



Georgia State Board of Occupational Therapy
237 Coliseum Drive
Macon, Georgia 31217-3858
Telephone: (470) 424-9966
<https://sos.ga.gov/georgia-state-board-occupational-therapy>

“FORM C”

SUPERVISED CLINICAL PRACTICE EVALUATION

Applicant Name: _____ **License Type (circle one):** OT OTA

INSTRUCTIONS: Please evaluate the present ability of the above-named applicant to practice occupational therapy in accordance with the laws governing the practice of the license type for which the applicant has applied. Your evaluation should address the types of patient care provided by the applicant during the experience, the applicant’s professionalism, clinical skills, knowledge of their scope of practice and their ability to practice within the minimum reasonable standard of care. Please attach another sheet of paper if you require more space to complete your evaluation.

Yes No Have you determined that the applicant has satisfactorily practiced occupational within their scope of practice for the period of supervised clinical experience and meets the requirements for licensure?
If “No,” please explain below and attach relevant documentation.

CERTIFICATION OF COMPLETION OF SUPERVISED CLINICAL PRACTICE

I certify that _____ (Applicant) provided a copy of his/her limited permit, was in the state of Georgia before the period of supervision began and has satisfactorily completed a minimum of 320 hours of supervised clinical practice in field of occupational therapy as approved by the Georgia State Board of Occupational Therapy.

The program began on _____ and was completed on _____.

 Signature of OT Supervisor **OT License #:** _____

 Printed Name of OT Supervisor

Sworn to and subscribed before me this ____ day of _____, 20__.

 Notary Public

(NOTARY SEAL)

My Commission Expires: _____