



Nova Scotia
Occupational Therapy
Regulator

202-1597 Bedford Hwy
Bedford NS B4A 1E7
902-455-0556
registration@nsotr.ca

SUPERVISION APPLICATION FORM

This form must be signed by the applicant, the supervising therapist, and the employer, and returned to NSOTR before the applicant can be licensed and before they can start work. Completion of this form does not authorize an individual to engage in supervised practice or imply that they are licensed with NSOTR.

Applicant Acknowledgement

I, _____ [name of applicant/registrant] understand that I must practice under level ____ supervision until I have met all NSOTR's registration and licensure requirements. I accept the responsibility to meet all expectations listed in the *Guide to Supervised Practice* for my level of supervised practice.

I understand that:

- I am only authorized to practice under supervision subject to these expectations and that failure to meet NSOTR's expectations may result in the revocation of that authorization.
- I am only authorized to practice under supervision in an approved employment setting and may not practice in any other employment setting without the approval of NSOTR.
- My supervisor is required to communicate with NSOTR regarding any issues or concerns that arise during my supervised practice.
- I am responsible for notifying my supervising therapist(s) and employer(s) of any NSOTR requirements, conditions, restrictions, or deadlines related to my supervised practice.

Signature: _____ Date: _____

Important Reminder: You may **not** begin working (including participating in orientation or training at the workplace) as an OT until you are licensed with NSOTR and have received written confirmation that they may begin supervised practice and a licence number.

Employer Acknowledgement

To be completed by a representative of the organization which will be employing the supervised OT who has authority over employment decisions, such as the hiring manager, executive director, human resources manager, or department head:

I support _____ [name of supervised OT] engaging in supervised practice, subject to any practice conditions, restrictions, or limitations imposed by NSOTR.

Name: _____ Title: _____

Signature: _____

Employer/Organization: _____

(address and telephone number of facility/facilities where supervised OT will practice)

Anticipated start date of employment or supervised practice: _____

Important Reminder: *The applicant may not begin working (including participating in orientation or training at the workplace) as an OT until they are licensed with NSOTR and have received written confirmation that they may begin supervised practice and a licence number.*

Supervising Therapist Acknowledgement

I confirm that I will provide Level ___ supervision for _____ (name of supervised OT) throughout their employment period while they hold a conditional licence with NSOTR with a supervised practice condition. I also confirm that either:

- I have support from my employer to act as a supervising therapist, **OR**
- I will directly employ the supervised OT.

I agree to:

- adhere to the expectations of a supervising therapist per the NSOTR *Registration Policies* and the *Guide for Supervised Practice* for the level of supervision I will provide;
- promptly report to NSOTR in writing concerning the performance and conduct of the supervised OT upon request;
- notify NSOTR promptly if I am concerned about the practice of the supervised OT or if any change occurs in supervision;
- remain in good standing with NSOTR for as long as I act as a supervising therapist and notify NSOTR immediately if I am no longer eligible to be a supervising therapist; and
- if necessary, enter into a written agreement with NSOTR that defines additional obligations, procedures, or conditions for me to act as a supervising therapist.

Name: _____ NSOTR Registration Number: _____

Title: _____

Employer/Organization Name: _____

I confirm that I will be practicing at the same physical location as the supervised registrant during the hours they will be practicing: Yes No*

Phone Number (work): _____ Phone Number (cell): _____

Email: _____

Signature: _____ Date: _____

**If no, approval from the Registrar is required. The supervisor(s) and the supervised registrant must sign and submit a Supervision Plan to receive permission for off-site supervision, multiple supervisors, or alternate supervision arrangements. Contact registration@nsotr.ca or 902-455-0556 for additional information.*

Summary of Supervised Practice Requirements

Eligibility Criteria for Supervising Therapists:

To act as a supervising therapist, an occupational therapist must:

- hold a practicing licence with NSOTR in good standing
- reside in Nova Scotia*
- practice at the same physical site as the supervised OT during approximately the same hours they will be practicing there*
- be engaged in a similar scope and area of practice to the supervised OT
- have a minimum one (1) year of full-time practice experience (1900 practice hours) and preferably three (3) years of full-time practice experience

** requirement may be excused at the discretion of the Registrar.*

Level	Who requires supervision at this level?
<p>Level 1 Sponsored Practice</p>	<ul style="list-style-type: none"> • New Canadian graduates and internationally-educated OTs who have not yet completed the National Occupational Therapy Certification Exam (“NOTCE Candidates”) • Registrants by mutual agreement or as directed by a decision of a relevant committee of the Regulator or a Registration and Licensing decision maker.
<p>Level 2 Mandatory Supervised Practice</p>	<ul style="list-style-type: none"> • NOTCE candidates who did not successfully complete the NOTCE on the first attempt • Registrants who require supervision as a result of the Competence Review or Competence Improvement process. • Registrants by mutual agreement or as directed by a decision of a relevant committee of the Regulator or a Registration and Licensing decision maker.

Level	Required Documents
<p>Level 1 Sponsored Practice</p>	<ul style="list-style-type: none"> • Supervision Application Form • Supervision Plan (if requesting multiple supervisors, or an off-site, remote, or alternative supervision arrangement)
<p>Level 2 Mandatory Supervised Practice</p>	<ul style="list-style-type: none"> • Supervision Application Form • Supervision Plan • Learning Contract (within 1 week of the start of supervised practice) • Mid-term report (after 50% of the supervised practice) • Final report (at the end of supervised practice)