



3041 University Avenue  
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304-285-3150

## **SUPERVISORY STATEMENT**

### **Complete if any of the following apply:**

- applying for licensure as a (C)OTA
- applying for limited permit (OT and OTA)
- employment or supervision of a (C)OTA has changed

This statement is to be completed, signed by the applicant, signed by the occupational therapy supervisor, and returned with the application, or upon change of employment or supervision. Make copies if you work for more than one facility.

Applicant Name: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

\_\_\_\_\_

Telephone Number of Facility: \_\_\_\_\_

Describe Performance Areas: \_\_\_\_\_

\_\_\_\_\_

Circle Area of Practice:

Geriatrics

Home Health

School-System

Pediatrics

Early-Intervention

Acute Care

Rehabilitation

Skilled-Units

Hand Therapy

Psych-Social

Driving

Industrial Rehab

**SUPERVISION GUIDELINES**

Limited permit holders must practice under the direct close supervision of a licensed occupational therapist.

It is recommended that an entry level (C)OTA have daily on-site supervision.

General supervision is to be provided to fully licensed (not limited) (C)OTA's based upon supervisee's professional experience. A (C)OTA with less than one year of experience requires direct supervision at least every two weeks. A (C)OTA with greater than one year of experience requires at least monthly direct supervision.

All progress notes should be co-signed and dated.

**NOTE: In signing below, the applicant and supervisor are verifying that the required level of supervision is and will be provided upon receipt and posting of licensure/limited permit. Substantiation of this is to be available to the Board upon request.**

_____ Signature of Applicant	_____ Date	
_____ Signature of Supervisor	_____ WV OT license #	_____ Date
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