

COUNTY OF ULSTER
DEPARTMENT OF SOCIAL SERVICES
1071 DEVELOPMENT COURT
KINGSTON, NEW YORK 12401-1959

(845) 334-5251
FAX (845) 334-5227

Jenn Metzger, County Executive
Michael A. Iapoce, Esq., Commissioner
Cynthia N. Beisel, Deputy Commissioner
Rita Wood, Deputy Commissioner
Sue Rea, Director EI & Preschool



miap@co.ulster.ny.us
cbei@co.ulster.ny.us
rwoo@co.ulster.ny.us
srea@co.ulster.ny.us

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

School Year: _____

Name (OTA/PTA): _____ NYS 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 /PT 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/PTA 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