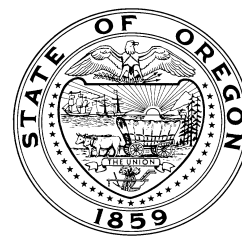


**STATEMENT OF SUPERVISION**  
for Oregon Occupational Therapists



Please review the [AOTA Supervision Guidelines](http://www.otlb.state.or.us) available on the web site at [www.otlb.state.or.us](http://www.otlb.state.or.us) or call the OTLB office. Information about frequency and documentation of the supervision is found in section **4E**.

As the OT Supervisor, I certify below that I will provide supervision and consultation as required and defined in OAR 339-010-0005 for the occupational therapy assistant named below. Under 339-010-0005 "Supervision", is a process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance. The occupational therapist is responsible for the practice outcomes and documentation to accomplish the goals and objectives. (Emphasis added)

As OT Assistant, I certify below that I understand my responsibility to work in Oregon only under the supervision of a licensed Occupational Therapist. If my supervisor changes, it is my responsibility to provide the Board with an up-to-date signed "Statement of Supervision" form.

Complete the information below

Print Name of <b>OT Assistant</b>	Print Name of <b>OT Supervisor</b>
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Signature of <b>OT Assistant</b>	License #	Signature of <b>Supervising OT</b>	License #
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Date signed by OTA	Date Supervision to Begin:	Date signed by OT
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Employer's Name:  Address:	Telephone:  If applicable, name of temp company:
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E-mail of OTA:	E -mail of OT supervisor:
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Please return this form after it has been completed to: OTLB, 800 NE Oregon St. Suite 407  
Portland, OR 97232

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Note: The rule changed in 2008 and the supervision form no longer needs to be notarized