

# NORTH DAKOTA BOARD OF OCCUPATIONAL THERAPY PRACTICE

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## SUBSTANTIATION OF SUPERVISION FOR OCCUPATIONAL THERAPY ASSISTANTS ONLY

In accordance with the North Dakota State Board of Occupational Therapy Practice Administrative Rule (55.5-02-03) requirements for supervision of occupational therapy assistants are as follows:

1. Any occupational therapy assistant who has practiced occupational therapy 1650 hours or less, must receive on-site supervision from a licensed occupational therapist. The supervising occupational therapist must be on the premises during the occupational therapy assistant's occupational therapy work hours.
2. The occupational therapy assistant with greater than (1650 hours) but less than five years of work experience in occupational therapy shall receive on-site supervision by a licensed occupational therapist a minimum of 2 hours per 40 occupational therapy work hours or 5% of the total occupational therapy work hours as a practicing occupational therapy assistant.
3. The occupational therapy assistant with greater than five years of occupational therapy work experience must receive on-site supervision by a licensed occupational therapist at a minimum of one hour per 40 occupational therapy work hours or 2.5% of the total occupational therapy work hours.
4. The occupational therapist shall exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed therapist. No occupational therapist may supervise more than three (3) occupational therapy assistants at the same time, providing that at least one (1) occupational therapy assistant has five (5) or more years of experience in occupational therapy.

Name of COTA \_\_\_\_\_ License # \_\_\_\_\_ Years of Experience \_\_\_\_\_

This is a       new supervisor       change in supervisor       additional or temporary supervisor

Facility/Place of work \_\_\_\_\_

Date of Hire \_\_\_\_\_ First Day of Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OTR/L Consultant/Supervisor \_\_\_\_\_ Title \_\_\_\_\_

(PRINT NAME)

I certify that I meet the supervisory requirements, as stated above, according to the Administrative Rules. I understand that should this supervision change, I must notify the board in writing.

\_\_\_\_\_  
Signed Occupational Therapist      Date

\_\_\_\_\_  
Signed Occupational Therapy Assistant      Date

**NOTE: IT IS AGAINST THE LAW TO WORK AS AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT UNTIL YOU ARE LICENSED IN NORTH DAKOTA.**