



Texas Board of Occupational Therapy Examiners

333 Guadalupe, Ste# 2-510
Austin, Texas 78701-3942

512/305-6900
<http://www.ptot.texas.gov>

**The Board office must receive this form before your temporary license can be issued.
This form may not be emailed or faxed.**

As a condition for receiving a temporary license, the applicant must submit evidence of supervision. It is incumbent on the applicant or temporary licensee to keep this form current. Notify us immediately of a change of job(s)/supervisor(s).

Part 1. To be completed by the applicant:

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: _____

Date: _____ Email: _____

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

I certify that I will provide supervision to the above-named individual, in accordance with the TBOTE rules, should this person accept a job offer at the place of employment at the address below.

NOTE: The work address of the supervising occupational therapist and the work address of the temporary licensee applicant must match. If your work address on file with the Board does not match the information below, please explain in the space provided.

Printed name: _____

Signature of Supervising OTR: _____

Place of employment: _____

Address: _____

City, State, Zip: _____ Area Code and Phone #: _____

License #: _____ Expiration Date: _____

Date: _____ Email: _____

If you would like us to update your record to show the information above as your primary business address, please check here:

Explanation of address variance (if needed): _____

For staff use only.

Receipt Date:	Reviewed by:	Temp License # when issued:
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