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

Janet T. Mills
Governor

Joan F Cohen
Commissioner

CHANGE IN SUPERVISION FORM

This form is required to be submitted by mail or fax to report changes in supervision. Please provide a separate form for each practice setting.

If adding a new supervisor, please complete the following:

Name of OT Assistant or Temporary OT:		License Number:
Name of Practice Setting:		
Address:		
City:	State:	Zip Code:

By signing this form, I understand that it is my responsibility to obtain supervision and to practice occupational therapy pursuant to the laws of the State of Maine and all rules of the Board of Occupational Therapy Practice. I also understand that if this supervisory relationship changes, it is my responsibility to notify the Board by submitting a Change in Supervision Form within ten (10) days of the change.

Signature of Applicant: _____ Date: _____

Name of Supervisor:	Maine License Number:

By signing this form, I agree that I will provide supervision pursuant to the laws of the State of Maine and all rules of the Board of Occupational Therapy Practice. Further, I understand that I am legally and ethically responsible for the professional activities for this and other occupational therapy assistant(s) and/or temporary occupational therapist(s) under my supervision. I also understand that if this supervisory relationship changes, it is my responsibility to notify the Board in by submitting a Change in Supervision Form within ten (10) days of the change.

Signature of Supervisor: _____ Date: _____

If terminating supervision, please complete the following:

Name of OT Assistant or Temporary OT:	License Number:
Name of Practice Setting:	Date Supervision Ended*:
Name of Supervisor:	License Number:

Signature of Applicant: _____ Date: _____

Signature of Supervisor: _____ Date: _____

*If no date is given, the date that the form is received will be used.