Arkansas Department of Health
Arkansas State Board of Athletic Training
4815 W. Markham St., Box 73, Little Rock, AR 72205-3867
(501) 683-4076, aratb@arkansas.gov

Direct Supervision Form

Directions to Applicant: If practicing fully or partially in a freestanding rehabilitation clinic setting, please request your supervising physical therapist to complete the form and return it to the address listed above.
Arkansas Code § 17-93-411 requires the following direct supervision of the athletic trainer.

1. The athletic trainer may practice athletic training in a freestanding rehabilitation clinic under the direct supervision of a physical therapist licensed in the state of Arkansas and upon the referral of a physician licensed in the state of Arkansas.

Arkansas Code § 17-93-402 defines a "Freestanding rehabilitation clinic" as follows.

1. "Freestanding rehabilitation clinic" means a rehabilitation clinic that is not located on the campus of a hospital or healthcare system.
2. "Freestanding rehabilitation clinic" does not include a physician's office.

Supervising Physical Therapist	**Athletic Trainer**
Name:_____	Name:_____
Address: _____	Address: _____
City: _____	City: _____
State/Zip:_____	State/Zip: _____
Phone:_____	Phone: _____
Business Name: _____	AT Employer: _____

I, the above-named Physical Therapist, agree to be the designated supervisor for the Athletic Trainer named above, under the Rules of the Arkansas State Board of Athletic Training. I understand and agree to abide by the following standing orders:

I agree to be on the premises and readily available for consultation for the care of the athlete. I must submit an annual Direct Supervision Form to the Arkansas State Board of Athletic Training with the Athletic Trainer's licensure request, permit request, or licensure renewal request..

I shall allow the Athletic Trainer to perform independently only those functions for which the Athletic Trainer has training and experience, as outlined in the 5 Domains from the Board of Certification's Practice Analysis, 8Th Edition and additional education as approved by the Board.
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- **D1:** Injury & Illness Prevention and Wellness Promotion
- **D2:** Examination, Assessment and Diagnosis
- **D3:** Immediate & Emergency Care
- **D4:** Therapeutic Intervention
- **D5:** Healthcare Administration & Professional Responsibility

_____ _____
Supervising Physical Therapist Signature Date

I, the above-named Athletic Trainer, shall adhere to the Arkansas State Board of Athletic Training Rules and applicable Standards of Practice for the profession.

In the event of termination of this agreement, I shall notify the Board in writing. I will not provide services until documentation of an appropriate Supervising Physical Therapist is approved by the Board.

Any changes in this agreement shall be submitted in writing within ten (10) days to the Board.

_____ _____
Athletic Trainer's Signature Date