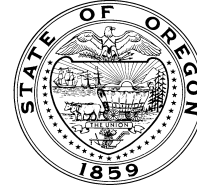


STATEMENT OF SUPERVISION



Please review the [AOTA Supervision Guidelines](http://www.otlb.state.or.us) available on the web site at www.otlb.state.or.us or call the OTLB office. Information about frequency and **documentation** of the supervision is found in section 4.E.

I certify that I will provide supervision and consultation as defined in OAR 339-010-0005 for the occupational therapy assistant named below. Under 339-010-0005 "Supervision", 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. **The occupational therapist is responsible for the practice outcomes and documentation to accomplish the goals and objectives.** (Emphasis added)

If your supervisor changes, it is your responsibility to provide the Board with an up-to-date "Statement of Supervision" signed by your new supervisor.

Be sure to complete the information below

| | | |
|--|---|----------------|
| Print Name of OT Assistant | Print Name of OT Supervisor | |
| Signature of OT Assistant | Signature & License No. of Supervising OT * | |
| Date OTA Signed | Date Supervision to Begin | Date OT Signed |
| Employer's Name Address: | Telephone | |
| E-mail of OTA: _____ E-mail of OT: _____ | | |

Please return this form after it has been completed to: OTLB, 800 NE Oregon St. Suite 407
Portland, OR 97232

(The supervision form no longer needs to be notarized; Rule change in 2008)