



Supervision Agreement

July 2023
Indiana First Steps

In compliance with the Bureau of Child Development Services' (BCDS) supervision requirements, agency approvers must ensure completion of this form and upload in the Provider Enrollment and Management (PEM) module when approving the applicant's Provider Enrollment Screening (PES) for all providers requiring supervision.

All supervisors must be enrolled with and credentialed by Indiana First Steps. If the supervisor is not enrolled and credentialed with Indiana First Steps consent to share information (e.g., services provided, Individualized Family Service Plan (IFSP), treatment plans, etc.) must be obtained from all families on the supervisee's caseload.

All licensed providers must be supervised in accordance with their licensing requirements.

For information on the requirements of supervision within the Bureau of Child Development Services refer to the [First Steps Policy Manual](#).

For information specific to provider licensing visit [The Indiana Professional Licensing Agency](#).

PROFESSIONS WITH REQUIRED SUPERVISION

Select Profession	Supervision Requirement
<input type="checkbox"/> Certified Occupational Therapy Assistant (COTA)	Ongoing
<input type="checkbox"/> Physical Therapy Assistant (PTA)	Ongoing
<input type="checkbox"/> Occupational Therapist (OT) with Temporary License	Until Fully Licensed
<input type="checkbox"/> Physical Therapist (PT) with Temporary License	Until Fully Licensed
<input type="checkbox"/> Speech Language Pathologist (SLP) in Clinical Fellowship Year (CFY)	Until Fully Licensed
<input type="checkbox"/> Developmental Therapist (DT) in First Year (no previous experience)	Until Competency Demonstrated (minimum of 1 year)

PROVIDER INFORMATION

Name of provider	Discipline
Name of agency	Service area(s)
Phone number	Email address

SUPERVISOR INFORMATION

Name of supervisor	Discipline
Name of agency (if applicable)	Professional license number (if applicable)
Phone number	Email address

SUPERVISOR ATTESTATION STATEMENT

I hereby swear or affirm under penalty of disenrollment from First Steps that I understand and meet the requirements for providing First Steps supervision and the information I am submitting is true and correct to the best of my knowledge.

Signature of supervisor	Date (mm / dd / yyyy)
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