

**PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT FORM 5-G  
VERIFICATION OF GROUP SUPERVISION**

**INSTRUCTIONS**

The state of Oklahoma requires a physical therapist assistant to be supervised by a specific physical therapist or group of physical therapists working in the same practice setting or physical facility. The physical therapist of record is accountable and responsible at all times for the direction of the actions of the physical therapist assistant when treating his/her patient. Okla. Admin Code § 435:20-7-1 (a)(1).

A physical therapist assistant cannot practice in any clinical setting without the necessary Form #5 on file with the Oklahoma Medical Board.

A group of physical therapists, working in the same practice setting may provide supervision to a physical therapist assistant providing the following conditions are met:

- (i) all supervising physical therapists are listed on a Form #5 for the physical therapist assistant.
- (ii) the ratio of physical therapists to physical therapists assistants in that practice setting does not exceed the ratio of one (1) physical therapist to three (3) physical therapist assistants or applicants for licensure at any given time.
- (iii) The group director, who must be a licensed physical therapist or physical therapist assistant, is identified and assumes responsibility for accurate information on the Form #5 and the appropriate ratio of physical therapist to physical therapist assistants. The Board may assign disciplinary action to the clinical director or all members of the group for violation of the supervision rules. Okla. Admin Code § 435:20-7-1 (c)(3)(B).

The **Form 5-G** is to be completed and submitted if the physical therapist assistant will be supervised in a **Group Supervision** setting.

**The Form 5-G must be complete to be processed by the Medical Board.  
An incomplete Form 5-G will not be processed.**

1. All information regarding the supervisee must be complete.
2. The position must be noted on the form.
  - a. Initial position is checked only if this is the supervisee's first position in Oklahoma.
  - b. Additional position is checked if this position is in addition to current positions. All current supervisors will remain on file.
  - c. Supervisor Change is checked only if supervisee needs all other supervisors deleted.
3. Projected Start Date must be filled in. The projected start date is the date the supervisee expects to start practicing under the supervision of the physical therapist. The Medical Board will not process a Form 5 if the start date is left blank.
  - a. Allow 10 business days for processing.
  - b. The supervisee cannot practice until the Form 5 is on file with the Medical Board.
  - c. The supervisee can check their online profile to confirm the Form 5 has been processed in the "Supervisors Listed" section. An updated Group Supervision list will be emailed to the group director once the Form 5-G has been processed.

**OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**  
**101 NE 51<sup>ST</sup> STREET**  
**OKLAHOMA CITY OK 73105**  
**Phone: (405)962-1470      Email: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)**

4. Name and license number of the group director must be complete.
5. All information regarding the Group Practice must be complete. The Medical Board will not process a Form 5 if the practice information is incomplete.
6. Both the supervisee and the group director must sign and date the Form 5-G.

**PAGE 2 FORM 5-G INSTRUCTIONS**

**Complete page 2 only if:**

- **Adding or deleting a physical therapist supervisor to/or from group**
- **Deleting a physical therapist assistant from group**
- **Forming a new Group**
- **Changing group director**

1. Name and license number of the group director must be complete.
2. All information regarding the Group Practice must be complete. The Medical Board will not process a Form 5-G if the practice information is incomplete.
3. Adding physical therapists as supervisors
  - a. Name and license number must be on the form.
  - b. Signature of the physical therapist must be complete.
  - c. "add" must be checked.
4. Deleting physical therapist as supervisors
  - a. Name and license number must be on the form.
  - b. Signature is NOT required to delete physical therapist.
  - c. "delete" must be checked.
5. Deleting physical therapist assistants
  - a. Name and license number must be on the form.
6. Group director must sign and date the form.
  - a. Allow 10 business days for processing.
  - b. An updated Group Supervision list will be emailed to the group director's email, on file with the Medical Board, once the Form 5-G has been processed.

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VERIFICATION OF GROUP SUPERVISION**

This form is for **Group Supervision only**, for Individual Supervision, see Form 5-I Verification of Individual Supervision.  
If adding a Physical Therapist as a supervisor to a PT Group, please complete page 2.

NAME OF SUPERVISEE: \_\_\_\_\_ LICENSE/APPLICATION # \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**CHOOSE ONE:**      **INITIAL POSITION**      **ADDITIONAL POSITION**      **SUPERVISOR CHANGE**  
(first position in Oklahoma)      (keep current supervisors on file)      (delete all current supervisors)

**PROJECTED START DATE:** \_\_\_\_\_ **Allow 10 business days for processing.**  
(Cannot leave blank)      **PTA cannot practice until Form 5 is on file with the State Medical Board.**

NAME OF GROUP DIRECTOR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

Is this a new Group Director?      YES      NO

GROUP NAME: \_\_\_\_\_

PRACTICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Is this the primary practice address?      YES      NO

**SUPERVISEE / GROUP DIRECTOR**

By my signature below, I indicate that I fully comprehend the responsibilities discharged to me as a licensed or applicant Physical Therapist Assistant (TA) or Physical Therapist (PT) according to the Oklahoma Physical Therapy Practice Act Title 59 O.S. §§ 887.1 – 887.19 and the Oklahoma Administrative Code Title 435 Chapter 20. A TA cannot practice in any clinical setting without the necessary Form #5, Verification of Supervision on file. Practicing without a Form #5 on file may result in disciplinary action against a TA/PT license. The ratio of PTs to TAs in the practice setting cannot exceed the ratio of one (1) PT to three (3) TAs. All supervising PTs are listed on the Form #5. The group director is a licensed PT or TA and assumes responsibility for accurate information on the Form #5 and appropriate ratio of PT to TAs. The Board may assign disciplinary action to the clinical director or all members of the group for violation of the supervision rules.

\_\_\_\_\_  
SUPERVISEE SIGNATURE      LICENSE #      DATE SIGNED

\_\_\_\_\_  
GROUP DIRECTOR SIGNATURE      LICENSE #      DATE SIGNED

**“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.

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**Complete this page if adding or deleting a Physical Therapist Supervisor from a practice group only.  
 Complete this page if deleting a Physical Therapist Assistant from a practice group. If adding a Supervisee, page 1 must be completed.**

GROUP DIRECTOR NAME: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

Is this a new Group Director?      YES      NO

GROUP NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ NEW PRACTICE GROUP      YES      NO

By my signature below, I indicate that I fully comprehend the responsibilities discharged to me as a licensed Physical Therapist Physical Therapist (PT) according to the Oklahoma Physical Therapy Practice Act Title 59 O.S. §§ 887.1 – 887.19 and the Oklahoma Administrative Code Title 435 Chapter 20. A Physical Therapist Assistant (TA) cannot practice in any clinical setting without the necessary Form #5, Verification of Supervision, on file. Practicing without a Form #5 on file may result in disciplinary action against a TA/PT license. The PT will provide direct or general supervision of a TA and will be listed on the Form #5 as the supervising PT. Both the PT and TA are responsible for completion of the Form #5. A TA shall be supervised by a group of PTs working in the same practice setting or physical facility. The PT of record is accountable and responsible at all times for the direction of the actions of the TA when treating his/her patient. It is the responsibility of both PTs and TAs to notify the Board of any changes to a Form #5 that they have signed. The failure of a PT to provide responsible supervision may result in disciplinary action against a PT/TA license.

PT SUPERVISOR NAME	LICENSE #	SIGNATURE (required for additions only)		
_____			<b>add</b>	<b>delete</b>
_____			<b>add</b>	<b>delete</b>
_____			<b>add</b>	<b>delete</b>
_____			<b>add</b>	<b>delete</b>

PTA SUPERVISEE NAME	LICENSE #	DELETIONS ONLY	
_____			<b>delete</b>
_____			<b>delete</b>
_____			<b>delete</b>
_____			<b>delete</b>
_____			<b>delete</b>

**If adding a Supervisee, page 1 must be completed**

By my signature below, I acknowledge the ratio of PTs to TAs in this practice group does not exceed the ratio of one (1) PT to three (3) TAs. All supervising PTs are listed on the Form #5. As the group director, I am a licensed PT or TA and assume responsibility for accurate information on the Form #5. I understand the Board may assign disciplinary action to the clinical director or all members of the group for violation of the supervision rules.

GROUP DIRECTOR SIGNATURE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE SIGNED \_\_\_\_\_