



Texas Board of Physical Therapy Examiners

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Austin, Texas 78701-3942

512/305-6900
www.ptot.texas.gov

Supervisor Affidavit for a Temporary PT or PTA Licensee

A Temporary License may be issued to an applicant by examination that has a job in Texas and is supervised by a Texas-licensed PT working in the same location. This original form must be signed by the supervising PT, mailed to and received in the Board office before a temporary license can be issued. Faxes and emails will NOT be accepted.

I, _____, license number _____, accept
(Printed name of supervising PT)

responsibility for the physical therapy clinical supervision of _____,
(Printed name of applicant)

During the time I am supervising, I understand that I must:

1. maintain my license in good standing with the board,
2. work at the facility where the person I am supervising is working,
3. ensure that I (or my designee) will be onsite and readily available at all times to provide supervision and advice to the temporary license holder and to the patient during physical therapy treatment by the temporary license holder;
4. assign to the temporary license holder only such physical therapy measures, treatments, procedures, and functions as he or she is capable of performing safely and effectively; and
5. perform periodic review of the status of every patient treated by the temporary license holder.

I understand that if for any reason I am unable to fulfill my supervisory responsibilities, or if I or the temporary license holder no longer work at this facility, it is my obligation to report this to the board immediately.

I have read and understand the above requirements. Should I fail to properly fulfill my obligations as outlined, I understand that my license shall be subject to sanctions by the board.

Signature of supervising PT

State of Texas,
County of: _____

This instrument was acknowledged before me on _____
Date

by _____
(Name of supervising PT)

(Notary Stamp)

Notary Public in and for the state of Texas

My commission expires: _____

Supervisor's Name: _____

Temporary License Applicant: _____

Facility Information

The supervising PT and the Temporary Licensee must work at the same facility. We verify this information with the work address we have on file for the supervisor. If your work address does not match the facility information below, please explain in the space provided.

If you would like us to update your record to show the facility below as your new work address, please check here:

Name of Facility: _____

Address of Facility: _____

City: _____ State: _____ Zip: _____

Phone #: _____

EXPLANATION OF ADDRESS VARIANCE (if needed): _____

Information for the Supervising PT

1. The supervising PT must have a permanent, unexpired Texas license.
2. A person with a temporary license must have onsite supervision whenever they are providing physical therapy services.
3. Documentation written by the temporary licensee does not require a co-signature.
4. If the temporary licensee is a PTA, the name of the PT actually supervising must be in each treatment note, just as it is for a PTA with a permanent license.
5. The temporary licensee may use the professional designation of PT or PTA with their signature, as appropriate.
6. The temporary licensee may provide the services which are authorized for a PT or PTA with a permanent license, within the limits of their education and experience. However, the supervising PT is responsible for determining that the temporary licensee is qualified to provide those services safely.
7. The temporary licensee may provide physical therapy services upon online verification of licensure prior to receiving the paper license from the Board.