



State of New Hampshire  
**The Office of Licensed Allied Health Professionals**  
Philbrook Building, 121 South Fruit Street, Concord NH 03301

**PAMS SUPERVISION FORM**

**This form must be completed by the supervisor of the person applying for PAMs certification. Complete the entire form using a keyboard or by printing the information legibly in ink. See Occ 305.07, Occ 305.09, and Occ 305.10 for complete details on supervision.**

Supervisor's Name: \_\_\_\_\_  
Last First Middle Initial

Supervisor's Business Address: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Type of License(s) Held (OT, OTA, PT, or PTA): \_\_\_\_\_

State(s) of Licensure: \_\_\_\_\_ License Number(s): \_\_\_\_\_

Supervisor's NH Physical Agent Modalities Certificate Number, if any: \_\_\_\_\_

State(s) in which the supervisor is authorized by any regulatory body to apply ultrasound and electrical stimulation modalities (list state and authorization number): \_\_\_\_\_

\_\_\_\_\_

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Name of Person To Be Supervised: \_\_\_\_\_

License Number(s) of Person To Be Supervised, if applicable: \_\_\_\_\_

Site of Supervision: \_\_\_\_\_

Address of Site of Supervision: \_\_\_\_\_

\_\_\_\_\_

Using the “yes” and “no” columns provided below indicate if the applicant has demonstrated to the supervisor’s full satisfaction the following competencies:

	YES	NO
An understanding of the properties and principles of each of the specific modalities within the categories of ultrasound and electrical stimulation;	_____	_____
An understanding of the rationale and indications for applying each of the specific modalities within the categories of ultrasound and electrical stimulation;	_____	_____
The correct use of the equipment for applying each of the specific modalities within the categories of ultrasound and electrical stimulation;	_____	_____
The proper positioning of the patient for applying each of the specific modalities within the categories of ultrasound and electrical stimulation;	_____	_____
An understanding of the expected physiologic response to the administration of each of the specific modalities within the categories of ultrasound and electrical stimulation;	_____	_____
An understanding of the precautions and contraindications for administering each of the specific modalities within the categories of ultrasound and electrical stimulation;	_____	_____
An ability to educate patients and their families about each of the specific modalities within the categories of ultrasound and electrical stimulation;	_____	_____
The safe and appropriate maintenance and storage of equipment and supplies needed for the administration of each of the specific modalities within the categories of ultrasound and electrical stimulation which utilize equipment or supplies.	_____	_____

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Signature of supervisor

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date

**Please note:** If there is a change in Supervisors, the new Supervisor should fill out a new copy of this Supervision Form and submit it to the Governing Board. A copy of this form can be obtained on our web site located at [www.nh.gov/alliedhealth](http://www.nh.gov/alliedhealth) under “Forms and Documents”.