

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

NRS 640.120 provides that the Board may issue, without examination, a license to practice as a physical therapist or physical therapist assistant for a period not to exceed 6 months to any person 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 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 \_\_\_\_\_

X \_\_\_\_\_

*Print Name & license # of Supervising Physical Therapist*

*Signature of 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 FOR A PERIOD NOT TO EXCEED 6 MONTHS OR UNTIL YOU ARE LICENSED UNLESS YOU FAIL THE EXAMINATION. FAILING THE EXAMINATION RESULTS IN IMMEDIATE TERMINATION OF GRADUATE STATUS.**

FORM UPDATED 1/2026