



**STATE OF ALABAMA BOARD OF  
PHYSICAL THERAPY**  
100 NORTH UNION STREET, SUITE 724  
P.O. BOX 305040  
MONTGOMERY, AL 36130-5040  
Phone: (334) 242-4604  
e-mail: [info@pt.alabama.gov](mailto:info@pt.alabama.gov)



The Alabama Board of Physical Therapy Practice Act allows a student of an approved physical therapy education program, who has met all other requirements in Alabama for licensure, to be engaged in direct patient care as a PT/PTA student/graduate under the direct on-site supervision of the performance of assigned or delegated duties or functions. Supervision must be by an Alabama licensed physical therapist or physical therapist assistant.

**The student PT/PTA must have submitted to the Boards Office:**

- **An application for license.**
- **\$100 application fee to the Board.**
- **College or University provided Certificate of Physical Therapy Education form or official transcript with degree posted.**
- **Registered and paid fee for or the next available for the NPTE exam; or**
- **Have already passed the NPTE and is awaiting conferment of his/her degree.**

The attached form must be completed and returned to this Board prior to consideration for temporary licensure. You and the Alabama registered physical therapist or physical therapist assistant who will be supervising you should complete the form and return it to the above address or emailed to [info@pt.alabama.gov](mailto:info@pt.alabama.gov).

***Please note - you may meet all requirements to take the licensing examination in Alabama without a temporary license. A temporary license is not a requirement in order to sit the exam.***

***If you have previously taken the licensing examination and failed, you will not be eligible for temporary licensure in Alabama.***

State of Alabama Board of Physical Therapy

SUPERVISORY AGREEMENT FOR TEMPORARY LICENSURE

**DIRECT ON-SITE SUPERVISION REQUIRED**

*ALABAMA PT SUPERVISOR: I agree to provide direct on-site supervision of the performance of assigned or delegated duties or functions of the student/recent graduate identified below in accordance with Administrative Code Rule 700-X-2-.07 (1). Employment will not begin until I have received verification from the graduate that he/she has received temporary licensure from the Board.*

Name of  
Facility/Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Supervisor Email Address (Required) \_\_\_\_\_

Telephone No. \_\_\_\_\_

Anticipated Date of Employment \_\_\_\_\_

\_\_\_\_\_  
(Signature of Licensed PT/PTA Supervisor)

\_\_\_\_\_  
(Signature of PT/PTA Graduate)

\_\_\_\_\_  
(Type/Print Name of Supervisor)

\_\_\_\_\_  
(Type/Print Name of Graduate)

License No. of Supervisor \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

*If this agreement is terminated for any reason, both the supervising physical therapist and physical therapist assistant and graduate must notify the Board in writing.*