STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Occupational Therapy Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Paul R. LePage
Governor

Anne L. Head
Director

SUPERVISOR'S AFFIDAVIT

(Board requires an updated form for a change in Supervisor ***or level of supervision*** within **15** days of the change)

Please provide a separate form for each place of employment

SECTION A (Completed by the Supervisor)

I, _____assume supervisory responsibility for
(Print Supervisor's Name)

_____ _____ Occupational Therapy Assistant.
(Print Name)

*****I will provide supervision at the following level, as defined in the Rules of Occupational Therapy***

Practice: ___ ***Direct*** ___ ***Close*** ___ ***Routine*** ___ ***General***

I will immediately notify the Board of Occupational Therapy Practice of any change in supervision of this person.

Date: _____ _____
Supervisor's Signature License No.

_____ _____
Telephone Number Place of Employment

SECTION B (Completed by the Supervisee)

I, _____assume supervision from_____.
(Print Supervisee Name) (Print Supervisor's Name/Licensed OTR)

I will immediately notify the Board of Occupational Therapy Practice of any change in my supervisor.

Date: _____ _____ _____
Supervisee's Signature Place of Employment

** Board of Occupational Therapy Practice rules are available at www.maine.gov/professionallicensing