



SUPERVISION CONFIRMATION FORM

Provisional Member - Supervision Plan

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

Applicant's Information:

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

Signature: _____

Supervising Therapist's Information:

I, _____ [name of supervisor] confirm that I will be providing Level ____ Supervision for _____ [name of applicant] commensurate with the applicant's skills and experience. I confirm that supervision will be provided throughout the applicant's Supervised Practice period while registered with COTM on the Provisional Register.

Signature: _____ COTM registration number: _____

Employer Information:

Name: _____ Title: _____

Signature: _____

Facility: _____

(Address and Telephone Number)

Start Date of employment or supervised practice: _____

Level 1 supervision / Mentored Practice is required for OTs who have recently graduated from a Canadian university and have not yet written the National Occupational Therapy Certification Examination (NOTCE) or are awaiting the exam results.

Level 2 supervision / Supervised Practice is required for internationally-educated OTs who have not yet written the National Occupational Therapy Certification Examination (NOTCE) or are awaiting the exam results.

Level 3 supervision / Mandatory Supervised Practice is a requirement for:

1) applicants who lack the required number of practice hours to be considered current and thus are required to complete a period of supervised practice for the purpose of completing a **Re-entry Program**. The length of the period of supervised practice for the purposes of completing a Re-entry Program is set out in the Currency Information Sheet [FACTS-Currency 2018.pdf \(cotm.ca\)](#)

2) **Re-entry candidates** for whom the examination is required who have not yet written the National Occupational Therapy Certification Examination (NOTCE) or are waiting for the exam results. The length of the period of Supervised Practice will be depend on whether the Re-entry Candidate has written the exam before, during or after completing the period of Re-entry supervised practice set out in the Currency Information Sheet [FACTS-Currency 2018.pdf \(cotm.ca\)](#)

3) applicants who demonstrate **English-language proficiency** to an acceptable minimum level, but not to the level required for registration on the Practising Register and thus require supervision until the required English language proficiency can be confirmed.

4) **Examination Candidates** who have not successfully completed the required examination on the first attempt. The length of the period of supervised practice will depend on when the Examination Candidate is able to confirm the successful completion of the National OT Certification Examination.

	Who can provide supervision?	Expectations	Documentation required by COTM
Mentored practice (Level 1)	Registered OT on site, or another health professional in same facility <u>and</u> a registered OT not on site.	<ul style="list-style-type: none"> Applicant will seek and obtain any support needed from the mentor. 	<i>Prior to Start</i>
			<ul style="list-style-type: none"> Supervision Confirmation Form
Supervised practice (Level 2)	Registered on-site OT with one-year experience, or another health professional in same facility <u>and</u> a registered OT not on site.	<ul style="list-style-type: none"> Applicant will develop a “learning contract” with the supervisor to define his/her learning needs Supervisor and employer will create necessary learning opportunities. 	<i>At end of period</i>
			Evidence of successful exam completion
			<i>Prior to Start</i>
Mandatory supervised practice (Level 3) ➤ After Exam Failure ➤ Re-entry	Colleague / or supervisor who is a registered OT with equivalent of at least one-year full time experience 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 Supervisor and employer will create necessary learning opportunities. Organized opportunities for demonstration of all relevant essential competencies. 	<ul style="list-style-type: none"> Supervision Confirmation Form.
			<i>At start of period</i>
			Learning contract to be submitted to COTM within specified timelines.
			<i>At midway / end of period</i>
			<ul style="list-style-type: none"> Evidence of meeting outstanding requirements Finalized Learning Contract Written performance evaluation(s).