



TO THE SUPERVISOR OF THE OT LIMITED PERMIT HOLDER

For OT

1. Please complete this section by printing legibly. Please provide the full name of the employing agency.
2. The supervisor certifies that the permittee will be employed and work under the supervision of an Oregon-licensed occupational therapist and that the expiration date of the limited permit will be noted and observed.
3. The limited permit is valid only until the Board receives results of the certification the exams. **Should the Limited Permit Holder Fail the Certification Exam, the Limited Permit Immediately Is Void and Must Be Surrendered upon Receipt Of Exam Scores. The Limited Permit Cannot Be Renewed.**
4. Limited permit holders require at least **routine supervision: 339-010-0005 (1)(b)** "Routine supervision" requires the supervisor to have direct contact in person at least every two weeks at the work site or via telehealth as defined in OAR 339-010-0006(9) with interim supervision occurring by other methods, such as telephone or written communication."

I certify that I will provide supervision as defined in OAR 339-010-0005(1)(b) for the limited permit holder named:

OAR 339-010-0005(1) states that "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 program outcomes and documentation to accomplish the goals and objectives.

OT Limited Permit Applicant Information	Supervisor Information
Print Name of Applicant	Print Name of Supervising OT
Date Supervision To Begin	Signature & License No. Of Supervising OT
Employer's Name	Telephone
Applicant E-mail	OT E-mail
Employer's Address	

After this Statement of Supervision form has been completed, please fax, email or mail it to the OT Licensing Board:

<p>Occupational Therapy Licensing Board * 800 NE Oregon, Ste 407 * Portland, OR 97232</p> <p>Telephone: (971) 673-0198 * Fax: (971) 673-0226</p> <p>otlb.info@state.or.us</p>
