



# ARKANSAS STATE MEDICAL BOARD

OCCUPATIONAL THERAPY LICENSURE DEPARTMENT

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Documents submitted by email must be sent in PDF format to support@armedicalboard.org

## OCCUPATIONAL THERAPY ASSISTANT SUPERVISION FORM

All practicing 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 and when supervision ends.

Regulation 6, Section 6.2 (E): "Before an occupational therapy assistant can assist in the practice of occupational therapy, he must file with the Board a signed, current statement of supervision of the licensed occupational therapist(s) who will supervise the occupational therapy assistant. Change in supervision shall require a new status report to be filed with the Board. Regulation 6, Section 6.2 (G): "Failure to comply with the above will be considered unprofessional conduct and may result in punishment by the Board."

### 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	License Number	Signature Date	

**Removing:** \_\_\_\_\_ Date Supervision Ended \_\_\_\_\_  
 (Name of Supervisor) (For Former Supervisor)

### Adding New Supervisor:

### 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			