Georgia State Board of Occupational Therapy
3920 Arkwright Rd.
Suite 195
Macon, GA 31210
Telephone: (404) 424-9966
https://sos.ga.gov/georgia-state-board-occupational-therapy

"FORM A"

SUPERVISED CLINICAL EXPERIENCE AGREEMENT (FORM A)

Instructions:

1. The applicant and the licensed clinical experience supervisor must read these instructions and the form in its entirety.
2. The applicant and licensed clinical experience supervisor must read Board Rules 671-2-.02, 671-2-.03, 671-3-.06(3), and 671-3-.09 prior to completing this form.
3. The licensed clinical experience 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 experience begins.
4. A copy of the current valid license of the Occupational Therapist who will serve as the clinical experience supervisor must be submitted with this agreement.
5. A calendar and outline of the supervised clinical practice and practice areas, including orientation (if applicable) must also be submitted with this agreement.

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

To begin supervised clinical experiences 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/OTA Supervisor: _____ License No: _____

The information below is to be completed by the Occupational Therapist who will serve as the Licensed Clinical Experience Supervisor.

By completing and signing this **Supervised Clinical Experience 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 must obtain a copy of the limited permit issued to the applicant identified above before the supervised clinical experience 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. Upon receiving notice that the permit has expired, and/or the applicant has either passed or failed the exam, 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**