



NORTH CAROLINA BOARD OF OCCUPATIONAL THERAPY

**OCCUPATIONAL THERAPY ASSISTANT
EMPLOYMENT/SUPERVISION UPDATE FORM**

Mailing Address: NCBOT, P. O. Box 2280, Raleigh, NC 27602

NORTH CAROLINA LICENSE NUMBER _____

PERSONAL INFORMATION:

Last Name: _____ First: _____ Middle/Maiden: _____

Social Security# XXX-XX-_____ Home Phone (_____) _____ Cell Phone (_____) _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

EMPLOYMENT: **New** **Unchanged** **Additional**

Place of Employment: _____ Phone (_____) _____

Where do you work in NC? _____

City: _____ County: _____ State: _____ Zip: _____

HOURS REGULARLY WORKED PER WEEK: 20 or less Between 21 – 39 40 or more

SUPERVISING OT/L:

Pursuant to Rule .0902 your supervising OT/L is the person who has determined that you are competent to provide treatment in your particular work setting and who provides the appropriate supervision or determines that you are receiving the appropriate supervision from another OT/L.

PRINT NAME OF OT/L	LIC. #	SUPERVISION STARTING DATE	SIGNATURE OF OT/L CONFIRMING SUPERVISION
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OT/Ls NO LONGER PROVIDING SUPERVISION (if changed):

PRINT NAME OF OT/L	LIC. #	SUPERVISION ENDING DATE	SIGNATURE OF OT/L
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PRINT NAME OF OT/L	LIC. #	SUPERVISION ENDING DATE	SIGNATURE OF OT/L
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Previous Employment (if changed) _____

Address _____ City _____ State _____ Zip _____

SIGNATURE OF OCCUPATIONAL THERAPY ASSISTANT

DATE