



1063 Maple Dr., Suite 4B
Morgantown, WV 26505
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304-285-3150

SUPERVISORY STATEMENT

Email to: wvbot@wv.gov

Complete if any of the following apply:

- applying for licensure as a (C)OTA
- applying for limited permit (OT and OTA)
- employment or supervision of a (C)OTA has changed
- renewing your COTA license online

This statement is to be completed, signed by the applicant, signed by the occupational therapy supervisor, and returned with the application, or upon change of employment or supervision. Make copies if you work for more than one facility.

OTA or LP Applicant Name WV OTA license # Date

Name of Facility: _____

Address of Facility: _____

Telephone Number of Facility: _____

Check Area(s) of Practice:

<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Home Health	<input type="checkbox"/> School-System	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Early-Intervention	<input type="checkbox"/> Acute Care	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Skilled-Units
<input type="checkbox"/> Hand Therapy	<input type="checkbox"/> Psych-Social	<input type="checkbox"/> Driving	<input type="checkbox"/> Industrial Rehab

SUPERVISION GUIDELINES

Limited permit holders must practice under the direct close supervision of a licensed occupational therapist.

It is recommended that an entry level (C)OTA have daily on-site supervision.

General supervision is to be provided to fully licensed (not limited permit) (C)OTA's based upon supervisee's professional experience. A (C)OTA with less than one year of experience requires direct contact at least every two weeks at the site of work. A (C)OTA with greater than one year of experience requires at least monthly direct contact.

All progress notes should be co-signed and dated.

NOTE: In signing below, the applicant and supervisor are verifying that the required level of supervision will be provided.

_____ Signature of Applicant	_____ Date	
_____ Signature of Supervisor	_____ WV OT license #	_____ Date
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