



## Occupational Therapist (section only)

Name \_\_\_\_\_ License No. \_\_\_\_\_

**List supervised Kansas occupational therapist assistants (use additional pages if necessary):**

I do not supervise any Kansas licensed Occupational Therapist Assistants.

Name of OTA \_\_\_\_\_ License No. \_\_\_\_\_

Name of Employer and Address \_\_\_\_\_  
\_\_\_\_\_

Name of OTA \_\_\_\_\_ License No. \_\_\_\_\_

Name of Employer and Address \_\_\_\_\_  
\_\_\_\_\_

Name of OTA \_\_\_\_\_ License No. \_\_\_\_\_

Name of Employer and Address \_\_\_\_\_  
\_\_\_\_\_

---

## Occupational Therapist Assistant (section only)

Name \_\_\_\_\_ License No. \_\_\_\_\_

**List supervising Kansas occupational therapist (use additional pages if necessary):**

I do not practice in the State of Kansas; therefore, I am not supervised by a Kansas OT.

Name of OT \_\_\_\_\_ License No. \_\_\_\_\_

Name of Employer and Address \_\_\_\_\_  
\_\_\_\_\_

Name of OT \_\_\_\_\_ License No. \_\_\_\_\_

Name of Employer and Address \_\_\_\_\_  
\_\_\_\_\_

Name of OT \_\_\_\_\_ License No. \_\_\_\_\_

Name of Employer and Address \_\_\_\_\_  
\_\_\_\_\_

revised 3/19/14, kl