

CERTIFICATION OF UNDER THE DIRECTION AND ACCESSIBILITY FOR OCCUPATIONAL AND PHYSICAL THERAPY

School Year: _____

Name (OTA/PTA): _____ License #: _____ NPI #: _____
(Please circle one)

Signature of Certified OTA/PTA

Date

I am providing under the direction of 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 services;
- Be readily available to the OTA/PTA for assistance and consultation, through 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 with each student in the provision of services;
- Review periodic progress notes prepared by the OTA/PTA, consult with the OTA/PTA through 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.)

Print Name of OT/PT: _____ NYS License #: _____ NPI #: _____

Signature of Licensed Occupational/Physical Therapist

Date

Contact Information:

Child: _____ Date of Birth: _____