



**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 (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: **NC** 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