Print Form

Kansas

NOTIFICATION OR TERMINATION OF SUPERVISION OF A PHYSICAL THERAPIST ASSISTANT

.Please enter required information, sign and date at the bottom of the page. Mail or fax form.

☐ As required in K.A.R. **100-29-13**, I am notifying the Board of my supervision of the following Physical Therapist Assistant:

☐ I am notifying the Board of my termination of supervision of the following Physical Therapist Assistant:

Responsible Physical Therapist: _____ _____ _____
First Middle Last

License No.: _____ - _____

Physical Therapy Assistant: _____ _____ _____
First Middle Last

License No.: _____ - _____

Practice Address: _____
Address

_____ _____ _____
City State Zip

Practice Phone Number: _____ - _____ - _____

Effective Date: _____ / _____ / _____

Signature: _____ Date: _____
(Responsible PT)

Print Form

800 SW Jackson, Lower Level-Suite A., TOPEKA KS 66612
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