

Oklahoma State Medical Board Physical Therapy Supervision Log

Please read reverse side for instructions and information

Make copies of this page as needed for your own documentation

Name of Licensee being supervised: _____

License #: _____

Temporary License ___ or Regular License ___

Name of Supervisor(s) & License(s) #: _____

Employer or Facility: _____

Year	Direct observation of the provision of PT services to patients/clients		Documented co-treatment in chart		Notes
	Date	Time spent in co-treatment	Supervisor's Initials	Patient MRN /Identifier	
Q1					
Q2					
Q3					
Q4					

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The Log is a good way to maintain a record of your supervision for your and your employer's records. Copy the blank log. Make as many copies as you need.

Licensees maintain and retain their own log. Fill in your name, the year, and the name(s) of the supervising physical therapist(s).

If you change supervisors during the year, either fill out a new Form #5 or write or fax the Board within 30 days. Information about a change of your address or work information must also be given to the Board.

INSTRUCTIONS:

In Column 1, record the year reflected in this log under the appropriate quarter.

In Columns 2 and 3, record the times spent in co-treatment and have your supervisor initial. (The rules specify no particular length of time for the co-treatment.)

In Columns 4 and 5, record the patient's medical record number or other identifier and the location where the supervision occurred.

Column 7 is for notes to remind you of special circumstances.