

# Provisional License Request

**in Physical Therapy**

Last updated: 5/28/2026

Complete this form with your supervisor when requesting a provisional license in physical therapy before taking the national exam. Submit with your application or to [dliedprd@mt.gov](mailto:dliedprd@mt.gov).

## APPLICANT

Name: \_\_\_\_\_

Application Number (if known): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

## SUPERVISOR

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**We the undersigned attest that this supervisor will supervise this applicant per the requirements in statute and rule during this applicant's provisional licensure.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_