

Date\_\_\_\_\_

Dear AIS BC,

As I am an Occupational Therapist registered with the College of Health and Care Professionals of BC (CHCPBC) and I am an OT on the Registry of Autism Service Providers, or who qualifies as such, I am prepared to provide direct supervision for up to two years for \_\_\_\_\_ . They will provide Occupational Therapy services for children with autism spectrum disorder under the age of six.

I have reviewed and I accept the requirements of the Ministry of Children and Family Development's [Supervision Verification Record- OT](#).

Upon completion of this supervisory period, if I deem the Supervised Occupational Therapist to be competent to work with children with ASD under the age of six, I will complete MCFD's Supervision Verification Record and submit it to Autism Information Services BC (AIS BC).

Finally, I will notify Autism Information Services BC (AIS BC) immediately if for any reason I am not longer able to provide supervision to \_\_\_\_\_ .

I can be reached at \_\_\_\_\_ in order to provide further information.

Sincerely,

\_\_\_\_\_  
Signature

Name