

OTA Supervision Registration Form

(Copy this form for multiple supervisors)

ARSD 20:64:03:02 provides that the Board must be notified in writing within 15 days once supervision has terminated. This rule also provides that a supervisor must be a licensed Occupational Therapist in the state of South Dakota.

Occupational Therapy Assistant

Occupational Therapy Assistant Information

Printed Name _____

License # _____

Date _____

Proposed Supervising Provider(s)

Supervising Provider Information

Name of Supervising Therapist: _____

License #: _____

Practice Facility Name: _____

Practice Address: _____

Phone: _____ Email: _____

Basis of Supervision

On what basis will supervision be provided?: _____

Supervising Therapist's Education and Practice

OT School(s): _____

Dates: _____
From (MM/YY) To (MM/YY)

Practice Locations and Dates (Please list the locations and dates of employment):

Signature

I certify that I have read, understand and will comply with those sections regarding Occupational Therapy Assistants as stated in the South Dakota Occupational Therapy Practice Act.

Signature of Supervising Occupational Therapist

Date

**MAIL FORM TO:
SDBMOE
101 N. MAIN AVENUE, SUITE 301
SIOUX FALLS, SD 57104**