



## OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPY ASSISTANT SUPERVISION AGREEMENT

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Before an Occupational Therapist (“OT”) allows an Occupational Therapy Assistant (“OTA”) to work under their direction, the Occupational Therapist must submit this supervision agreement to the Kansas State Board of Healing Arts (“Board”). The Supervising OT must also notify the Board upon the termination of the supervision of an OTA. For all OT/OTA supervision requirements, see [K.A.R. 100-54-9](#) and [K.A.R. 100-54-12](#).

Email the completed supervision agreement to [KSBHA\\_Licensing@ks.gov](mailto:KSBHA_Licensing@ks.gov) or mail directly to the Board. KSBHA highly recommends both the supervising OT and OTA make and keep copies of all supervision agreements submitted to the Board.

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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: \_\_\_\_\_

Supervision Effective Date: \_\_\_\_\_

By signing below, I certify that I have read, understand, and agree to comply with the requirements and responsibilities of a supervising OT and supervised OTA in Kansas. If supervision terminates, it is the supervising OTs responsibility to notify the Board. See [K.A.R. 100-54-9](#), [K.A.R. 100-54-10](#), and [K.A.R. 100-54-12](#).

\_\_\_\_\_  
Signature of Supervising OT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of OTA

\_\_\_\_\_  
Date