

SUPERVISION ACKNOWLEDGEMENT FORM

This form must be signed by the applicant, the supervising therapist, and the employer, and returned to COTNS before the registration process can be completed and before you are able to start work. Completion of this form does not imply that registration with COTNS is complete.

Applicant Acknowledgment:

I, _____ [name of applicant/registrant] understand that I must practise with supervision until I have met all of COTNS's registration requirements for registration. I understand that my supervisor is required to communicate with COTNS regarding any practice concerns that arise during my supervised practice.

Signature: _____

Employer Acknowledgement:

Name: _____ Title: _____

Signature: _____

Facility: _____

(Address and Telephone Number)

Start Date of employment or supervised practice: _____

Important Reminder: You may **not** begin working (including participating in orientation or training at the workplace) as an OT until you are registered with the College and have received written confirmation and a registration number.

Supervising Therapist Acknowledgement:

I hereby confirm that I will provide Level ____ supervision for _____
(name of provisional registrant) throughout their employment period while registered with COTNS as a provisional practising registrant.

I agree to adhere to the expectations and requirements of a supervising therapist as per the *Occupational Therapists Act*, Registration Regulations subsection 42(2), and registration policies regarding supervision of a provisional registrant.

Supervising Therapist Requirements:

- 1) *be registered with the College on the General Register;*
- 2) *reside in Nova Scotia;*
- 3) *practise occupational therapy at the same site as the provisional registrant; unless exempted by the Registrar;*
- 4) *be engaged in a scope of practice comparable to that of the provisional registrant;*
- 5) *have a minimum of one (1) year full-time equivalent practise experience or 1900 practise hours;*
- 6) *enter into a written agreement with the College with such terms and conditions as may be determined by the Credentials Committee to be applicable to the relationship between the College, the supervising therapist and the provisional registrant;*
- 7) *report in writing when considered necessary by the supervision level, on the performance of the provisional registrant;*
- 8) *notify the College promptly if concerned about the practice of the sponsored person or if any change in supervision occurs; and*
- 9) *comply with any other requirements considered necessary by the Board.*

Supervising Therapist Information:

Name: _____ COTNS Registration Number : _____

Title: _____ Date: _____

Facility Name: _____

Facility Location: _____

Same site as Provisional Registrant: Yes No *

Phone No: (w) _____ Phone No: (c) _____

Email: _____

Supervising Therapist's Signature: _____

*Additional approval is required from the Registrar for an off-site supervisor. Contact the Registrar, registrar@cotns.ca, 902-455-0556 to request approval for an off-site supervisor.

Supervision Program Levels:

Level 1 Supervision / Sponsored Practice is required for Provisionally Registered Occupational Therapists who have recently graduated from a Canadian university and internationally-educated OTs that have not yet written the National Occupational Therapy Certification Examination (NOTCE) or are awaiting the exam results.

Level 2 Supervision / Mandatory Supervised Practice is a requirement for:

- 1) applicants with the insufficient required number of practice hours to be considered current and thus are required to complete a period of supervised practice for the purpose of Re-entry.
- 2) Re-entry Candidates for whom the examination is required who have not yet written the CAOT NOTCE or are awaiting the results of the exam.
- 3) Examination Candidates who have not successfully completed the NOTCE on the first attempt.
- 4) Registrants requiring supervision upon completion of Peer Assessment.
- 5) Registrants as directed by the Investigations Committee or Hearing Committee

	Who can be supervisor?	Expectations	Documentation required by COTNS
Sponsored practice (Level 1)	On-site, registered OT with equivalent of at least one-year full time experience (1900 hours) in the area of practice being supervised.*	<ul style="list-style-type: none"> • Applicant will seek and obtain any support needed from the supervising therapist as determined by their sponsorship plan. 	<ul style="list-style-type: none"> • Supervision Acknowledgement Form • Written report on request from the College
Mandatory supervised practice (Level 2)	On-site, registered OT with equivalent of at least one-year full time experience (1900 hours) in the area of practice being supervised.*	<ul style="list-style-type: none"> • Applicant will develop a “learning contract” with the supervisor to define his/her learning needs and to allow for demonstration of the essential competencies of OT. • Requires oversight of client-related documentation. 	<ul style="list-style-type: none"> • Supervision Acknowledgement Form. • Learning contract to be submitted within 2 weeks of beginning supervised practice and at conclusion. • Written performance evaluation at the midway point and at the conclusion of the Supervised Practice.

*On-site requirement may be exempted by the Registrar. Contact the Registrar, registrar@cotns.ca, 902-455-0556 to request approval for an off-site supervisor.