

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
Phone: (405) 962-1470 Email: licensing@okmedicalboard.org

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT FORM 5-I
VERIFICATION OF INDIVIDUAL 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.

The **Form 5-I** is to be completed and submitted if the physical therapist assistant will be supervised by an **individual** physical therapist.

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

1. Delete supervisors / Update Practice Address
 - a. Delete current Supervisors on file – Check **ONLY** if deleting supervisors. The names of the supervisors to be deleted **MUST** be attached on a separate sheet. The supervisee can also log into their profile and delete the supervisors.
 - b. Update Primary Practice Address – Check **ONLY** if this is the practice address you want on the website. The Medical Board website can only list one practice address.
2. All information regarding the supervisee must be complete.
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 received and documented with the Board.
 - c. The supervisee can check their online profile to confirm the Form 5 has been processed in the “Supervisors Listed” section.
4. Name and license number of the supervisor must be complete.
5. All information regarding the 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 supervisor must sign and date the Form 5.

A physical therapist can supervise only three (3) physical therapist assistants. It is the responsibility of both physical therapists and physical therapist assistants to notify the Board of any changes to a Form 5 they have signed.

Email form to: licensing@okmedicalboard.org**PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT FORM 5-I
VERIFICATION OF INDIVIDUAL SUPERVISION**This form is for **Individual Supervision only**, for Group Supervision, see Form 5 Verification of Group Supervision **Delete current Supervisors on file** (Must include names of supervisors on separate sheet of paper) **Update Primary Practice Address on website with practice address below**

NAME OF SUPERVISEE: _____ LICENSE/APPLICATION # _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

Allow 10 business days for processing.**PROJECTED START DATE:** _____ **Supervisee cannot practice until Form 5 received and documented by the State Medical Board.**
(Cannot leave blank)

NAME OF INDIVIDUAL SUPERVISOR: _____ LICENSE # _____

PRACTICE NAME: _____

PRACTICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Is this the primary practice address? YES NO**SUPERVISEE / INDIVIDUAL SUPERVISOR**

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 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 specific PT or 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. A PT can supervise only three (3) TAs. 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.

SUPERVISEE SIGNATURE _____ LICENSE # _____ DATE SIGNED __________
SUPERVISOR 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.