



ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS
 4205 N. 7th Avenue, Suite 305
 Phoenix, Arizona 85013
 (602) 589-8352
 FAX: (602) 589-8354
www.ot.az.gov

DIRECT SUPERVISION AGREEMENT FOR A LIMITED PERMIT

Applicant:

| | | | |
|-------------------------|---------------|---------------------|----------------|
| Name | Last | First | Middle |
| Other names used | Maiden | Also Known As – AKA | |
| Home address | Number/Street | City | State Zip code |
| Telephone Number | Home | Work | Cell |

| | | | |
|-------------------------|---------------|------------------------------|----------------|
| Name of Employer | | Employer Phone Number | |
| Employer Address | Number/Street | City | State Zip code |

Supervising OT/L:

RESPONSIBILITIES OF DIRECT SUPERVISION BY AN OCCUPATIONAL THERAPIST:

- a. A person who holds a limited license is authorized to practice occupational therapy while under the direct supervision of a licensed occupational.
- b. The supervising occupational therapist is responsible for all patient care provided by the person holding a limited license and shall remain on the premise at all times while the limited licensee is providing occupational therapy services.
- c. All client records, treatment plans, and progress notes shall be co-signed by the occupational therapist.
- d. Any change requires that a new Direct Supervision Agreement be completed, signed and submitted to the Board within five days of change.
- e. The occupational therapist shall complete, sign and mail this completed form directly to the Board.

Direct Supervising Occupational Therapist

| | | | | |
|-------------------------|------|-------|--------|-----------------------|
| Name | Last | First | Middle | AZ License No. |
| Telephone Number | Home | Work | Cell | |

Direct Supervising Occupational Therapist's Employer

| | | | |
|-------------------------|----------------------|----------------------------------|------------------------------|
| Name of Employer | | Employer Phone Number | |
| Employer Address | Number/Street | City | State Zip code |

Describe your direct supervision of the limited permittee (attach additional pages as necessary):

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I certify the acceptance of the professional and legal responsibility of the above named limited permittee.

Signature

Date

State: _____

County: _____

Subscribed and sworn to before me this _____ day of _____, 20____ by the affiant, who personally appeared before me.

NOTARY PUBLIC SIGNATURE

My Commission expires: _____
(Official Stamp)