State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Occupational Therapy Section

Limited Permit Holder Supervision Notification

This form must be completed prior to employment by the supervising occupational therapy practitioner for each facility where the limited permit holder will be working and/or utilizing the individual's limited permit. A limited permit will not be issued until this form is received by the Board.

I, the undersigned occupational therapy practitioner, certify that I accept responsibility for supervising the limited permit holder named below pursuant to rule 4755-7-01 of the Ohio Administrative Code. I further certify that I read and fully understand the contents and provisions specifically governing this rule and the other provisions of Chapter 4755 of the Ohio Revised Code and Chapters 4755-1 to 4755-9 of the Ohio Administrative Code. I affirm that the limited permit holder will possess a current valid limited permit to practice occupational therapy in Ohio while working under my supervision.

This portion must be completed by the supervisor of the limited permit holder. Please print or type.		
Name of Facility:		
Address, City, State, Zip Code:		
Phone Number w/ Area Code:	Dates Supervision Will Begin and End:	
	Begin (mm/dd/yy):	End (mm/dd/yy):

Print Name _____ License Number _____

Signature _____ Date _____

This portion must be completed by the limited permit holder. Please print or type.

I, the undersigned limited permit holder, understand that my limited permit is valid only until the results of the NBCOT certification examination have been made public or four months from the date of issue, whichever comes first. I, the undersigned limited permit holder, understand that once the results of my NBCOT certification examination are made public, I must cease immediately acting in the capacity of a limited permit holder.

Print Name _____ Limited Permit Number or SSN _____

Signature _____ Daytime Phone Number w/ Area Code: _____

Return This Document To:
Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108
(614) 995-0816 (Fax)