



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Examiners for Occupational Therapy
Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87505
(505) 476-4940 ▪ Fax (505) 476-4645 ▪ www.rld.state.nm.us/occupationaltherapy

SUPERVISION LOG

INSTRUCTIONS

Copy the blank supervision log and keep one to use for making additional copies. Fill in identified information. ***Complete one log for each practitioner*** (OT, OTA, or COTA).

Definitions

OT – Occupational Therapist pending certification from NBCOT and practicing under a provisional license.

OTA – Occupational Therapy Assistant pending certification from NBCOT and practicing under a provisional license.

COTA – Occupational Therapy Assistant that has passed the NBCOT certification exam.

If the practitioner works for more than one employer, complete a separate log for each employer. Fill in the name of the practitioner being supervised (supervisee) and the name of the supervisor(s). If more than one person provides supervision, or if supervisors change during the year, add each supervisor's name to the log. If multiple supervisors make it difficult to record information, attach additional logs with names, signatures, and initials of other supervisor(s).

RECORD SUPERVISION: In the blank columns, indicate the date, supervision code (type of supervision), activity code(s), and a brief description of activities on the date when supervision occurs. The supervisor must initial the last column.

SIGN THE LOG The supervisor must sign the log when the log is full, or upon leaving employment, or at the end of supervision responsibilities, whichever comes first. Include initials, as used on the log, with the signature.

KEEP THE LOG AND COPIES: A copy of the log must be maintained by the facility where the services are provided. The supervisee must keep the original supervision log. It is recommended that the supervisee retain the log for three or more years. ***A copy of the log must be submitted to the Board prior to issuance of full licensure, prior to renewal of any COTA license, and at any time upon request by the Board.***

SUPERVISION DEFINITIONS AND RULES

The following information is abbreviated and intended for general reference. For complete rules and regulations related to supervision, refer to Occupational Therapy Rules and Regulations, Title 16, Chapter 15, Part 3.

“Direct Supervision” means a minimum of daily direct contact at the site of work with the licensed supervisor physically present within the facility when the supervisee renders care and requires the supervisor to co-sign all documentation that is completed by the supervisee. In a work setting involving multiple sites of work and/or offices, supervision shall occur at one or more of the sites or offices, but not necessarily all sites or offices. The registered occupational therapist (OTR/L) or an intermediate-level or advanced-level certified occupational therapy assistant shall provide direct supervision for persons practicing on a provisional permit pending certification as a certified occupational therapy assistant (COTA/L). The registered occupational therapist (OTR/L) and the certified occupational therapy assistant (COTA/L) shall provide direct supervision to all occupational therapy aides/technicians.

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“Close Supervision” means a minimum of daily communication by means of direct contact, telephone, fax, or e-mail. In a single work setting or when involving multiple sites, supervision shall occur at one or more of the sites or offices, but not necessarily at all sites or offices. Twenty percent (20%) of close supervision contacts shall be face-to-face clinical observation. Required for entry-level certified occupational therapy assistants (COTA/L);

“Routine Supervision” means a minimum of direct contact at least every two (2) weeks at the site of work, with interim supervision occurring by other methods such as telephone, fax or e-mail. Twenty percent (20%) of routine contacts shall be face-to-face clinical observation. Required for intermediate-level certified occupational therapy assistants (COTA/L).

“General Supervision” means a minimum of monthly direct contact, with supervision available as needed by other methods such as telephone, fax or e-mail. Twenty percent (20%) of general contacts shall be face-to-face clinical observation. Required for advanced-level certified occupational therapy assistants (COTA/L).

Supervision of OTs practicing on a provisional permit pending certification as an OTR/L

Supervision shall be provided by an OT and must occur on-site. In work settings involving multiples sites of work, supervision shall occur at one or more of the sites, but not necessarily all sites. Supervision shall occur three (3) or more times per week for persons working five (5) days per week, two (2) or more times per week for persons working four (4) days per week, one(1) or more times per week for persons working three (3) or less days per week.

Circle one: OT OTA COTA

Print name of Supervisee: _____ License No. _____

Print name(s) of Supervisor(s): _____ License No. _____

Employer/Worksite: _____ Phone No. _____

Address: _____

Check type of facility where supervisee works:

- Long term care Home Health DD Waiver Pediatrics Schools Hospital
 Other: _____

Check level of employment:

- Full time 30 or more hour per week Part time 0 - 29 hours per week PRN

On each log, check the level of supervision that is provided. *Note: The supervisor should begin a new supervision log each time the supervisee advances or changes to a new level.*

- Direct Close Routine General

Use the following codes for descriptions of supervision and activities.

Supervision Codes:

1. Direct
2. Non-Direct (phone, fax, email)

Activity Codes:

1. Clinical observation, co-treat
2. Documentation Review
3. Case Review, meetings, staffing
4. Direct training
5. Therapeutic modalities/activities
6. Evaluations, screening, treatment planning

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Example

Date	Supervision Code	Activity Code(s)	Description of Activities	Initials
Example 5/5/2008	1	1,2,4,5	Joint ROM, CT protocol, PAMs, ultrasound, splinting, energy conservation and work simplification	AB
Example 5/6/2008	2	2,3,6	IEP schedule, updated goals, caseload status, d/c and/or continuation	AB

Date	Supervision Code	Activity Code(s)	Description of Activities	Initials

Signature of Supervisee: _____ License No: _____ Date: _____

Signature of Supervisor(s): _____ License No: _____ Date: _____