

NORTH DAKOTA STATE BOARD OF OCCUPATIONAL THERAPY PRACTICE

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SUBSTANTIATION OF SUPERVISION

**For Occupational Therapist Limited Permit Holder
And Occupational Therapy Assistant Limited Permit Holder**

The supervising OT signing this form verifies that this person holds a current limited permit with the Board before practicing occupational therapy and will be supervised in accordance with the Board's Administrative Rules (55.5-02-03-01.3) governing the supervision of OT and OTA limited permit holders as follows:

* Direct supervision is required for a minimum of twenty percent (20%) of the weekly work hours and indirect supervision as needed.

* Any documentation written by a limited permit holder for inclusion in a client's official record shall also be reviewed and signed by the supervising licensed occupational therapist and limited permit holder.

* Supervision must include periodic review of written evaluations, patient notes, written intervention plans, and evaluation of client interaction.

* If the supervising OT is unavailable to supervise the limited permit holder for more than one day, the supervising OT must arrange to have the necessary supervision available by another OT licensed by the Board.

It is against the law to practice as an Occupational Therapist or Occupational Therapy Assistant until you hold a limited permit or license in North Dakota.

Printed Name of Applicant _____ Birthdate _____	
Date of Hire _____ First Day of Work _____	
Facility _____	
Address _____ Phone Number _____	
City _____ State _____ Zip _____	
Signature of Applicant _____ Date _____	
I certify that my supervision of this limited permit holder meets the supervision requirements of the North Dakota State Board of Occupational Therapy Practice	
Signed _____	Date _____
Name of Occupational Therapist	
Printed _____	Date _____
Name of Occupational Therapist	
Comments:	