



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

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Before an Physical Therapist (“PT”) allows a Physical Therapist Assistant (“PTA”) to work under their direction, the Physical Therapist must submit this supervision agreement to the Kansas State Board of Healing Arts (“Board”). The Supervising PT must also notify the Board upon the termination of the supervision of an PTA. For all PT/PTA 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. KSBHA highly recommends both the supervising PT and PTA make and keep copies of all supervision agreements submitted to the Board.

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

License Number of Supervising PT: \_\_\_\_\_

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

License Number of PTA: \_\_\_\_\_

Name of PTA’s Employer: \_\_\_\_\_

Address of PTA’s Employer: \_\_\_\_\_

Supervision Effective Date: \_\_\_\_\_

By signing below, I certify that I have read, understand, and agree to comply with the requirements and responsibilities of a supervising PT and supervised PTA in Kansas. If supervision terminates, it is the supervising PTs responsibility to notify the Board. [K.A.R. 100-29-13](#) and [K.A.R. 100-29-16](#).

\_\_\_\_\_  
Signature of Supervising PT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PTA

\_\_\_\_\_  
Date