



# 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.
- The applicant must have a College registration number prior to beginning practice, which includes 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 and have a minimum of one year of practice experience.
- Supervisors are subject to approval by the College Registrar. See the College's [Policy to Approve Agents of the College](#) for details.

## Provisional/Registrant Applicant Information

Name:	<b>Select one of the following:</b> <input type="checkbox"/> I am submitting this supervision agreement for approval <input type="checkbox"/> I am requesting a change in supervisors <input type="checkbox"/> I am adding a second supervisor <input type="checkbox"/> I failed the exam and am submitting a new agreement form to confirm continued supervision
Employment Start Date:	
Date of Exam:	

## 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:	Name of Authorized Person Signing on Behalf of Employer:
Address:	Job Title of Authorized Person Signing on Behalf of Employer:
Phone Number:	



Supervisor Information

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 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.

This section is for supervisors who are agreeing to supervise a provisional OT who was unsuccessful at their first exam attempt.

- I understand that if the provisional OT is unsuccessful at their second exam attempt, the provisional registration will automatically expire upon release of results to the College.
- I agree to assist the provisional OT create a continuity of care plan in collaboration with the employer to mitigate impact to clients in the event the provisional registration expires.

Signatures

Applicant/Registrant Signature:	Date Signed:
Employer Signature:	Date Signed:
Supervisor Signature:	Date Signed:

Contact the Registration Program at [registration@coto.org](mailto:registration@coto.org) or call 1-800-890-6570 x230 if you have any questions or concerns.