



## NLOTB Mentorship Agreement

*Provisional licensees are required to have practice support from a fully licensed Occupational Therapist with NLOTB as a resource for professional and clinical guidance until a full license is provided. The following is a mentorship agreement between the mentoring therapist and provisional registrant.*

*Please present this letter to your employer and review the conditions of licensure that have been outlined. Once a mentoring occupational therapist has been identified please provide the following information and return to the NLOTB at the address noted below, Fax: 709-383-0135 or e-mail: [registrar@nlotb.ca](mailto:registrar@nlotb.ca)*

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I, \_\_\_\_\_ am a fully licensed member of NLOTB, and agree to provide practice support and clinical guidance to \_\_\_\_\_ until they are issued an unrestricted license. Should I be unable to fulfill this commitment, I will notify the employer and NLOTB of same. If there are concerns identified with this member's practice of occupational therapy, I agree to make these concerns known to NLOTB in writing.

\_\_\_\_\_  
Mentoring Therapist Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provisional Licensee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date