



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

Email the completed form to KSBHA_Licensing@ks.gov or mail directly to the Kansas State Board of Healing Arts (“Board”). KSBHA recommends both the Supervising PT and PTA make and keep copies of all termination of supervision forms submitted to the Board.

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: _____

Supervising Termination Effective Date: _____

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

Signature of Supervising PT

Date