

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE AND SUPERVISION  
PO BOX 18256, OKLAHOMA CITY, OK 73154  
(405) 962-1400  
FAX: (405) 962-1440

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 \_\_\_\_/\_\_\_\_/\_\_\_\_.

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

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

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**You may mail or fax the completed form**

### **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:

**"Alternate supervisor"** means an Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure in the absence of the supervising Occupational Therapist. The alternate supervisor assumes all duties and responsibilities of the primary supervisor during that absence.

**"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 who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. Direct supervision 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 supervising 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 by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. The supervising occupational therapist provides 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. Supervision is an interactive process, more than a paper review or a co-signature, and requires direct in-person contact.

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

**"Occupational therapist of record"** means the occupational therapist who assumes responsibility for the provision and /or supervision of occupational therapy services for a client, and is held accountable for the coordination, continuation and progression of the plan of care.

**"Primary supervisor"** means the Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure. The Primary Supervisor must have access to the client's plan of care.

### **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) On a case-by-case basis, 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.

(e) If the licensed occupational therapist agrees to supervise an occupational therapy assistant, the occupational therapist shall:

(1) determine the frequency and manner of consultations, taking into consideration the treatment settings being used, client rehabilitation status, and the competency of the occupational therapy assistant being supervised;

(2) maintain a record of all consultations provided;

(3) document in the client treatment record each time the occupational therapist supervising the occupational therapy assistant is physically present and directly supervises the treatment of a client by the occupational therapy assistant being supervised.

(4) make herself/himself available to the occupational therapy assistant in person or via telecommunication for consultation prior to implementation of any treatment program revisions; and

(5) review with the occupational therapy assistant in person or via telecommunication the diagnosis of the condition to be treated, the authorization of the procedure, dismissal of the client, and evaluation of the performance of the treatment given.

(f) The licensed occupational therapy assistant shall:

(1) consult with the supervising occupational therapist in person or via telecommunication prior to any treatment program revision; and

(2) notify the supervising occupational therapist of any significant changes in the physical, cognitive and/or psychological status of the client. Contact or attempts to contact the supervising occupational therapist will be documented in the record.

(g) Occupational therapy assistants with more than one employer must have a primary supervisor at each job who has completed a Form #5, Verification of Supervision.

(h) The evaluating occupational therapist will document transfer of care to the occupational therapist of record.