



# NORTH CAROLINA BOARD OF OCCUPATIONAL THERAPY

## OCCUPATIONAL THERAPIST 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 (\_\_\_\_\_) \_\_\_\_\_

Physical Address in NC: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: NC Zip: \_\_\_\_\_

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

**LIST OTA/Ls CURRENTLY BEING SUPERVISED BY YOU** (if changed):

_____ NAME OF OTA/L	_____ LIC. #	_____ SUPERVISION STARTING DATE
_____ NAME OF OTA/L	_____ LIC. #	_____ SUPERVISION STARTING DATE
_____ NAME OF OTA/L	_____ LIC. #	_____ SUPERVISION STARTING DATE

**LIST OTA/Ls YOU ARE NO LONGER SUPERVISING** (if changed):

_____ NAME OF OTA/L	_____ LIC. #	_____ SUPERVISION ENDING DATE
_____ NAME OF OTA/L	_____ LIC. #	_____ SUPERVISION ENDING DATE

Previous Employment (if changed): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF OCCUPATIONAL THERAPIST

\_\_\_\_\_  
DATE