

**North Dakota Board of Occupational Therapy Practice**

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**Substantiation of Supervision Form** (10/2019)

**All practicing occupational therapy assistants must have their substantiating OT supervisor complete and sign!**

It is the responsibility of the occupational therapist to determine when to delegate responsibilities to the occupational therapy assistant and it is the responsibility of the occupational therapy assistant who performs the delegated responsibilities to demonstrate competency.

If you are not currently working as an OTA, you must submit the Substantiation of Supervision when you begin employment. Your license will still be issued or renewed if you are not currently working as an OTA.

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:

Within the scope of occupational therapy practice, supervision is aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development. This is a shared responsibility between an occupational therapist and an occupational therapy assistant. The occupational therapist will have direct and indirect involvement in the delivery of services. Direct supervision means face to face contact including observation, modeling, co-treatment, discussions, teaching and video teleconference. Indirect supervision means indirect contact including, phone conversations, written correspondence, electronic exchange, and other methods using secure telecommunication technology. Supervisors who take leave of absence or vacation must make arrangements to have another qualified occupational therapist fulfill any necessary supervisory responsibilities.

It is the responsibility of the occupational therapist to determine when to delegate responsibilities to occupational therapy assistant and it is the responsibility of the occupational therapy assistant who performs the delegated responsibilities to demonstrate competency.

The OT and OTA will provide occupational therapy services under a supervision plan as follows:

1. The occupational therapy assistant shall receive direct and indirect supervision by an occupational therapist licensed in the State of North Dakota as determined necessary by the practice setting and the experience and job knowledge of the occupational therapy assistant.
2. An occupational therapist may not substantiate the supervision of more than three occupational therapy assistants at any one time.
3. The specific frequency, methods, and content of supervision may vary by practice setting and are dependent upon the complexity of client needs, number and diversity of clients, skills of the occupational therapist and the occupational therapy assistance, type of practice setting, a change in practice setting, requirements of the practice setting, other regulatory requirement.
4. Essential tasks or skills for the job have been identified and **(check one)**
  - Have been reviewed and met
  - Have been identified and a plan to accomplish competency is outlined. Supervision hours will be increased and /or limited service provision has been outlined until such a time that service competency has been accomplished.
5. A supervision plan with specific frequency, methods, and content of supervision activities is in place which will foster mentorship and growth in the profession. **(check one)**
  - A plan is in place
  - A plan is in development

**This form should only be signed by your primary OT supervisor when you begin practicing. It does not need to be signed by other OTs who may supervisor you. It is only required to be completed again if the OTA has a NEW employer or position or NEW supervising OT. It does not need to be sent if the substantiating OT supervisor is absent for vacation or medical leave!**

___ New OTA	___ New Substantiating OT Supervisor	___ New job/position with new supervisor
Printed Name of Applicant _____		License # _____
Date of Hire _____	First Day of Work _____	
Facility _____	Phone number _____	
Address _____		
City _____	State _____	Zip _____
Signature of Applicant _____		Date _____
I certify that my supervision of this individual meets the requirements of the North Dakota State Board of Occupational Therapy Practice.		
_____ Printed name of Occupational Therapist		License # _____
_____ Signed name of Occupational Therapist		Date _____
Comments (may use back page or another sheet if necessary):		