



Provisional Registration Supervision Agreement

Important Information

- This form must be signed by the supervising occupational therapist (OT), the employer and the applicant for provisional registration and returned to the College for approval at least one week prior to the proposed employment start date.
- The applicant must have a College registration number prior to beginning practice, which includes orientation to the role or place of employment.
- All supervisors must hold general registration with the College and have a minimum of one year of practice experience.
- Supervisors are subject to approval by the College Registrar. See the College's [Policy on Approval of Supervisors and Other Agents of the College](#) for details.
- Provisional registration with the College is valid up to 60 days following the applicant's National Occupational Therapy Certification Examination (the "exam") date.
- Upon receipt of proof of successful exam completion, the College will issue general registration to the provisional OT and supervision will no longer be required.
- If the provisional OT is unsuccessful at the exam, a new supervision agreement must be submitted to the College. If approved, provisional registration will be extended up to 60 days after the next exam date.
- If the provisional OT is unsuccessful at their second attempt at the exam, provisional registration will expire.
- If employment/supervision is terminated, provisional registration will expire.

Applicant Information

Applicant Name:

Employment Start Date:

Date of Exam:

Select one of the following:

- I am submitting this supervision agreement for approval
- I am requesting a change in supervisors
- I am adding a second supervisor
- I failed the exam and am submitting a new agreement form to confirm continued supervision

Employer Information

As the employer, I acknowledge the above-named applicant for provisional registration requires supervision in accordance with the plan established by the supervising OT.

Organization Name:

Name of Authorized Person Signing on Behalf of Employer:

Address:

Job Title of Authorized Person Signing on Behalf of Employer:

Phone Number:



Supervisor Information

Supervisor Name:	College Registration Number:
Phone Number:	Email:

Supervisor Agreement

As the supervising OT, I understand and agree to the following. Please check the boxes and sign below to confirm agreement.

- I will assess the provisional OT's knowledge, skill, and judgement and determine the appropriate level of supervision required.
- I will increase or decrease the level of supervision as required.
- If I am unable to fulfill my duties as supervisor, I will notify the College immediately.
- I will ensure that my knowledge of College Standards and resources is up-to-date.
- I agree to create and maintain the [Provisional Practice Supervision Plan](#) throughout the supervision period.
- I agree to submit the Provisional Practice Supervision Plan if requested by the College.
- I understand that I must report to the College immediately if:
 - I believe that the provisional OT is incompetent, incapacitated, or unable to deliver safe patient care;
 - the provisional OT is terminated for professional misconduct, incompetence, or incapacity;
 - the provisional OT is facing termination, but resigns before being terminated;
 - I learn that the provisional OT may have sexually abused a client.

Signatures

Applicant Signature:	Date Signed:
Employer Signature:	Date Signed:
Supervisor Signature:	Date Signed:

Contact the Registration Program at registration@coto.org or call 1.800.890.6570 if you have any questions or concerns.