



**PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT
TERMINATION OF SUPERVISION**

Termination of a supervision agreement must be reported to the Board within 10 days of the termination. Please be aware, physical therapist who supervise and oversee the services and tasks performed by a physical therapist assistant must have a current supervision agreement on file with the Board.

Email the completed form to 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 termination of supervision agreements submitted to the Board. Confirmation will be sent via email after the termination has been processed.

Name of PTA: _____

License Number: _____

Name of PTAs Employer: _____

Address of PTAs Employer: _____

Name of Supervising PT: _____

License Number: _____

Supervision Agreement Termination Date: _____

By signing below, I certify that the supervision agreement between the above-named PT and PTA has been terminated.

Signature of Supervising Physical Therapist

Date

Signature of Physical Therapist Assistant

Date