



SUPERVISION CONFIRMATION FORM

Provisional Member - Supervision Plan

This form must be signed by the applicant, the supervising therapist, and the employer, and returned to COTM before the registration process can be completed and before you are able to start work. Completion of this form does not imply registration with COTM is complete.

Applicant's Information:

I, _____ [name of applicant] understand that I must practise with supervision until I have met all of COTM's requirements for practising registration. I understand that my supervisor is required to communicate with COTM regarding any practice concerns that arise during my supervised practice.

Signature: _____

Supervising Therapist's Information:

I, _____ [name of supervisor] confirm that I will be providing Level ___ Supervision for _____ [name of applicant] commensurate with the applicant's skills and experience. I confirm that supervision will be provided throughout the applicant's Supervised Practice period while registered with COTM on the Provisional Register.

Signature: _____ COTM registration number: _____

Employer Information:

Name: _____ Title: _____

Signature: _____

Facility: _____

(Address and Telephone Number)

Start Date of employment or supervised practice: _____

Level 1 supervision / Mentored Practice is required for OTs who have recently graduated from a Canadian university and have not yet written the National Occupational Therapy Certification Examination (NOTCE) or are awaiting the exam results.

Level 2 supervision / Supervised Practice is required for internationally-educated OTs who have not yet written the National Occupational Therapy Certification Examination (NOTCE) or are awaiting the exam results.

Level 3 supervision / Mandatory Supervised Practice is a requirement for:

- 1) applicants who lack the required number of practice hours to be considered current and thus are required to complete a period of supervised practice for the purpose of Re-entry.
- 2) Re-entry Candidates for whom the examination is required who have not yet written the National Occupational Therapy Certification Examination (NOTCE) or are waiting for the exam results.
- 3) applicants who demonstrate English-language proficiency to an acceptable minimum level, but not to the level required for registration on the Practising Register and thus require supervision until required English language proficiency can be confirmed.
- 4) Examination Candidates who have not successfully completed the required examination on the first attempt.

	Who can be supervisor?	Expectations	Documentation required by COTM
Mentored practice (Level 1)	Registered OT on site, or another health professional in same facility <u>and</u> a registered OT not on site.	<ul style="list-style-type: none"> • Applicant will seek and obtain any support needed from the mentor. 	<ul style="list-style-type: none"> • Supervision Confirmation Form
Supervised practice (Level 2)	Registered on-site OT with one year experience, or another health professional in same facility <u>and</u> a registered OT not on site.	<ul style="list-style-type: none"> • Applicant will develop a “learning contract” with the supervisor to define his/her learning needs. • Supervision must be commensurate with ability and learning needs. 	<ul style="list-style-type: none"> • Supervision Confirmation Form • Learning contract to be submitted to COTM within 2 weeks of beginning supervised practice and at conclusion.
Mandatory supervised practice (Level 3)	On-site, registered OT with equivalent of at least one year full time experience in the area of practice being supervised.	<ul style="list-style-type: none"> • Applicant will develop a “learning contract” with the supervisor to define his/her learning needs and to allow for demonstration of the essential competencies of OT. • Requires oversight of client-related documentation. 	<ul style="list-style-type: none"> • Supervision Confirmation Form. • Learning contract to be submitted within 2 weeks of beginning supervised practice and at conclusion. • Written performance evaluation at the midway point and at the conclusion of the Supervised Practice.

All provisional registrants shall use the designation “**COTM Provisional OT**” after their name.