



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

**BOARD OF OCCUPATIONAL THERAPY PRACTICE**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

**VERIFICATION OF OCCUPATIONAL THERAPY ASSISTANT SUPERVISION**

An Occupational Therapist (OT) is permitted to supervise up to three Occupational Therapist Assistants (OTAs) but never more than two OTAs who are under direct supervision at the same time. This form documents the OTAs under an OT's supervision. The OT must submit this form to the Board whenever an OTA enters or leaves the OT's supervision.

**MAIL THIS DOCUMENT DIRECTLY TO THE BOARD OFFICE.**

**INFORMATION ABOUT SUPERVISING OT**

1. Name: \_\_\_\_\_
2. Delaware License No: U1 - \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ 5. Email: \_\_\_\_\_

**INFORMATION ABOUT OTA'S SUPERVISED**

6. Check reason for this report:  
 This is my first report of OTAs whom I supervise. (Check if you are newly licensed in Delaware.) Skip to Question 8.  
 I am reporting a change in the OTAs that I supervise. Continue with Question 7.
7. Enter the following information about the OTA who has entered or left your supervision:  
Name: \_\_\_\_\_ License No: \_\_\_\_\_  
Entered  Left  Date: \_\_\_\_\_
8. Enter the following information about *all* full-time and part-time OTAs whom you supervise. (You may use additional sheets if necessary.)

NAME	LICENSE NO	JURISDICTION

9. I certify that, at any given time, I supervise no more than three OTAs and never more than two OTAs who are under my direct supervision at the same time. Yes  No

I certify that the information that I have provided about the OTA's whom I supervise is true.

**Signature of Occupational Therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_