



PEI College of Occupational Therapists

SUPERVISOR CONFIRMATION FORM

Provisional Registrant – Supervision

This form must be signed by the supervising therapist and returned to the Registrar 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 provide supervision for _____ (name of provisional registrant) commensurate with the provisional registrant's skills and experience. I confirm that I will provide the following:
(choose one)

- Level 1** - information, support and clinical consultation
- Level 2** - supervision of some practice components based on learning contract developed by provisional registrant
- Level 3** - supervision of all practice components based on learning contract developed by provisional registrant and complete a written evaluation of the registrant will be provided throughout the registrant's work period while registered with the College as a provisional registrant.

Supervising therapist's information:

Name: _____

PEICOT Registration #: _____

Employment Information:

Place of work: _____

(Facility Name and Address)

Telephone: _____

Start date for Provisional Registrant: _____

Signature: _____ Date: _____

Return Form to:

reregistrar@peiot.org