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: ____________________________________________________________

<table>
<thead>
<tr>
<th>Year</th>
<th>Direct observation of the provision of PT services to patients/clients</th>
<th>Documented co-treatment in chart</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Date</td>
<td>Time spent in co-treatment</td>
<td>Supervisor’s Initials</td>
</tr>
<tr>
<td>Q2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Q4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.