



SUPERVISION ACKNOWLEDGEMENT FORM FOR TEMPORARY REGISTRATION

Please read this document carefully.

This form must be signed by the supervising occupational therapist and returned to the College of Occupational Therapists of Ontario (the college) for approval prior to completing the registration process and prior to commencing work. Return of the completed form does not imply registration with the college is complete. Applicants must be issued a certificate of registration by the college prior to commencing work as an occupational therapist in Ontario (this includes non-clinical work). In order to avoid unauthorized practice, employers are strongly encouraged to verify that the prospective employee has an active Temporary Certificate of Registration prior to the first day of employment by performing a search on the OT Directory on the College website www.coto.org.

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.

Supervising Occupational Therapist(s) Information:

This form must be signed (electronically using the digital signature option or in writing on a hard copy) and submitted to the College.

Please refer to the Policy on Approval of Supervisors and Other Agents of the College to ensure eligibility to act as Supervising Occupational Therapist. You may not act as Supervising Occupational Therapist unless you meet the criteria in that policy.

Signature: _____
(Supervising Therapist)

Title: _____

Dates for which registration is required: _____

Facility name: _____

Facility address: _____

Facility phone number: _____