



**COMMONWEALTH OF VIRGINIA  
Board of Medicine**

Department of Health Professions  
Hayland Drive, Suite 300  
Richmond, Virginia 23233-1463

FAX (804) 527-4426  
email MEDBD@DHP.VIRGINIA.GOV  
PHONE: (804) 367-4600

**SUPERVISED OCCUPATIONAL THERAPY SERVICES**

An occupational therapist or an occupational therapy assistant who has allowed his license to lapse for two years but less than six years, and who has not engaged in active practice as defined in 18VAC85-80-10, shall serve a board-approved practice of 160 hours to be completed in two consecutive months under the supervision of a licensed occupational therapist.

(Please Print or Type)

Name of Applicant: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Supervisor's Virginia License Number: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Name and Address of Facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The trainee is not authorized to begin supervised occupational therapy services until this form has been approved by the Board of Medicine.**

\_\_\_\_\_  
Signature of Trainee

\_\_\_\_\_  
Signature of Supervisor

<b>FOR OFFICE USE ONLY</b>	
APPROVED BY _____	_____
Deputy Executive Director/Licensure	Date Approved