



OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPIST ASSISTANT PROVISIONAL PERMIT 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 practicing as an occupational therapy assistant with a provisional permit in the State of New Mexico according to Title 16, Chapter 15, Part 3. I also understand that I will be responsible for and will participate in the patient's care.

LEVEL OF SUPERVISION

“Direct Supervision” means daily direct contact at the site of work with the licensed supervisor physically present within the facility when the supervisee renders care and requires the supervisor to co-sign all documentation that is completed by the supervisee. In a work setting involving multiple sites of work and/or offices, supervision shall occur at one or more of the sites or offices, but not necessarily all sites or offices. The registered occupational therapist (OTR/L) or the intermediate-level or advanced-level registered occupational therapy assistant shall provide direct supervision for persons practicing on a provisional permit pending certification as a registered occupational therapy assistant (OTA/L).

If, for any reason, I cannot continue in the capacity of supervising 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: _____