Nova Scotia
Occupational Therapy
Regulator

Guide

# Guide to Supervised Practice

**Issued August 2021**

**Revised November 2025**

# Introduction

Supervision provides a mechanism to ensure safe, ethical and quality occupational therapy practice in the interest of public protection. This document specifies when an occupational therapist is required to practice under supervision and the expectations for supervised registrants and supervising therapists.

As part of this document, NSOTR has included:

- Expectations for supervised registrants and supervising therapists at Levels 1 and 2
- Guidance on how to create and use Learning Contracts
- Guidance for supervising occupational therapists and developing Supervision Plans
- Templates:
    - Learning Contract
    - Supervision Plan
- Required Forms:
    - The *Supervision Application Form*
    - The *Supervision Evaluation Form* (doubles as the *Re-Entry Program Evaluation Form*)

## Acknowledgements

NSOTR would like to acknowledge the generosity of the College of Occupational Therapists of Manitoba (COTM) and the College of Occupational Therapists of Ontario (COTO) in allowing NSOTR to utilize their materials as a foundation to our development of this resource.

# Overview of Supervised Practice

Registrants can require supervision as a condition of their licensure for a variety of reasons. The level of supervision required may also vary depending on the situation. Accordingly, NSOTR has two levels of supervised practice:

- **Level 1**
- **Level 2**

Each level has different requirements and outcomes and are used in specific situations to protect public safety and in the public interest. Please note that supervision requirements specific to Re-Entry to Practice are described in the NSOTR *Re-Entry Guide*.

Supervised practice is an **exceptional** right to practice and must in every situation be approved by NSOTR before it occurs. Supervised OTs can only practice:

- in the approved employment setting
- under the supervision of their approved supervising therapist(s).

**Any changes to the approved supervision arrangement must also be approved by NSOTR.**

Supervised OTs may not practice as an independent contractor or in a self-employment arrangement. An employment relationship helps ensure the supervised OT is appropriately supported in their practice.

A *Supervision Application Form* is included in this document. It must be completed by the supervising therapist, supervised OT, and the employer. NSOTR must receive this form and approve the supervision arrangement and supervising therapist(s) **before** the supervised OT can begin supervised practice.

## What are the requirements to be a supervising therapist?

To act as a supervisor, 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

** **"Good standing"** means a registrant who holds a practicing licence, is current in their continuing*

*competence requirements, does not owe any outstanding fees or costs to the Regulator and is not subject to any licensing sanction or ongoing regulatory process that impacts their ability to act as a supervisor.*

*** these requirements can be waived at the discretion of the Registrar. Please see "Off-site supervision, multiple supervisors, or alternative supervision arrangements" below.*

A supervising occupational therapist also agrees to:

- comply with any additional requirements concerning the supervision or practice arrangement of the supervised OT which are specified by the Registration and Licensing decision maker or an authorized committee;
- remain in good standing/maintain eligibility for the duration of the supervision;
- promptly report to NSOTR in writing concerning the performance and conduct of the supervised OT upon request;
- notify NSOTR promptly if any change occurs in the supervision arrangement and/or if they stop supervising the registrant (for example, because the supervised OT no longer works for their employer);
- notify NSOTR promptly if they are 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 they act as a supervising therapist and notify NSOTR immediately if they are 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 them to act as a supervising therapist.

## Off-site supervision, multiple supervisors, or alternative supervision arrangements:

Typically, the supervising therapist must be "**on-site**", meaning they practice in the same physical location as the supervised OT and broadly the same work hours as the supervised OT. If this is not possible because the supervised OT is working in multiple locations or positions or the supervising therapist is off-site, you can request permission from the Registrar for an alternative supervision arrangement.

To request approval of a supervision arrangement that involves multiple supervising therapists, off-site supervision, or multiple places of work:

- the supervising therapist(s) and supervised OT must submit a *Supervisory Plan* that explains how supervision will occur to the Registrar for approval
- if there are multiple supervising therapists:
    - each supervising therapist must sign a separate *Supervision Application Form* and

participate in the development of the Supervisory Plan
    - the Supervisory Plan must clearly explain how supervision responsibilities will be divided between the supervising therapists
- one supervisor must be designated as the primary supervisor and will take responsibility for ensuring the Supervisory Plan is implemented and coordinating with the other supervising therapist(s) to submit any reports to the Regulator

In-person connection facilitates learning and allows regular observations, both formal and informal, of the supervised OT's practice. Off-site or remote supervision can result in gaps in learning, observation, and support. The supervisory plan must explain how the supervising therapist and supervised OT will address these gaps.

## Supervision Plans:

A Supervision Plan explains how and when supervision will take place and sets clear expectations and procedures for supervised practice. It is often combined with a mentorship plan.

While this Supervision Plan Template provides a guide on the structure of the supervision, it is also important to **communicate clear expectations to all parties** on how supervision will occur during the period that this Supervision Plan is in place.

For this reason, NSOTR strongly encourages that that the Supervision Plan be developed in dialogue between the supervised registrant, their supervisor, and the employer and account for the fit of all parties' learning and communication styles and support needs.

**The Supervision Plan must be submitted to NSOTR for:**

- Level 1 supervised practice if you wish to request an alternative supervisory arrangement
- All Level 2 supervised practice

However, NSOTR recommends that all supervised registrants and supervisors create a supervision plan.

**A Supervision Plan should include:**

- The frequency and duration of meetings between the supervisor(s) and the OT
- If there are multiple supervisors, the periods during which each person will be responsible for supervising the supervised OT
- When and if in-person or direct observations of practice will occur
- How the OT will contact their supervisor(s) in urgent or emergency situations
- How the supervisor(s) plans on monitoring practice while off-site (for example, evaluation of charting, caseload management, file review, etc.)
- Any restrictions or additional safeguards in place to ensure the safety of clients and the

supervised OT (for example, not using a specific higher-risk practice approach without supervision or oversight appropriate to the situation and the supervised OT's competencies)

**A *Supervision Plan Template* is included in this document.**

## Supervision Activities

Supervision activities should match the skills and experience of the supervised practice candidate in relation to the practice environment. The nature and extent of supervision should reflect the supervised OT's background, experience, strengths and areas for development based on the information obtained from the resume, an interview, references, personal observations, and the Learning Contract if applicable. Many mentorship and orientation activities can also support supervision.

It is strongly encouraged that supervision activities account for the fit of all parties' learning and communication styles and support needs.

Some examples of mentorship and supervision activities include:

- New employee site orientation to the facility (mission and strategic direction, general policies and procedures, safety practices, organizational chart, confidentiality policies, emergency procedures, tour, etc.)
- Service/program orientation (introduction to new staff, location of equipment, resources, record keeping processes, review of job description, performance expectations, infection control, security, etc.)
- Clinical orientation (specific occupational therapy policies and procedures, clinical protocols, standards of practice, referrals, client scheduling, planning, charting, guidelines, care conferences, departmental meetings, teaching rounds, etc.)
- Orientation to other relevant service providers / organizations, including how to obtain equipment and services on behalf of a client
- Regular meetings with the supervising therapist to discuss assigned cases, identify problem areas, share clinical reasoning, and review written records.
- Directly observing the supervised registrant's client interactions (regularly, if required).
- Share client stories (formally in teaching rounds) and informally (with practice supervisors).
- Department/program in-service as presenter or active participant.

# Level 1 Supervision – Sponsored Practice

**Sponsored Practice** is used when a registrant or applicant has not passed the National Occupational Therapy Certification Examination or has been assigned this level of supervision by the Regulator.

## In Sponsored Practice:

- the supervised OT guides the supervision relationship. They are responsible for contacting their supervisor(s) when they require support and proactively identifying areas in which they may need additional training or guidance.
- the supervising therapist(s) ensures that they are aware of the supervised OT's practice and activities and makes themselves available to provide support as required or as specified in a supervisory plan.

## Level 1 supervision is a requirement for:

- 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.

## Additional Rules for NOTCE Candidates:

Until they complete the NOTCE, NOTCE Candidates are only eligible for a **Conditional** licence.

Their licence will have the following conditions:

- they must practice **under supervision** of a licensed occupational therapist
- they may only use the following titles:
    - Provisional OT
    - Provisional Occupational Therapist
- they must write the NOTCE at the first opportunity, unless extenuating circumstances apply

## Expectations of Level 1 Supervised OTs:

| | |
|---|---|
| 1 | The supervised OT will inform their employer(s) and supervising therapist(s) of the requirements for Level 1 supervision. Before starting employment, they will ensure they have approval from the Regulator for their supervised practice and submit all required documents to the Regulator, including the supervision application form(s) and a supervisory plan if necessary. |
| 2 | The supervised OT accepts responsibility to initiate communication with their supervising therapist when they require support and/or as specified in the supervisory plan, if relevant. |
| 3 | The supervised OT will proactively identify practice areas or activities for which they require support, additional training, or supervision and will seek support from their supervising therapist(s) to ensure they are practicing safely and competently prior to engaging in those areas or activities. |
| 4 | The supervised OT will notify NSOTR if their employment or the availability of a supervisor change prior to the completion of the supervised practice requirement. The supervised OT will only continue practicing once alternative supervisory arrangements are in place. Any changes to a supervision application form or a supervisory plan are subject to approval by NSOTR. |
| 5 | If required to write the NOTCE, the supervised OT will sit the exam at the first available opportunity, except where extenuating circumstances apply, and will inform NSOTR of their examination result within one month of receiving the result. |

## Expectations of Level 1 Supervising Therapists:

| | |
|---|---|
| 1 | Unless otherwise approved by the Registrar, a supervising therapist must be an on-site occupational therapist licensed with NSOTR with the equivalent of at least one-year full time experience (1900hrs) and preferably three years of full-time experience. |
| 2 | The supervising therapist will immediately notify NSOTR if they have any concerns or issues regarding the supervision application form, supervision plan, or the conduct or competence of the supervised therapist. The supervising therapist will report in writing to NSOTR regarding the performance of the supervised OT upon request. |
| 3 | The supervising therapist will ensure they are available to provide support to the supervised OT when required, either on-site or as specified in the supervisory plan. |
| 4 | The supervising therapist will ensure that they have sufficient knowledge and skill in the practice area(s) in which the supervised OT will be working to ensure that the supervised OT is practicing safely, ethically, and effectively and provide practice support if necessary. |
| 5 | The supervising therapist will ensure that they are aware of the schedule, practice area(s) and activities, client population, and general conduct of the supervised OT.<br><br>They may accomplish this through:<br>• direct observation;<br>• discussion with colleagues who are occupational therapists or regulated health professionals and who have directly observed the practice of the supervised OT;<br>• clinical oversight;<br>• or as specified in the supervision plan. |
| 6 | The supervising therapist will notify NSOTR promptly if any change occurs in the supervision arrangement and/or if they stop supervising the registrant. |
| 7 | The supervising therapist will remain in good standing with NSOTR for the duration of the supervised practice period and will notify the NSOTR if they are no longer eligible to act as a supervising therapist for any reason. |

# Level 2 Supervision – Mandatory Supervised Practice

**Mandatory Supervised Practice** is used when an applicant or registrant requires a more comprehensive level of supervision to support their practice and learning and/or to protect the public interest.

## In Mandatory Supervised Practice:

- The supervised OT creates a Learning Contract with their supervising therapist(s) that defines the applicant's learning needs and the expectations of the supervised practice period.
- The supervised OT and supervising therapist(s) must submit a supervisory plan to NSOTR for approval that specifies exactly how supervision will take place.
- The supervising therapist(s) is responsible for regularly monitoring the progress of the supervised OT towards the learning goals in their Learning Contract and ensuring that the supervised OT is providing safe, ethical, and effective care.

## Level 2 supervision is a requirement for:

- National Occupational Therapy Certification Exam 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.

## Expectations of Level 2 Supervised OTs:

| | |
|---|---|
| 1 | The supervised OT will inform their employer(s) and supervising therapist(s) of the requirements for Level 2 supervision. Before starting employment, they will ensure they have approval from the Regulator for their supervised practice and submit all required documents to the Regulator, including the supervision application form(s) and a supervisory plan. |
| 2 | The supervised OT will create, with their supervising therapist(s), a learning contract that defines the supervised OT's learning needs and the expectations of the supervised practice period. The learning contract should allow the applicant to demonstrate they meet the *Competencies for Occupational Therapists in Canada, 2021* and will form the basis for the mid-term and final performance review by the supervising therapist(s). |
| 3 | The supervised OT will submit the completed Learning Contract to NSOTR for approval within one week of beginning supervised practice, unless an extension is granted by NSOTR. |
| 4 | The supervised OT will notify NSOTR if their employment or the availability of a supervisor change prior to the completion of the supervised practice requirement. The supervised OT will only continue practicing once alternative supervisory arrangements are in place. Any changes to a supervision application form or a supervisory plan are subject to approval by NSOTR. |
| 5 | The supervised OT accepts responsibility to initiate communication with their supervising therapist(s) when they require support and to meet all requirements of the supervisory plan and Learning Contract, including attending all scheduled meetings with their supervising therapist(s) and promptly providing all information or documentation requested by their supervising therapist(s). |
| 6 | If required to write the NOTCE, the supervised OT will sit the exam at the first available opportunity, except where extenuating circumstances apply, and will inform NSOTR of their examination result within one month of receiving the result. |

## Expectations of Level 2 Supervising Therapists:

| | |
|---|---|
| **1** | Unless otherwise approved by the Registrar, a supervising therapist must be an on-site occupational therapist licensed with NSOTR with the equivalent of at least one-year full time experience (1900hrs) and preferably three years of full-time experience. |
| **2** | The supervising therapist is responsible to ensure that the Learning Contract adheres to the goals outlined by the applicant and NSOTR and addresses any learning needs that would prevent the supervised OT from providing safe, ethical, and effective care. |
| **3** | The supervising therapist will ensure that they are aware of the schedule, practice area(s) and activities, client population, and general conduct of the supervised OT, as specified in a supervision plan approved by the Regulator. Supervision will involve direct observation of practice and clinical oversight, unless otherwise approved by the Registrar. |
| **4** | The supervising therapist must submit an evaluation of the applicant's performance to NSOTR using the NSOTR *Competencies for Occupational Therapists in Canada Supervision Evaluation Form* at the midway point and at the conclusion of the supervised practice. The supervising therapist will provide additional evaluations and/or reports upon request. |
| **5** | The supervising therapist will immediately notify NSOTR if they have any concerns or issues regarding the supervision application form, the supervisory plan, the Learning Contract, or the conduct or competence of the supervised therapist. |
| **6** | The supervising therapist will ensure they are available to provide support and oversight to the supervised OT as specified in the supervisory plan. |
| **7** | The supervising therapist will ensure that they have sufficient knowledge and skill in the practice area(s) in which the supervised OT will be working to ensure that the supervised OT is practicing safely, ethically, and effectively and provide practice support if necessary. |
| **8** | The supervising therapist will remain in good standing with NSOTR for the duration of the supervised practice period and will notify the NSOTR if they are no longer eligible to act as a supervising therapist for any reason. |

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# 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.
- I may not practice occupational therapy as an independent contractor for any employer or in a self-employment arrangement.
- I may not hold a controlling share in a professional corporation that offers occupational therapy services.
- 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 as an employee of the below-named organization, subject to any practice conditions, restrictions, or limitations imposed by NSOTR.

Name: _____ Job Title: _____

Signature: _____ Date: _____

Employing 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;
- report promptly to NSOTR in writing concerning the performance and conduct of the supervised OT upon request;
- notify NSOTR promptly if I have any concerns about the practice of the supervised OT;
- notify NSOTR promptly if any change occurs in the supervision arrangement **and/or** if I stop supervising the registrant (e.g. because the supervised OT no longer works for my employer);
- 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: _____

Employer/Organization Name: _____

Title: _____ Email: _____

Phone # (work): _____ Phone # (cell): _____

*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* ☐

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 call 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? |
|---|---|
| **Level 1 Sponsored Practice** | • New Canadian graduates and internationally-educated OTs who have not yet completed the National Occupational Therapy Certification Exam ("NOTCE Candidates")<br>• 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 2 Mandatory Supervised Practice** | • NOTCE candidates who did not successfully complete the NOTCE on the first attempt<br>• Registrants who require supervision as a result of the Competence Review or Competence Improvement process.<br>• 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 |
|---|---|
| **Level 1 Sponsored Practice** | • Supervision Application Form<br>• Supervision Plan (if requesting multiple supervisors, or an off-site, remote, or alternative supervision arrangement) |
| **Level 2 Mandatory Supervised Practice** | • Supervision Application Form<br>• Supervision Plan<br>• Learning Contract (within 1 week of the start of supervised practice)<br>• Mid-term report (after 50% of the supervised practice)<br>• Final report (at the end of supervised practice) |

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# SUPERVISION PLAN TEMPLATE

**Instructions:**
A Supervision Plan explains how and when supervision will take place and sets clear expectations and procedures for supervised practice. A Supervision Plan is required for Level 2 Supervision and for alternative supervisory arrangements (such as remote supervision or multiple supervisors).

This template includes all information which NSOTR typically requires in a Supervision Plan. However, NSOTR may request additional information before approving the supervisory arrangement as necessary.

While this Supervision Plan Template provides a guide on the structure of the supervision, it is also important to **communicate clear expectations to all parties on how supervision will occur** during the period that this Supervision Plan is in place.

***Completion of this form does not authorize an individual to engage in supervised practice or imply that they are registered or licensed with NSOTR.***

**Note on Level 2 Supervision:**
Mandatory Supervised Practice requires a more robust supervision arrangement than for Level 1 Supervision. This may include additional supports to the supervised registrant and active supervision and monitoring of practice components, depending on individual circumstances. ***Please contact the Registrar for guidance when completing Level 2 Supervision Plans:*** registrar@nsotr.ca***.***

**Name of the Supervised Registrant:**

_____

**Supervision Level:**
- ☐ **Level 1** – Sponsored Practice
- ☐ **Level 2 –** Mandatory Supervised Practice

**Name of Employer(s):**

_____

**Name of the Proposed Primary Supervisor:** **Licence #:**

_____ _____

**Name of any Proposed Secondary Supervisor(s):** **Licence #:**

_____ _____

_____ _____

**Reason(s) why multiple supervisors are required (if relevant):**

## Work and Supervision Schedule:

**Instructions:**

**Provide information on:**

- when and where the supervised registrant will be working
- who will be the responsible supervisor (in the case of multiple supervisors)
- how the registrant will be supervised

You may use the template supervision schedule below. If necessary, attach multiple copies of this page. An example completed schedule is below.

**If the work or supervision schedule of the supervised registrant will change from week to week, provide:**

- a complete schedule for at least the first two weeks
- a description of how the employer, supervisor, and supervised registrant will ensure appropriate supervision

**If the supervised registrant will be treating clients in their homes, schools, or workplaces, indicate this:**

- *"Client Homes in X Area", "Multiple Schools in X Area", "Working From Home treating clients in X Area virtually"*

**Supervision Type Definitions:**

**On-site:** *A supervisor will be physically present at the same location as the supervised registrant during **all** the hours they are practicing.*
**Remote/Virtual:** *A supervisor will be working and available via phone, video, or e-mail during the hours the supervised registrant is practicing but will not be physically present at the same location.*

## Example Completed Schedule:

| Day: | Hours: | Work Location(s): | Responsible Supervisor: | Supervisor's Location: | Supervision Type: |
|---|---|---|---|---|---|
| *Monday Wednesday Friday* | *9am-5pm* | *Client Home Visits in Annapolis Valley* | *Stacy Fakename, OT* | *Client Home Visits/Valley Regional Hospital* | *In-person for first two weeks, then remote* |
| *Tuesday* | *9am-12pm* | *Valley Regional Hospital* | *Joe Sample, OT* | *Digby General Hospital* | *Remote* |
| *Tuesday* | *12pm-5pm* | *Valley Regional Hospital* | *Joe Sample, OT* | *Valley Regional Hospital* | *On-Site* |
| *Thursday* | *9am-5pm* | *Valley Regional Hospital, treating clients in the Annapolis Valley virtually* | *Testy McTesterson, OT* | *Valley Regional Hospital* | *On-Site* |

## Work and Supervision Schedule:

**Name of Supervised Registrant: _____ Full-time Equivalency (FTE): _____**

| Day: | Hours: | Work Location(s): | Responsible Supervisor: | Supervisor's Location: | Supervision Type: |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |

## Practice Areas and Work Responsibilities:

**List the practice area(s) in which the supervised registrant will offer OT services:**

_____

**Will the supervised registrant use any higher-risk practice approaches?**[1]

☐ No ☐ Yes (details)**:** _____

**Describe the supervised registrant's work responsibilities and role:**

## Supervision Activities:

**How and when will the supervised registrant receive feedback or guidance on their performance?**

**How will the supervisor confirm that the supervised registrant is practicing safely and competently?**
(e.g. observations (remote and/or in-person), evaluation of charting, caseload management, etc.):

[1] Higher-risk practice approaches include, but are not limited to: psychotherapy, swallowing, manual & power wheelchair assessments, cost of future care assessments, driving assessments, electrical modalities, and adult decision-making/capacity assessments.

**What resources and supports will be provided to the supervised registrant?**

| |
|---|
| |

## Remote Supervision:

*Complete this section if the registrant will be supervised remotely at any time.*

**Will any in-person observations of practice occur?**

□ No □ Yes (describe when & where)**:**

| |
|---|
| |

**Scheduled Daily Point of Contact**:

*NSOTR requires that on **every** day during which a supervised registrant will only be supervised remotely, they must have a regular, scheduled point of contact with their supervisor.*

| | |
|---|---|
| **Scheduled Time:** | |
| **Means of Contact:** (e.g. telephone, videoconference) | |
| **Topics for Discussion:** (e.g. caseload, daily schedule, practice questions, etc.) | |

## Communication in Urgent Situations

**Who will the supervised registrant contact if they require urgent clinical support?**

| | | | |
|---|---|---|---|
| Name | | Reg #: | |
| Phone #: | | | |
| E-mail: | | | |
| Name | | Reg #: | |
| Phone #: | | | |
| E-mail: | | | |

## Declaration:

In addition to the declarations contained on the NSOTR *Supervision Application Form*, I confirm that:

- I agree with and will abide by the details of the Supervision Plan described above.
- I will report any changes to the details or information in this Supervision Plan or on the *Supervision Application Form* to NSOTR immediately, and whenever possible before those changes occur.

## Signatures:

| | |
|---|---|
| _____ | _____ |
| **Supervised Registrant** | **Secondary Supervisor** |
| _____ | _____ |
| **Date** | **Date** |
| _____ | _____ |
| **Primary Supervisor** | **Secondary Supervisor** |
| _____ | _____ |
| **Date** | **Date** |

# Using Learning Contracts[1]

## Identifying Strategies to Address Learning Needs

**Question:** What knowledge, skills and behaviours do you need to develop now to meet your identified learning needs?

A **learning need** is the gap between where you are now and where you want or need to be in regard to mastering a new set of competencies. Before you try to develop strategies to address your learning, it is helpful to clearly understand the competency you are trying to achieve.

A **competency** can be thought of as the ability to do something at some level of proficiency, and is usually composed of some combination of knowledge, judgment, understanding, skill, attitude, and values. An everyday example would be "the ability to ride a bicycle from your home to the store." This is a competency that involves:

- some knowledge of how a bicycle operates and the route to the store;
- an understanding of some of the dangers inherent in riding a bicycle;
- skill in mounting, pedaling, steering, and stopping a bicycle;
- an attitude of desire to ride a bicycle;
- value in the exercise it will yield.

"Ability to ride a bicycle in busy city traffic" would be a higher-level competency that would require greater knowledge, understanding, skill, etc.

The *Competencies for Occupational Therapists in Canada* outlines the competencies required to practice occupational therapy and will serve as a useful resource. You may want to reflect on these statements and consider which activities in your practice apply to each.

[1] NSOTR would like to acknowledge and thank the Occupational Therapy Program, School of Rehabilitation Science, at McMaster University which provided the materials on which this guide is based.

## Writing Objectives

What is it that you wish to do or demonstrate? In many cases the learning objectives will be identified for you by your supervisor, employer, or by NSOTR. However, you should ensure that the learning objectives are clearly outlined and you understand them and the steps you need to take to meet them.

A well-defined objective should be:

**S – specific**

**M – measurable**

**A – achievable**

**R – realistic**

**T – time limited**

The following process is recommended for the development, implementation and evaluation of the learning contract:

1. (a) The supervising therapist provides the supervised OT with an orientation to the workplace. (b) The supervised OT provides the supervising therapist with an orientation to their learning needs based on the specific nature and requirements of the clinical setting, their past experience, and their current level of knowledge and skill.
2. The supervised OT and supervising therapist develop specific learning objectives related to the identified learning needs that are clear and measurable.
3. The supervised OT consults with the supervising therapist to identify learning strategies (e.g. observation, discussion, role modeling) and potential learning resources (e.g. books, journals, resource people, community services). The onus is on the supervised OT to identify strategies and is thus able to choose learning experiences that are best suited to their learning needs and personal learning style.
4. The supervised OT and supervising therapist agree on the evidence of accomplishments that will be used for the evaluation (e.g. behaviours, reports, direct observation and presentations).
5. The supervised OT and supervising therapist determine how the evidence will be evaluated (e.g. what is the required performance, what standards are being used to measure performance and under what conditions learning will take place?). The grading scheme for each objective must clearly specify what evidence must be provided to demonstrate if the learning objective has

been met or not.

6. The supervised OT and supervising therapist have a mutual responsibility to meet and evaluate the supervised OT's performance. In preparation for evaluations, both the supervised OT and supervising therapist should reflect on the supervised OT's performance and prepare documentation to validate their evaluation.

Nova Scotia Occupational Therapy Regulator

# COMPONENTS OF A LEARNING CONTRACT

| Objective | Resources and Approach/Strategy | Evidence of Accomplishments | Grading | Timelines/ Checkpoints |
|---|---|---|---|---|
| This column answers the question:<br><br>**What is the therapist required to do or demonstrate?**<br><br>1. An objective should be:<br>S - specific<br>M - measurable<br>A - achievable<br>R - realistic<br>T - time limited | This column answers the question:<br><br>**How will the therapist prepare to achieve the objective?**<br><br>1. Resources should be specifically named and prioritized. They may include reference texts, articles, websites, other clinicians, community resources.<br><br>2. The approach/ strategy should describe the process. Examples include:<br>a. opportunity to observe skills or tasks<br>b. discussion and feedback with therapist<br>c. documenting needs, actions and time management | This column answers the question:<br><br>**What will the therapist say, write, or do to prove that they have the targeted knowledge, skill(s), judgement or behaviour(s)?**<br><br>1. Identify the specific evidence that the therapist must provide – what will the supervisor be looking for?<br><br>2. The evidence should be prioritized.<br><br>3. Evidence should include **quantity** (e.g. general behaviours and work habits) and **quality** (e.g. specialized knowledge or advanced skills) | This column answers the question:<br><br>**What are the guidelines or criteria for determining whether each objective has been met or not?** | This column answers the question:<br><br>**When will the therapist complete the objective?**<br><br>**When will the supervisor review the therapist's progress?**<br><br>1. Provide a timeframe for the completion of specific evidence and the overall objective. |

# SAMPLE LEARNING CONTRACTS

**Example One: *John Sample, OT***

| Objective #1 | Resources and Approach/ Strategy | Evidence of Accomplishments | Grading | Timelines/ Checkpoints |
|---|---|---|---|---|
| John Sample will be able to demonstrate safe and effective cognitive rehabilitation to individuals with traumatic brain injuries and strokes by week 6.<br><br>Cognitive rehabilitation will include:<br>• assessment of attention, memory, executive functions, and behaviours and their impact on daily occupation;<br>• attention retraining;<br>• teaching memory and metacognitive strategies;<br>• grading and adapting relevant daily activities; and<br>• behavioural intervention. | • ACRM Cognitive Rehabilitation Manual<br>• Cognitive Rehabilitation: An Integrative Neuropsychological Approach<br>• Literature review<br>• Direct Practice observation with Supervisor A<br>• Participation in memory group and breakfast club<br>• Team consultation (SLP, neuropsych)<br>• Attend course offered by Joan Toglia<br>• In-service Program | • List of readings completed<br>• Evaluation of practice Supervisor A<br>• Positive feedback from other health professionals on the team<br>• Successful assistance with group programs<br>• Course certificates and in-service program documents<br>• Provide in-service program to other OTs | This objective will be met if John provides all the evidence listed under "evidence of accomplishments."<br><br>Since John is new to this practice area, Supervisor A and other colleagues will evaluate as a new practitioner of cognitive rehabilitation, but will expect his competency, knowledge, and skills to grow over the weeks<br><br>If some evidence is incomplete (e.g. only some of the assigned readings are complete or colleagues note areas for improvement), this objective will be "partially met" and Supervisor A will recommend specific areas for further development. | Review in one month with practice supervisor – feedback from team leader to be provided. |
| **Evaluation** | | | | |
| **Supervisor A:** *John has demonstrated successful completion of this objective. Based on my observations, John is practicing safely and effectively, but I recommend further development with teaching metacognitive strategies and providing cognitive rehabilitation to clients with a stroke to improve his ability to practice independently in these areas. Positive feedback received from colleagues and the in-service John provided.* | | | | |

## SAMPLE LEARNING CONTRACTS

**Example One: *John Sample, OT***

| Objective #2 | Resources and Approach/ Strategy | Evidence of Accomplishments | Grading | Timelines/ Checkpoints |
|---|---|---|---|---|
| John will work collaboratively with the team and facilitate a coordinated approach to care with other health care professionals, caregivers and team members. | Resource:<br>• NSH Workshop on Interdisciplinary Collaboration<br>• Feedback from other professionals on team<br>• Observation by supervisor and other OTs on team<br><br>Approach:<br>• Case review meetings and discussions with OT peers prior to team meetings<br>• Debriefing meeting with team leader following meetings | A - read charts daily before intervention and be mindful of chart information in intervention<br><br>B - attends and is prepared for case conferences<br><br>C - reports accurately at case conferences<br><br>D - alerts team to client needs and problems<br><br>E - shares and requests information of whole team<br><br>F - other team members understand OT treatment<br><br>G - initiates problem solving and planning in team for client<br><br>H - other team members consult therapist directly about client | While John has extensive past experience as an OT, he has not worked in a hospital inpatient interdisciplinary environment. Grading will focus on effective inter-professional communication for evidence C, D, E, and F.<br><br>However, based on his past experience, John is expected to show a high level of competence for evidence A, B, G.<br><br>Evidence H will show that other team members feel they can rely on John as an effective team member and communicator.<br><br>Objective met if (A – H) are demonstrated.<br><br>Objective not met if any of (A-H) are not demonstrated. | Week 2: Complete NSH Workshop.<br><br>Week 3: Interim meeting with supervisor to discuss progress.<br><br>Week 5: Review evidence with practice supervisor – feedback from team leader to be provided. |
| **Evaluation** | | | | |
| | | | | |

# SAMPLE LEARNING CONTRACTS

**Example Two: *Stacy Fakename, OT***

| Objectives | Resources and Approach/ Strategy | Evidence of Accomplishments | Grading | Timelines/ Checkpoints |
|---|---|---|---|---|
| Stacy will develop & demonstrate her ability to safely and effectively assess clients using the occupational performance model (CMOP-E) | **Readings:** occupational performance booklet, OSOT perceptual evaluation assessment, articles on problem identification, program planning, and treatment.<br><br>**Supervised clinical experience:** gradual introduction to independent clinical practice through observation, then directly supervised practice, then independent client assessments<br><br>**Written Summaries:** will summarize and explain problems, goals, objectives, and treatment measures for clients, directly explaining rationale for each clinical choice and relating it to readings/clinical experience/past education<br><br>**Direct observation of sessions by supervisor and self-appraisals.** | a) identify client's strengths & weaknesses through discussion using the occupational performance model<br><br>(b) discuss goals & objectives for client during session<br><br>(c) identify problems, goals, objectives & treatment measures in a written summary for a minimum of three clients | Supervisor will look for evidence that the occupational therapist is effectively using verbal & written communication skills, problem identification, and program planning and implementation.<br><br>To be successful, Stacy is expected to:<br>- effectively discuss goals & objectives for client during session.<br>- identify any necessary assessments (i.e. OSOT perceptual evaluation, Fostig, Bruunstrom, etc.) to be utilized<br>- independently administer an assessment or treatment session<br>- discuss future goals and objectives for treatment with client | Week 1-3: Readings and observations<br><br>Week 4-5: Supervised practice |
| Stacy will be able to safely and effectively administer the OSOT perceptual assessment. | | (a) demonstrate knowledge of administration of the OSOT perceptual assessment with one client & critically appraise the findings, the overall assessment and/or subsequent treatment.<br><br>(b) give self-appraisal of each session, ask for supervisor evaluation, and problem solve on how to improve | | Week 3: Readings on OSOT perceptual assessment<br><br>Week 4: Supervised session followed by self-assessment and evaluation by supervisor |
| Stacy will develop & demonstrate clinical reasoning and in particular her skills in interpretating assessment results and findings. | | (a) prepare a written summary of assessment or treatment findings, strengths, weaknesses and observations for a minimum of three clients | | Week 6: submit written summaries for review by supervisor |

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# **Learning Contract for Supervised Practice** (Template #1)

**Name of Supervised Registrant:**

| **Objective** | **Resources and Approach/ Strategy** | **Evidence of Accomplishments** | **Grading** | **Timelines/ Checkpoints** |
|---|---|---|---|---|
| | | | | |
| **Evaluation** | | | | |
| | | | | |

**We have reviewed and agree to the above Learning Plan:**

**Signature:** _____ _____ _____ _____

Supervised Therapist | Primary Supervisor | Secondary Supervisors (if applicable)

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# **Learning Contract for Supervised Practice** (Template #2)

**Name of Supervised Registrant:**

| **Objectives** | **Resources and Approach/ Strategy** | **Evidence of Accomplishments** | **Grading** | **Timelines/ Checkpoints** |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

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# **Learning Contract for Supervised Practice** (Template #2)

**Name of Supervised Registrant:**

| **Objectives** | **Resources and Approach/ Strategy** | **Evidence of Accomplishments** | **Grading** | **Timelines/ Checkpoints** |
|---|---|---|---|---|
| | | | | |
| **Evaluation** | | | | |
| | | | | |

**We have reviewed and agree to the above Learning Plan:**

**Signature:** _____ _____ _____ _____

Supervised Therapist | Primary Supervisor | Secondary Supervisors (if applicable)

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***Competencies for Occupational Therapists in Canada***

# SUPERVISION EVALUATION FORM

***Usage:*** *This form is used to assess the competence and performance of conditional registrants under supervised practice, including those registrants completing supervised practice requirements as part of a Re-Entry Program.*

*Indicate whether the supervised registrant meets the level of knowledge and skill expected of an entry-level OT (a new graduate of a Canadian Occupational Therapy Program) in each competency area. If a competency was not assessed or is not relevant, you may mark it as N/A.*

Date Form Completed: _____

Registrant Name: _____

Supervising OT(s): _____

_____

Facility or Site(s): _____

Dates of Supervised Practice: _____

_____

Total # of Hours (to date): _____

Description of Scope and Activities of Supervised Practice:

_____

_____

_____

_____

_____

| Domain | Competency | Competent At Entry Level (Y/N) | Examples / Comments |
|---|---|---|---|
| **A** | **Occupational Therapy Expertise** | | |
| **A1** | **Establishes trusted professional relationships with clients** | | |
| A1.1 | Co-creates with clients a shared understanding of scope of services, expectations, and priorities | | |
| A1.2 | Uses a mutually respectful approach to determine the nature of the services to be delivered. | | |
| A1.3 | Responds to requests for service promptly and clearly. | | |
| A1.4 | Supports clients to make informed decisions, discussing risks, benefits, and consequences. | | |
| **A2** | **Uses occupational analysis throughout practice** | | |
| A2.1 | Keeps clients' occupations at the centre of practice. | | |
| A2.2 | Facilitates clients' use of their strengths and resources to sustain occupational participation. | | |
| A2.3 | Addresses the strengths and barriers in systems such as health care that could affect occupational participation. | | |
| A2.4 | Applies knowledge, evidence, and critical thinking from social, behavioural, biological, and occupational sciences to analyze occupational participation. | | |
| A2.5 | Shares rationale for decisions. | | |
| **A3** | **Determines clients' needs and goals for occupational therapy services** | | |
| A3.1 | Responds to the context that influences the client's request for occupational therapy service. | | |
| A3.2 | Develops a shared understanding of the client's occupational challenges and goals. | | |
| A3.3 | Decides whether occupational therapy services are appropriate at this time. | | |
| A3.4 | Evaluates risks with the client and others. | | |
| A3.5 | Periodically reviews the client's expectations with them. | | |

| | | | |
|---|---|---|---|
| **A4** | **Assesses occupational participation** | | |
| A4.1 | Agrees on the assessment approach with client. | | |
| A4.2 | Selects assessment tools and methods that fit the agreed approach. | | |
| A4.3 | Takes into account the impact of the client's context on the assessment process and outcome. | | |
| A4.4 | Incorporates the client's perspectives and opportunities throughout the assessment process. | | |
| **A5** | **Develops plans with clients to facilitate *occupational participation*** | | |
| A5.1 | Agrees on the service delivery approach with client. | | |
| A5.2 | Determines intervention, timelines, outcomes, resources, contingency plans and responsibilities. | | |
| A5.3 | Anticipates and addresses implementation difficulties. | | |
| **A6** | **Implements the occupational therapy plan** | | |
| A6.1 | Supports clients in accessing and using the resources to implement their plans. | | |
| A6.2 | Confirms shared understandings and progress of the plan. | | |
| A6.3 | Evaluates the results with the client and others involved in the plan. | | |
| A6.4 | Adjusts occupational therapy services based on the evaluation. | | |
| A6.5 | Plans for concluding services, ongoing services, or a transition to other services. | | |
| **A7** | **Manages the assignment of services to assistants and others** | | |
| A7.1 | Identifies practice situations where clients may benefit from services assigned to assistants or others. | | |
| A7.2 | Assigns services only to assistants and others who are competent to deliver the services. | | |
| A7.3 | Monitors the safety and effectiveness of assignments through supervision, mentoring, teaching, and coaching. | | |
| A7.4 | Follows the regulatory guidance for assigning and supervising services. | | |

| B | Communication and Collaboration | | |
|---|---|---|---|
| **B1** | **Communicates in a respectful and effective manner** | | |
| B1.1 | Organizes thoughts, prepare content, and present professional views clearly. | | |
| B1.2 | Fosters the exchange of information to develop mutual understanding. | | |
| B1.3 | Employs communication approaches and technologies suited to the context and client needs. | | |
| B1.4 | Adjusts to power imbalances that affect relationships and communication. | | |
| **B2** | **Maintains professional documentation** | | |
| B2.1 | Maintains clear, accurate, and timely records. | | |
| B2.2 | Maintains confidentiality, security, and data integrity in the sharing, transmission, storage, and management of information. | | |
| B2.3 | Uses electronic and digital technologies responsibly. | | |
| **B3** | **Collaborates with clients, other professionals, and stakeholders** | | |
| B3.1 | Partners with clients in decision-making. Advocate for them when appropriate. | | |
| B3.2 | Shares information about the occupational therapist's role and knowledge. | | |
| B3.3 | Identifies practice situations that would benefit from collaborative care. | | |
| B3.4 | Negotiates shared and overlapping roles and responsibilities. | | |
| B3.5 | Maintains mutually supportive working relationships. | | |
| B3.6 | Participates actively and respectfully in collaborative decision-making. | | |
| B3.7 | Participates in team evaluation and improvement initiatives. | | |
| B3.8 | Supports evidence-informed team decision making. | | |
| B3.9 | Recognizes and address real or potential conflict in a fair, respectful, supportive, and timely manner. | | |

| | | | |
|---|---|---|---|
| **C** | **Culture, Equity, and Justice** | | |
| **C1** | **Promotes *equity* in practice** | | |
| C1.1 | Identifies the ongoing effects of colonization and settlement on occupational opportunities and services for Indigenous Peoples. | | |
| C1.2 | Analyses the effects of systemic and historical factors on people, groups, and their occupational possibilities. | | |
| C1.3 | Challenges biases and social structures that privilege or marginalize people and communities. | | |
| C1.4 | Responds to the social, structural, political, and ecological determinants of health, wellbeing, and occupational opportunities. | | |
| C1.5 | Works to reduce the effects of the unequal distribution of power and resources on the delivery of occupational therapy services. | | |
| C1.6 | Supports the factors that promote health, well-being, and occupations. | | |
| **C2** | **Promotes anti-oppressive behavior and culturally safer, inclusive relationships** | | |
| C2.1 | Contributes to a practice environment that is culturally safer, anti-racist, anti-ableist, and inclusive. | | |
| C2.2 | Practises self-awareness to minimize personal bias and inequitable behaviour based on social position and power. | | |
| C2.3 | Demonstrates respect and humility when engaging with clients and integrate their understanding of health, well-being, healing, and occupation into the service plan. | | |
| C2.4 | Seeks out resources to help develop culturally safer and inclusive approaches. | | |
| C2.5 | Collaborates with local partners, such as interpreters and leaders. | | |

| | | | |
|---|---|---|---|
| **C3** | **Contributes to equitable access to occupational participation and occupational therapy** | | |
| C3.1 | Raises clients' awareness of the role of and the right to occupation. | | |
| C3.2 | Facilitates clients' participation in occupations supporting health and well-being. | | |
| C3.3 | Assists with access to support networks and resources. | | |
| C3.4 | Navigates systemic barriers to support clients and self. | | |
| C3.5 | Engages in critical dialogue with other stakeholders on social injustices and inequitable opportunities for occupations. | | |
| C3.6 | Advocates for environments and policies that support sustainable occupational participation. | | |
| C3.7 | Raises awareness of limitations and bias in data, information, and systems. | | |
| **D** | **Excellence in Practice** | | |
| **D1** | **Engages in ongoing learning and professional development** | | |
| D1.1 | Develops professional development plans. | | |
| D1.2 | Engages in professional development activities to improve practice and ensure continuing competence. | | |
| D1.3 | Enhances knowledge, skills, behaviour, and attitudes. | | |
| D1.4 | Ensures that skills are adequate to meet practice needs. | | |
| **D2** | **Improves practice through self-assessment and reflection** | | |
| D2.1 | Self-evaluates using performance and quality indicators. | | |
| D2.2 | Learns from varied sources of information and feedback. | | |
| D2.3 | Provides useful feedback to others. | | |
| D2.4 | Manages work resources and demands effectively. | | |
| D2.5 | Is mindful of occupational balance and well-being. | | |

| | | | |
|---|---|---|---|
| **D3** | **Monitors developments in practice** | | |
| D3.1 | Stays aware of political, social, economic, environmental, and technological effects on occupational therapy practice. | | |
| D3.2 | Keeps up to date with research, guidelines, protocols, and practices. | | |
| D3.3 | Appraises evidence related to knowledge and skills for practice. | | |
| D3.4 | Integrates relevant evidence into practice. | | |
| D3.5 | Considers the social, economic, and ecological costs of care. | | |
| **F** | **Engagement with the Profession** | | |
| **F1** | **Contributes to the learning of occupational therapists and others** | | |
| F1.1 | Contributes to entry-to-practice education, such as fieldwork placements. | N/A | |
| F1.2 | Facilitates continuing professional development activities. | N/A | |
| F1.3 | Acts as a mentor or coach. | N/A | |
| **F2** | **Shows leadership in the workplace** | | |
| F2.1 | Supports assistants, students, support staff, volunteers, and other team members. | | |
| F2.2 | Influences colleagues to progress towards workplace values, vision, and goals. | | |
| F2.3 | Supports improvement initiatives at work. | | |
| F2.4 | Serves as a role model. | | |
| F2.5 | Acts responsibly when there are environmental or social impacts to their own behaviour or advice, or that of the team. | | |
| **F3** | **Contributes to the development of occupational therapy** | | |
| F3.1 | Helps build the occupational therapy body of knowledge. | | |
| F3.2 | Contributes to research in occupational therapy and occupational science, innovative practices, and emerging roles. Participates in quality improvement initiatives, as well as data collection and analysis. | | |
| F3.3 | Collaborates in research with individuals, communities, and people from other disciplines. | | |

| F4 | Show leadership in the profession throughout career | | |
|---|---|---|---|
| F4.1 | Promotes the value of occupation and occupational therapy in the wider community. | | |
| F4.2 | Advocates for an alignment between occupational therapy standards and processes, organizational policies, social justice, and emerging best practices. | | |
| F4.3 | Takes part in professional and community activities such as volunteering for events and committees. | | |
| F4.4 | Influences the profession and its contribution to society. | | |

## ADDITIONAL COMMENTS/COMPETENCE EVALUATION SUMMARY:

## DECLARATIONS:

**Supervising Therapist(s):**

I confirm that I have shared and discussed this evaluation form with the supervised registrant and any other supervising OTs. I confirm that it accurately reflects, to the best of my knowledge, the competence of the supervised registrant at the time of evaluation.

| _____ | _____ | _____ |
|---|---|---|
| Please print name | Signature | Date |
| _____ | _____ | _____ |
| Please print name | Signature | Date |
| _____ | _____ | _____ |
| Please print name | Signature | Date |

**Supervised Registrant:**

I have reviewed the content of this evaluation and

☐ I agree with the above assessment of the supervising OT(s) of my competence.

☐ I do not agree with the above assessment of the supervising OT(s) of my competence.
[If so, attach a letter explaining the reasons why you disagree with the result of this assessment.]

| _____ | _____ | _____ |
|---|---|---|
| Please print name | Signature | Date |