



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

I, _____, Licensed Occupational Therapist or Licensed Physical Therapist
(Name of Supervising Clinician) *(Check appropriate profession)*

with current license number _____, certify that I am providing "Under the Direction of" services to
(License #)

the following Occupational Therapy Assistant or Physical Therapy Assistant for the _____ school year:
(Check appropriate title of provider) *(Time period of school year)*

CHILD: _____ DOB: _____

Name of Therapist being Supervised	Certification/License # & NPI #

I am providing accessibility to the above-referenced therapist 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 and sign service sheets/session notes used for Medicaid billing
- Maintain an "Under the Direction of" log to track meetings

I will keep the appropriate records documenting that the "Under the Direction of" activities have occurred (i.e., telephone logs, logs, minutes of meetings, minutes of observations, **initial and subsequent periodic face-to-face contacts with each student**, etc.)

(Printed Name of Supervising Clinician)

(Signature of Supervising Clinician)

(Date)