



V. June 2016

## **IMPORTANT INFORMATION RE: Employer Acknowledgement Form**

The College bylaws require that a provisional registrant must practice under the general supervision of a full registrant until all requirements for full registration have been met. Typically, provisional registrants are individuals waiting to write the National Occupational Therapy Certification Exam (NOTCE). General supervision is required until the College receives from the provisional registrant verification of successful completion of the NOTCE.

**When applying for provisional registration, you are required to verify with the College, prior to commencing work that general supervision is in place.**

Please have the attached Employer Acknowledgment Form completed and return the signed original to the College. While the original signed form is required by the College, a copy may be faxed to expedite finalizing your registration.

For more information on general supervision, please review the information in “Guidelines for General Supervision of Provisional Registrants” available on the College website.

Once the College receives verification of successful completion of the exam, the registration status is changed to Full registration and the condition for general supervision is removed.

If you have any questions, please contact the College at 1 (866) 386-6822 or email [registration@cotbc.org](mailto:registration@cotbc.org)

## EMPLOYER ACKNOWLEDGEMENT FORM

Provisional Registrant – General Supervision



*This form must be signed by the occupational therapist who is providing the general supervision and the employer. It must also be returned to the College prior to completing the registration process and prior to commencing work. Completion of this form does not imply registration with the College is complete.*

I, \_\_\_\_\_ [name of OT providing general supervision] confirm that I will be providing general supervision for \_\_\_\_\_ [name of provisional registrant] commensurate with the provisional registrant's skills and experience. I confirm that general supervision will be provided throughout the occupational therapist's work period while registered with the College as a provisional registrant.

### Information about the OT providing general supervision:

Name: \_\_\_\_\_ COTBC Registration #: \_\_\_\_\_

Signature: \_\_\_\_\_

### Employer Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Start Date for Provisional Registrant: \_\_\_\_\_