

OTA Supervision Registration Form

(Copy this form for multiple supervisors)

ARSD 20:64:03:02 provides that the Board must be notified in writing within 15 days once supervision has terminated. This rule also provides that a supervisor must be a licensed Occupational Therapist in the state of South Dakota.

The completed form should be scanned and emailed to the Board office at sdbmoe@state.sd.us

PRACTICE FACILITY

PROPOSED START DATE: _____

PRACTICE FACILITY NAME: _____

PRACTICE ADDRESS: _____

PHONE: _____ EMAIL: _____

SIGNATURES

PRINTED NAME OTA

SIGNATURE OTA (No Electronic or Stamp Signatures will be Accepted)

DATE

Email: _____

PRINTED NAME SUPERVISING OCCUPATIONAL THERAPIST

SIGNATURE SUPERVISING OCCUPATIONAL THERAPIST
(No Electronic or Stamp Signatures will be Accepted)

DATE

Email: _____

ON WHAT BASIS WILL SUPERVISION BE PROVIDED?:

