

**OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION  
101 NE 51<sup>ST</sup> STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470**

**Email form to: [licensing@okmedicalboard.org](mailto:licensing@okmedicalboard.org)**

**OCCUPATIONAL THERAPY ASSISTANT/OCCUPATIONAL THERAPIST APPLICANT  
FORM 5 - VERIFICATION OF SUPERVISION**

**INSTRUCTIONS**

The state of Oklahoma requires an Occupational Therapy Assistant to be supervised by a specific Occupational Therapist or alternate supervising Occupational Therapists working in the same practice setting or physical facility.

An Occupational Therapy Assistant cannot practice in any clinical setting without the necessary Form #5 on file with the Oklahoma Medical Board.

**The Form 5 must be complete to be processed by the Medical Board.  
An incomplete Form 5 will not be processed.**

1. Delete supervisors / Update Practice Address
  - a. Delete current Supervisors on file – Check ONLY if deleting supervisors. The names of the supervisors to be deleted MUST be attached on a separate sheet. The supervisee can also log into their profile and delete the supervisors.
  - b. Update Primary Practice Address – Check ONLY if this is the practice address you want on the website. The Medical Board website can only list one practice address.
2. All information regarding the supervisee must be complete.
3. Projected Start Date must be filled in. The projected start date is the date the supervisee expects to start practicing under the supervision of the primary Occupational therapist. The Medical Board will not process a Form 5 if the start date is left blank.
  - a. Allow 10 business days for processing.
  - b. The supervisee cannot practice until the Form 5 is received and documented with the Board.
  - c. The supervisee can check their online profile to confirm the Form 5 has been processed in the “Supervisors Listed” section.
4. Name and license number of the primary supervisor must be complete.
5. All information regarding the practice location must be complete. The Medical Board will not process a Form 5 if the practice information is incomplete.
6. Both the supervisee and primary supervisor must sign and date the Form 5.

**An Occupational Therapist can be a primary supervisor for only four (4) Occupational Therapy Assistants. It is the responsibility of both Occupational Therapist and Occupational Therapy Assistant to notify the Board of any changes to a Form 5 they have signed.**

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**PAGE 2 FORM 5 INSTRUCTIONS**

**Complete page 2 only if adding alternate Occupational Therapist supervisors.**

1. All information regarding the supervisee must be complete.
2. Projected Start Date must be filled in. The projected start date is the date the supervisee expects to start practicing under the supervision of the alternate Occupational Therapist. The Medical Board will not process a Form 5 if the start date is left blank.
  - a. Allow 10 business days for processing.
  - b. The supervisee cannot practice until the Form 5 is received and documented with the Board.
  - c. The supervisee can check their online profile to confirm the Form 5 has been processed in the "Supervisors Listed" section.
3. All information regarding the practice location must be complete. The Medical Board will not process a Form 5 if the practice information is incomplete.
4. Adding Occupational Therapists as alternate supervisors
  - a. Name and license number must be on the form.
  - b. Signature of the Occupational Therapist must be complete.
  - c. The date must be complete.
5. Supervisee and primary supervisor must sign and date the form.
  - a. Allow 10 business days for processing.

**Okla. Admin. Code § 435:30-1-12 Definitions**

**"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.

**"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.

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**OCCUPATIONAL THERAPY ASSISTANT/OCCUPATIONAL THERAPIST APPLICANT  
FORM 5 - VERIFICATION OF SUPERVISION**

If adding an Occupational Therapist as an Alternate Supervisor, please complete page 2 only.

\_\_\_\_\_ **Delete current Supervisors on file** (Must include names of supervisors on separate sheet of paper)

\_\_\_\_\_ **Update Primary Practice Address on website with practice address below**

NAME OF SUPERVISEE: \_\_\_\_\_ LICENSE/APPLICATION # \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**Allow 10 business days for processing.**

**PROJECTED START DATE:** \_\_\_\_\_ **Supervisees cannot practice until Form 5 is received and documented by the State Medical Board.**

NAME OF PRIMARY SUPERVISOR: \_\_\_\_\_ LICENSE # \_\_\_\_\_

NAME OF PRACTICE: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Is this the primary practice address? YES NO

**SUPERVISEE / PRIMARY SUPERVISOR**

By my signature below, I indicate that I fully comprehend the responsibilities discharged to me as a licensed or applicant Occupational Therapy Assistant (OA) or Occupational Therapist (OT) according to the Oklahoma Occupational Therapy Practice Act Title 59 O.S. §§ 888.1-888.16 and the Oklahoma Administrative Code Title 435 Chapter 30. An OA cannot practice in any clinical setting without the necessary Form #5, Verification of Supervision on file. Practicing without a Form #5 on file may result in disciplinary action against an OA/OT license.

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. All supervising OTs must be listed on the Form #5. 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.

\_\_\_\_\_  
SUPERVISEE SIGNATURE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

\_\_\_\_\_  
PRIMARY SUPERVISOR SIGNATURE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

**An Occupational Therapist can be a primary supervisor for only four (4) Occupational Therapy Assistants. It is the responsibility of both Occupational Therapist and Occupational Therapy Assistant to notify the Board of any changes to a Form 5 they have signed.**

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OCCUPATIONAL THERAPY ASSISTANT/OCCUPATIONAL THERAPIST APPLICANT  
FORM 5 - VERIFICATION OF SUPERVISION FOR ALTERNATE SUPERVISORS

**Complete this page if adding Alternate Occupational Therapist Supervisors only.**

"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. All supervising OTs must be listed on the Form #5.

NAME OF SUPERVISEE: \_\_\_\_\_ LICENSE/APPLICATION # \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROJECTED START DATE: \_\_\_\_\_ **This is the date the Occupational Therapist Alternate Supervisor starts supervising the Occupational Therapy Assistant/Applicant.**  
(Cannot leave blank)

NAME OF PRACTICE: \_\_\_\_\_

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

CITY, STATE ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ Is this the primary practice address? YES NO

By my signature below, I indicate that I fully comprehend the responsibilities discharged to me as a licensed or applicant Occupational Therapy Assistant (OA) or Occupational Therapist (OT) according to the Oklahoma Occupational Therapy Practice Act Title 59 O.S. §§ 888.1-888.16 and the Oklahoma Administrative Code Title 435 Chapter 30. An OA cannot practice in any clinical setting without the necessary Form #5, Verification of Supervision on file. Practicing without a Form #5 on file may result in disciplinary action against an OA/OT license.

OT ALTERNATE SUPERVISOR NAME	LICENSE #	SIGNATURE	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUPERVISEE SIGNATURE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

PRIMARY SUPERVISOR SIGNATURE \_\_\_\_\_ LICENSE # \_\_\_\_\_ DATE SIGNED \_\_\_\_\_