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Morgantown, WV 26505  
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304-285-3150

## **SUPERVISORY STATEMENT**

**Email to: [wvbot@wv.gov](mailto:wvbot@wv.gov)**

**Complete if any of the following apply:**

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

This statement is to be completed, signed by the OTA or LP 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

or

\_\_\_\_\_  
Compact Privilege #

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number of Facility: \_\_\_\_\_

Check Area(s) of Practice:

\_\_\_ Geriatrics

\_\_\_ Home Health

\_\_\_ School-System

\_\_\_ Pediatrics

\_\_\_ Early-Intervention

\_\_\_ Acute Care

\_\_\_ Rehabilitation

\_\_\_ Skilled-Units

\_\_\_ Hand Therapy

\_\_\_ Psych-Social

\_\_\_ Driving

\_\_\_ 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 OTA or LP applicant and supervisor are verifying that the required level of supervision will be provided.**

\_\_\_\_\_  
Signature of OTA or LP Applicant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
WV OT license # or  
Compact Privilege #

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
WV OT license # or  
Compact Privilege #

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
WV OT license # or  
Compact Privilege #

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
WV OT license # or  
Compact Privilege #

\_\_\_\_\_  
Date

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Signature of Supervisor

\_\_\_\_\_  
WV OT license # or  
Compact Privilege #

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
WV OT license # or  
Compact Privilege #

\_\_\_\_\_  
Date