

OHIO OCCUPATIONAL THERAPY, PHYSICAL THERAPY
AND ATHLETIC TRAINERS BOARD
OT/OTA COLLABORATION LOG

Name of Supervisee:	License or Limited Permit Number:	Facility Name:
Name of Supervising Occupational Therapist(s):	License Number(s):	Address/Phone:

Date	Patients/Issues Discussed	Outcome Of Collaboration/ O.T. Recommendations	Initials/Co- initials

_____ Initials _____
Name of Supervisee
***A separate log should be used for each supervisee

_____ Initials _____
Name of Supervisor

_____ Initials _____
Name of Supervisor

