

## COTBC Re-Entry Program



### Supervisor & Employer Acknowledgement Form

RC/22.06.04 Employer Acknowledgement Form April 2023

*This form must be signed by the supervising therapist(s) and the employer and returned to the College prior to completing the registration process and prior to commencing work. Completion of this form does not imply registration with the College is complete.*

I, \_\_\_\_\_ [name of supervisor]

confirm that I will be providing supervision for \_\_\_\_\_

[name of provisional registrant] commensurate with the provisional registrant's skills and experience. I confirm that supervision will be provided throughout the occupational therapist's practicum period while registered with the College as a provisional practising registrant.

#### Supervising Therapist(s) Information:

Name: \_\_\_\_\_

COTBC Registration # \_\_\_\_\_

Signature: \_\_\_\_\_

#### Employer Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Proposed Start Date for Provisional Registrant: \_\_\_\_\_