

**APPLICATION FOR "GRADUATE OF PHYSICAL THERAPY" DESIGNATION**

NRS 640.120 provides that a person who has applied for licensure as a **physical therapist** or **physical therapist assistant** and who meets the qualifications set forth in NRS 640.080 or 640.092, except subsection 3 of NRS 640.080 or subsection 4 of NRS 640.092, as applicable, is temporarily exempt from licensure and may practice physical therapy during the temporary exemption if the person meets certain criteria. Those guidelines include a completed and approved application, including fingerprinting results, submitted to the Board office, and supervision by a licensed physical therapist who is present on-site. Pursuant to these provisions, each applicant wishing to be considered a "Graduate of physical therapy" must submit a completed affidavit to the Nevada Physical Therapy Board.

**TO BE COMPLETED BY THE SUPERVISING PHYSICAL THERAPIST LICENSED IN NEVADA**

Under penalty of perjury, I do hereby certify that I will provide on-site supervision and co-sign the notes of the person named below under the designation of "Graduate of physical therapy" upon receipt of the designation letter from the Board until said applicant is licensed or until I am notified said applicant has failed the national examination. I further attest that I will immediately notify the Board in writing in the event I am no longer able to supervise said "Graduate of physical therapy". It is understood that said "Graduate" is considered an unlicensed person and per NAC 640.594 I may not supervise more than two physical therapist assistants, two physical therapist technicians, or two graduates of physical therapy at the same time. If supervising both assistants, technicians, and graduates, I may not supervise a combined total of three such persons at the same time.

X \_\_\_\_\_  
Print Name of Supervising Physical Therapist License Number

X \_\_\_\_\_  
Signature of Supervising Physical Therapist

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**TO BE COMPLETED BY THE GRADUATE OF PHYSICAL THERAPY**

I acknowledge that I must be supervised on-site and have my notes co-signed by a Board approved "supervising physical therapist" licensed in the State of Nevada in order to be considered a "Graduate of physical therapy". This supervision is required per NRS 640.120(3)(3). I further understand that I may not work under this designation until I have received a letter from the Board awarding the designation. I agree to immediately notify the Board in the event that I am no longer supervised by a licensed physical therapist, or in the event there is any other change in my status as a "Graduate of physical therapy". I understand that should I fail the examination; I immediately relinquish the "Graduate" status and the Board will notify the supervising Physical Therapist named above.

Print Name of Graduate of Physical Therapy Signature of Graduate of Physical Therapy  
x \_\_\_\_\_ x \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Name of Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**GRADUATE STATUS IS NOT EFFECTIVE UNTIL A COMPLETED APPLICATION IS ON FILE AND A "GRADUATE" DESIGNATION LETTER IS ISSUED BY THE BOARD.** GRADUATE STATUS IS VALID UNTIL YOU ARE LICENSED UNLESS YOU FAIL THE EXAMINATION. FAILING THE EXAMINATION RESULTS IN IMMEDIATE TERMINATION OF GRADUATE STATUS.

**APPLICATION FOR “GRADUATE OF PHYSICAL THERAPY  
for the “PHYSICAL THERAPIST ASSISTANT” Designation**

NRS 640.120 provides that a person who has applied for licensure as a **physical therapist** or **physical therapist assistant** and who meets the qualifications set forth in NRS 640.080 or 640.092, except subsection 3 of NRS 640.080 or subsection 4 of NRS 640.092, as applicable, is temporarily exempt from licensure and may practice physical therapy during the temporary exemption if the person meets certain criteria. Those guidelines include a completed and approved application, including fingerprinting results, submitted to the Board office. Pursuant to these provisions, each applicant wishing to be considered a “*Graduate of physical therapy*” must submit a completed affidavit to the Nevada Physical Therapy Board.

**TO BE COMPLETED BY THE SUPERVISING PHYSICAL THERAPIST LICENSED IN NEVADA**

Under penalty of perjury, I do hereby certify that I will supervise the person named below under the designation of “*Graduate of physical therapy*”. I agree to supervise this applicant from the date the Board issues the “Graduate” status until said applicant is licensed or until I am notified that said applicant has failed the national examination. I further attest that I will immediately notify the Board in writing in the event I am no longer able to supervise said “Graduate of physical therapy”. It is understood that said “Graduate” is considered an unlicensed person and per NRAC 640.594 I may not supervise more than two physical therapist assistants, two physical therapist technicians, or two graduates of physical therapy at the same time. If supervising both assistants, technicians, and graduates, I may not supervise a combined total of three such persons at the same time.

X \_\_\_\_\_  
Print Name of Supervising Physical Therapist License Number

X \_\_\_\_\_  
Signature of Supervising Physical Therapist

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**TO BE COMPLETED BY THE GRADUATE OF PHYSICAL THERAPIST ASSISTANT**

I acknowledge that I must be supervised by a “supervising physical therapist” licensed in the State of Nevada to be considered a “*Graduate of physical therapist assistant*”. This supervision is required per NRS 640.275(4)(d). I agree to immediately notify the Board in the event that I am no longer supervised by a licensed physical therapist, or in the event there is any other change in my status as a “*Graduate of Physical Therapist Assistant*”. I understand that should I fail the examination; I immediately relinquish the “*Graduate*” status and the Board will notify the supervising Physical Therapist named above.

X \_\_\_\_\_ X \_\_\_\_\_  
Print Name of Graduate of Physical Therapist Assistant Signature of Graduate of Physical Therapist Assistant

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Name of Facility \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

**GRADUATE STATUS IS NOT EFFECTIVE UNTIL A COMPLETED APPLICATION IS ON FILE AND A “GRADUATE” DESIGNATION LETTER IS ISSUED BY THE BOARD. GRADUATE STATUS IS VALID UNTIL YOU ARE LICENSED UNLESS YOU FAIL THE EXAMINATION. FAILING THE EXAMINATION RESULTS IN IMMEDIATE TERMINATION OF THE GRADUATE STATUS.**