

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE AND SUPERVISION  
PO BOX 18256, OKLAHOMA CITY, OK 73154  
(405) 962-1400

**PLEASE NOTE: WE CANNOT ACCEPT FAXED COPIES OF THIS FORM**

VERIFICATION OF SUPERVISION

\_\_\_\_\_ Initial Position  
(first job in the state of Oklahoma)

\_\_\_\_\_ Additional Position  
(do not delete any supervisors already on file)

\_\_\_\_\_ Change of Position  
(delete any supervisors already on file)

(Please print or type)

NAME OF APPLICANT: \_\_\_\_\_

License/Application Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_ License Number: OT \_\_\_\_\_

NAME OF PRACTICE SETTING (HOSPITAL, CLINIC ETC.) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP

PRACTICE TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

THE ABOVE NAMED APPLICANT WILL BEGIN PRACTICE UNDER MY SUPERVISION ON \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Supervisor

Sworn to before me this date: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

Commission Number: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**NOTE TO SUPERVISOR: Please notify the Board office when your supervision of this individual ceases.**

IN MY ABSENCE, SUPERVISION WILL BE PROVIDED BY:

NAME	LICENSE #	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**435:30-1-2. Definitions**

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly in-dictates otherwise:

**"Consultation"** means periodic meetings to review and to provide recommendations and resource information regarding methods of implementation of the occupational therapy programs.

**"Direct supervision"** means personal supervision and specific delineation of tasks and responsibilities by an Oklahoma licensed occupational therapist and shall include the responsibility for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the Oklahoma licensed occupational therapist to be onsite during treatment to ensure that the supervisee does not perform duties for which he is not trained.

**"General supervision"** means responsible supervision and control, with the Oklahoma licensed occupational therapist providing both initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. Such plan of treatment shall not be altered by the supervised individual without prior consultation with and approval of the supervising occupational therapist. The supervising occupational therapist need not always be physically present or on the premises when the assistant is performing services; however, except in cases of emergency, supervision shall require the availability of the supervising occupational therapist for consultation with and direction of the supervised individual.

**"In association with"** means a formal working relationship in which there is regular consultation.

**435:30-1-16. Responsible supervision**

(a) An occupational therapist will not sign the Form #5, Verification of Supervision, to be the direct clinical supervisor for more than a total of four occupational therapy assistants or applicants for licensure regardless of the type of professional licensure or level of training.

(b) It shall be the responsibility of the occupational therapist to monitor the number of persons under his/her direct clinical supervision. It shall be the responsibility of the occupational therapy assistant to inquire of the occupational therapist in regards to the number of persons being directly supervised.

(c) In unique cases, an occupational therapist may petition the Committee to receive permission to supervise additional occupational therapy assistants or applicants.

(d) If responsible supervision is not practiced, both the occupational therapist and occupational therapy assistant are in violation of this rule.