

# **VERIFICATION OF SUPERVISION OF THE PHYSICAL THERAPIST'S ASSISTANT**

Per NRS 640.260, "A license as a physical therapist's assistant is valid as long as a supervising physical therapist supervises the physical therapist's assistant." Pursuant to this provision, it is necessary that each Physical Therapist's Assistant submit a completed copy of this form to the Nevada State Board of Physical Therapy Examiners upon initial employment as a Physical Therapist's Assistant in the State of Nevada, upon application for renewal of a license and each time the "supervising physical therapist" changes.

## **TO BE COMPLETED BY THE SUPERVISING PHYSICAL THERAPIST**

I, \_\_\_\_\_, a licensed physical therapist in the State of Nevada, license number \_\_\_\_\_, do hereby certify that I supervise

\_\_\_\_\_  
(Print Name of Physical Therapist's Assistant)

I further acknowledge that I am required to notify the Board, within 30 days, in the event I no longer supervise the referenced individual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **TO BE COMPLETED BY THE PHYSICAL THERAPIST'S ASSISTANT**

I, \_\_\_\_\_, Nevada license # \_\_\_\_\_ acknowledge that I must be supervised by a "supervising physical therapist" to maintain a valid physical therapist's assistant license in the State of Nevada. I agree to notify the Board, within 30 days, in the event there is a change in my supervision. I understand that I may not work without a licensed Physical Therapist on the premises until I have at least 2000 hours of experience as a licensed P.T.A. A Board form indicating completion of the 2000 hours must be filed with the Board before working without on-site supervision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **WORK INFORMATION:**

(Must be Nevada address)

COMPANY NAME \_\_\_\_\_

Please use this as my primary professional address of record.

This is per diem only.

ADDRESS \_\_\_\_\_

(Cannot be Post Office Box)

CITY, STATE ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

Please mail or fax the completed form to:

Nevada State Board of Physical Therapy Examiners  
7570 Norman Rockwell Lane, Suite 230  
Las Vegas, NV 89143  
(702) 876-2097 fax