



**AFFIDAVIT OF TRAINING AND SUPERVISION  
for Kinesiological Electromyography**

This page is to be completed by the supervisor.

1. Applicant's Name: \_\_\_\_\_  
Last First Middle Initial
2. Applicant's License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_
3. Supervisor's Name \_\_\_\_\_  
Last First Middle Initial
4. Supervisor's License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_\_
5. Supervisor's License Type:  Physician & Surgeon  Physical Therapist & Certified Electroneuromyographer

**Please check below each item you are certifying. Item A is required of all applicants**

- A.  I have provided the above-named applicant with ten (10) clock hours of training in tissue penetration for the purpose of evaluation of muscular or neuromuscular performance. In accordance with Section 1399.63(b), California Code of Regulations this training included instructions and demonstrations in: 1. Pertinent anatomy & physiology, 2. Choice of equipment, 3. Proper technique, 4. Hazards & complications, 5. Post test care.

I will provide to the Physical Therapy Board of California, a course outline and documentation of the training that this candidate received. In my professional opinion the above-named applicant demonstrated satisfactory performance in the technical skills of tissue penetration for the purpose of evaluation of muscular or neuromuscular performance.

- B.  I have supervised the above named applicant in the performance of: (indicate number of hours or examinations.)

Electroneuromyographic \_\_\_\_\_  hours  examinations

Kinesiological electromyography \_\_\_\_\_  hours  examinations

Experience must meet one of the following requirements: (200 clock hours of kinesiological electromyography or 100 hours in kinesiological electromyography and 100 clock hours in electroneuromyography or 400 clock hours in electroneuromyography (per section 1399.63(d)(1)(A)(B)(C)) or (50 kinesiological electromyographic examinations or 25 kinesiological electromyographic and 50 electroneuromyographic examinations or 200 electroneuromyographic examinations (per section 1399.63(d)(2)(A)(B)(C))

- C.  I have supervised the above named applicant in the performance of: (indicate number of examinations.)

\_\_\_\_\_ Electroneuromyographic examinations \_\_\_\_\_ Kinesiological electromyographic examinations

I will provide to the Physical Therapy Board of California, patient records which include the documentation of the above examinations for review. In my professional opinion the above named applicant has satisfactorily completed the examinations.

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Misrepresentation of the documentation requested above could result in disciplinary action against the supervising licensee. I understand that the information provided on this form is submitted to the Physical Therapy Board of California for the purposes of certifying the above-named individual to perform Kinesiological Electromyography and I hereby certify under penalty of perjury under the laws of the State of California that this information is true and correct.

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_