

STATEMENT OF SUPERVISING LICENSED PHYSICAL THERAPIST

NAME OF PERSON APPLYING FOR TEMPORARY LICENSE: _____
(Print name of applicant)

This is to certify that I, _____,
(Print name of Licensed Physical Therapist), whose Physical Therapist

License No. is **PT** - _____, will be providing supervision pursuant to Hawaii Administrative Rules §16-110-4 to

_____ from _____.
(date)

Further, should there be a severance of this supervisory relationship, I shall notify the Board, within 48 hours and through certified mail, of the severance.

Signature of Supervising Physical Therapist

Name of Company

Address of Company

Telephone No.

Subscribed and sworn to before me this
_____ day of _____ A.D. 20 _____.
Notary Signature: _____
Notary Public, State of: _____
My commission expires: _____
Print Name: _____

Doc. Date: _____ No. of Pages: _____
Notary Name: _____ Circuit Court: _____
Doc. Description _____

Notary Signature: _____
Date _____

Upon issuance of the temporary license, the supervising Physical Therapist is required to confirm, in writing, the date that the above-referenced applicant begins working under the temporary license. If we do not hear from you within 20 days, the Board of Physical Therapy ("Board") will assume that the above referenced applicant is not working with you and this temporary license will automatically terminate without further notice from the Board.

Please be advised that you are required to notify the Board of severance of your supervisory relationship.