



NMRLD

**NEW MEXICO
REGULATION &
LICENSING DEPARTMENT**

**PHYSICAL THERAPIST TEMPORARY LICENSURE
SUPERVISORY FORM**

By my signature below, I indicate that I fully comprehend the duties discharged to me in the **direct, on the premise**, supervision of _____ his/her on-the-job duties under **temporary** licensure as a Physical Therapist in the State of New Mexico according to *Title 16, Chapter 20, Part 7, Temporary Licenses*. I also understand that I will be required to co-sign any and all-patient treatment notes during this period of temporary supervision. I agree to provide quarterly evaluations of the temporary licensee’s physical therapy skills and competency. These evaluations will be sent to the Board at the end of every three months until the date of the expiration of the temporary license, or until full licensure is obtained. If, for any reason, I cannot continue in the capacity of supervising physical therapist, I will immediately notify the Physical Therapy Board, in writing, of any change in supervisory status.

Print name of NM Supervising Physical Therapist

NM License #

Are you currently supervising any other physical therapist assistants or physical therapists with a temporary license? Yes No If yes, list: _____

Signature of NM Supervising Physical Therapist

Date Signed

Place of Employment: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____