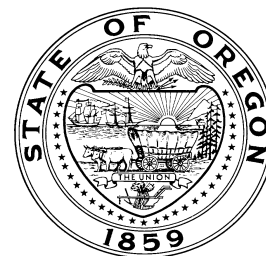


Oregon  
Occupational Therapy Licensing Board



OT Assistant Supervision Form

All OT Assistants are required to file a Supervision Form signed and dated by both the Assistant and the Supervising OT. It is the responsibility of the OT Assistant to have the Supervision Form filed with the OTLB prior to start of work.

<b>OT Assistant</b> Name _____ (Please print)	E-mail _____ (Please print)
<b>Affidavit:</b> I certify that I have read and 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 <b>prior to start of work</b> . I agree to abide by the provisions of Oregon Administrative Rules Chapter <b>OAR 339-010-0035</b> .	
Signature _____ Date _____ Date supervision to begin: _____	

Adding new Supervisor

Replacing \_\_\_\_\_ Date supervision ended \_\_\_\_\_  
(Name of supervisor being replaced) (for former supervisor)

<b>Supervising OT:</b> Name _____ (Please print)	E-mail: _____ (Please print)
<b>Affidavit:</b> As the OT Supervisor I certify that I will provide supervision and consultation for the OT Assistant named above as required in OAR 339-010-0005. "Supervision" of an OT Assistant 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. <u>The occupational therapist is responsible for the practice outcomes and documentation to accomplish the goals and objectives.</u>	
Date _____ Signature _____ Date supervision to begin: _____	

Facility where the supervision to occur: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Company through which employed (if different from facility): \_\_\_\_\_

You may mail, fax or scan and e-mail the Supervision Form to Board office.

**Oregon OT Licensing Board**  
800 NE Oregon St. Suite 407  
Portland, OR 97232  
Tel: 971-673-0198 / Fax: 971-673-0226