OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION
P.O. BOX 18256, OKLAHOMA CITY, OK 73154-0256
(405) 962-1400 e-mail: licensing@okmedicalboard.org

VERIFICATION OF SUPERVISION – GROUP SETTING

SELECT EITHER: ☐ DIRECT SUPERVISION **or** ☐ GENERAL SUPERVISION
☐ ADDITIONAL POSITION (keep supervisors currently on file) ☐ SUPERVISOR CHANGE (delete supervisors currently on file)

"General supervision" means the responsible supervision and control of the practice of the licensed physical therapist assistant by the supervising physical therapist. The supervising therapist is regularly and routinely on-site, and every three months will provide a minimum of one (1) co-treatment of face to face, real time interaction with each physical therapist assistant providing services with his/her patients These co-treatments will be documented in the medical record and on a supervision log, which is subject to inspection. When not on-site, the supervising therapist is on call and readily available physically or through direct telecommunication for consultation.
"On-site supervision" or "Direct supervision" means the supervising physical therapist is continuously on-site and present in the department or facility where services are provided, is immediately available to the person being supervised and maintains continued involvement in appropriate aspects of each treatment session in which assistive personnel are involved in components of care.

NAME OF APPLICANT/LICENSEE:_____ License/Application No._____

Mailing address:_____

_____

Group Setting – Name of Group director:_____ License No._____

Name of Practice Setting:_____
Address_____
City State Zip_____
Phone: (_____)_____

THE ABOVE NAMED APPLICANT WILL BEGIN PRACTICE UNDER OUR SUPERVISION ON __/__/____

List of all supervising physical therapists with license numbers working in this same practice setting:

PT Supervisor Name	**License #**	**Signature**

Group Director

By my signature below, I indicate that I fully comprehend the responsibilities discharged to me I the supervision of _____ as a licensed Physical Therapist Assistant or Physical Therapist/Physical Therapist Assistant applicant in the State of Oklahoma according to the Physical Therapy Practice Act Title 59 O.S., §§ 887.1 – 887.18 and the Oklahoma Administrative Code Title 435 Chapter 20. We agree to abide by the rules of the Board of Medical Licensure and Supervision. I understand that failure to provide responsible supervision may result in disciplinary action against my Physical Therapist license.

_____
Group director signature OK License Number Date Signed

_____
Signature of applicant OK License/Application Number Date Signed