



**PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT  
SUPERVISION AGREEMENT**

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Before a physical therapist allows a physical therapist assistant to work under their direction, each physical therapist must submit a supervision agreement to the Board. The agreement must be signed by the physical therapist assistant and the physical therapist who oversees and is responsible for services and tasks performed. A supervision agreement is required for each supervised physical therapist assistant. For all supervision requirements, see [K.A.R. 100-29-13](#) and [K.A.R. 100-29-16](#).

Email the completed supervision agreement to [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov) or mail directly to the Board. It is highly recommended that both the physical therapist and physical therapist assistant make and keep copies of all practice protocols submitted to the Board. Confirmation will be sent via email after the agreement has been processed.

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Name of PTA: \_\_\_\_\_

License Number: \_\_\_\_\_

Name of PTAs Employer: \_\_\_\_\_

Address of PTAs Employer: \_\_\_\_\_

Name of Supervising PT: \_\_\_\_\_

License Number: \_\_\_\_\_

**By signing below, I certify that I have read, understand, and agree to comply with the requirements and responsibilities of a supervising physical therapist and physical therapist assistant in Kansas. Furthermore, I certify if there are any changes or amendments to the Physical Therapist/Physical Therapist Assistant Supervision Agreement, the Board will be notified within 10 days. Effective date signed.**

\_\_\_\_\_  
Signature of Supervising Physical Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physical Therapist Assistant

\_\_\_\_\_  
Date