

## NORTH CAROLINA BOARD OF OCCUPATIONAL THERAPY

## OCCUPATIONAL THERAPIST EMPLOYMENT/SUPERVISION UPDATE FORM

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

| PERSONAL INFORMATIO            | N:                                  |              |                        |     |
|--------------------------------|-------------------------------------|--------------|------------------------|-----|
| _ast<br>Name:                  | First:                              |              | Middle/Maiden:         |     |
|                                | Home Phone: ()                      |              |                        |     |
| Address:                       |                                     |              |                        |     |
| Dity:                          | County:                             |              | State:Zip              | o:  |
| EMPLOYMENT:   Ne               | ew □ Unchanged □                    | ☐ Additional |                        |     |
| Place of Employment:           |                                     |              | Phone ()               |     |
| Where do you work in NC?: _    |                                     |              |                        |     |
| Dity:                          | County:                             |              | State: Zip:            |     |
| NAME OF OTA/L                  |                                     | LIC. #       | START DATE  START DATE |     |
| NAME OF OTA/L                  |                                     | LIC.#        | START DATE             |     |
| LIST OTA/Ls YOU ARE NO         | O LONGER SUPERVISING (if cha        | inged):      |                        |     |
| NAME OF OTA/L                  |                                     | LIC. #       | END DATE               |     |
| NAME OF OTA/L                  |                                     | LIC. #       | END DATE               |     |
| Previous Employment (if change | ed):                                |              |                        |     |
| Address:                       |                                     | City:        | State:                 | Zip |
|                                | SIGNATURE OF OCCUPATIONAL THERAPIST |              |                        |     |