



## OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPY ASSISTANT TERMINATION OF SUPERVISION

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Termination of a supervision agreement must be reported to the Board within 10 days of the termination. Please be aware, occupational therapist who supervise and oversee the services and tasks performed by an occupational therapy assistant must have a current supervision agreement on file with the Board.

Email the completed form to [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov) or mail directly to the Board. It is highly recommended that both the occupational therapist and occupational therapy assistant make and keep copies of all termination of supervision agreements submitted to the Board. Confirmation will be sent via email after the termination has been processed.

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Name of OTA: \_\_\_\_\_

License Number: \_\_\_\_\_

Name of OTAs Employer: \_\_\_\_\_

Address of OTAs Employer: \_\_\_\_\_

Name of Supervising OT: \_\_\_\_\_

License Number: \_\_\_\_\_

Supervision Agreement Termination Date: \_\_\_\_\_

**By signing below, I certify that the supervision agreement between the above-named OT and OTA has been terminated.**

\_\_\_\_\_  
Signature of Supervising Occupational Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Occupational Therapy Assistant

\_\_\_\_\_  
Date