



# ARKANSAS STATE MEDICAL BOARD

REGULATORY DEPARTMENT

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Documents submitted by email must be sent in PDF format to [support@armedicalboard.org](mailto: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.

Rule 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. Rule 6, Section 6.2 (G): "Failure to comply with the above will be considered unprofessional conduct and may result in punishment by the Board."

Adding new Supervisor

Removing \_\_\_\_\_ Date Supervision Ended \_\_\_\_\_  
(Name of Supervisor) (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 Rules for Occupational Therapists, Rule No. 6.

_____ Name of OT Assistant		_____ OT Assistant's email 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 Rule 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 email 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			