



Texas Board of Occupational Therapy Examiners

333 Guadalupe, Ste# 2-510
Austin, Texas 78701-3942

512/305-6900 • 512/305-6951 fax
<http://www.ptot.texas.gov>

The Board office must receive this form before your temporary license can be issued.

As a condition for receiving a temporary license, the applicant must submit evidence of supervision. It is incumbent on the applicant or temporary licensee to keep this form current. Notify us immediately with a change of jobs/supervisor.

Part I. To be completed by the applicant:

I certify that I will work under the supervision of an Occupational Therapist licensed to practice in Texas in accordance with the TBOTE rules.

Print name: _____

Signature: _____

Date: _____ Email: _____

Part 2. To be completed by supervising occupational therapist:

I certify that I will provide supervision to the above-named individual, in accordance with the TBOTE rules, should this person accepts my job offer. **NOTE: The work address of the occupational therapist must match the work address for the temporary licensee applicant's work address.**

Printed name: _____

Signature of Supervising OTR: _____

Primary place of employment: _____

Address: _____

City, State, Zip: _____ Area Code and phone: _____

License #: _____ Expiration date: _____

Date: _____ Email: _____

for staff use only

Receipt Date:

Reviewed by:

Temp License # when issued: