



**OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPY ASSISTANT
TERMINATION OF SUPERVISION**

Email the completed form to KSBHA_Licensing@ks.gov or mail directly to the Kansas State Board of Healing Arts (“Board”). KSBHA recommends both the Supervising OT and OTA make and keep copies of all termination of supervision forms submitted to the Board.

Name of Supervising OT: _____

License Number of Supervising OT: _____

Name of OTA: _____

License Number of OTA: _____

Name of OTA’s Employer: _____

Address of OTA’s Employer: _____

Supervising Termination Effective Date: _____

By signing below, I certify that the supervision agreement with the above-named OTA has been terminated.

Signature of Supervising OT

Date