



**Secretary of State
Office of Professional Regulation**

**OCCUPATIONAL THERAPY & OCCUPATIONAL THERAPY ASSISTANTS
Verification of Employment**

This is to verify that _____ will begin working for me as a
(Name of applicant printed)

_____ Occupational Therapist _____ Occupational Therapy Assistant on: ____/____/____.

Supervisor's Name: _____

Supervisors License #: _____ License Expiration Date: ____/____/____.

Place of Professional Practice: _____

Address of Professional Practice: _____

Telephone #: _____

E-mail: _____

STATEMENT OF SUPERVISING OCCUPATIONAL THERAPIST

I acknowledge that I am responsible for the daily, direct on-site supervision of the above name occupational therapist/assistant. I hereby certify that the above statements are true and accurate to the best of my knowledge.

Signature of Supervising Occupational Therapist Date