



Janet T. Mills

Governor

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

Joan F. Cohen

Commissioner

VERIFICATION OF SUPERVISION FORM

All OTA and Temporary OT/OA applicants must practice under the supervision of a Maine licensed OT. A license cannot be issued until an original form signed by both the applicant and the supervising OT is received by the Board at the above address.

Please provide a separate form for each practice setting.

Name of Applicant:		Maine License Number:
Name of Practice Setting:		
Address:		
City:	State:	Zip Code:
<p>By signing this form, I understand that, upon licensure, 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 within ten (10) days of the change.</p> <p>Signature of Applicant: _____ Date: _____</p>		

Name of Supervisor:		Maine License Number:
<p>By signing this form, I agree that, upon licensure of the above named applicant, 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 within ten (10) days of the change.</p> <p>Signature of Supervisor: _____ Date: _____</p>		



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OFFICE PHONE: (207)624-8624

TTY USERS CALL MAINE RELAY 711
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637