



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Professional Licensing Administration
899 North Capitol Street, NE – First Floor
Washington, DC 20002
BOARD OF OCCUPATIONAL THERAPY

OCCUPATIONAL THERAPY AND OCCUPATIONAL THERAPY ASSISTANT APPLICANTS:
This form must be returned in a sealed envelope and hand delivered to the office of Health Professional Licensing Administration by the applicant. Please note: You must have an Occupational Therapy or Occupational Therapy Assistant application on file.

SUPERVISED PRACTICE FORM TO BE COMPLETED BY
OCCUPATIONAL THERAPY SUPERVISOR

TO THE SUPERVISOR:

This form must be completed if you are supervising an applicant for licensure as an Occupational Therapist or Occupational Therapy Assistant. In accordance with Title 17 of the District of Columbia Municipal Regulations, section 6311.5 “an occupational therapist supervising an applicant **shall be fully responsible for all of the actions performed by the student or applicant during the time of supervision** and shall be subject to disciplinary action for any violation of the Act or this chapter by the person supervised.”

Applications for licensure are kept on file for no more than sixty (60) days and thus an eligible applicant may work under supervised practice from the date of signature on this form by an authorized representative for the Board of Occupational Therapy up until their 60 days expire. This supervised practice form shall be issued only one time.

Supervisor’s name and license number (Please Print):

 LAST NAME FIRST NAME MI LICENSE NUMBER

Applicant’s name (Please Print):

 LAST NAME FIRST NAME MI PROFESSIONAL DEGREE EARNED

Location of supervised practice (Facility Name): _____

Brief description of applicant’s duties and responsibilities:

SUPERVISOR’S SIGNATURE	PHONE NUMBER	DATE

FOR OFFICE USE ONLY

Date Supervision Form submitted: _____ Date supervision will end: _____

Date of Board Review: _____ Board Action: _____

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HPLA Staff Signature: _____