



Temporary Supervision Agreement

for the Board of Physical Therapy Examiners

Last updated: 3/4/2025

Complete this form with your supervisor when requesting a temporary license. Submit with your application or to dlibsdptp@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 board rule during this applicant's temporary licensure.

Applicant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____