



Texas Board of Occupational Therapy Examiners

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<http://www.ptot.texas.gov>

Occupational Therapy Assistant Supervision Form

Occupational Therapy Assistants must submit evidence of supervision. It is incumbent on the Occupational Therapy Assistant to keep the name(s) of his or her supervisor(s) current and to provide the board with the name and license number of at least one supervising OT at each employer. Notify us with a revised copy of this form immediately if there is a change of job(s)/supervisor(s).

Part 1. To be completed by the occupational therapy assistant:

I certify that I will work under the supervision of an Occupational Therapist licensed to practice in Texas, in accordance with the TBOTE rules.

Printed name: _____

Signature: _____

Area Code and Phone#: _____ Email Address: _____

License#: _____ Date: _____

Part 2. To be completed by the supervising occupational therapist:

I will provide supervision to the above-named individual, in accordance with the TBOTE rules.

Printed name: _____

Signature of Supervising OT/OTR: _____

Place of employment: _____

Address: _____

City, State, Zip: _____

Area Code and Phone#: _____ Email Address: _____

License #: _____ Expiration date: _____

Date: _____

For staff use only.

Receipt Date:

Reviewed by: