

*North Dakota Board of Occupational Therapy Practice*

PO Box 4005 • Bismarck, ND 58502-4005

P – 701-250-0847 • F – 701-224-9824

[www.ndotboard.com](http://www.ndotboard.com) • [ndotboard@aptnd.com](mailto:ndotboard@aptnd.com)

**Sample Format for Supervision Plan**

Supervision plans should be completed every year. The Board will audit plans every 2 years.

**Date of Plan:**

**OTA Name:**

**License #:**

**OTR Name (OTR signing Substantiating Form):**

**License #:**

**Facility/Area of Therapy services:**

**Date Initial Plan Established:**

**Date Plan Reviewed:**

**Brief description of facility:**

**Brief job description of OTA:**

**OTA's years of practice in this area of practice:**

**Practice Content and Competency Chart**

*Evaluation method:* RD= Return Demonstration; O=Observation; TD= test/discussion of knowledge

Competency	Establish competency for first time	Competency reestablished	Evaluation Method	Comments

If you need more space, please attach a separate sheet.

**Describe the frequency of supervision:**

**Describe the methods or types of supervision:**

**In the event your substantiating OT supervisor is absent in cases of vacation, maternity leave, illness, or other absence, it is the responsibility of the substantiating OT supervisor to ensure that there is another supervising OT available. But this temporary supervision change is not required to be documented or communicated with the Board. An OT can only substantiate the supervision of 3 OTAs, but they may cover the supervision for other OTs without limit.**

**Additional Comments, if any:**

**We hereby certify that we collaborated in developing this plan and agree to follow through with the supervision process described in this plan.**

\_\_\_\_\_  
**Occupational Therapy Assistant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Occupational Therapist substantiating supervision**

\_\_\_\_\_  
**Date**

