Georgia State Board of Occupational Therapy
3920 Arkwright Rd., Suite 195
Macon, GA 31210
Telephone: (470) 424-9966
https://sos.ga.gov/georgia-state-board-occupational-therapy

"FORM B"

LIMITED PERMIT SUPERVISED CLINICAL PRACTICE AGREEMENT (FORM B)

Instructions:

1. The applicant and the licensed clinical practice supervisor must read these instructions and the form in its entirety.
2. The applicant and licensed clinical practice supervisor must read Board Rules 671-2-.02, 671-2-.03, and 671-3-.06(1-2) prior to completing this form.
3. The licensed clinical practice supervisor must ensure that the candidate for licensure is in the State of Georgia and obtain a copy of the limited permit from the applicant before the supervised clinical practice begins.
4. A copy of the current valid license of the Occupational Therapist who will serve as the clinical practice supervisor must be submitted with this agreement.
5. A calendar or outline of the supervised clinical practice and practice areas, including orientation (if applicable) must also be submitted with this agreement.

NOTE: Supervised Practice may not begin until Form B has been approved by the Board and a limited permit has been issued to the applicant.

To begin supervised practice without prior approval of the Board is unlicensed practice and/or aiding and abetting unlicensed practice and may subject the applicant and the supervisor to sanctions by the Board.

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

2. Agency Name: _____ Telephone No: (_____) _____

3. Agency Address: _____
Street Address

_____
City State Zip

4. OT Supervisor: _____ License No: _____

The information below is to be completed by the Occupational Therapist who will supervise the practice of the applicant under a limited permit.

By completing and signing this **Limited Permit Supervised Clinical Practice Agreement**, I hereby swear and affirm that I have read this application and the referenced Board Rules. I understand that I must ensure the applicant is in the State of Georgia and I have obtained a copy of the limited permit issued to the applicant identified above before the supervised clinical practice can begin. I further understand that I may be subject to sanctions if I fail to do so. I affirm that I hold an active, unencumbered license as an occupational therapist. I further affirm that I will supervise the applicant in accordance with the Board Rules while he/she completes 320 hours of clinical practice which meets the requirements of an accredited or approved occupational therapy or occupational therapy assistant curriculum. Upon receiving notice that the permit has expired or upon determining that the applicant is not able to meet the minimum standards of prevailing practice, I will submit a notarized statement to the Board indicating that the applicant has ceased to practice and that I have terminated this agreement.

_____ _____
Signature of OT Supervisor **Date**

_____ _____
Program Supervisor (if applicable) **Telephone Number**

_____ _____
Mailing Address **Email Address**

_____
City **State** **Zip**