



**Application for Approval of Alternative Supervision Model:  
supervisor AND clinical mentor  
(designated occupational therapist is not available)**

**Employer:**

**Address:**

At the current time, there is no designated occupational therapist available to supervise restricted licence applicant (**Insert name**): \_\_\_\_\_. Therefore, we request that the individuals listed below be approved for the position of approved supervisor **and** clinical mentor:

1. Proposed supervisor for restricted licence applicant:

Name:

Position:

Profession:

Licence #:

Brief description of relationship within the organization of the supervisor and the restricted licence applicant:

2. Clinical Mentor

Name:

Position:

SSOT practicing licence #

Signature:

Date:

\*\*\*\*\*

**(Space below this line for office use only)**

Completed form received in SSOT Office. Date: \_\_\_\_\_

Approval granted for:

[ ] proposed supervisor [ ] clinical mentor

Registrar/executive director signature: \_\_\_\_\_ Date: \_\_\_\_\_