

RE-ENTRY SUPERVISION APPLICATION FORM

This form must be signed by the applicant, the supervising therapist, and the employer, and returned to NSOTR for approval.

This template includes all information which NSOTR typically requires in order to approve an application for supervised practice as part of the Re-Entry to Practice process. However, NSOTR may request additional information before approving the supervision arrangement if necessary. Completion of this form does not authorize an individual to engage in supervised practice or imply that they are licensed with NSOTR.

SECTION A: Supervision Plan

Name of the Supervised Registrant:

Name of Employer(s):

Address of Practice Location(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 applicant 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 Re-Entry applicant 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

Proposed Work and Supervision Schedule:

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

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

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 proposed work responsibilities and role. If possible, please attach a copy of the formal job description to this form.

What percentage of your work (approximately) will be clinical OT practice (i.e. direct patient contact or related activities) versus non-clinical practice (research, administration, etc.):

Describe the context (physical location, facilities, etc.) in which the Re-Entry applicant will provide services to clients:

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, splinting, or virtual care services.

Describe the demographics of the client population which the Re-Entry applicant will serve:

Supervision Activities:

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

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

What resources and supports will be provided to the Re-Entry applicant?

Communication in Urgent Situations

Who will the Re-Entry applicant contact if they require urgent clinical support?

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

Declaration:

In addition to the declarations contained in sections B and D of this 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 to on the *Supervision Application Form* to NSOTR immediately, and if possible before those changes occur.

Signatures:

Supervised Registrant

Date

Primary Supervisor

Date

Secondary Supervisor

Date

Secondary Supervisor

Date

SECTION B: Applicant Acknowledgement

To be completed by the supervised registrant

I, _____ [name of applicant/registrant] understand and agree that:

- I will hold a Conditional licence with NSOTR, and as a condition of my licensure, I am required to meet all terms and requirements of Re-Entry to Practice specified in my *Decision Letter*.
- I must practice under Level 2 Supervision until I have completed all requirements of the NSOTR Re-Entry Program as specified in my Decision Letter.
- I must meet all expectations of Level 2 supervised practice outlined in the NSOTR *Guide to Supervised Practice*.
- I am only authorized to practice under supervision in an approved employment setting and may not practice elsewhere without written approval from NSOTR.
- I am responsible for ensuring NSOTR receives all required documentation from myself and my supervising therapist(s) related to my Re-Entry to Practice.
- I am responsible for notifying my supervising therapist(s) and employer(s) of any NSOTR requirements, conditions, restrictions, or deadlines related to my Re-Entry to Practice.
- I must notify NSOTR of any change to my approved supervision arrangement (including but not limited to my regular work schedule, practice location, or supervising therapist(s)) and receive written approval before continuing supervised practice.
- Failure to meet NSOTR's expectations may result in the revocation of my conditional licence or approval of my Re-Entry supervision arrangement.

Signature		Date	
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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.

SECTION D: Employer Acknowledgement

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

I support _____ [name of supervised registrant] engaging in Level 2 supervised practice as an employee of the below-named organization for the purpose of completing the requirements of the NSOTR Re-Entry to Practice process, subject to any practice conditions, restrictions, or limitations imposed by NSOTR.

Name			
Employing Organization			
Job Title			
Phone #		E-mail	
Signature			Date

Desired start date of employment or supervised practice: _____

Please note that NSOTR cannot guarantee that the supervised registrant will be licensed and approved for supervised practice by a specific date.

Important Reminder: *The supervised registrant 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.*

SECTION E: Supervising Therapist Acknowledgement

To be completed by the supervising therapist. If there are multiple supervisors, each supervisor must complete a separate copy of Section E.

I confirm that I will provide Re-Entry supervision for _____ (name of supervised registrant) so that they can complete the NSOTR Re-Entry to Practice process. I further confirm that (***select one***):

- I have support from my employer to act as a supervising therapist to a participant in the NSOTR Re-Entry to Practice process
- I will directly employ the Re-Entry to Practice applicant.

I understand that the Re-Entry Program requires **Level 2 Supervision** to support the supervised registrant and protect the public. Accordingly, I agree to:

- actively and directly supervise and monitor all practice components of the supervised registrant, until they complete the Re-Entry to Practice process.
- notify NSOTR promptly if any change occurs in this supervision arrangement **and/or** if I stop acting as a supervisor (e.g. because of a change in employment)
- promptly respond to any requests for information from NSOTR.
- promptly report in writing concerning the performance and conduct of the supervised registrant upon request.
- adhere to the expectations for a Level 2 supervising therapist stated in the NSOTR *Guide to Supervised Practice*.
- validate the supervised registrant’s record of completed supervised hours.
- provide the supervised registrant and NSOTR with a final evaluation using the *NSOTR Supervision Evaluation Form*, as well as a midterm evaluation if required.
- 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		Licence #	
Employer			
Job Title			
I confirm that I will be practicing at the same physical location as the supervised registrant during the hours they will be practicing:			<input type="checkbox"/> Yes <input type="checkbox"/> No*
Phone #		E-mail	
Signature			Date

**If no, approval from the Registrar is required. Contact registration@nsotr.ca or 902-455-0556 for information.*