



Arkansas State Medical Board

OCCUPATIONAL THERAPY LICENSURE DEPARTMENT

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201

Phone (501) 296-1802 Fax (501) 296-1972 www.armedicalboard.org

Documents submitted by email must be in .PDF format to support@armedicalboard.org

OCCUPATIONAL THERAPY SUPERVISION LOG

As specified in the Occupational Therapy Practice Act 17-88-102(3): An "occupational therapy assistant" means a person licensed to assist in the practice of occupational therapy under the frequent and regular supervision by or in consultation with an occupational therapist whose license is in good standing. "Frequent" and "regular" are defined by the Arkansas Occupational Therapy Examining Committee. Frequent/Regular Supervision of an occupational therapy assistant by the occupational therapist is as follows (Regulation 6, Section 6.2): 1) The supervising occupational therapist shall meet with the occupational therapy assistant for on-site, face to face supervision a minimum of one (1) hour per forty (40) occupational therapy work hours performed by the occupational therapy assistant, to review each patient's progress and objectives; 2) The supervising occupational therapist shall meet with each patient and the occupational therapy assistant providing services on a monthly basis, to review patient progress and objectives; 3) Supervision Log. It is the responsibility of the occupational therapy assistant to maintain signed documentation reflecting supervision activities. This supervision documentation shall contain the following: date of supervision, time (start to finish), means of communication, information discussed, numbers of patients, and outcomes of the interaction. Both the supervising occupational therapist and the occupational therapy assistant must sign each entry; 4) Each occupational therapy assistant will maintain for a period of three (3) years proof of a supervision log, should it be requested by the Board for audit purposes.

FOR THE MONTH/YEAR OF: _____ (I.E. DECEMBER 2014)

DATE	TIME (START/FINISHED)	MEANS OF COMMUNICATION (FACE TO FACE/PHONE/EMAIL)	INFORMATION DISCUSSED	# of Patients	OUTCOMES OF THE INTERACTION	SIGNATURE OF SUPERVISING OCCUPATIONAL THERAPIST	SIGNATURE OF OCCUPATIONAL THERAPY ASSISTANT
12/1/2014	8am/9am	Face-to-Face	Reviewed patients progress & objective goals; OT discussed with OTA the changes to treatment plan	2	Therapist met with patient; treatment plan adjusted	Jane Doe, OT	John Doe, OTA
12/15/2014	11am/11:30am	Face-to-Face	Evaluation results discussed between OT and OTA	1	Treatment plan established for OTA to initiate	Jane Doe, OT	John Doe, OTA

Example

