



**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: _____