



SUPERVISION ACKNOWLEDGEMENT FORM FOR TEMPORARY REGISTRATION

I, _____, Registration # G _____
(Supervising Therapist)

confirm that a supervision plan has been established for _____,

who is applying for a Temporary Certificate of Registration with the College of Occupational Therapists of Ontario (COTO).

This plan ensures that supervision by a general practising registrant of COTO has been established to ensure the provision of appropriate care for clients attended by the Temporary Registrant while in Ontario.

Signature: _____
(Supervising Therapist)

Title: _____

Dates for which registration is required: _____

Facility: _____
