



**OT / PT CERTIFICATION
OF
SUPERVISION AND ACCESSIBILITY**

Agency Name: _____

I, _____, licensed Occupational Therapist or Physical Therapist with current license number _____, certify that I am providing supervision to the following Occupational Therapy Assistant or Physical Therapy Assistant for the _____ school year:

NAME OF OTA/PTA	LICENSE #

I am providing supervision and accessibility in the following manner:

- Participate in the development of the child’s IEP program, signing and dating the treatment plan;
- Monitor the mandated delivery of OT/PT services;
- Be readily available to the OTA/PTA for assistance and consultation, thru phone, email or fax;
- Perform an initial face to face contact with each student served by the OTA/PTA I am supervising and periodically observe the OTA/PTA with each student in the provision of services;
- Review periodic progress notes prepared by the OTA/PTA, consult with the OTA/PTA thru regular monthly meetings and make recommendations, as appropriate; and
- Review service sheets used for Medicaid billing.

I will keep the appropriate records documenting that supervision activities have occurred (i.e., telephone logs, minutes of meetings, minutes of observations etc.)

Signature of Licensed Occupational/Physical Therapist

Date