



GEORGIA STATE BOARD OF PHYSICAL THERAPY
237 COLISEUM DRIVE
MACON, GEORGIA 31217-3858
(478) 207-2440
<http://sos.ga.gov/index.php/licensing/plb/39>

TRAINEESHIP LETTER OF AGREEMENT APPLICATION

Please read these instructions, Board Rule 490-2-.04 Training Permits, and the Laws and Rules prior to completing the Traineeship Letter of Agreement Application for the supervision of a trainee.

Please note that you may not practice as a physical therapist or physical therapist assistant in the state of Georgia without a valid license OR training permit which has been issued by the Georgia State Board of Physical Therapy.

Applicants are encouraged to use the checklist below to ensure that all of the necessary documentation has been submitted to the Board to consider the approval of the traineeship agreement.

APPLICATION CHECKLIST		
APPLICATION FOR LICENSURE	A completed application for licensure along with a non-refundable, non-transferrable fee and supporting documents. The Board must approve the application for licensure.	
TRAINEESHIP AGREEMENT	The letter of agreement for the traineeship must be completed by the supervisor and signed and dated by both the supervisor(s) and the trainee.	
SITE LOCATIONS	The name, address, phone and fax numbers for ALL sites where the trainee and the supervisor(s) may be working during the course of the traineeship must be provided.	
TIME REQUIREMENT	Upon issuance of a Traineeship Permit, the applicant must complete a minimum of 480 hours of training within a three (3) month period as is required in the laws and rules of this Board.	

GENERAL INFORMATION

Graduates of a Physical Therapy and Physical Therapist Assistant program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) are not required to complete a traineeship; however, applicants by endorsement or reinstatement who have not been in active practice for two years or more may be required to complete a traineeship as determined by the Board.

Once a traineeship agreement has been submitted and approved, the applicant and supervisor(s) will have entered into a contract with the Georgia State Board of Physical Therapy. Failure to adhere to the terms of the contract may result in disciplinary action against any and all parties. The Board must approve any changes in the traineeship agreement prior to the implementation of any change.

If the approved supervisor(s) is unable to complete the full three (3) month period, or more as determined by the Board, a new Traineeship Letter of Agreement Application must be submitted and approved by the Board before a new supervisor is selected. The initial traineeship permit must also be returned to the Board with the new application. Once a new supervisor is approved and a new permit is issued, the applicant can begin accruing additional traineeship hours.

TERMINATION OF A TRAINEESHIP: Traineeships are immediately terminated, as outlined in the rules, any time the applicant's performance is not satisfactory to the supervisor. Should the termination of a traineeship occur, the supervisor must notify the Board and the training permit must be returned to the board.

**ONCE A TRAINING PERMIT IS ISSUED, TRAINEES MUST SIGN THEIR NOTES:
"PT Trainee" or "PTA Trainee."**



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LETTER OF AGREEMENT FOR TRAINEESHIP SUPERVISION

Please read these instructions, Board Rule 490-2-.04 Training Permits, and the Laws and Rules prior to completing the Traineeship Letter of Agreement Application for the supervision of a trainee.

TRAINEE'S NAME	LAST		FIRST		MIDDLE	
PRIMARY SITE LOCATION	Name:			Address:		
	Phone:			Fax:		
SUPERVISOR	Name:			GA License #:		
	Email Address:					
ALTERNATE SUPERVISOR (if applicable)	Name:			GA License #:		
	Email Address:					
ANTICIPATED START DATE		# OF HRS TO BE WORKED EACH WEEK		DAYS OF THE WEEK		
COMPLETE THE SECTION BELOW IF THERE IS MORE THAN ONE TRAINING SITE						
SECONDARY SITE LOCATION	Name:			Address:		
	Phone:			Fax:		
SUPERVISOR	Name:			GA License #:		
	Email Address:					
ALTERNATE SUPERVISOR (if applicable)	Name:			GA License #:		
	Email Address:					
ANTICIPATED START DATE		# OF HRS TO BE WORKED EACH WEEK		DAYS OF THE WEEK		

No more than two training sites may be used to obtain the necessary hours to complete the traineeship.

An affirmation statement must be completed by the Primary Supervisor and the Alternate Supervisor, if applicable, as well as the Trainee and submitted to the Board with Letter of Agreement.

SUPERVISOR / ALTERNATE SUPERVISOR AFFIRMATION STATEMENT

The Trainee Supervisor or Alternate Supervisor must enter his/her initials by each statement and sign this affirmation in the presence of a notary.

_____ **I affirm** that I have agreed to serve as the Supervisor or Alternate Supervisor (circle one) for _____ (enter name of the Trainee)

_____ **I affirm** that I accept full responsibility for direct, continuous, 100% on-site supervision of the trainee at all times and will ensure that the trainee does not perform any patient care activities in my absence except under an emergency situation as defined in the Board Rules.

_____ **I affirm** under penalties of perjury that my Georgia license is in good standing. I have practiced full-time for not less than one (1) continuous year, or the equivalent of one (1) full year within the past three (3) years in the state of Georgia or in the state of _____ with license number _____.

_____ **I affirm** that I have read and understand the Georgia Physical Therapy Practice Act, Board Rules Chapter 490, all Board Policy Statements and Frequently Asked Questions available on the website of the Georgia State Board of Physical Therapy.

_____ **I affirm** that I have read the instructions of this agreement and the Traineeship Competency Evaluation Form and understand my responsibilities as a Supervisor or Alternate Supervisor (circle one) to include thoroughly and accurately evaluating the performance of the trainee with transparency, on an on-going basis, according to the competency criteria outlined on the Traineeship Competency Evaluation Form.

_____ **I affirm** that I will submit the Traineeship Competency Evaluation within ten (10) business days of the last date of the period of training for the above referenced trainee.

_____ **I affirm** that I will obtain a copy of the training permit from the trainee prior to allowing the trainee to practice under my direct supervision.

_____ **I affirm** that I will ensure that the trainee does not practice on any days or for any hours not approved by the Board in the attached Letter of Agreement for Traineeship Supervision.

_____ **I affirm** that I will notify the Board in writing of any unsatisfactory performance and will immediately instruct the trainee to return the traineeship permit to the Board office.

SUPERVISOR / ALTERNATE SIGNATURE

DATE

Sworn to and subscribed before me
This _____ day of _____, 20____.
Notary Public Signature_____

(NOTARY SEAL)

County State
My Commission Expires _____

TRAINEE AFFIRMATION STATEMENT

The Trainee must enter his/her initials by each statement and sign this affirmation in the presence of a notary.

_____ **I affirm** that I have read and understand the Georgia Physical Therapy Practice Act, Board Rules Chapter 490, all Board Policy Statements and Frequently Asked Questions available on the website of the Georgia State Board of Physical Therapy.

_____ **I affirm** that I will provide my Supervisor and/or Alternate Supervisor with a copy of the training permit issued by the Board prior to beginning the traineeship.

_____ **I affirm** that I will not practice on any days or for any hours not approved by the Board in the attached Letter of Agreement for Traineeship Supervision.

_____ **I affirm** that I will immediately return the training permit issued to me by the Board if I have been informed by my Supervisor that I have failed to complete the traineeship within the agreed upon time frames or do not exhibit performance satisfactory to the supervisor.

_____ **I affirm** under penalties of perjury that I have read and understand the instructions and the provisions of this Traineeship Agreement.

TRAINEE SIGNATURE

DATE

Sworn to and subscribed before me

This _____ day of _____, 20____.

Notary Public Signature _____

(NOTARY SEAL)

County State

My Commission Expires _____