

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

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<http://bot.ky.gov>

Checklist for Supervision Logs

Name of OTA/L: _____

License Number: _____

Address: _____

Phone: _____

Email: _____

In accordance with the Administrative Regulations **201 KAR 28:130. Supervision of occupational therapy assistants, occupational therapy aides, occupational therapy students, and temporary permit holders.**

RELATES TO: KRS 319A.010(4), (5), 319A.100

STATUTORY AUTHORITY: KRS 319A.070(3)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 319A.070(3)(l) authorizes the board to promulgate administrative regulations to define appropriate supervision for persons who are delivering occupational therapy services. This administrative regulation establishes the requirements of that supervision, the documentation required in supervision, and the process for reviewing the supervision process.

Section 3. Supervision of Licensed Occupational Therapy Assistants.

(7) Documentation requirements.

(b) The supervising OT/L and individuals under supervision shall each maintain a log which shall document:

1. The frequency of the supervision provided;
2. The observation, dialogue and discussion, and instructional techniques employed;
3. The type of supervision provided, either general or face-to-face; 4 The dates on which the supervision occurred; and
5. The number of hours worked by the OTA/L each month.

(c) It shall be the responsibility of the supervising OT/L to maintain a list of any OTA/L that he or she has supervised with the OTA/L's name and license number.

(d) It shall be the responsibility of the OTA/L under supervision to maintain a list of his or her supervising OT/L with that individual's name and license number.

which provide for the requirement of supervision logs and maintenance of a list of those OTA/L supervised or those OT/L providing supervision, the following documents shall be required for audit:

- A. Monthly supervision logs for the amount of time licensed during the audit period (**November 1 to October 31**)
- B. A list of supervising OT/L with the name(s) of the supervising OT/L and license number.
 - The supervisor and the supervisee both submitted their logs of supervision for the supervisee audited.
 - The number of hours worked by the OTA/L each month is stated.
 - The frequency is stated or demonstrated on the log (such as a calendar).
 - The dates of supervision are noted on the log
 - The type of supervision (general or face to face) is evident
 - The techniques of the supervision employed are evident (observation, dialogue, discussion, instructional techniques
 - The required 4 hours of total supervision for a full time OTA/L were provided. For a part-time OTA/L, calculate prorated supervision hours as follows: _____ # hours worked monthly x .025 = _____ total supervision hours provided.
 - A minimum of two hours of direct (face-to-face) supervision was provided. For a part-time OTA/L, 50% of supervision was direct (face to face). To calculate hours, _____ # hours supervision x .50 = _____ hours direct supervision provided.

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I understand that the Board has the right to request additional information regarding the supervision logs. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, the Kentucky Board of Licensure for Occupational Therapy has the responsibility to investigate and take appropriate steps which may include but is not limited to revoking my license by the Kentucky Board of Licensure for Occupational Therapy.

Signature of OTA/L

Date