



ARKANSAS STATE MEDICAL BOARD

OCCUPATIONAL THERAPY LICENSURE DEPARTMENT

1401 W. Capitol Ave., Suite 340, Little Rock, AR 72201
Phone (501) 296-1978 Fax (501) 296-1972 www.armedicalboard.org

OCCUPATIONAL THERAPY ASSISTANT SUPERVISION FORM

All Occupational Therapy Assistants are required to file a Supervision Form signed and dated by both the Assistant and the Supervising Occupational Therapist. It is the responsibility of the OT Assistant to have the Supervision Form filed with the Arkansas State Medical Board PRIOR to starting work.

Adding new Supervisor

Replacing _____ Date Supervision Ended _____
(Name of Supervisor being replaced) (for former supervisor)

OT ASSISTANT:

I certify that I have read and understand my responsibility to work in Arkansas only under the supervision of a licensed Occupational Therapist. If my supervisor changes, it is my responsibility to provide the Board with an updated Supervision Form PRIOR to starting work. I agree to abide by the provisions of the Arkansas Medical Practices Acts and Regulations for Occupational Therapists, Regulation No. 6.

_____	_____	
Name of OT Assistant	OT Assistant's E-mail address	
_____	_____	_____
OT Assistant's Signature	Signature Date	Date Supervision to Begin

OT Assistant's Arkansas License Number		

SUPERVISING OT:

As the OT Supervisor, I certify that I will provide supervision and consultation for the OT Assistant named above as required in Regulation No. 6. "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.

_____	_____	
Name of Supervising OT	Supervising OT's E-mail address	
_____	_____	_____
Name of Facility where supervision is to occur	Telephone No.	

Address of Facility		
_____	_____	_____
Company through which employed (if different than Facility)	Telephone No.	
_____	_____	_____
Supervising OT's Signature	Signature Date	Date Supervision to Begin

Supervising OT's Arkansas License Number		