

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.

OT Assistant Name _____ (Please print)	E-mail _____ (Please print)
Affidavit: 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 prior to start of work . I agree to abide by the provisions of Oregon Administrative Rules Chapter OAR 339-010-0035 . See www.oregon.gov/OTLB/CE.shtml for more information.	
Signature _____	Date _____ Date supervision to begin: _____

Adding new Supervisor

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

Supervising OT: Name _____ (Please print)	E-mail: _____ (Please print)
Affidavit: 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.

See the web site for AOTA guidelines at www.oregon.gov/otlb/CE.shtml

Oregon OT Licensing Board

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