

Email form to: licensing@okmedicalboard.org

**THERAPEUTIC RECREATION SPECIALIST (TRS) APPLICANT
FORM 5 - VERIFICATION OF SUPERVISION**

Delete current Supervisors on file (Must include names of supervisors on separate sheet of paper)

Update Primary Practice Address on website with practice address below

NAME OF SUPERVISEE: _____ LICENSE/APPLICATION # _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

Allow 10 business days for processing.

PROJECTED START DATE:

(Cannot leave blank)

Supervisees cannot practice until Form 5 is received and documented by the State Medical Board.

NAME OF PRIMARY SUPERVISOR: _____ LICENSE # _____

NAME OF PRACTICE: _____

PRACTICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ Is this the primary practice address? YES NO

435:70-3-5(b). Temporary Licenses - Supervision

A temporary license authorizing practice under the general supervision of a licensed Therapeutic Recreation Specialist may be issued to a person who has applied for a license pursuant to the provision of the Act, Title 59 O.S., 493.3(E) provided all requirements for licensure have been met. Satisfactory completion of required coursework must be documented by either a diploma or an official letter from the registrar’s office of the university granting the degree. The temporary license will permit legal practice during the interim from the time the application is complete and the time when the Board grants a license. Verification of supervision must be submitted in order for a temporary license to be issued.

SUPERVISEE SIGNATURE _____ LICENSE # _____ DATE SIGNED _____

PRIMARY SUPERVISOR SIGNATURE _____ LICENSE # _____ DATE SIGNED _____

NOTE TO SUPERVISOR: Please notify the Board office when your supervision of this individual ceases.