



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**BOARD OF EXAMINERS IN PHYSICAL THERAPY**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE 04333-0035  
 TEL:(207)624-8603 – FAX:(207)624-8666

**SUPERVISOR'S AFFIDAVIT**

Pursuant to 32 MRS § 3113-B

Graduate Physical Therapist's Name:		
Supervisor's Name:	License Number of Applicant:	
Supervisor's Tel:	Supervisor's Email:	
Facility Name:		
Facility Address:		Facility City:
Facility State:	Facility Zip Code:	Facility Telephone:
<p>I, the above named supervisor, will assume responsibility and liability for the graduate physical therapist/assistant who is awaiting results of the computerized physical therapist/physical therapist assistant examination. I will immediately notify the Board of Examiners in Physical Therapy of any change in supervision of this employee prior to publication of the examination results.</p>		
Supervisor's Signature:		

**Pursuant to 32 MRS §3113-B you must be a graduate physical therapist of physical therapist assistant in order to be approved to work while you are awaiting to take your examination. A copy of your transcript must be submitted with this form. The Board will send an approval letter to the applicant and supervisor regarding the approval or denial of the exemption to practice.**

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT**  
**Upon review and acceptance a copy will be returned to both the PT graduate and the above named supervisor**

**For office use only**

Accepted                       Not Accepted – Reason: \_\_\_\_\_

Action Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Date Copy Sent to PT and Supervisor: \_\_\_\_\_