



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 _____
