OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET OKLAHOMA CITY OK 73105
Phone: (405) 962-1400 Fax: (405) 962-1440 email: Licensing@okmedicalboard.org

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT FORM 5 - VERIFICATION OF SUPERVISION

NAME OF SUPERVISEE: _____ License/Application No._____

Add ☐ PROJECTED START DATE: _____ **(Please allow 3 business days for processing.)**
Delete ☐ END DATE: _____
Mailing address: _____
City State Zip: _____

1. Is the supervisee under group supervision or under individual supervision? Please choose either A or B.
   - **A.** ☐ **GROUP SUPERVISION** (At least 2 supervising Physical Therapists in a group setting). If adding a Physical Therapist as a supervisor to a PT Group, please complete page 2.

     NAME OF GROUP DIRECTOR: _____ License No. _____

   - **B.** ☐ **INDIVIDUAL SUPERVISION**

     NAME OF INDIVUDUAL SUPERVISOR: _____ License No. _____

2. Is the supervisee's position a(n) **CHOOSE ONE** ☐ ADDITIONAL POSITION (keep supervisors currently on file)
   ☐ SUPERVISOR CHANGE (delete supervisors currently on file)
3. Practice Setting or Group Name: _____
   Address: _____
   City State Zip: _____
   Phone: _____ Is this address the primary practice address? Yes ☐ No ☐

Group Director/Supervisor

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

_____
Group Director / Individual Supervisor Signature OK License Number Date Signed

_____
Supervisee Signature OK License/Application Number Date Signed

☐ GENERAL SUPERVISION **or** ☐ DIRECT SUPERVISION (OSBMLS USE ONLY)

"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/deleting a Physical Therapist Supervisor from a practice group only OR deleting Physical Therapist Assistant from a practice group.

GROUP DIRECTOR NAME: _____ **License No.**_____

Practice Setting or Group Name: _____

Address: _____

City State Zip: _____

Phone: _____ **NEW PRACTICE GROUP** **Yes** ☐ **No** ☐

PT/PTA Name	**License #**	**Signature** (required for additions only)	
			add ☐ delete ☐
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			add ☐ delete ☐

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_____

Group Director Signature **OK License Number** **Date Signed**