College of Occupational Therapists of Ontario

Regulator of occupational therapists in Ontario

Provisional Registration Supervision Agreement

Important Information

Provisional Applicant

- 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.
- You will not be able to start unless your documents have been submitted and approved and you have paid the registration fee and received your registration number from the College. This includes shadowing and orientation to the role or place of employment.

Provisional Registrant

Obtained a new employer or an additional employer?
This form must be signed by the supervising OT, the employer and the provisional registrant and returned to the College for approval before starting at the new employment setting.

- All supervisors must hold general registration with the College for at least one year.
- Supervisors are subject to approval by the College Registrar. See the College's Policy to Approve Agents of the College for details.

Provisional Applicant/Registrant Information

Name:

Employment Start Date:

Date of Exam:

Select the reason for submitting this form:

- ☐ I am submitting this supervision agreement for approval
- ☐ I am requesting a change in supervisors
- ☐ I am adding a second supervisor

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Employer Information

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

Organization Name:	
Full Address (Street Name, City/Town, Province, Postal Code, Include location if practising at a different site):	
Name of Authorized Person Signing on Behalf of Employer:	Job Title of Authorized Person Signing on Behalf of Employer:
Phone Number:	

Supervisor Information

Name:	COTO 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 Registration Supervision Plan throughout the supervision period.
- I agree to submit the Provisional Registration 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/Registrant Signature:	Date Signed:
Employer Signature:	Date Signed:
Supervisor Signature:	Date Signed:

Questions or concerns? Email the Registration Program at registration@coto.org or call 1-800-890-6570 x230.