

State of Nevada  
**Board of Occupational Therapy**

P.O. Box 34779, Reno, Nevada 89533-4779  
Phone (775) 746-4101 / Fax (775) 746-4105 / Toll Free (800) 431-2659

**Verification of Employment and Supervision**

(Required for Provisional OT Applicants and COTA Applicants Only)

Provisional OTR       COTA      Current Licensee – License # \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT:** Provide entire form to your primary supervisor for completion.

APPLICANT NAME: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Street / P.O. Box

Phone : \_\_\_\_\_  
City State ZIP

I authorize the exchange of any and all information pertaining to this document between the named supervisor and the State of Nevada, Board of Occupational Therapy.

\_\_\_\_\_  
Applicant Signature Date

**INSTRUCTIONS TO PRIMARY SUPERVISOR:** You have been identified as a current or future primary supervisor of the above referenced new applicant / current licensee. The above individual has applied for licensure or is a licensed occupational therapy assistant or provisional therapist or therapy assistant in the State of Nevada required to be under the supervision of a Nevada licensed occupational therapist.

SUPERVISOR NAME: \_\_\_\_\_ Nevada License #: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street / P.O. Box City State ZIP

Dates of Supervision: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisory Location(s): \_\_\_\_\_

In your opinion, (does/did) this applicant/licensee at any time or in any way show evidence of behavior, judgment or performance problems, or other characteristics to which you would questions or doubt suitability for licensure?  Yes  No  
If yes, please explain: \_\_\_\_\_

**Please notify the Board upon termination of your supervision of this applicant/licensee by completing the Notice of Termination of Supervision section and submit directly to the Board at the address listed above.**

**Notice of Termination of Supervision**

The above listed individual is no longer under my supervision effective \_\_\_\_\_

**CERTIFICATION**

I declare, under penalty of perjury, the information supplied herein is to the best of my knowledge true, accurate and complete.

\_\_\_\_\_  
Signature and Title Date