



**NMRLD**

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

## OCCUPATIONAL THERAPY ASSISTANT SUPERVISORY FORM

*This form must be completed by each supervising therapist.*

By my signature below, I indicate that I fully comprehend the duties discharged to me in the supervision of \_\_\_\_\_ in his/her on-the-job duties while licensed as a registered occupational therapy assistant (OTA/L) in the State of New Mexico according to Title 16, Chapter 15, Part 3. We also understand that it is our responsibility as the occupational therapist and the occupational therapy assistant to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.

If, for any reason, I cannot continue in the capacity of supervision occupational therapist, I will immediately notify the Board of Examiners for Occupational Therapy, in writing, of any change in supervisory status.

*Print clearly.*

\_\_\_\_\_  
Name of New Mexico Supervising Therapist

\_\_\_\_\_  
NM License No.

\_\_\_\_\_  
Signature of New Mexico Supervising Therapist

\_\_\_\_\_  
Date

Employer Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_