

SUPERVISION FORM

Line Description

To be completed by the person to be supervised:

1. Name of person to be supervised:

Full name as it appears on the license or certificate of the person being supervised

2. License #:

License or certificate number issued by the State of NH of the person being supervised

3. Place of Employment Name:

Full name of the place employing the person to be supervised

4. Place of Employment Address:

Mailing address of the place employing the person to be supervised

5. Place of Employment Phone #:

Phone number of the place employing the person to be supervised

To be completed by the supervisor:

1. Name:

Full name, on the license or certificate of the supervisor

2. Profession:

Supervisor's profession; example AT, OT, PT, RT, RCP, SLP

3. License #:

Supervisors license number issued by state.

4. State of Licensure:

The State the person supervising is licensed and has issued the license number described in 3. above

5. Place of Employment Name:

Name of the supervisor's employer

6. Place of Employment Address:

Mailing address of the supervisor's employer

Site of Supervision:

1. Site Name:

Name of the physical location where the supervision is to take place

2. Physical Location of the Site:

Physical address where the supervision is to take place

3. Phone number of the site of supervision:

Phone number of the physical location where the supervision is to take place

4. Date Supervision Started:

The exact date the supervision started. If this form is being submitted before the actual date the supervision is to start mark "pending licensure or pending certification"

5. Date Supervision Ended:

The exact date the supervision ended. If this form is being submitted before the date the supervision ended mark as "supervision not complete"

6. Signature of supervisor:

The supervisions full signature

7. Date:

The date the supervisor filled out the supervision form