I will do so in accordance with the rules above. I agree to promptly report to the Board office, in writing, if I cease to be the applicant's supervisor. I understand that the temporary license will expire **immediately** if the applicant fails the licensure examination.

Supervisor Signature: _____ **Date:** _____