



**ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS**  
 1740 West Adams Street, Suite 3407  
 Phoenix, Arizona 85007  
 (602) 589-8352  
 FAX: (602) 589-8354  
[www.ot.az.gov](http://www.ot.az.gov)

## DIRECT SUPERVISION AGREEMENT FOR A LIMITED PERMIT

### Applicant:

<b>Name</b>	Last	First	Middle
<b>Other names used</b>	Maiden	Also Known As – AKA	
<b>Home address</b>	Number/Street	City	State Zip code
<b>Telephone Number</b>	Home	Work	Cell

<b>Name of Employer</b>		<b>Employer Phone Number</b>	
<b>Employer Address</b>	Number/Street	City	State Zip code

### Supervising OT/L:

#### RESPONSIBILITIES OF DIRECT SUPERVISION BY AN OCCUPATIONAL THERAPIST:

- a. A person who holds a limited license is authorized to practice occupational therapy while under the direct supervision of a licensed occupational.
- b. The supervising occupational therapist is responsible for all patient care provided by the person holding a limited license and shall remain on the premise at all times while the limited licensee is providing occupational therapy services.
- c. All client records, treatment plans, and progress notes shall be co-signed by the occupational therapist.
- d. Any change requires that a new Direct Supervision Agreement be completed, signed and submitted to the Board within five days of change.
- e. The occupational therapist shall complete, sign and mail this completed form directly to the Board.

### Direct Supervising Occupational Therapist

<b>Name</b>	Last	First	Middle	<b>AZ License No.</b>
<b>Telephone Number</b>	Home	Work	Cell	

## Direct Supervising Occupational Therapist's Employer

<b>Name of Employer</b>		<b>Employer Phone Number</b>	
<b>Employer Address</b>	<b>Number/Street</b>	<b>City</b>	<b>State</b> <b>Zip code</b>

Describe your direct supervision of the limited permittee (attach additional pages as necessary):


I certify the acceptance of the professional and legal responsibility of the above named limited permittee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by the affiant, who personally appeared before me.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

My Commission expires: \_\_\_\_\_  
(Official Stamp)