



1063 Maple Dr., Suite 4B
Morgantown, WV 26505
www.wvbot.org
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
- renewing your COTA license online

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.

OTA or LP Applicant Name

WV OTA license #

Date

Name of Facility: _____

Address of Facility: _____

Telephone Number of Facility: _____

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 contact at least every two weeks at the site of work. A (C)OTA with greater than one year of experience requires at least monthly direct contact.

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

Signature of Supervisor

WV OT license #

Date

Signature of Supervisor

WV OT license #

Date

Signature of Supervisor

WV OT license #

Date

Signature of Supervisor

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