



New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Examiners for Occupational Therapy

Toney Anaya Building ▪ PO BOX 25101 ▪ Santa Fe, New Mexico 87504
(505) 476-4620 ▪ Fax (505) 476-4645 ▪ www.rld.state.nm.us/boards

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: _____