



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
Allied Health  
7 Eagle Square, Concord, NH 03301-4980  
Phone: 603-271-2152

**SUPERVISION FORM**

**To be completed by the person to be supervised:**  
(This information is about the person to be supervised)

**Name of person to be supervised** \_\_\_\_\_ **License #:** \_\_\_\_\_

**Purpose of supervision:** \_\_\_\_\_

To be checked if supervision is of an Assistant ☐

**Place of Employment Name:** \_\_\_\_\_

**Place of Employment Address:** \_\_\_\_\_  
(Street # or P.O. Box #, City, State and Zip)

**Place of Employment Phone #:** \_\_\_\_\_

**To be completed by the Supervisor:**  
(This information is about the supervisor)

**Name:** \_\_\_\_\_ **Profession:** \_\_\_\_\_

**License #:** \_\_\_\_\_ **State of Licensure:** \_\_\_\_\_

**Place of Employment Name:** \_\_\_\_\_

**Place of Employment Address:** \_\_\_\_\_  
(Street # or P.O. Box #, City, State and Zip)

**Place of Employment Phone #:** \_\_\_\_\_

**Site of supervision:** (This is the actual location where the supervision to take place)

**Site Name:** \_\_\_\_\_

**Physical Location of the Site:** \_\_\_\_\_  
(Street, City, State and Zip)

**Phone number of the Site of Supervision:** \_\_\_\_\_

**Date Supervision Started:** \_\_\_\_\_ **Date Supervision Ended:** \_\_\_\_\_

By signing this form, I state that I have read and understood the applicable rules of supervision or order of the Board for supervision, agree to undertake the duties of supervision set forth in the rules or order of the Board, agree to be responsible for the acts and omissions of any person to whom I delegate the duties of supervision, and acknowledge that my own or my delegate's failure to comply with the rules or order of the Board might result in disciplinary sanctions.

\_\_\_\_\_  
Signature of supervisor

\_\_\_\_\_  
date

**Please note:** If there is a change in Supervisors, the new Supervisor should fill out a new copy of this Supervision Form and submit it to the Governing Board.