

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 Practice	
	Practice Locations (Please list the locations of employment): _____ _____ _____ _____
Signature	
	<i>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.</i> _____ Signature of Supervising Occupational Therapist _____ Date _____
MAIL FORM TO: SDBMOE 101 N. MAIN AVENUE, SUITE 301 SIOUX FALLS, SD 57104	