

## **AGENDA ITEM 5**

### **REVIEW AND APPROVAL OF THE JUNE 3-4, 2015, BOARD MEETING MINUTES.**

The meeting minutes are attached for review.



## **BOARD MEETING MINUTES**

**Wednesday, June 3, 2015**

**Thursday, June 4, 2015**

**Sacramento, CA 95815**

### Board Member(s) Present

Denise Miller – President  
Richard Bookwalter – Vice President  
Jeff Ferro  
Laura Hayth  
Nancy Michel  
Beata Morcos  
Sharon Pavlovich

### Board Staff Present

Heather Martin, Executive Officer  
Jeff Hanson, AGPA  
Jody Quesada, Staff Services Analyst  
Norine Marks, Supervising Legal Counsel  
Ileana Butu, Legal Counsel

### **Wednesday, June 3, 2015**

#### **12:30 pm - Board Meeting**

1. Call to order, roll call, establishment of a quorum.

The Board meeting was called to order at 12:55 p.m. Roll was called, all Board members were present and a quorum established.

2. President's remarks.

President, Denise Miller, welcomed all in attendance. Ms. Miller remarked that she attended the Occupational Therapy Association of California (OTAC) Spring Symposium, as a speaker. Ms. Miller stated that she also attended the American Occupational Therapy Association Conference in Nashville. Ms. Miller stated that she was able to engage with leaders of the profession to discuss important issues and emerging trends.

President Miller thanked the Governor for quickly appointing new Board Members, resulting in a full Board. Ms. Miller thanked Board staff for their hard work.

3. Swearing-in of new Board Members.

President Miller welcomed and subsequently swore in Laura Hayth and Beata Morcos.

4. Public Comment session for items not on the agenda.

There was no public comment.

### **Administrative Hearings**

ABRAMS, C. - Applicant/Statement of Issues Hearing

On the record at 1:17 p.m.

Off the record at 2:36 p.m.

SALINAS, S. - Petition for Reinstatement  
On the record at 2:51 p.m.  
Off the record at 3:59 p.m.

## **CLOSED SESSION**

The Board entered into closed session at 4:16 p.m.  
Closed Session adjourned at 4:55 p.m.

## **RECONVENE IN OPEN SESSION**

5. Meeting adjournment for the day.

The Board returned to open session for the purpose of adjourning the meeting for the day.  
The meeting adjourned at 4:56 p.m.

## **Thursday, June 4, 2015 9:00 am - Board Meeting**

### Board Member(s) Present

Denise Miller – President  
Richard Bookwalter – Vice President  
Jeff Ferro  
Laura Hayth  
Nancy Michel  
Beata Morcos  
Sharon Pavlovich

### Board Staff Present

Heather Martin, Executive Officer  
Jeff Hanson, AGPA  
Jody Quesada, Staff Services Analyst  
Norine Marks, Supervising Legal Counsel  
Ileana Butu, Legal Counsel

1. Call to order, roll call, establishment of a quorum.

The Board meeting was called to order at 9:08 a.m. Roll was called, all Board members were present and a quorum established.

2. President's remarks.

President Miller expressed thanks and appreciation to occupational therapist Linda Florey for her work protecting California consumers and her service with the Board. Ms. Florey served on the Board for five years.

President Miller welcomed new Board members Laura Hayth and Beata Morcos and thanked the Governor for filling all vacant positions on the Board. President Miller thanked Christine Lally, Deputy Director of Board Relations for her attendance, and Board staff and Legal Counsel for their hard work.

3. Board member updates/activities.

President, Denise Miller, stated that she attended the OTAC Spring Symposium in March, where she presented on behalf of the Board. Ms. Miller reported that the presentation brought a human aspect to the work of the Board and the feedback received showed that attendees had a better understanding of the differences of a professional body and a regulatory body. Ms. Miller said she also attended the American Occupational Therapy Conference in Nashville where she engaged with leaders in the profession to discuss

important issues and emerging trends. Ms. Miller expressed the importance of the Board staying abreast of current trends.

Vice President Richard Bookwalter stated that he would be attending the Rehabilitation Engineering and Assistive Technology of North America conference where a practitioner can learn about new equipment and how equipment is used.

Laura Hayth commented that she was excited and proud to be on the Board and serve her profession. Ms. Hayth stated that she has been an occupational therapist since 2000; she holds a doctorate in spiritual studies and has authored a book titled *Integrating Spirituality and Occupational Therapy Treatment*.

Beata Morcos stated that she was public member appointed to the Board and she is proud and excited to serve. Ms. Morcos reported that she is the Chief Executive Officer of a nonprofit organization.

Nancy Michel had no Board news to report.

Sharon Pavlovich stated that she recently returned from the Harvard Macy Institute in Boston where she worked as a faculty mentor. Ms. Pavlovich said that she was very excited to be a part of that process.

Jeff Ferro stated that he had no Board news to report. Mr. Ferro expressed that as a result of serving on the Board, he is appreciative of the new perspective he has gained regarding occupational therapy.

4. Public Comment session for items not on the agenda.

There was no public comment.

**Agenda Items 5 & 6 were addressed out of order. Items 5 & 6 followed agenda item 9.**

5. Presentation by the National Board for Certification in Occupational Therapy (NBCOT) on allowing the NBCOT to serve as the Authorized Agent for reporting occupational therapy disciplinary actions to the National Practitioner Data Bank (NPDB), administered by the U.S. Department of Health and Human Services. (Shaun Conway, Director, Credentialing Services, NBCOT, presenting/participating via teleconference)

Mr. Conway reviewed his outline as to what services NBCOT would provide to the Board as an authorized agent for reporting discipline to the NPDB.

Mr. Conway stated that the goal would be that the Board would report any final action to NBCOT and NBCOT would subsequently report to the NPDB and to all other participating states. Mr. Conway stated that guidelines for receiving and reporting disciplinary data would be worked out in an agreement that would be signed by the Board. Mr. Conway said that implementation of their reporting system is set to begin in 2016 and 12 states are currently interested in further exploring an agreement with NBCOT.

Mr. Conway thanked the Board for the opportunity to discuss NBCOT's proposal. In closing, Mr. Conway stated that this service would be beneficial to all and the more states that participate the better.

6. Discussion, consideration, and possible action on the request from the NBCOT to serve as the Board's Authorized Agent to report disciplinary actions to the NPDB on behalf of the Board.

Laura Hayth said that this proposal was progressive and would be a benefit to the Board if the Board could see the discipline from other states.

Nancy Michel said the proposal sounded good as long as it didn't make extra work for Board staff.

Legal Counsel, Ileana Butu, asked whether there were any confirmations of participation yet?

Mr. Conway said 12 states responded affirmatively and six states' replies were outstanding. He said the next step would be to provide contracts to those who confirm participation.

### **Public Comment**

Elizabeth Gomes, Co-Chair of OTAC's Practice, Ethics & Reimbursement asked if an occupational therapist or an occupational therapy assistant did not keep up their registration with NBCOT, would this exempt them from having disciplinary action reported against their license?

Mr. Conway stated that NBCOT registration does not factor in to reporting discipline.

Executive Officer, Heather Martin, summarized the current NPDB reporting process. Ms. Martin asked Mr. Conway to find out whether, if the system becomes available January 2016, as planned, the data collection would be from the system implementation date going forward or whether it would include past action.

Mr. Conway stated that he would be able to obtain the answer to that question in the next few weeks. Mr. Conway stated that he would be available to continue the dialog with the Board Members at the next meeting.

The Board members asked that this topic be brought to the September Board meeting.

7. Review and vote on approval of the March 6, 2015, Board meeting minutes.

- ❖ Richard Bookwalter moved to approve the minutes as presented.
- ❖ Nancy Michel seconded the motion.

Legal Counsel stated that there were technical, non-substantive changes that needed to be made.

Legal Counsel agreed to work with Executive Officer Heather Martin to make said changes.

- ❖ Richard Bookwalter rescinded his previous motion and moved to approve the minutes as amended after the Executive Officer makes the technical, non-substantive changes.
- ❖ Jeff Ferro seconded the motion.

### **Roll Call Vote**

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Laura Hayth	Abstain
Nancy Michel	Aye
Jeffrey Ferro	Abstain
Beata Morcos	Abstain

8. Consideration and possible action of adopting proposed regulatory language to amend Title 16, CCR Section 4151, Hand Therapy and Section 4152, Physical Agent Modalities.

Ms. Martin reminded Board Members this language is identical to the previously proposed action that was adopted by the Board and unfortunately missed the one year deadline to file with the Office of Administrative Law (OAL). As such, Board staff re-noticed the proposed action to pursue the regulatory change.

**Public Comment**

Ernie Escovedo asked for an explanation of the nature of the proposed action.

Heather Martin briefed Mr. Escovedo, she stated that the purpose of this proposed action is to streamline the advanced practice approval process in the areas of hand therapy and physical agent modalities for a therapist that is credentialed as a Certified Hand Therapist (CHT).

- ❖ Nancy Michel moved to adopt the proposed amendments to CCR Sections 4151 and 4152 as presented.
- ❖ Sharon Pavlovich seconded the motion.

**Roll Call Vote**

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Laura Hayth	Aye
Nancy Michel	Aye
Jeffrey Ferro	Aye
Beata Morcos	Aye

- ❖ Richard Bookwalter moved to authorize the Board's Executive Officer to make technical, non-substantive changes as needed in the final rulemaking approval process.
- ❖ Nancy Michel seconded the motion.

**Roll Call Vote**

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Laura Hayth	Aye
Nancy Michel	Aye
Jeffrey Ferro	Aye
Beata Morcos	Aye

9. Consideration and possible action of adopting proposed regulatory language to amend Title 16, CCR Section 4170, Ethical Standards of Practice.

Ms. Martin reported language that had been modified and adopted by the Board at its March 6, 2015, meeting could not be reviewed and approved by control agencies before the deadline for this rulemaking file expired. Therefore, in order to proceed with this regulatory change, Board staff re-noticed this proposed action on April 10, 2015, to restart the regulatory process/

Legal Counsel, Norine Marks, sought clarification on the reference to “sexual orientation” in language proposed in Section 4170(a)(1) and how it relates to service delivery.

Richard Bookwalter indicated he thought it was important to incorporate “sexual orientation” in Section 4170(a)(1) and the Board would be remiss if it was removed as “sexual orientation” may affect sexual function which are activities of daily living and practitioners must be sensitive to relationships to make an effective care plan.

### **Public Comment**

There were no comments from the public.

- ❖ Sharon Pavlovich moved to adopt the amended language as presented and moved to authorize the Board’s Executive Officer to make technical, non-substantive as needed in the final rulemaking approval process.
- ❖ Nancy Michel seconded the motion.

### **Roll Call Vote**

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Laura Hayth	Aye
Nancy Michel	Aye
Jeffrey Ferro	Aye
Beata Morcos	Aye

10. Consideration and possible action on proposed amendments to the Board’s Disciplinary Guidelines, set forth in Title 16, CCR Section 4147, to modify the Rehabilitation Criteria language and establish new criteria regarding the Board’s refusal to hear petitions for reinstatement, as authorized in Business and Professions Code Section 2570.32.

Executive Officer, Heather Martin, stated that this agenda item was included to act as a spring board for conversation regarding 2570.32. Ms. Martin then summarized the current language of 2570.32, as well as the edits proposed by Board staff to establish evaluative criteria that could be routinely used in order to determine whether or not the petitioner would be scheduled for a hearing.

Discussion ensued amongst the Board members.

### **Public Comment**

Meg H. stated that she was in attendance to support the idea of keeping the current language “may” as opposed to changing the language to “shall not” and encouraged the Board to look at all the facets of a person’s background.

Maureen B. stated there was no cure for alcoholism and she stressed the importance of Alcoholics Anonymous and providing sponsorship.

Another commenter stated that she objected to the proposal to change the verbiage and that this change may eliminate deserving individuals. Ms. C said that there is a difference in formal and informal probation.

Norma C. stated that she was a registered nurse for nearly fifty years and during her career as a Director of Nursing she witnessed troubled employees. Ms. C said licenses weren't taken away but instead discussions with the Board ensued and a plan was put in place for the practitioner to change their behavior.

Herman C. stated that he firmly believes that every citizen has the right to be heard and present their case. Mr. C said that a practitioner should be given the opportunity to speak and tell the Board how they have been rehabilitated.

Jeff Ferro agreed that addiction is an illness and rehabilitation is important. Mr. Ferro stated that the Board has an obligation to protect a vulnerable patient population and even more so due to the fact that occupational therapy constitutes a one on one interaction. Mr. Ferro said that it is the job of the Board to have a process in place to evaluate whether or not a practitioner has taken the appropriate steps to acknowledge their issue(s) and rehabilitate, thus deserving of the public's trust and patient trust. Mr. Ferro stated that the staff's proposed edits are appreciated as a spring board concept and that the use of "shall" in said language is very important but should not limit a practitioner indefinitely.

Legal Counsel, Ileana Butu, stated that the current statute says "may" and it would be helpful to have some criteria or conditions that would need to be met, so that the licensees and the Boards have criteria to look at and gauge whether or not it would be a good time to apply.

Vice President, Richard Bookwalter, stated that the proposed language gives the Board members something to structure their future decisions around.

Legal Counsel, Norine Marks, commented that the new language should be added to the Regulations and not the Disciplinary Guidelines.

President, Denise Miller, stated that the Board is looking for clear cut criteria to make the best decision on behalf of the profession and the consumer.

Jeff Ferro proposed establishing a Board committee to review the proposed language. Mr. Ferro suggested that this committee consider the concerns of the Board members and the comments of the public.

President, Denise Miller, asked Jeff Ferro, Laura Hayth and member of the public, Elizabeth Gomes, to serve as said committee.

- ❖ Jeff Ferro moved to defer further discussion of this topic until the time that the newly established Ad Hoc committee can bring recommendations to the next meeting.
- ❖ Nancy Michel seconded the motion.



**Roll Call Vote**

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Laura Hayth	Aye
Nancy Michel	Aye
Jeffrey Ferro	Aye
Beata Morcos	Aye

11. Report on and possible Board action, if necessary, on pending Rulemaking files, Title 16, CCR Section 4161, Continuing Competency and Section 4170, Ethical Standards of Practice.

Executive Officer, Heather Martin, reviewed the rule making reports provided.

President, Denise Miller, stated that it has been reported to her by experts in the telehealth community that the California Board's language in comparison to other state's language regarding telehealth is not working.

The Board directed Ms. Martin to bring the regulatory telehealth language of other states to the September Board meeting.

Ms. Martin alerted the Board members that Section 4110, Application, must be noticed in July. Ms. Martin said that the changes are minimal and consist of modifying the revision date of the application and adding questions regarding military service and acceptance of the Individual Taxpayer Identification Number.

12. Ad Hoc Committee's Report, discussion of Ad Hoc Committee's recommendations, and possible Board Action.

Chair of the Ad Hoc committee, Richard Bookwalter, advised that an Ad Hoc committee was established to explore options to increase the current credit that can be earned for supervising a Level 2 student and to draft language.

Mr. Bookwalter reviewed the proposed language and the proposed fieldwork education attestation form.

There was a general consensus of satisfaction expressed by the Ad Hoc committee, the Board and Board staff regarding the final product submitted by the Ad Hoc committee.

After further discussion, it was decided that *California Code of Regulation (CCR) Section 4161(c)(4)(E)* should read:

"Credit for PDUs shall only be earned for the dates of supervision occurring during the renewal period."

And that *CCR Section 4161(c)(4)(F)* should read:

"Fieldwork supervision hours of a single student may be divided between licensees. Total weekly hours claimed by more than one licensee sharing supervision of a single student shall not exceed 40 hours per week."

Lastly, Ms. Marks commented that the Board may want to require that practitioners wishing to use student supervision to acquire professional development units, complete the attestation form at the time, rather than upon request.

Executive Officer, Heather Martin, suggested that *CCR Section 4162 Section(e)* read:

“Any occupational therapy practitioner who supervises Level 1 and/or Level 2 students shall document the supervision, using the Fieldwork Education PDU Attestation form (Form FEA New 5/2015) hereby incorporated by reference, and shall contain the signature of the licensee and a statement under penalty of perjury regarding the truthfulness of the information contained therein.”

Jeff Ferro suggested that the language should reflect the requirement that the attestation form be completed at the time the supervision concludes.

Following this suggestion *CCR 4162(e)* should read:

“Any occupational therapy practitioner who supervises Level 1 and/or Level 2 students shall document said supervision, immediately upon conclusion of the supervision period, using the Fieldwork Education PDU Attestation form (Form FEA New 5/2015) hereby incorporated by reference, and shall contain a statement under penalty of perjury regarding the truthfulness of the information contained therein.”

President, Denise Miller, commented that in the interest of looking toward current trends and keeping the Board current, inter-disciplinary practice should be given consideration.

Sharon Pavlovich stated that the inter-disciplinary topic would be a great collaborative effort with the National Board for Certification in Occupational Therapy (NBCOT).

### **Public Comment**

OTAC supports the proposed language.

- ❖ Jeff Ferro moved to approve the recommendations of the Ad Hoc committee with the agreed upon edits.
- ❖ Nancy Michel seconded the motion.

#### **Roll Call Vote**

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Laura Hayth	Aye
Nancy Michel	Aye
Jeffrey Ferro	Aye
Beata Morcos	Aye

13. Consideration and possible action on AOTA/ACOTE potentially amending the academic requirements of an educational program required for licensure as an occupational therapist.

Sharon Pavlovich stated that she doesn't want the Board to model their decision after what other professions are doing in similar situations. Ms. Pavlovich said that her greatest concern is whether or not requiring a doctorate will help the OT/OTA profession as a whole and whether it's the best thing for the clients.

Laura Hayth commented that there is a shortage of Occupational Therapists and requiring a doctorate will hurt the profession.

President, Denise Miller, stated that the Accreditation Council for Occupational Therapy Education (ACOTE) will publish their recommendations in the near future and she would like the Board to promptly weigh in from a regulatory standpoint.

Beata Morcos stated that, as a consumer, the degree a practitioner holds would not be as important as the practitioner being current in their practice and ability.

Jeff Ferro suggested the Board weigh in prior to ACOTE publishing their recommendation.

**Public Comment**

Ernie Escovedo stated that a doctorate may not be necessary from a consumer safety stand-point.

14. Update on research OT educational programs providing superficial/mechanical modalities and deep thermal/electrotherapeutic modalities content in OT curriculum.

Executive Officer, Heather Martin, stated that the Samuel Merritt Research survey was originally scheduled to be sent to schools in May but was changed to July or August. Ms. Martin said that any new information would be discussed at the September meeting.

**Public Comment**

Ernie Escovedo stated that at the consumer level it's too early to eliminate the advanced practices because there is not adequate information from the schools.

President, Denise Miller, asked Mr. Escovedo if he would be willing to work with the person from Samuel Merritt on the research survey. Mr. Escovedo said that he would do so.

Elizabeth Gomes requested that when the Board looks at putting together new directions for facilitating a more timely review, it would help to streamline the advanced practice application process.

15. Consideration and possible amendments to the Board's mail-ballot policy to discuss disciplinary decisions in an upcoming closed session.

Executive Officer, Heather Martin, briefed the Board members on the current policy which includes a high threshold majority rules process. Ms. Martin presented a new draft policy that is broader and doesn't have such a high threshold in order to get the topic back before the Board.

**Public Comment**

There was no public comment.

- ❖ Richard Bookwalter moved to adopt the draft policy.
- ❖ Nancy Michel seconded the motion.

**Roll Call Vote**

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Laura Hayth	Aye
Nancy Michel	Aye
Jeffrey Ferro	Aye
Beata Morcos	Aye

16. Enforcement data and reports for the quarter ending March 31, 2015.

Jeff Hanson reviewed supplied enforcement data and reports. The Board Members had no questions.

17. Executive Officer's Report.

A. Operational Report

Heather Martin stated that one staff vacancy has been filled, and that Board staff recruited for a second position but interviews have not been held.

B. Budget Update

Ms. Martin reported that the numbers reflect data through the March 31, 2015, period only. Ms. Martin said that the extra money in the budget is due to the vacancies and due to a lull in cases transmitted to the Office of the Attorney General. Ms. Martin said that the revenue projections reflect that the Board has brought in more money than expected and the fund condition is very healthy. Ms. Martin stated that projections show that even if the Board spent 100% of the budget, there would still be 23 months of reserves.

C. BreEZe Update

Ms. Martin said that the BreEZe release date is back on track for a December 2015, release. Ms. Martin stated that even with the Board's portion of the BreEZe costs, the Board will still have a 22 month reserve. Ms. Martin alerted the Board Members that the Organizational Change Management, which is a baseline report that reflects Board staff's readiness pertaining to BreEZe; will be available in September.

D. Strategic Planning Update

Ms. Martin reported that although over 900 emails were sent, Board staff received only 61 responses.

E. Other Informational Items – No Board action

Ms. Martin stated that the number of applicants has increased and there are new schools coming.

Ms. Martin said that Santa Ana College, which is one of the accredited programs, will begin offering a Bachelor's Degree in Occupational Studies. Santa Ana will start admitting students in the Fall of 2017 and graduate them in the Spring of 2019. Ms. Martin stated that occupational therapy assistants who decide to return to school will start out as juniors and, due to the fact that Santa Ana is accredited for higher education, students will be able satisfy all the pre-requisites for the Master's program.

Ms. Martin commented that in answer to the Board's back-log, she has reached out to the Consumer Information Center as well as the Medical Board, Department of Investigation and the Budget Office for assistance.

Ms. Martin alerted the Board members that the 2016 Sunset Report preparation will take place February-August 2016, and a review committee will need to be formed.

18. Consideration and possible action regarding proposed agenda Items for a future meeting.

A. Records retention requirement if an occupational therapy business is closed or sold or if the practitioner is no longer in private practice.

B. Process and procedures of Board staff when issuing administrative citations.

C. Discussion, consideration, and possible action on the request from the NBCOT to act as an authorized agent for the Board.

- D. Evaluate and report on statutory language regarding the time period an applicant must wait when denied.
- E. Streamlining the Advanced Practice application process.
- F. AOTA amendment on license portability.
- G. Status on Athletic Trainers issue.
- H. Bring back the telehealth regulatory language of other states.
- I. Bring any new developments regarding the Samuel Merritt survey.
- J. Results of the Ad Hoc committee's meeting regarding CCR Section 4147, specifically the Board's position on hearing petitions.

19. Election of Officer(s).

- ❖ Nancy Michel moved to nominate Sharon Pavlovich to be the Secretary of the Board.
- ❖ Jeff Ferro seconded the motion.

Sharon Pavlovich accepted the nomination.

**Roll Call Vote**

Denise Miller	Aye
Richard Bookwalter	Aye
Sharon Pavlovich	Aye
Laura Hayth	Aye
Nancy Michel	Aye
Jeffrey Ferro	Aye
Beata Morcos	Aye

20. Adjournment.

The Board Meeting adjourned at 3:33 pm.

## **AGENDA ITEM 6**

### **REVIEW AND APPROVAL OF THE JUNE 25-26, 2015, BOARD MEETING MINUTES.**

The meeting minutes are attached for review.



**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**  
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**BOARD MEETING MINUTES**  
**Thursday, June 25, 2015 - Friday, June 26, 2015**  
**Department of Consumer Affairs**  
**1747 N. Market Blvd, Emerald Room**  
**Sacramento, CA 95834**

Board Member(s) Present

Denise Miller – President  
Richard Bookwalter – Vice President  
Sharon Pavlovich – Secretary  
Jeff Ferro  
Laura Hayth  
Beata Morcos

Board Staff Present

Heather Martin, Executive Officer  
Jeff Hanson, AGPA  
Jody Quesada, SSA  
Norine Marks, Supervising Legal Counsel  
Ileana Butu, Legal Counsel

**Thursday, June 25, 2015**  
**10:00 am - Board Meeting**

1. Call to order, roll call, establishment of a quorum.

The meeting was called to order at 10:23 a.m., roll was called, and a quorum was established.

2. President's remarks.

President Denise Miller welcomed the Board members and thanked them for their attendance.

**CLOSED SESSION**

The Board met in closed session pursuant to Government Code Section 11126(c)(3) to deliberate and vote on disciplinary matters.

The Board entered into closed session at 10:26 a.m.  
Closed Session adjourned at 11:24 a.m.

The Board reserved the right to reconvene in subsequent Closed Session later in the afternoon.

**RECONVENE IN OPEN SESSION**

The meeting reconvened at 11:25 a.m.

3. Public Comment session for items not on the agenda.

There was no public comment. (There were no members of the public present.)

4. Strategic Planning session.

During the Strategic Planning session the Board updated its Mission, Vision and Values. In addition, the Strategic Goal areas were revised and the goals and objectives were updated.

**CLOSED SESSION**

The Board met in closed session pursuant to Government Code Section 11126(c)(3) to deliberate and vote on disciplinary matters.

The Board entered into closed session at 4:04 p.m.  
Closed Session adjourned at 4:22 p.m.

5. Adjournment of the meeting for the day.

The meeting adjourned at 4:25 p.m.

**Thursday, June 26, 2015**  
**9:00 am - Board Meeting**

1. Call to order, roll call, establishment of a quorum.

The meeting was called to order at 9:36 a.m., roll was called, and a quorum was established.

2. President's remarks.

President Denise Miller thanked the Solid team for their facilitation of the Strategic Planning session and the Board Members and staff for their participation.

3. Public Comment session for items not on the agenda.

There was no public comment. (There were no members of the public present.)

4. Strategic Planning session.

The Board continued the Strategic Planning process.

5. Adjournment.

The meeting adjourned at 3:39 p.m.



## **AGENDA ITEM 7**

### **Update on ACOTE's decision on entry-level degree requirements for occupational therapists and occupational therapy assistants.**

The following are attached for review:

- ACOTE decision 8/2015
- AOTA's Board of Directors 4/2014 Position Statement
- FAQs re: Position Statement
- AOTA's Board of Directors 7/2015 update on

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**From:** Heather Stagliano [<mailto:hstagliano@aota.org>]

**Sent:** Tuesday, August 11, 2015 1:34 PM

**Subject:** ACOTE's decision on the entry-level degree for the OT and the OTA

**Importance:** High

Good afternoon. The Accreditation Council for Occupational Therapy Education (ACOTE®) met this past weekend and voted on the entry-level degree for the occupational therapist and the occupational therapy assistant. I am attaching the ACOTE® statement and also copying below.

### **Occupational Therapist**

The Accreditation Council for Occupational Therapy Education (ACOTE®) has determined that the entry-level-degree requirement for the occupational therapist will remain at both the master's and the doctoral degree. The Council's decision is based on a comprehensive review of available literature, specific reports, and extensive commentary from stakeholders. The overarching justifications for the Council's decision are: (1) limited outcomes differentiate master's and doctorally prepared graduates; (2) the academic infrastructure of many institutions is not sufficient to meet the occupational therapy doctorate standards, especially with respect to faculty resources and institutional support; (3) the readiness and capability of institutions to deliver quality fieldwork and experiential components of the program is constrained; and (4) retaining two entry levels allows for flexibility of the profession to assess and address the changing health care needs of individuals and populations.

### **Occupational Therapy Assistant**

The Accreditation Council for Occupational Therapy Education (ACOTE®) has determined that the entry-level-degree for the occupational therapy assistant will be offered at both the associate and bachelor's degree. A motion to move to the single entry-level baccalaureate was defeated, but the motion to move to a dual entry-level for the occupational therapy assistant was approved. The Council's decision is based on a number of findings, which were informed in significant part by information and commentary from stakeholders, including: (1) the ability to better prepare individuals for further academic advancement and leadership positions; (2) the expansion of opportunities within the current scope of practice; and (3) two entry levels permits additional flexibility to assess and address the changing health care needs of individuals and populations.

Staff is currently working on the required policies and procedures necessary to implement the occupational therapy assistant at the baccalaureate degree level. More information will be available in fall 2015 after consultation with legal counsel.

Heather Stagliano, DHSc, OTR/L

Director of Accreditation

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AOTA Specialty Conference: Effective Documentation – The Key to Payment & Articulating Our Distinct Value, Schaumburg (Suburban Chicago), Illinois, October 2-3, 2015 – [Registration and Housing now open](#)

AOTA/OTCAS Education Summit - Denver, Colorado October 17-18, 2015 – [Registration and Housing now open](#)



ABOUT AOTA ▶ VOLUNTEER LEADERSHIP ▶ BOARD OF DIRECTORS ▶ NEWS ▶ 2014

## AOTA BOD Issues Position Statement on Doctoral-Level Single Point of Entry for Occupational Therapists

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4/30/2014

One of the responsibilities of AOTA's Board of Directors is to ensure that the Association's strategic priorities support the Centennial Vision so that occupational therapy remains a valued profession. Doing so involves long-term vision and planning, and engaging members of the Association in dialogue around important issues.

In April of this year, the Board issued a **position statement** to articulate their view that future occupational therapists will need to be doctorally prepared for entry-level practice by 2025.

AOTA President Ginny Stöffel, PhD, OT, BCMH, FAOTA, says the board arrived at its view after receiving the recommendations of two separate advisory groups. The Future of Education Ad Hoc committee was created to examine and recommend strategies for the future of occupational therapy education, and a subgroup of the Board was asked to specifically consider a single point of entry at the doctoral level,

based on the work of the ad hoc committee. The position statement is the result of the recommendations of these advisory groups, and many months of the board evaluating changes in the health care system, higher education, and the profession itself.

“As a board, we need to take the long view to ensure that occupational therapy remains competitive and relevant,” said Stoffel. “The changing health care system is requiring more dependence on research and evidence, and many similar professions are going to an entry-level doctorate. We want to begin a profession-wide dialogue on how to ensure that the profession remains not just relevant but in demand, despite changes and uncertainty.”

Stoffel emphasized what the position statement means. “This document reflects the board’s view of the future of the profession,” she said. “However, the board does not have the authority to implement this recommendation. Our role here is to frame for the profession what we consider to be a critical, strategic issue and facilitate a broad-based discussion with all our communities of interest so that an informed decision can take place.”

In coming to its conclusion to recommend that the profession move to the doctoral entry for occupational therapists by 2025, the Board of Directors examined multiple issues. The decision is a complex one and there are many advantages (pros) and potential disadvantages (cons) to this change. **This table** (updated September 8, 2014) is a summary of the pros and cons identified by the board, and it includes feedback obtained by members and others. Additional advantages and/or disadvantages may be identified as the profession participates in dialogue about this complex issue.

The board is holding a **series of discussion meetings** over the course of the next year with AOTA volunteer leadership groups, general members, and external groups

(e.g., NBCOT and AOTF). The board has also set up a **forum on OT Connections** for members to share feedback and ask questions electronically. There will be an open forum discussion on April 17 in Nashville, during AOTA's 2015 Annual Conference and Expo.

After these discussions, the board may then ask the Representative Assembly to consider whether this statement should become an official policy. If so, the RA would share it with the Accreditation Council for Occupational Therapy Education (ACOTE®).

Neil Harvison, PhD, OTR/L, FAOTA, AOTA's Chief Academic and Science Affairs Officer, notes that ACOTE is the only body with regulatory authority to mandate the entry-level degree for occupational therapy education. ACOTE is the recognized accreditation agency for occupational therapy education in the United States by both the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA). USDE and CHEA regulations require that all actions and decisions of the accreditation agency must be made independently from the parent association(s). Harvison says that, "historically, ACOTE has been careful to consider the positions and policies of the profession's leadership groups when determining entry-level degree requirements."

If ACOTE mandates doctoral-level entry for occupational therapists, it would apply only to future graduates after an appropriate transition for educational institutions. Current practicing therapists who have previously graduated at the bachelor's or master's level would be unaffected. ACOTE has historically allowed schools a generous time period to transition to new requirements. "The board statement suggests an implementation date of 2025," says Stoffel. "We selected a target date that's 11 years away to allow adequate time for full discussion and potential preparation and implementation."

**Click here for the statement.**

**Click here for the meetings schedule.**

**Click here for a summary of potential advantages and disadvantages**

**Click here for the FAQs. Updated July 28, 2014**

**Click here for the discussion forum (log in).**

*FAQs follow this document*

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## **FAQs: AOTA Board of Directors Position Statement on Doctoral-Level Single Point of Entry for Occupational Therapists**

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*These will be updated as more questions arise, and we'll indicate the date that new items are added. Latest update: November 10, 2014.*

In response to the changing demands of higher education, the health care environment, and within occupational therapy, AOTA's Board of Directors has issued a position statement that the profession should take action to transition toward a doctoral-level single point of entry for occupational therapists, with a target date of 2025. See the Position Statement [here](#).

### **Q: Why did the Board feel it was necessary to issue this position statement?**

As a leadership body, it is the responsibility of the Board to identify important strategic issues that it believes the profession should address. In this instance, two separate advisory bodies appointed by the President, the Future of Education Ad Hoc Committee and a Board subgroup reviewing the committee's report, recommended that the Board consider the issue of doctoral-level entry for the profession. After extensive consideration of evolving changes in the health care system, higher education, and the profession itself, the Board came to consensus on the issue and now seeks a broad, profession-wide dialogue to address whether such a move will best position the profession to meet the growing needs of society and fulfill its potential in the 21st century.

### **Q: Does this statement mean the profession is adopting doctoral-level single point of entry?**

The Board does not have the authority to make this decision. The Board's responsibility is to identify the importance of the issue for our members, facilitate discussions, and assure that established processes for considering such questions are followed with transparency and broad community participation.

### **Q: What are the next steps?**

The Board is holding a series of discussion meetings in various forums throughout the next year with AOTA volunteer leadership groups, general members, and external groups such as NBCOT and AOTF. [Click here](#) for a schedule of meetings.

### **Q: How do I share my opinion on this?**

The Board has set up a forum on OT Connections for members to share feedback and ask questions. We encourage members to participate in the meetings mentioned above, and we will be holding an open forum discussion on April 17 in Nashville, during AOTA's 2015 Annual Conference and Expo.

### **Q: What about students who are currently in or just entering a master's program? Should they be doing anything differently?**

No decision has been made to change entry-level requirements. If ultimately any change were made to mandate doctoral-level entry for occupational therapists, it would apply only to future graduates after an appropriate transition for educational institutions.

### **Q: How would current practitioners be affected by any change in entry-level requirements for occupational therapists?**

Currently practicing occupational therapists who have previously graduated at the bachelor's or master's level would be unaffected.

### **Q: Who makes the final decision, and when will it be made?**

AOTA has a process for determining professional policies and standards. The Board and other leadership groups in the profession may take positions on particular issues, but only the Representative Assembly can establish

official professional policies or standards for occupational therapy. Typically, the Assembly only creates a policy after an extended period of dialogue and input from all key stakeholders.

Ultimately, the only body with regulatory authority to mandate the entry-level degree is the Accreditation Council for Occupational Therapy Education (ACOTE®). ACOTE is recognized as the accreditation agency for occupational therapy education in the United States by both the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA). USDE and CHEA regulations require that all actions and decisions of the accreditation agency must be made independently from the parent association(s). Historically, ACOTE has been careful to consider the positions and policies of the profession's leadership groups when determining entry-level degree requirements.

**Q. If the entry-level degree changes to a doctorate, what happens to schools that don't have a doctoral program?**

At that point ACOTE would be able to accredit only doctoral-level programs. Historically, ACOTE has been sure to allow schools a generous time period to transition to new requirements. For example, when the profession transitioned to post-baccalaureate entry educational programs were allowed 7 years to comply with the new requirements; only a handful of programs chose not to make the transition.

*Update June 5, 2014:*

**Q. Why should we consider a single entry-level degree to the profession?**

The stated purpose of the national certification exam and entry-level education is to ensure the **competence** of entry-level practitioners (Source: [www.nbcot.org/public](http://www.nbcot.org/public); [www.acoteonline.org](http://www.acoteonline.org)). The existence of two entry-level degrees (master's and doctorate) as the requirement for eligibility to sit for a single certification exam and licensure to practice as an occupational therapist creates inconsistencies. How can two different degree levels meet the single requirement for competent practice?

- Many prospective students and practitioners contact AOTA and express confusion when choosing educational pathways to the profession. To put it simply, they do not understand why there are two degree options. There is a single set of student learning outcomes and competencies established through certification for entry-level practice. It seems that either one degree level is "under" qualified or one level is "over" qualified for entry-level practice.
- Over the years AOTA has had legislators and regulators question the profession's need to have two entry degree levels. Shouldn't there be different student learning outcomes if there are two degree levels? If so, wouldn't the higher degree have more skills at entry level?
- Employers have similar questions: Do I need doctorally prepared new graduates or do I need master's prepared? What is the difference? Why should I pay more for a doctorally prepared OT if I can pay less for a master's level?
- Payers have mostly handled the question by reimbursing based on a licensed professional and avoided the degree question. If the payers' reimbursement is not based on degree level, why have two levels?
- While it is still not common practice, some academic medical centers are now only employing doctorally prepared practitioners or offering salary differentials based on entry-level degree. These centers are responding to the perception that a higher degree equates to higher skill. This follows the logic of our current medical system, where physicians are largely seen as having more knowledge than other providers and are recognized as team leaders.
- The question has been posed that other health care professions (e.g., nursing) have more than one entry-level degree, so why can't occupational therapy? We found that professions with more than one entry level are in the minority, primarily for the reasons stated. The majorities of professions either have a single entry-level degree or are in a period of transition to achieve this goal. The profession that is most frequently identified is nursing, and they continue to debate the same issues facing occupational therapy (<http://www.aacn.nche.edu/media-relations/factsheets/impact-of-education>).

In deliberating this complex issue we concluded that while there may be some benefits to the two entry-level-degree model, they did not outweigh the inconsistencies created when you have two different degree levels qualifying graduates for a single set of entry-level competencies.



## Q. Why consider the doctorate as the single entry-level degree?

The profession has “sanctioned” the entry-level doctoral programs since the first OTD program was accredited in 1998. At that time, the profession offered three different degree levels for entry to the profession. This position of the OTD was reinforced by the Representative Assembly in 1999 when it adopted Resolution J, making it the official policy of the Association that the entry to the professional level of practice in occupational therapy be at the *post baccalaureate* degree level. Currently there are 6 accredited and 13 applicant or candidate entry-level doctoral programs. The view of some that we should sanction the master’s degree as the entry level neglects to recognize that entry-level doctoral programs exist and are proliferating. While this is not a compelling argument in and of itself for moving to the OTD entry level, it is an important point of consideration in the discussion.

Master’s programs in occupational therapy have a high credit load compared to most master’s-level programs. Students in combined bachelor’s/master’s programs typically take a minimum of 5 to 5.5 years post-secondary study to complete the entry-level requirements. Students in graduate master’s programs typically take a minimum of 6 to 6.5 years of post-secondary study. The United States Department of Education defines a professional doctorate as “*a doctorate that is conferred upon completion of a program providing the knowledge and skills for the recognition, credential, or license required to enter professional practice. The degree is awarded after a period of study such that the total time to the degree, including both pre-professional and professional preparation, equals at least six full-time equivalent academic years.*”

(retrieved [http://nces.ed.gov/ipeds/news\\_room/trp\\_technical\\_review\\_02072006\\_18.asp](http://nces.ed.gov/ipeds/news_room/trp_technical_review_02072006_18.asp)). Many of the existing master’s programs meet or exceed the USDE minimal requirement for a professional doctorate.

The current high credit load in master’s programs makes it very difficult to add additional content, especially with the current trends in state policy to limit the credit loads of degrees to control costs. However, the educational programs are being asked to address changes in the health care delivery system, such as the increased focus on primary care, interprofessional care teams, and specialization in practice, all of which will require increased content in the entry-level academic programs (Institute of Medicine, 2010; Interprofessional Education Collaborative Expert Panel, 2011; National Committee for Quality Assurance (NQF), 2013). The practice community has argued that other areas of the curriculum do not currently meet the needs of their practice areas and are petitioning ACOTE for increased content.

The majority of health professions are either at the doctoral level, transitioning to the doctorate, or are debating the issue. The studies on the development of the professions have identified that as professions have “matured” they have moved to higher degree levels (<http://www.carnegiefoundation.org/previous-work/professional-graduate-education>). More often than not, the primary issues are related to autonomy and perceived power.

When considering whether to recommend doctoral as the entry-level degree, we examined what has changed since we moved to the master’s entry level and considered what might have happened if we had not done this. At that time concerns were raised regarding costs, access, diversity, and faculty shortages, with little perceived gain in competency as an entry-level therapist. Then, as now, we saw the advantages of a more advanced degree in terms of where the health care system and the profession were going. The profession ultimately made the transition successfully and holds a respected position as a member of health care teams, which is reflected in both public policy and practice. However, we know the health care system continues to change with the evolution of new delivery models and approaches to care, and this environment presents both opportunities and dangers. For example, occupational therapy was initially excluded from an important national initiative to develop an assessment on interprofessional behaviors because we were not a “doctoral” profession. While this is but one example, we are deeply concerned that we could be seriously disadvantaged in the emerging health care environment if we don’t have the educational equivalent of our peers in other health care professions.

*Update July 1, 2014:*

## Q: How will moving to doctoral entry-level requirement impact diversity in the profession?

***What can we learn from physical therapy?*** As reported in the APTA 2012-2013 Aggregate Data Report, the transition to the DPT in physical therapy had **no significant impact** on diversity (race/ethnicity) in the student population. There has been a slight growth in the percentage of males in the programs over the last 3 years. No other diversity data is reported.

Source: American Physical Therapy Association (APTA) (2014). 2012-2013 *Aggregate Program Data: PT Programs*. Author: Alexandria, VA. Retrieved from <http://www.capteonline.org/AggregateProgramData/>

**What can we learn from speech/language/hearing?** The data collected on race/ethnicity in the student population in a 2012 study did not show a significant difference between the doctoral-level audiology and master's-level speech pathology students. The data on gender indicated significantly more male students in the doctoral-level audiology programs.

Source: American Speech, Language, Hearing Association. (2013). *HES CSD Education Survey National Aggregate Data Report: 2010–2011 Academic Year*. ASHA: Washington, DC. Retrieved from <http://www.asha.org/uploadedFiles/2010-2011-CSD-Aggregate-Data-Report.pdf#search=%22student%22>

**What can we learn from the limited data on OT programs?** In 2010 the federal reporting requirements changed to identifying ethnicity (Hispanic/Non-Hispanic) and race as two different criteria. Previously, “Hispanic/Non-Hispanic” had been identified as an option under the race criteria. As a result it is difficult to compare data collected prior to 2010. The following table provides a comparison of the 2003-2004 data versus the 2013-2014 data. While a direct comparison is not possible secondary to the changes in report format, there does not appear to be a significant impact on race/ethnic diversity over this time period. This is the time period over which the majority of programs transitioned from bachelor's to master's degrees.

Table 1: Change over the last 10 years in ethnicity/race

2003-2004		2013-2014	
Caucasian	79%	White-Hispanic & non-Hispanic	82%
Black	8%	Black- Hispanic & non-Hispanic	4%
Asian	4%	Asian- Hispanic & non-Hispanic	6%
Hispanic	6%		
Native American	0%	Native & Pacific Islanders Hispanic & non-Hispanic	<1%
Multi-racial	1%		
Other	1%	Other- Hispanic & non-Hispanic	7%

The profession will benefit from continued dialogue about diversity as we think more about the potential of moving to doctoral entry. The Board welcomes comments on this issue.

*Update July 2, 2014:*

**Q: What information did the board consider before making its recommendation?**

The board examined multiple issues, and they summarized the pros and cons in this table. Additional advantages and/or disadvantages may be identified as the profession participates in dialogue about this complex issue.

*Update July 14, 2014:*

**Q: What would be the impact of moving to a doctoral entry-level degree on fieldwork?**

In its deliberations on the entry-level-degree for occupational therapy, the Board of Directors identified concerns that the doctoral entry level may place increased strain on the ability of academic programs to find an adequate number of fieldwork Level II sites. In order to address this question the Board initially reviewed the current requirements.

The ACOTE standards for the master's-entry-level degree and the doctoral-entry-level degree have the same requirement for fieldwork Level I and II. At both the master's- and doctoral-degree levels the students must successfully complete a total of 24 weeks of FW Level II. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.

The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Successful completion of FW Level II is a requirement for licensure in a number of states.

In addition to the FW Level II requirements, a doctoral student must successfully complete a doctoral experiential component. The required length of this doctoral experiential component is a minimum of 16 weeks. The goal of the doctoral experiential component is to develop occupational therapists with advanced skills (those that are beyond a generalist level). The doctoral experiential component shall be an integral part of the program's curriculum design and shall include an in-depth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.

Because of the difference in the breadth and depth of the doctoral experiential component it is not clear how often (if at all) programs would be utilizing existing FW Level II sites for the experiential placements each semester. The goal for the doctoral experiential component allows academic programs to identify and utilize placement sites not used to meet the fieldwork Level II requirements. Indeed, it was identified that the existing OTD programs often utilize sites where OT services are not provided, with the focus on advocacy and program development in emerging areas of practice. However, there is no data reported at this time on the percentage of placements in these settings.

The Board of Directors recognizes that the availability of sites to meet the experiential component requirements of the current ACOTE doctoral standards could be a potential barrier to implementing a doctoral entry-level requirement. It is a question we hope to explore more when we meet with the Accreditation Council on Occupational Therapy Education in August and with the participants in the joint meeting of the Academic Leadership Council and Academic Fieldwork Coordinators Forum in October. In the meantime, we have asked staff to identify strategies to gather further data on the "potential" impact if the programs were to all transition to the doctorate.

*Update July 28, 2014:*

**Q: What information points to a trend in health-related professions transitioning to the entry-level clinical doctorate?**

The Board of Directors and the Ad Hoc Committee on the Future of OT Education conducted an environmental scan of similar health professions that are moving toward the entry-level clinical doctorate, utilizing the following information sources.

*Physical Therapy*

The Commission on Accreditation in Physical Therapy Education (CAPTE) will require all programs to offer the DPT degree effective December 31, 2015. Source: <http://www.apta.org/pteducation/overview>

American Physical Therapy Association (APTA). (2011). *Today's physical therapist: A comprehensive review of a 21st-century health care profession*. Alexandria, VA: Commission on Accreditation in Physical Therapy Education.

*Physical Therapy Data*

PT Programs	2001-2	2004-5	2006-7	2008-9	2009-11	2011-14
DPT Programs	67	135	185	213	222	239
Masters Programs	146	74	25	9	5	1
Total:	213	209	210	22	227	240
# Graduates	5,119	5,242	5,516	6,873	7,423	7,795
Graduation rates	90.1	89.0	88.7	n/a	90.1	96.1
Pass Rates	84.1	81.1	86.2	86.5	88.2	87.7
% Caucasian	81.6	81.1	81.2	83.6	83.0	82.5

## *Pharmacy*

In 2000, the American Council on Pharmaceutical Education (ACPE) announced the conversion to the Doctor of Pharmacy (PharmD) as the sole entry-level degree for the profession of pharmacy. Source: <https://www.acpe-accredit.org/about/history.asp>

## *Nurse Practitioner*

The American Association of Colleges of Nursing has taken the position that all entry-level nurse practitioner educational programs be transitioned from the Master of Science in Nursing (MSN) degree to the DNP degree by the year 2015. Source: American Association of Colleges of Nursing (2004). *AACN Position Statement on the Practice Doctorate in Nursing*. Available at <http://www.aacn.nche.edu/DNP/pdf/DNP.pdf>.

## *Audiology*

Beginning in 2007, the Doctor of Audiology (AuD) has been the entry-level degree required for the clinical practice of audiology. Source: [http://www.audiology.org/education\\_research/education/students/Pages/audfacts.aspx](http://www.audiology.org/education_research/education/students/Pages/audfacts.aspx)

## *Nurse Anesthetist*

The American Association of Nurse Anesthetists is requiring the DNP (or DNAP--Doctor of Nurse Anesthesia Practice) degree for entry-level nurse anesthetist programs by the year 2025.

American Association of Nurse Anesthetists. (2007). *AANA Position on Doctoral Preparation of Nurse Anesthetists*. Source: <http://www.aana.com/newsandjournal/News/Pages/092007-AANA-Announces-Support-of-Doctorate-for-Entry-into-Nurse-Anesthesia-Practice-by-2025.aspx>

## **Additional health professions requiring an entry-level clinical doctorate:**

Doctor of Medicine (MD)

Doctor of Psychology (PhD or PsyD)

Doctor of Osteopathic Medicine (DO)

Doctor of Dentistry (DDS)

Doctor of Chiropractic (DC)

Doctor of Podiatric Medicine (DPM)

*Update November 10, 2014:*

## **Q: What's the next step?**

The Accreditation Council for Occupational Therapy Education (ACOTE<sup>®</sup>) has established a task force to work alongside stakeholders to collect and evaluate evidence to identify the optimal entry level(s) of education for ethical, accountable, and efficient practice to meet society's occupational needs. Read more here.

- See more at: <http://www.aota.org/AboutAOTA/Get-Involved/BOD/OTD-FAQs.aspx#sthash.udx6oz4V.dpuf>



ABOUT AOTA ▶ VOLUNTEER LEADERSHIP ▶ BOARD OF DIRECTORS ▶ NEWS ▶ 2015

## Update on the Entry-Level Degree for the Occupational Therapist Dialogue

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7/31/2015

On April 30, 2014, the AOTA Board of Directors released the following **statement**:

In response to the changing demands of higher education, the health care environment, and within occupational therapy, it is the position of the American Occupational Therapy Association (AOTA) Board of Directors that the profession should take action to transition toward a doctoral-level single point of entry for occupational therapists, with a target date of 2025. Support of high quality entry-level doctoral education for occupational therapists will benefit the profession, consumers, and society.

The Board's goal in issuing this statement was to facilitate a profession-wide dialogue on this critical issue. Over a 9-month period, the Board held **14 face-to-face meetings** with AOTA leadership groups, including informal discussions with members of the Representative Assembly, the membership at large via Town Hall meetings at several state conferences, and at AOTA's Annual Conference in Nashville. Online forums through OTConnections, and email were also used to solicit feedback and discuss the pros and cons of the issue. The following is a summary of the findings and potential next steps.

What is clear from the data collected is that overall, the occupational therapy community is split on this issue, and that the overwhelming majority of participants in the dialogues see both potential threats and opportunities in moving the entry-level degree requirement to the clinical doctorate.

**Potential THREATS:**

- Decreased diversity
- Decreased number of applicants
- Lack of qualified Fieldwork Educators and sites
- Lack of infrastructure and faculty in many schools to support doctoral level
- Increased student debt load without increased salary
- Impact on OTA
- Lack of distinction between entry-level and post-professional doctorates
- Equating doctoral degree, rather than experience, with better patient care

**Potential OPPORTUNITIES:**

- Single entry-level degree
- Meet society's changing expectation that health care professionals hold doctorates
- Better reflect the content and academic workload being demanded by the profession in our entry-level master's programs
- Some schools that want to transition to the OTD cannot do so without a mandate
- Doctoral degree increases perceived credibility to participate in and influence health policy discussions with payers and legislators
- Increased ways to address changing health care delivery models. For example:
  - Quality measures
  - Population-based approaches
  - Community-based practice
  - Greater autonomy
  - Primary care delivery

In June 2015 AOTA staff also surveyed the 152 accredited master's-degree-level programs, with 131 (86%) responding to the survey. Of the 131 programs that responded, 106 (81%) indicated that they had started working on a transition to the doctorate and planned to have this completed within 10 years (86 within 5 years).

In addition to surveying and talking with the members, the Board also reviewed health care professions that transitioned to a doctoral entry-level degree to review the implications, specifically physical therapy (must transition to DPT in 2015), pharmacy (transitioned in 2000), nurse practitioner (must transition in 2015), audiology (transitioned in 2007), and nurse anesthetist (must transition by 2025). In each of these cases the profession has not seen a decrease in applicants, graduates, or diversity. It is likely that student debt will increase, and that continues to be a concern.

As previously stated, the Board's goal in issuing their statement was to facilitate a profession-wide dialogue. President Ginny Stoffel stated how pleased the Board of Directors is with the thoughtful dialogue that has taken place. "Much was learned, and we heard members' feedback, both positive and negative, on moving to a single point of entry for the occupational therapist. The potential threats and opportunities are both significant, and the quickly changing health care system makes the dialogue even more important and timely."

The Board findings from the dialogue will be shared with the Accreditation Council for Occupational Therapy Education (ACOTE®) to better support and inform their discussions. We look forward to learning more from the independent ACOTE survey, being released in August, in which more than 3,000 respondents were asked their thoughts on this important issue.

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## **AGENDA ITEM 8**

### **REVIEW AND APPROVAL OF THE BOARD'S STRATEGIC PLAN.**

The draft Strategic Plan is attached for review.



## AGENDA ITEM 9

### **CONSIDERATION OF NEW POLICY FOR HANDLING DECISIONS WRITTEN BY AN ALJ THAT DOESN'T REFLECT THE BOARD'S DECISION (HEARING FOR PETITIONS: REINSTATEMENT, EARLY TERMINATE/MODIFY PROBATION).**

The following are attached for review:

- Memo from DCA Legal Affairs
- Draft policy
- Sample revised Order



SUBJECT: Editing a Decision Drafted by the ALJ After a Petitioner Hearing	POLICY # ENF – 2015 - 01	DATE ADOPTED: TBD
DISTRIBUTION: All Staff	APPROVED BY: Board of Occupational Therapy	

**Background**

After a hearing for a Petition for Reinstatement, Petition for Early Termination of Probation, or Petition for Modification of Probation Terms, the Board directs an Administrative Law Judge (ALJ), who presided over the hearing, to draft its Decision based on the Board's closed session deliberations and decision. There are times when the Decision drafted by the ALJ to the Board does not accurately reflect the intent and decision made by the Board.

When a Decision needs to be edited under the circumstances described above, Board staff relies on a memo from DCA's Legal Affairs Division, dated February 13, 2013, entitled *Procedures on Petition for Reinstatement (or Modification) Decisions* (Memo). According to the Memo, once the Decision is received, the Board staff that was present in closed session reviews the Decision for accuracy, notes any errors or omissions, and sends the Decision, including the noted errors and omissions, to the Board's assigned legal counsel for review. After legal counsel reviews the Decision, legal counsel prepares a memo setting forth the recommended revisions, revises the Decision, if necessary, and sends both to Board staff. Board staff then disseminates both documents to the Board members who were present at the hearing, including direction that, if a Board member believes the Decision as revised does not accurately reflect the Board's decision, he or she should contact legal counsel, who will revise the Decision, as appropriate, for review and approval by the Board members again.

This process can delay the issuance of the Board's Decision and adversely impact the timing of the reduction/termination of probation or reinstatement of a license, if so ordered by the Board.

**Proposed policy**

When Board staff receives the Decision, Board staff that was present in closed session will review the Decision for accuracy and note any errors or omissions. Minor typographical errors (e.g. specifying '2001' instead of the correct '2010' or specifying 'occupational therapist assistant' instead of

the correct 'occupational therapy assistant'), excluding any terms of probation, will be mentioned in the memo to the voting members who were present at the hearing, and asked to confirm that the Decision accurately reflects the Board's decision.

If the Decision does not reflect the Board's Decision, a closed session may be scheduled to discuss the concerns. Any typographical errors will be shown on the signature page that the Board President signs, noting the page number, paragraph number, and line number where the error is located and listing both the error and correct information.

For major errors in the Decision (e.g. a standard probation term is omitted or facts listed are inaccurate) Board staff will note the errors and send the Decision to legal counsel. After legal counsel reviews the Decision, legal counsel will prepare a memo setting forth the revisions and rationale for the changes, revise the Decision, and send both documents to Board staff. Based on the number of edits, Board staff will either: (1) disseminate the memo and revised Decision to the Board members who were present at the hearing for review; or (2) coordinate the scheduling of a Board meeting to hold a closed session and conference call with Board members and legal counsel to discuss the revised Decision.

If a teleconference Board meeting is not scheduled to discuss the revised Decision (as in Option (1), above), Board staff will disseminate it to the Board members asking them to reply in an email to Board staff only regarding the revised Decision, and either: (1) confirm that the Decision accurately reflects the Board Decision and matches their notes; or (2) advise of any concerns with the revised memo. Board staff will forward the Board's comments regarding the Decision as revised to legal counsel. Based on Board member comments, a closed session may be scheduled to discuss the concerns.

Implementation

Immediately

**BEFORE THE  
CALIFORNIA BOARD OF OCCUPATIONAL THERAPY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Statement of Issues  
Against:

JOHN DOE  
a.k.a. JOHNNY DOE

Respondent.

Case No. XX 2015-300

OAH No. 2015123456

**DECISION**

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the California Board of Occupational Therapy as its Decision in the above-entitled matter.

Pursuant to Government Code Section 11517(c)(2)(C) the Board is making the following technical or minor changes:

1. The word "Certificate" located in the caption shall be changed to "License"
2. The word "Certificate" located on page 1, paragraph 2, line 2 and in the Order on page 8, line 2 shall be changed to "License"
3. The word "certified" located on page 3, paragraphs 11, 12, and 13; page 6, line 2; and page 6, paragraph 4, line 3 shall be changed to "licensed"

This Decision shall become effective \_\_\_\_\_.

IT IS SO ORDERED \_\_\_\_\_.

---

XXXXXXXXXXXXXXXXXX, President  
California Board of Occupational Therapy

## **AGENDA ITEM 10**

### **CONSIDERATION OF NEW POLICY FOR HANDLING DECISIONS WRITTEN BY AN ALJ THAT DOESN'T REFLECT THE BOARD'S DECISION (STATEMENT OF ISSUES HEARING FOR AN APPLICANT).**

The draft policy is attached for review.



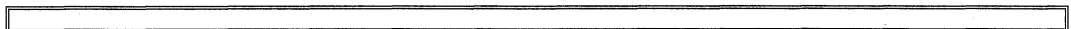
SUBJECT: Amending a Decision Drafted by the ALJ after a Board Hearing on a Statement of Issues	POLICY # ENF – 2015 - 02	DATE ADOPTED: TBD
DISTRIBUTION: All Staff	APPROVED BY: Board of Occupational Therapy	

**Background**

The Board itself hears contested cases based on Statements of Issues with the presence of an Administrative Law Judge (ALJ) pursuant to Government Code section 11517(b). After the Board holds such a hearing, the Board directs the ALJ that presided over the hearing to draft its Decision based on the Board's closed session deliberations with the ALJ. There are times when the Decision drafted by the ALJ does not accurately reflect the Board's decision. The purpose of this policy is to establish procedures for amending such decisions.

When a Decision needs to be amended under the circumstances described above, Board staff relies on a memo from DCA's Legal Affairs Division dated February 13, 2013, entitled *Procedures on Petition for Reinstatement (or Modification) Decisions* (Memo). According to the Memo, once the Decision is received, the Board staff that was present in closed session reviews the Decision for accuracy, notes any errors or omissions, and sends the Decision, including the noted errors or omissions, to the Board's assigned legal counsel for review. After legal counsel reviews the Decision, legal counsel prepares a memo setting forth recommended revisions, revises the Decision, and sends both to Board staff. Board staff then disseminates both documents to Board members who were present at the hearing, including direction that, if a Board member believes the Decision does not accurately reflect the Board's decision, he or she should contact legal counsel, who will revise the Decision, as appropriate, for review by the Board members again.

This process can delay the issuance of the Board's Decision and may adversely impact the timing of the license issuance and imposition of discipline, if so ordered by the Board.



Contested Cases

Government Code Section 11517 specifies the following:

(a) A contested case may be originally heard by the agency itself and subdivision (b) shall apply. Alternatively, at the discretion of the agency, an administrative law judge may originally hear the case alone and subdivision (c) shall apply.

(b) If a contested case is originally heard before an agency itself, all of the following provisions apply:

(1) An administrative law judge shall be present during the consideration of the case and, if requested, shall assist and advise the agency in the conduct of the hearing.

(2) No member of the agency who did not hear the evidence shall vote on the decision.

(3) The agency shall issue its decision within 100 days of submission of the case.

Please note: 'Submission of the case' refers to the date that parties have completed putting on their cases and the matter is ready for consideration; usually, this will be the same day that the Board deliberated and decided the matter, which is typically the same day as the hearing, unless the matter was held open for any reason.

Proposed policy

When Board staff receives the Decision, Board staff that was present in closed session will review the Decision for accuracy and note any errors or omissions. Minor typographical errors (e.g. specifying '2001' instead of the correct '2010' or specifying 'occupational therapist assistant' instead of the correct 'occupational therapy assistant'), excluding any terms of probation, will be mentioned in the memo to the voting members who were present at the hearing, and asked to confirm that the Decision accurately reflects the Board's decision.

If the Decision does not reflect the Board's Decision, a closed session may be scheduled to discuss the concerns. Any typographical errors will be shown on the signature page that the Board President signs, noting the page number, paragraph number, and line number where the error is located and listing both the error and correct information.

For major errors in the Decision (e.g. a probation term is omitted or factual evidence is misstated) Board staff will note the errors and send the Decision to legal counsel. Board staff will concurrently coordinate the scheduling of a teleconference Board meeting to hold a closed session with Board members and legal counsel to discuss the matter. After legal counsel reviews the Decision, legal counsel will prepare a memo setting forth the revisions and rationale for the changes, revise the Decision, and provide both documents for inclusion in the packets for the scheduled Board meeting.

Implementation

Immediately

## **AGENDA ITEM 11**

**CONSIDERATION OF USING A (PROPOSED) FORM DURING A HEARING BY THE BOARD, WITH AN ALJ PRESIDING, TO ENSURE THE DECISION REFLECTS THE BOARD'S DECISION.**

The draft form is attached for review.



Respondent / Petitioner: \_\_\_\_\_ Date: \_\_\_\_\_

License No.: \_\_\_\_\_

Probation Duration: \_\_\_\_\_

**STANDARD CONDITIONS OF PROBATION** (to be included in all cases of probation)

Term #	Std	Mod	Term / Notes
1			Obey All Laws
2			Compliance with Probation and Quarterly Reporting
3			Personal Appearances
4			Notification of Address and Telephone Number Change(s)
5			Tolling for Out-of-State Practice, Residence or In-State Non-Practice
6			Notification to Employer(s)
7			Employment Requirements and Limitations
8			Supervision Requirements
9			Continuing Education Requirements
10			Maintenance of Valid License
11			<p><b>Cost Recovery Requirements</b> (not applicable to applicants)</p> <p>Amount: \$ _____ Condition Precedent? Yes [ ] No [ ]</p> <p>NOTES: _____</p> <p>_____</p> <p>_____</p>
12			<p><b>Instruction of Continuing Competency/Continuing Education Coursework</b></p> <p>NOTES: _____</p> <p>_____</p> <p>_____</p>
13			Violation of Probation
14			Completion of Probation

**OPTIONAL CONDITIONS OF PROBATION**

Yes [ ] No [ ] **15. Examination by a Physician** Condition Precedent? Yes [ ] No [ ]

Within forty-five (45) days of the effective date of the Decision, respondent shall submit to a physical examination by a physician and surgeon of his/her choice who meets minimum criteria approved by the Board. [...] The purpose of the examination shall be to determine respondent's ability to safely perform all professional duties with safety to self and to the public. [...]

Yes  No  **16. Psychological Evaluation** Condition Precedent? Yes  No

Within forty-five (45) days of the effective date of the Decision, respondent shall submit to a psychiatric/psychological evaluation. [...] This evaluation shall be for the purpose of determining respondent's current mental, psychological and emotional fitness to safely perform all professional duties with safety to self and the public. [...]

Yes  No  **17. Psychotherapy** Condition Precedent? Yes  No

Yes  No  **18. Clinical Diagnostic Evaluation** Condition Precedent? Yes  No

Within twenty (20) days of the effective date of the Decision and at any time upon order of the Board, respondent shall undergo a clinical diagnostic evaluation. [...] Respondent is ordered to cease any practice of occupational therapy, beginning on the effective date of the Decision, pending the results of the clinical diagnostic evaluation. [...]

Yes  No  **19. Rehabilitation Program** Condition Precedent? Yes  No

Within thirty (30) days of the effective date of the Decision, respondent shall enter rehabilitation and monitoring program specified by the Board. Respondent shall successfully complete such treatment contract as may be recommended by the program and approved by the Board. Components of the treatment contract shall be relevant to the violation and to the respondent's current status in recovery or rehabilitation. [...]

## **20. Support Groups**

Yes  No  **20a. Chemical Dependency Support/Recovery Groups**

Within five (5) days of the effective date of the Decision, respondent shall begin attendance at a chemical dependency support group (e.g., Alcoholics Anonymous, Narcotics Anonymous), and continue as ordered by the Board or its designee. [...] Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required.

When determining the frequency of required support group meeting attendance, the Board shall give consideration to the following:

- Licensee's history;
- Documented length of sobriety/time that has elapsed since substance abuse;
- Recommendation of the clinical evaluator;
- Scope and pattern of use;
- Licensee's treatment history; and
- Nature, duration, and severity of substance abuse.

Yes  No  **20b. Facilitated Support Group Meetings**

Within thirty (30) days of the effective date of the Decision, respondent shall begin attendance at a facilitated support group, and continue as ordered by the Board or its designee. [...] Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required.

When determining the frequency of required support group meeting attendance, the Board shall give consideration to the following:

- Licensee's history;
- Documented length of sobriety/time that has elapsed since substance abuse;
- Recommendation of the clinical evaluator;
- Scope and pattern of use;
- Licensee's treatment history; and
- Nature, duration, and severity of substance abuse.

[...]

Yes  No  **20c. Group Support/Recovery Meetings**

Respondent shall begin and continue attendance at a support/recovery group (e.g. AA, NA, or a facilitated group) as ordered by the Board or its designee. When determining the type and frequency of required support group meeting attendance, the Board shall give consideration to the following:

- Licensee's history;
- Documented length of sobriety/time that has elapsed since substance abuse;
- Recommendation of the clinical evaluator;
- Scope and pattern of use;
- Licensee's treatment history; and
- Nature, duration, and severity of substance abuse.

[...] *NOTE TO ALJ: 20c is not necessary if 20a or 20b is ordered.*

Yes  No  **21. Abstain from Controlled Substances**

Yes  No  **22. Abstain from use of Alcohol**

**23. Submit Biological Fluid Samples**

Yes  No  **23a.** [This term shall be applied to a respondent meeting the definition of a "substance abusing licensee" pursuant to 16 CCR 4147.5.\*]

Respondent shall enroll in the Board's drug-testing program within two (2) business days of the effective date of Probation and shall comply with all contract requirements. [...]

Yes  No  **23b.** [This term shall be applied to a Respondent that committed a violation involving drugs and/or alcohol, but who is not considered to be a "substance abusing licensee" as referenced in 16 CCR 4147.5.\*]

Respondent shall enroll in the Board's drug-testing program within two (2) business days of the effective date of Probation and shall comply with all contract requirements. [...]

\* If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee [...]. If the licensee does not rebut that presumption, in addition to any and all relevant terms and conditions contained in the Disciplinary Guidelines, the "Uniform Standards" shall apply as written and be used in the order placing the licensee on probation.

Yes  No  **24. Take and Pass the Licensure Examination** Condition Precedent? Yes  No

[...] As a condition precedent to reinstatement of a license, respondent shall take and pass the licensure examination currently required of new applicants prior to resuming practice. [...] All standard terms or other terms of probation shall be tolled until the respondent has successfully passed the licensure examination and notice of licensure has been mailed to respondent by the Board.

Yes  No  **25. Worksite Monitor**

Yes  No  **26. Restriction on Licensed Practice**

Yes  No  **27. Suspension**

Respondent is suspended from the practice of occupational therapy for \_\_\_\_\_ days beginning on the effective date of the Decision. [...]

Yes  No  **28. Restitution** Condition Precedent? Yes  No

Within \_\_\_\_\_ days of the effective date of this Decision, respondent shall make restitution to \_\_\_\_\_ in the amount of \$\_\_\_\_\_ and shall provide the Board with proof from \_\_\_\_\_ attesting that the full restitution has been paid. In all cases, restitution shall be made before the termination of probation.

Yes  No  **29. Criminal Probation Reports**

Yes  No  **30. Relinquish License and Wall Certificate**

Yes  No  **31. Notification to Clients/Cessation of Practice**

In orders that provide for a cessation or suspension of practice, respondent shall comply with procedures provided by the Board regarding notification to, and management of, clients.

Yes  No  **32. Request for Modification**

“Request” as used in this standard is a request made to the Board’s designee, and is not under the Administrative Procedure Act (APA). The licensee shall demonstrate that he/she has met the following criteria before being granted a request to modify a practice restriction ordered by the Board:

- Demonstrated sustained compliance with current recovery program.
- Demonstrated the ability to practice safely [...].
- Negative alcohol and drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

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Board President

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Board Vice President

## **AGENDA ITEM 15**

### **Consideration and possible action of approving of proposed regulatory language to amend Title 16, CCR Section 4161, Continuing Competency, and Section 4162, Completion and Reporting Requirements.**

The following are attached for review:

- Proposed language amending Sections 4161 and 4162
- Attestation form

**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY  
APPROVED MODIFIED REGULATORY LANGUAGE  
Title 16, Division 39, California Code of Regulations**

Proposed amendments are shown in underline for new text and ~~strikeout~~ for deleted text.

Amend Title 16, Division 39, Article 7, California Code of Regulations to read as follows:

**§ 4161. Continuing Competency**

(a) ~~Effective January 1, 2006, e~~Each licensee renewing a license under Section 2570.10 of the Code shall submit evidence of meeting continuing competency requirements by having completed twenty-four (24) professional development units (PDUs) during the preceding renewal period, or in the case of a license delinquently renewed, within the two years immediately preceding the renewal, acquired through participation in professional development activities.

(1) One (1) hour of participation in a professional development activity qualifies for one PDU;

(2) One (1) academic credit equals 10 PDUs;

(3) One (1) Continuing Education Unit (CEU) equals 10 PDUs.

(b) Topics and subject matter shall be pertinent to the practice of occupational therapy and course material must have a relevance or direct application to a consumer of occupational therapy services. Except as provided in subdivision (c), professional development activities acceptable to the board include programs or activities sponsored by the American Occupational Therapy Association (AOTA) or the Occupational Therapy Association of California; post-professional coursework completed through any approved or accredited educational institution, or otherwise meets all of the following criteria:

(1) The program or activity contributes directly to professional knowledge, skill, and ability; and

(2) The program or activity must be objectively measurable in terms of the hours involved.

(c) PDUs may also be obtained through any or a combination of the following:

(1) Involvement in structured special interest or study groups with a minimum of three (3) participants. Three (3) hours of participation equals one (1) PDU, with a maximum of six (6) PDUs credited per renewal period.

(2) Structured mentoring with an individual skilled in a particular area. For each 20 hours of being mentored, the practitioner will receive three (3) PDUs, with a maximum of six (6) PDUs credited per renewal period.

(3) Structured mentoring of a colleague to improve his/her skills. Twenty (20) hours of mentoring equals three (3) PDUs, with a maximum of six (6) PDUs credited per renewal period.

(4) Supervising the fieldwork of Level I and Level II occupational therapist and occupational therapy assistant students shall be credited as follows:. ~~For each 60 hours of supervision, the practitioner will receive .5 PDU, with a maximum of twelve (12) PDUs credited per renewal period.~~

(A) Supervising the fieldwork of a Level I student. For each student supervised the practitioner will receive 1 PDU.

(B) Supervising the fieldwork of a Level II student. For each 40 hours of supervision the practitioner will receive 1 PDU.

(C) A maximum of twelve (12) PDUs of credit for supervising Level II and/or Level I students shall be allowed per renewal period.

(D) The supervision shall not be the primary responsibility of the licensee's employment.

(E) Credit for PDUs shall only be earned for the dates of supervision occurring during the renewal period.

(F) Fieldwork supervision hours of a single student may be divided between licensees. Total weekly hours claimed by more than one licensee sharing supervision of a single student shall not exceed 40 hours per week.

(5) Publication of an article in a non-peer reviewed publication. Each article equals five (5) PDUs, with a maximum of ten (10) PDUs credited per renewal period.

(6) Publication of an article in a peer-reviewed professional publication. Each article equals 10 PDUs, with a maximum of ten (10) PDUs credited per renewal period .

(7) Publication of chapter(s) in occupational therapy or related professional textbook. Each chapter equals 10 PDUs, with a maximum of ten (10) PDUs credited per renewal period.

(8) Making professional presentations at workshops, seminars and conferences. For each hour presenting, the practitioner will receive two (2) PDUs, with a maximum of six (6) PDUs credited per renewal period.

(9) Attending a meeting of the California Board of Occupational Therapy. Each meeting attended equals two (2) PDUs, with a maximum of six (6) PDUs credited per renewal period.

(10) Attending board outreach activities. Each presentation attended equals two (2) PDUs, with a maximum of four (4) PDUs credited per renewal period.

(d) Partial credit will not be given for the professional development activities listed in subsection (c) and a maximum of twelve (12) PDUs may be credited for the activities listed in subsection (c).

(e) This section shall not apply to the first license renewal following issuance of the initial license.

(f) Of the total number of PDUs required for each renewal period, a minimum of one half of the units must be directly related to the delivery of occupational therapy services, may include: models, theories or frameworks that relate to client/patient care in preventing or minimizing impairment, enabling function within the person/environment or community context. Other activities may include, but are not limited to, occupation based theory assessment/interview techniques, intervention strategies, and community/environment as related to one's practice.

(g) Applicants who have not been actively engaged in the practice of occupational therapy within the past five years completing continuing competency pursuant to section 2570.14(a) of the Code to qualify for licensure shall submit evidence of meeting the continuing competency requirements by having completed, during the two year period immediately preceding the date the application was received, forty (40) PDUs that meet the requirements of subsection (b).

The forty PDUs shall include:

(1) Thirty-seven (37) PDUs directly related to the delivery of occupational therapy services, which may include the scope of practice for occupational therapy practitioners or the occupational therapy practice framework;

(2) Three (3) PDUs related to ethical standards of practice in occupational therapy.

Note: Authority cited: Sections 2570.10 and 2570.20, Business and Professions Code.  
Reference: Section 2570.10, Business and Professions Code.

## 4162. Completion and Reporting Requirements

(a) The occupational therapy practitioner shall record the following information for each activity on the renewal form:

- (1) the date each course or activity was completed;
- (2) the provider, course number, and course title, if applicable;
- (3) a description of the course; and
- (4) the total number of PDUs.

(b) Records showing participation in each professional development activity must be maintained by the occupational therapy practitioner for four (4) years following the renewal period.

(c) A maximum of three (3) PDUs in excess of the required 12 PDUs may be carried over to the next renewal period for those practitioners renewing after one year. A maximum of six (6) PDUs in excess of the required 24 PDUs may be carried over to the next renewal period for those practitioners renewing after two years.

(d) Any occupational therapy practitioner who is unable to provide records documenting completion of the continuing competency requirements is subject to citation and/or administrative fine or disciplinary action.

(e) Any occupational therapy practitioner who supervises a Level I and/or Level II student shall document said supervision, immediately upon conclusion of the supervision period, using the Fieldwork Education PDU Attestation form (Form FEA New 9/2015) hereby incorporated by reference, and shall contain a statement under penalty of perjury regarding the truthfulness of the information contained therein.

Note: Authority cited: Sections 2570.10 and 2570.20, Business and Professions Code.  
Reference: Section 2570.10, Business and Professions Code.





BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.  
**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**  
 2005 Evergreen Street, Suite 2250, Sacramento, CA 95815-3831  
 T: (916) 263-2294 F: (916) 263-2701  
 E-mail: [cbot@dca.ca.gov](mailto:cbot@dca.ca.gov) Web: [www.bot.ca.gov](http://www.bot.ca.gov)



### Fieldwork Education PDU Attestation

Licensee Name (Supervisor): \_\_\_\_\_

OTA     OT    License Number: \_\_\_\_\_

Occupational therapy student (name): \_\_\_\_\_

OTA     OT Fieldwork     Level 1     Level 2

College/University: \_\_\_\_\_

Dates of Fieldwork: \_\_\_\_\_ to \_\_\_\_\_

Number of hours as fieldwork supervisor: \_\_\_\_\_

Average hours/week as fieldwork supervisor: \_\_\_\_\_

Co-supervisor(s) (if any): \_\_\_\_\_

Professional Development Units requested: \_\_\_\_\_  
 (A maximum of 12 PDUs may be earned for supervising students per biennial renewal period)

Signature of licensee: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing above, I declare under penalty of perjury of the laws of the State of California that the information contained on this form is true and correct. I understand any misrepresentation of any item on this form is sufficient grounds for disciplinary action by the California Board of Occupational Therapy.*

### Employer or Fieldwork Coordinator Verification (Information below must be completed by Employer or Fieldwork Coordinator)

Licensee's Employer     Academic Fieldwork Coordinator (Select one)

Facility/College or University: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **AGENDA ITEM 16**

### **Consideration and possible action of approving of proposed regulatory language to amend Title 16, CCR Section 4163, Exemption from Continuing Competency Requirements.**

The following are attached for review:

- Proposed language
- Sample notes submitted by licensees

**California Board of Occupational Therapy**  
**Department of Consumer Affairs**  
Title 16, Division 39, California Code of Regulations

**PROPOSED TEXT**

Proposed amendments are shown by strikeout for deleted text and underlined for new text.

Amend Title 16, Division 39, Article 7, California Code of Regulations to read as follows:

**§ 4163. Exemption from Continued Competency Requirements**

At the time of applying for renewal of a license, an occupational therapy practitioner may request an exemption from the continuing competency requirements. The renewal application must provide the following information:

- (a) Evidence that during the renewal period prior to the expiration of the license, the practitioner was residing in another country for one year or longer, reasonably preventing completion of the continuing competency requirements; or
- (b) Evidence that the practitioner was absent from California because of military service for a period of one year or longer during the renewal period, preventing completion of the continuing competency requirements; or
- (c) Evidence that the practitioner should be exempt from the continuing competency requirements for reasons of health or other good cause which include:
  - (1) Total physical and/or mental disability and inability to work for one (1) year or more during the renewal period and the inability to work during this period has been verified by a licensed physician or surgeon or licensed clinical psychologist; or
  - (2) Total physical and/or mental disability for one (1) year or longer of an immediate family member for whom the practitioner had total responsibility, as verified by a licensed physician or surgeon or licensed clinical psychologist.
- (d) An exemption under this section shall not be granted for two consecutive renewal periods. In the event a licensee cannot complete continuing competency requirements following an exemption, the licensee may only renew the license in an inactive status.

Note: Authority cited: Sections 2570.10 and 2570.20, Business and Professions Code.  
Reference: Sections 2570.10 and 2570.11, Business and Professions Code.



exp 6/30/2015

[REDACTED] MEDICAL CENTER

RETURN TO WORK/SCHOOL SLIP

_____ M.D.	_____ M.D.
_____ I.D.	_____ M.D.
_____ M.D.	_____ M.D.
x _____ M.D.	_____ M.D.
_____ M.D.	

NAME: \_\_\_\_\_ DATE: 07-08-2015

TO: \_\_\_\_\_

THE ABOVE PATIENT IS UNDER OUR CARE AND:

- \_\_\_ HAS RECOVERED AND MAY RETURN TO REGULAR WORK ON \_\_\_\_\_
- \_\_\_ HAS RECOVERED AND MAY RETURN TO LIGHT WORK ON \_\_\_\_\_
- \_\_\_ HAS RECOVERED AND MAY RETURN TO SCHOOL ON \_\_\_\_\_
- \_\_\_ REQUIRES A MEDICAL LEAVE OF ABSENCE FROM \_\_\_\_\_
- x IS RESTRICTED FROM WORK DATES RANGED FROM : 12/29/2011-5/01/2015
- \_\_\_ RECEIVED TREATMENT AT OUR OFFICES ON \_\_\_\_\_
- \_\_\_ IS SCHEDULED TO RETURN ON \_\_\_\_\_ AT \_\_\_\_\_

**REMARKS:** PATIENT WAS RELEASED TO MODIFIED DUTY ON THE FOLLOWING DATE RANGES:

- \*\*2/01/2012-6/05/2012
- \*\*7/15/2013-8/15/2013
- \*\*3/31/2014-5/01/2014

**X** \_\_\_\_\_ M.D.

\_\_\_\_\_

\_\_\_\_\_

6/30/2013

[Redacted]

October 3, 2013

California Board of Occupational Therapists  
2005 Evergreen Street, Suite 2050  
Sacramento, CA 95815

Attn: Heather Martin

Ref: [Redacted]  
Continuing Education Requirement

Dear Ms. Martin:

I request that Maria Chabai be granted relief from the continuing education requirement for license renewal. She has been ill and under my care for over a year and was too impaired to follow lectures or courses. She has returned to part time work and is expected to recuperate.

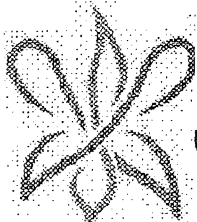
Respectfully,

[Redacted]

[Redacted] M.D.  
[Redacted]

RECEIVED  
BOARD OF OCCUPATIONAL THERAPY  
13 OCT -7 PM 1:47

exp  
11/30/2015



[REDACTED]

DO  
MD

August 27, 2015

RE: [REDACTED]

To Whom It May Concern:

This letter is being written at the request of my patient [REDACTED] she has been under my care for intractable back pain for over a year. She in addition, has recently had back surgery. Due to her medical conditions she has been unable to complete necessary units for her occupational therapy licensure. If you need further clarification, please have [REDACTED] contact our office.

Sincerely,

*[Handwritten signature]*

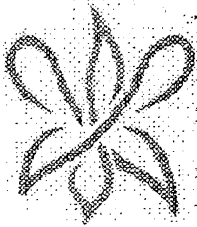
[REDACTED]

[REDACTED]

RECEIVED  
BOARD OF OCCUPATIONAL THERAPY  
15 SEP 21 AM 11:16

note #1

OKP  
12/30/2015



DO  
MD

August 27, 2015

RE: [Redacted]

To Whom It May Concern:

This letter is being written at the request of my patient [Redacted]. She has been under my care for intractable back pain for over a year. She in addition, has recently had back surgery. Due to her medical conditions she has been unable to complete necessary units for her occupational therapy licensure. patient has been unable to work from 06/14 to present. If you need further clarification, please have [Redacted] contact our office.

Sincerely,

*[Handwritten signature]*

[Redacted]

[Redacted]

RECEIVED  
BOARD OF OCCUPATIONAL THERAPY  
15 SEP -3 PM 2:07

note #2



## **AGENDA ITEM 17**

### **Consideration and possible action of approving of proposed regulatory language to add Title 16, CCR Section 4176, Notice to Consumers.**

The following are attached for review:

- Proposed language (previously drafted by Practice Committee)
- BPC sections 138, 680, and 680.5
- Other CA Boards 'Notice' language

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

PROPOSED AMENDED REGULATORY LANGUAGE  
Title 16, Division 39, California Code of Regulations

All proposed language is new.

Add section 4176 to Article 8 of Division 39 of Title 16 of the California Code of Regulations to read as follows:

§ 4176. Notice to Consumers.

(a) Occupational therapists and occupational therapy assistants shall provide notice to their patients or clients that they are licensed and regulated by the California Board of Occupational Therapy.

(b) Except for employees exempt by their employer pursuant to section 680 of the Code, occupational therapists and occupational therapy assistants shall wear a name tag while working, in at least 18-point font that provides the first and last name and license type and number. However, the name tag requirement shall not apply to occupational therapists or occupational therapy assistants who prominently display a copy of their license in the practice area or office where he or she works.

(c) (1) Occupational therapists and occupational therapy assistants shall provide to the patients or clients at the time of initial evaluation, or display in at least 24-point font in an area visible to patients or clients, written notice specifying that the licensee is regulated by the California Board of Occupational Therapy, and provide the following personal information:

Licensee's first and last name;

License type and number; and

Highest level of earned academic degree related to the provision of occupational therapy services.

(2) As required by section 680.5 of the Code, this information shall also be displayed on any Internet website directly controlled or administered by the occupational therapist or occupational therapy assistant or his or her office personnel.

(Note to Board: Include OTAs? Would they have their own website?)

(d) This section shall not apply to occupational therapists or occupational therapy assistants who work in the following types of facilities:

(1) General acute care hospital

(2) Acute psychiatric hospital;

(3) Skilled nursing facility;

- (4) Intermediate care facility;
- (5) Intermediate care facility/developmentally disabled-habilitative;
- (6) Intermediate care facility/developmentally disabled;
- (7) Intermediate care facility/developmentally disabled-nursing;
- (8) Congregate living health facility;
- (9) Correctional treatment center;
- (10) Nursing facility; or
- (11) Intermediate care facility/developmentally disabled-continuous nursing.

Authority cited: Section 2570.20, Business and Professions Code; Reference: Sections 138, 680, and 680.5, Business and Professions Code.

## **Business and Profession Code**

### **Section 138.**

Every board in the department, as defined in Section 22, shall initiate the process of adopting regulations on or before June 30, 1999, to require its licentiates, as defined in Section 23.8, to provide notice to their clients or customers that the practitioner is licensed by this state. A board shall be exempt from the requirement to adopt regulations pursuant to this section if the board has in place, in statute or regulation, a requirement that provides for consumer notice of a practitioner's status as a licensee of this state.

### **Section 680.**

(a) Except as otherwise provided in this section, a health care practitioner shall disclose, while working, his or her name and practitioner's license status, as granted by this state, on a name tag in at least 18-point type. A health care practitioner in a practice or an office, whose license is prominently displayed, may opt to not wear a name tag. If a health care practitioner or a licensed clinical social worker is working in a psychiatric setting or in a setting that is not licensed by the state, the employing entity or agency shall have the discretion to make an exception from the name tag requirement for individual safety or therapeutic concerns. In the interest of public safety and consumer awareness, it shall be unlawful for any person to use the title "nurse" in reference to himself or herself and in any capacity, except for an individual who is a registered nurse or a licensed vocational nurse, or as otherwise provided in Section 2800. Nothing in this section shall prohibit a certified nurse assistant from using his or her title.

(b) Facilities licensed by the State Department of Social Services, the State Department of Public Health, or the State Department of Health Care Services shall develop and implement policies to ensure that health care practitioners providing care in those facilities are in compliance with subdivision (a). The State Department of Social Services, the State Department of Public Health, and the State Department of Health Care Services shall verify through periodic inspections that the policies required pursuant to subdivision (a) have been developed and implemented by the respective licensed facilities.

(c) For purposes of this article, "health care practitioner" means any person who engages in acts that are the subject of licensure or regulation under this division or under any initiative act referred to in this division.

### **Section 680.5.**

(a) (1) A health care practitioner licensed under Division 2 (commencing with Section 500) shall communicate to a patient his or her name, state-granted practitioner license type, and highest level of academic degree, by one or both of the following methods:

(A) In writing at the patient's initial office visit.

(B) In a prominent display in an area visible to patients in his or her office.

(2) An individual licensed under Chapter 6 (commencing with Section 2700) or Chapter 9 (commencing with Section 4000) is not required to disclose the highest level of academic degree he or she holds.

(b) A person licensed under Chapter 5 (commencing with Section 2000) or under the Osteopathic Act, who is certified by (1) an American Board of Medical Specialties member board, (2) a board or association with requirements equivalent to a board described in paragraph (1) approved by that person's medical licensing authority, or (3) a board or association with an Accreditation Council for Graduate Medical Education approved postgraduate training program that provides complete training in the person's specialty or subspecialty, shall disclose the name of the board or association by either method described in subdivision (a).

(c) A health care practitioner who chooses to disclose the information required by subdivisions (a) and (b) pursuant to subparagraph (A) of paragraph (1) of subdivision (a) shall present that information in at least 24-point type in the following format:

#### HEALTH CARE PRACTITIONER INFORMATION

1. Name and license.....
2. Highest level of academic degree.....
3. Board certification (ABMS/MBC).....

(d) This section shall not apply to the following health care practitioners:

(1) A person who provides professional medical services to enrollees of a health care service plan that exclusively contracts with a single medical group in a specific geographic area to provide or arrange for professional medical services for the enrollees of the plan.

(2) A person who works in a facility licensed under Section 1250 of the Health and Safety Code or in a clinical laboratory licensed under Section 1265.

(3) A person licensed under Chapter 3 (commencing with Section 1200), Chapter 7.5 (commencing with Section 3300), Chapter 8.3 (commencing with Section 3700), Chapter 11 (commencing with Section 4800), Chapter 13 (commencing with Section 4980), Chapter 14 (commencing with Section 4990.1), or Chapter 16 (commencing with Section 4999.10).

(e) A health care practitioner, who provides information regarding health care services on an Internet Web site that is directly controlled or administered by that health care practitioner or his or her office personnel, shall prominently display on that Internet Web site the information required by this section.

**Other Boards' language:**

**PT Board - CCR section 1398.15**

(a) A licensed physical therapist engaged in the practice of physical therapy shall provide Form NTC 12-01, August 2, 2012, to each patient.

(b) The notice required by this section shall be provided by at least one of the following methods:

(1) Prominently posting Form NTC 12-01, August 2, 2012, in an area visible to patients on the premises where the licensee provides the licensed services; or,

(2) Providing the patient or the patient's representative with a copy of Form NTC-1201, August 2, 2012. An acknowledgement, signed and dated by the patient or the patient's representative, shall be retained in that patient's medical records demonstrating receipt.

**PA Board – CCR section 1399.547**

(a) A licensee engage in providing medical services shall provide notification to each patient of the fact that the licensee is licensed and regulated by the board. The notification shall include the following statement information:

NOTIFICATION TO CONSUMERS

Physician assistants are licensed and regulated  
By the Physician Assistant Board  
(916) 561-8782  
[www.pac.ca.gov](http://www.pac.ca.gov)

(b) The notification required by this section shall be provided by one of the following methods:

(1) Prominently posting the notification in an area visible to patients on the premises where the licensee provides the licensed services, in which case the notice shall be in at least 48-point type in Arial font.

(2) Including the notification in a written statement, signed and dated by the patient or the patient's representative and retained in that patient's medical records, stating the patient understands the physician assistant is licensed and regulated by the board.

(3) Including the notification in a statement on letterhead, discharge instructions, or other document given to a patient or the patient's representative, where the notice is placed immediately above the signature line for the patient in at least 14-point type.

**Dental Board – CCR Section 1065**

(a) A licensed dentist engaged in the practice of dentistry shall provide notice to each patient of the fact that the dentist is licensed and regulated by the Board. The notice shall include the following statement and information:

NOTICE  
Dentists are licensed and regulated by the Dental Board of California  
(877) 729-7789  
[www.dbc.ca.gov](http://www.dbc.ca.gov)

(b) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the dentist provides the licensed services, in which case the notice shall be in at least 48-point type font.

## **AGENDA ITEM 18**

### **Consideration and possible action of adopting proposed regulatory language to amend Title 16, CCR Section 4110, Application.**

The following are attached for review:

- Notice
- Proposed language
- Initial Statement of Reasons
- Current application
- Proposed edited application

## TITLE 16. CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

NOTICE IS HEREBY GIVEN that the California Board of Occupational Therapy (Board) is proposing to take the action described in the Informative Digest. Any person interested may submit statements or arguments relevant to the action proposed in writing. Written comments, including those sent by mail, facsimile, or email to the addresses listed under Contact Person in this Notice, must be received by the Board at its office not later than 5:00 pm on September 15, 2015.

The Board does not intend to hold a hearing in this matter. If any interested party wishes that a hearing be held, he or she must make the request in writing to the CBOT. The request must be received in the Board office not later than 5:00 pm on August 31, 2015.

The Board, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as Contact Person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by sections 2570.3 and 2570.20 of the Business and Professions Code (BPC), and to implement, interpret or make specific sections 2570.2 and 2570.3, the Board is proposing to revise Division 39, Title 16 of the California Code of Regulations (CCR) as follows:

### INFORMATIVE DIGEST

#### Informative Digest

The Board is the regulatory entity that regulates the practice of occupational therapy in the State of California. Existing law, BPC section 2570.25, mandates protection of the public shall be the highest priority of the Board in exercising its licensing, regulatory, and disciplinary functions.

Current regulation section 4110 requires individuals seeking an occupational therapist or occupational therapy assistant license to submit an application entitled "Initial Application for Licensure," Form ILA, Rev. 8/2012 to the Board. The Board proposes to amend the application form to incorporate recent statutory mandates. See 'Policy Statement Overview' below. In addition, the Board is making editorial amendments to the form, including adding information to remind applicants to submit required fees, as well asking applicants' preferences for receiving application status information via e-mail.

#### Policy Statement Overview

This proposed action will amend the Board's application for licensure to implement legislative mandates. More specifically the Board's application titled "Initial Application for Licensure, Form ILA, Rev 8/2012" is being amended to incorporate two legislative mandates. Senate Bill (SB) 1159 (Lara, Chapter 752, Statutes of 2014) amended BPC section 30 to establish that as an alternative, an applicant for licensure can provide an individual tax identification number in lieu of social security number. Assembly Bill (AB) 1057 (Medina, Chapter 693, Statutes of 2013) added section 114.5 to the Business and Professions Code (BPC), requiring boards to inquire in



every application for licensure if the applicant is serving in, or has previously served in, the military.

Benefit of Proposed Regulations

This regulatory action implements the provisions of AB 1057 and SB 1159. This regulatory action also proposes other minor amendments to the application that are designed to help applicants with providing the correct fees for the application, fingerprint cards, and otherwise confirm email as alternate method to communicate between the applicant and Board.

The proposed action also corrects an existing incorrect reference to the “National Board of Certification in Occupational Therapy to “National Board for Certification in Occupational Therapy” in section 4110(b).

Consistency and Compatibility with Existing State Regulations

The Board has conducted a review of any related regulations and has determined that these regulations deal with the qualifications of occupational therapists and occupational therapy assistants. Therefore, this regulatory proposal is consistent and compatible with existing state regulations.

INCORPORATION BY REFERENCE:

Initial Application for Licensure, Form ILA, Rev 8/2012 (existing application)  
Initial Application for Licensure, Form ILA, Rev 7/2015 (proposed new application)

**FISCAL IMPACT ESTIMATES**

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State:

This proposed action will comply with Business and Professions Code Sections 30 and 114.5. The fiscal impact to the Board is negligible and is based on the fact that any existing supplies of the current application will need to be destroyed and replaced with the new application.

Nondiscretionary Costs/Savings to Local Agencies: None

Local Mandate: None

Local Agency or School District for Which Government Code Sections 17500-17630 Require Reimbursement: None

Business Impact:

The Board has made an initial determination that the proposed regulatory action would not have a significant, statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

**RESULTS OF ECONOMIC IMPACT ANALYSIS**

Impact on Jobs/New Business:

The Board has determined that this regulatory proposal will not have an adverse impact on the creation of jobs or new businesses or the elimination of jobs or existing businesses or the expansion of businesses in the State of California.

Existing regulations require applicants to provide a social security number to the Board prior to the issuance of a license. This proposed action clarifies an applicant for licensure may provide an individual tax identification number in lieu of a social security number.

Benefits to the Health and Welfare of California Residents, Worker Safety, and the State's Environment:

The proposed regulatory action implements Business and Professions Code sections 30, 114.5, and 135.5. It has an indirect benefit to the health, safety, and welfare to California consumers but only as it pertains to administration of the Occupational Therapy Practice Act which is designed to protect California consumers. This proposed action does not contain any provisions that benefit worker safety or the State's environment.

Cost Impact on Affected Private Persons:

The proposed action does not increase costs for affected individuals (applicants) who seek licensure in the state of California.

Effect on Housing Costs: None

Effect on Small Business:

The Board has made an initial determination that the proposed regulatory action would have no statewide adverse economic impact on small business. The proposed regulatory action affects applicant applying for occupational therapist and occupational therapy assistant licenses in the State.

CONSIDERATION OF ALTERNATIVES

The CBOT must determine that no reasonable alternative it considered to the regulation or that has otherwise been identified and brought to its attention would either be more effective in carrying out the purpose for which the action is proposed or would be as effective as and less burdensome to affected private persons than the proposal described in this Notice or would be more cost-effective to the private persons and equally effective in implementing the statutory policy or other provision of law.

Any interested person may present statements or arguments orally or in writing relevant to the above determinations within the timeframes identified in this Notice, or at a hearing in the event that such a request is made by the public.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulation, and any document incorporated by reference, and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained from the contact person listed below.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE:

All the information upon which the proposed regulation is based is contained in the rulemaking file, which is available for public inspection by contacting the person named below.

You may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact person named below or by accessing the Board's website as listed below.

CONTACT PERSON:

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

Jeff Hanson  
California Board of Occupational Therapy  
2005 Evergreen Street, Suite 2250  
Sacramento, CA 95815  
(916) 263-2294 (Tel) (916) 263-2701 (Fax)

The backup contact person is:

Heather Martin  
[Same contact information as above]

**Website Access: All materials regarding this proposal can be found on-line at [www.bot.ca.gov](http://www.bot.ca.gov) > Laws and Regulations > Proposed Regulations.**

**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**  
**Title 16, Division 39, California Code of Regulations**

**Proposed Text**

Proposed amendments are shown underlined for new text and ~~striketrough~~ for deleted text.

Amend Title 16, Division 39, Article 2, California Code of Regulations to read as follows:

**§ 4110. Application.**

(a) An application for a license or limited permit shall be submitted on the form entitled Initial Application for Licensure, Form ILA, ~~Rev. 8/2012~~ Rev. 7/2015), hereby incorporated by reference, or by providing the same information via on-line submission, if available, and shall contain the information required by sections 30, 144, 851, 2570.5, 2570.6, 2570.7, 2570.8, 2570.9, 2570.14, and 2570.16 of the Code and Family Code section 17520, accompanied by the appropriate fees.

(b) For an applicant applying for licensure pursuant to section 2570.15 of the Code, "substantially equal" means that the applicant has successfully completed the academic requirements of an educational program, including the educational program and supervised fieldwork requirements, for an occupational therapist or an occupational therapy assistant that are approved by the board and approved by the foreign credentialing review process of the National Board ~~of~~ for Certification in Occupational Therapy, the American Occupational Therapy Certification Board, or the American Occupational Therapy Association.

Note: Authority cited: Section 2570.20, Business and Professions Code. Reference: Sections 30, 114.5, 144, 850, 851, 2570.5, 2570.6, 2570.7, 2570.8, 2570.9, 2570.14, 2570.15 and 2570.16, Business and Professions Code; and Section 17520, Family Code

# CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

## INITIAL STATEMENT OF REASONS

Subject Matter of Proposed Regulations: Applications

Section Affected: Title 16, Division 39, California Code of Regulations (CCR), Section 4110

### Introduction

The California Board of Occupational Therapy (Board) is the state agency that regulates the practice of occupational therapy. The Board's highest priority in exercising its licensing, regulatory, and disciplinary functions is to protect and promote the health, safety and welfare of California consumers. The Board administers, coordinates, and enforces provisions of the laws and regulations pertaining to occupational therapy.

### Purpose

Existing statutes authorize the Board to administer, coordinate, and enforce the Occupational Therapy Practice Act and adopt regulations relating to professional licensing. This proposed action is designed to amend the Board's application for licensure to conform with legislative requirements.

This proposed action is intended to implement Senate Bill (SB) 1159 (Lara, Chapter 752, Statutes of 2014) which would allow an individual applying for licensure to provide a federal employer identification number in lieu of a social security number as a condition of licensure. It also is intended to implement Assembly Bill (AB) 1057 (Medina, Chapter 693, Statutes of 2013, which establishes that commencing on January 1, 2015, licensing Boards shall inquire if every applicant for licensure is serving in, or has previously served in, the military.

### Factual Basis/Rationale

#### **Amend Section 4110**

This proposed action will amend existing language in section 4110 by striking the reference to "Rev. 8/2012" and replacing it with Rev. 7/2015 as it pertains to the Board's Initial Application for Licensure, Form ILA.

Specific changes to the application itself are described as follows:

Existing text in box "J" of the Board's application require an applicant to provide their Social Security Number (SSN) in the box. In order to implement the requirement set forth in SB 1159 the Board is proposing to add language in box "J" of the application that specifically states the applicant can provide either a SSN or an Individual Tax Identification Number.

In order to implement the requirement set forth in AB 1057 the Board is proposing to add boxes "O" and "P" to the application. Box "O" will ask applicants to provide a yes or no response to the question "Are you currently serving in the U.S. Military?" Box "P" will ask applicants to provide a yes or no response to the question "Have you ever served in the U.S. Military?"

Since the Board is amending its application to align it with the aforementioned legislation it also is taking the opportunity to add language on page four, after the Section VIII: Affidavit, that is designed to help, assist, and remind applicant's to provide correct fees with the application and to facilitate or confirm email communication between the applicant and Board during the application review and approval process. Specifically the Board seeks to add the following questions after the Affidavit on page four:

- Did you include the \$50 application fee?
- Did you include the \$49 fingerprint fee with the fingerprint cards?
- Do you want the approval/deficiency letter sent to the email address provided on page one?

In addition, this proposed action makes a minor correction in section 4110(b). The existing reference to the National Board of Certification in Occupational Therapy is being corrected to the National Board for Certification in Occupational Therapy.

#### INCORPORATION BY REFERENCE:

Initial Application for Licensure, Form ILA, Rev. 8/2012 (existing application)  
Initial Application for Licensure, Form ILA, Rev 7/2015 (new proposed application)

#### BUSINESS IMPACT:

This regulation will not have an adverse economic impact on business.

#### ECONOMIC IMPACT ANALYSIS

##### Background

The purpose of the proposed regulatory action is to amend the Board's application for licensure to conform to legislative mandates.

##### Creation or Elimination of Jobs Within California

The Board has determined the proposed regulatory action will not create or eliminate jobs. The proposed action is administrative in nature and merely amends the Board's existing application for licensure to conform with recent legislative mandates.

##### Creation of New Business or Elimination of Existing Business Within California

The Board has determined the proposed regulatory action will not create new business or eliminate existing business within California. The proposed action is administrative in nature and merely amends the Board's existing application for licensure to conform to recent legislative mandates.

##### Expansion of Business Within California

The Board has determined the proposed regulatory action will not expand business within California. The proposed action is administrative in nature and merely amends the Board's existing application for licensure to conform to recent legislative mandates.

## Benefits of Regulations

This proposed regulatory change serves to:

- Update and make the Board's application for licensure conform to legislative mandates.
- Provides and identifies an acceptable alternative for possessing a social security number as a precursor to licensure.
- Identifies applicants that are currently serving or ever served in the military.

This proposed action does not contain any benefit toward worker safety or the state's environment.

## SPECIFIC TECHNOLOGIES OR EQUIPMENT:

This regulation does not mandate the use of specific technologies or equipment.

## CONSIDERATION OF ALTERNATIVES:

No reasonable alternative to the regulation would be either more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed regulations.

### Alternative:

The Board considered doing nothing and leaving the provisions as they are written. This alternative was rejected because legislation was passed and licensing Boards were directed to affect these amendments to their applications.



**INITIAL APPLICATION FOR LICENSURE**

(Read the Instructions before completing the application. Please print or type all information.)

Check one:

- Occupational Therapist (OT)
  - Occupational Therapy Assistant (OTA)
- Are you applying for Limited Permit?  
 Yes or  No

<i>Board Use Only</i>
-----------------------

**Section I: Personal Data**

A. Last Name		B. First Name		C. Middle Name	
D. Other Names Used		E. Have you ever submitted an application to this Board under another name? <input type="checkbox"/> Yes. If yes, what name? _____ <input type="checkbox"/> No			
F. Residence Address: Street No., Apt. No. (cannot be a P.O. Box) (*Mandatory- Please see application instructions)		City	State	Zip Code	
G. Address of Record: Street No., Apt. No., P.O. Box (Please see application instructions)		City	State	Zip Code	
H. Home Telephone Number ( ) ( )	I. Business Telephone Number ( ) ( )	J. Social Security Number (SSN) (*Mandatory- Please see application instructions)			
K. Email address	L. Date of Birth (mm/dd/yy)	M. Driver's License Number/State	N. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

**Section II: Current/Previous License, Registration and Certification**

(You **must** submit a "Letter of Good Standing" from each jurisdiction in which you hold a license.)

A. Are you now or have you ever been licensed/registered/certified as an occupational therapist, occupational therapy assistant or held any other health related license or certificate in any state (including California), province, or country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. If yes, list below. Indicate the name used on the license if different than the name(s) in Section I.			
State or Country	Type of License, Registration or Certificate	Number	Expiration Date



**Section III: Education**

(You **must** submit an **official** transcript, with the degree posted, from the qualifying degree program.)

College/University Name, City, State	Graduation Date	Degree Awarded
College/University Name, City, State	Graduation Date	Degree Awarded

**Section IV: Examination** (You **must** submit a "Verification of Certification" from NBCOT.)

A. Are you now or have you ever been certified by the National Board for Certification in Occupational Therapy (NBCOT)?  
 Yes: Date of certification: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
 No.

B. Were you certified by the former American Occupational Therapy Certification Board (AOTCB)?  
 Yes: Date of certification: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
 No.

C. If you are applying for a limited permit, on what date are you scheduled to take the NBCOT examination?  
 Please attach the NBCOT eligibility verification or authorization to test letter if you have received it.

D. If you are applying for a limited permit, have you previously taken the NBCOT examination and failed?  
 Yes.  No.

**Section V: Professional Experience and/or Fieldwork**

(Please list most recent experience first. Add additional sheets if necessary.)

Facility Name: Address (Street, City, State or Country): Telephone Number:	Position:  From: To:
Facility Name: Address (Street, City, State or Country): Telephone Number:	Position:  From: To:
Facility Name: Address (Street, City, State or Country): Telephone Number:	Position:  From: To:

**Section VI: Disciplinary Actions and Criminal History Data**

A. Has any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other disciplinary action against you?

- Yes  No

If yes, you must provide a certified copy of the Disciplinary Order or other document imposing such sanction.

B. Have you ever voluntarily surrendered a license, certificate or registration granted to you in lieu of disciplinary action?

- Yes  No

C. Is any action described in A and/or B of this section pending against you?  Yes  No

If you answered yes to either B or C, please give a detailed explanation of the circumstances on a separate attachment.

D. Do you have any condition that in any way impairs or limits your ability to practice occupational therapy with reasonable skill and safety, including, but not limited to, the conditions listed below?  Yes  No

If yes, check all appropriate boxes below:

- A condition that required admission to an inpatient psychiatric treatment facility.
- Alcohol or chemical substance dependency or addiction.
- Emotional, mental or behavioral disorder.
- Other (explain):

For any of the boxes checked, please submit complete official inpatient and outpatient treatment records, evidence of ongoing rehabilitation treatment, and a personal written explanation of the circumstances.

E. Have you been convicted of any crime (misdemeanor or felony)? You must disclose any conviction, no matter how old. The only exceptions are: convictions occurring under the age of 18 (unless you were tried as an adult, in which case the conviction must be disclosed) and traffic violations resulting in a fine of less than \$500. All driving under the influence convictions must be disclosed regardless of the fine imposed. The definition of conviction includes a conviction following a plea of nolo contendere (no contest), as well as a plea or verdict of guilty. Convictions expunged under Penal Code Section 1203.4 must be disclosed.  Yes  No

If yes, provide the following information:

Date of Conviction	Name of Court and Location	Initial Charge(s)	Convicted Charge(s)

In addition to the above information, please provide the police report, a certified copy of the record of conviction, and a detailed explanation, written in your own words, of the circumstances surrounding each conviction.

F. Is any criminal action pending against you?  Yes  No If yes, for which incident?

**Section VII: Fingerprint and Photograph Requirements**

<p>A. You must submit either the completed Live Scan Form BCII 8016 <b>OR</b> two of the Board's pre-printed hard-copy fingerprint cards. Please see the application instructions for additional information.</p>	<p>B. Provide a 2" x 2" passport quality photograph of yourself taken within the last six months.</p> <p>Attach Photograph Here (face must be completely visible)</p>
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**Section VIII: Affidavit**

I hereby declare that I am the person named in this application, that I have read the complete application and know the contents thereof. **I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.** I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an occupational therapist or occupational therapy assistant in the State of California.

I further understand that I am required to notify the Board of Occupational Therapy, in writing, of any change in my mailing address and residence address within 30 days of such change.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.*

*For more information go to the following website addresses: [www.boe.ca.gov/cgi-bin/deliq.cgi](http://www.boe.ca.gov/cgi-bin/deliq.cgi) or [www.ftb.ca.gov/individuals/txdlnqnt.shtml](http://www.ftb.ca.gov/individuals/txdlnqnt.shtml).*



**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**

2005 Evergreen Street, Suite 2250, Sacramento, CA 95815

T: (916) 263-2294 F: (916) 263-0178

E-mail: [cbot@dca.ca.gov](mailto:cbot@dca.ca.gov) Web: [www.bot.ca.gov](http://www.bot.ca.gov)



**INITIAL APPLICATION FOR LICENSURE**

(Read the Instructions before completing the application. Please print or type all information.)

Check one:

- Occupational Therapist (OT)
  - Occupational Therapy Assistant (OTA)
- Are you applying for Limited Permit?  
 Yes or  No

<i>Board Use Only</i>
-----------------------

**Section I: Personal Data**

A. Last Name		B. First Name		C. Middle Name	
D. Other Names Used		E. Have you ever submitted an application to this Board under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?			
F. Residence Address: Street No., Apt. No. (Mandatory - P.O. Box not accepted)		City	State	Zip Code	
G. Address of Record: Street No., Apt. No., P.O. Box		City	State	Zip Code	
H. Home Telephone # ( )	I. Business Telephone # ( )	J. Social Security Number or Individual Tax Identification Number (Mandatory — Please see application instructions) _____ - _____ - _____			
K. Email address (Optional)	L. Date of Birth (mm/dd/yyyy)	M. Driver's License No and State	N. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
O. Are you currently serving in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, branch: _____		P. Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, branch: _____			

**Section II: Current/Previous License, Registration and Certification**

(You **must** submit a "Letter of Good Standing" from each jurisdiction in which you hold a license.)

A. Are you now or have you ever been licensed/registered/certified as an occupational therapist, occupational therapy assistant or held any other health related license or certificate in any state (including California), province, or country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. If yes, list below. Indicate the name used on the license if different than the name(s) in Section I.			
State or Country	License, Certificate or Registration Type	Number	Expiration Date

**Section III: Education**

(You **must** submit an **official** transcript, with the degree posted, from the qualifying degree program.)

College/University Name, City, State	Graduation Date	Degree Awarded
College/University Name, City, State	Graduation Date	Degree Awarded

**Section IV: Examination** (You **must** submit a "Verification of Certification" from NBCOT.)

A. Are you now or have you ever been certified by the National Board for Certification in Occupational Therapy?  
 Yes: Date of certification: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
 No.

B. Were you certified by the former American Occupational Therapy Certification Board?  
 Yes: Date of certification: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
 No.

C. If you are applying for a limited permit, on what date are you scheduled to take the NBCOT examination?  
 Please attach the NBCOT eligibility verification or authorization to test letter if you have received it.

D. If you are applying for a limited permit, have you previously taken the NBCOT examination and failed?  
 Yes.  No.

**Section V: Professional Experience and/or Fieldwork**

(Please list most recent experience first. Add additional sheets if necessary.)

Facility Name: Address (Street, City, State or Country): Telephone Number: <u>Name of Supervisor:</u>	Position: From: To:
Facility Name: Address (Street, City, State or Country): Telephone Number: <u>Name of Supervisor:</u>	Position: From: To:
Facility Name: Address (Street, City, State or Country): Telephone Number: <u>Name of Supervisor:</u>	Position: From: To:

**Section VI: Disciplinary Actions and Criminal History Data**

A. Has *any* health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other disciplinary action against you?  Yes  No

If yes, you must provide a certified copy of the Disciplinary Order or other document imposing such sanction.

B. Have you ever voluntarily surrendered a license, certificate or registration granted to you in lieu of disciplinary action?  Yes  No

C. Is any action described in A and/or B of this section pending against you?  Yes  No

If you answered yes to either B or C, please give a detailed explanation of the circumstances on a separate attachment.

D. Do you have any condition that in any way impairs or limits your ability to practice occupational therapy with reasonable skill and safety, including, but not limited to, the conditions listed below?  Yes  No

If yes, check all appropriate boxes below:

- A condition that required admission to an inpatient psychiatric treatment facility.
- Alcohol or chemical substance dependency or addiction.
- Emotional, mental or behavioral disorder.
- Other (explain):

For any of the boxes checked, please submit complete official inpatient and outpatient treatment records, evidence of ongoing rehabilitation treatment, and a personal written explanation of the circumstances.

E. Have you been convicted of any crime (misdemeanor or felony)?  Yes  No

*(Clarification regarding changes to question E: boxes moved, question amended for clarity, and new language added)*

You must disclose any conviction, regardless of age. Exceptions include: convictions occurring under the age of 18 (unless you were tried as an adult), traffic violations resulting in a fine of less than \$500, and convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b). All driving under the influence convictions must be disclosed regardless of the fine imposed. The definition of conviction includes a conviction following a plea of nolo contendere (no contest), as well as a plea or verdict of guilty. All convictions expunged under Penal Code Section 1203.4 must be disclosed.

If yes, provide the following information:

Date of Conviction	Name of Court and Location	Initial Charge(s)	Convicted Charge(s)

In addition to the above information, please provide the police report, a *certified copy* of the record of conviction, and a detailed explanation, written in your own words, of the circumstances surrounding each conviction.

F. Is any criminal action pending against you?  Yes  No If yes, for which incident?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section VII: Fingerprint and Photograph Requirements**

A. You must submit either the completed Live Scan Form BCII 8016 <b>OR</b> two of the Board's pre-printed hard-copy fingerprint cards. Please see the application instructions for additional information.	B. Provide a 2" x 2" <i>passport quality</i> photograph of yourself taken within the last three months.  Attach Photograph Here (face must be completely visible)
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**Section VIII: Affidavit**

I hereby declare that I am the person named in this application, that I have read the complete application and know the contents thereof. I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an occupational therapist or occupational therapy assistant in the State of California.

I ~~further~~ understand that I am required to notify the Board of Occupational Therapy, in writing, of any change in my mailing address and residence address within 30 days of such change.

**I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and any documentation submitted in support of my application is true and correct.**

(Note for Section VIII Affidavit amendments: Language has been rearranged and reformatted for clarity)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Did you include the \$50 application fee?**  Yes  No

**Did you include the \$49 fingerprint fee with the fingerprint cards?**  Yes  No  
(Fingerprint cards/fee not needed if submitting completed LiveScan form)

**Do you want the approval/deficiency letter sent to the email address provided on page one?**  Yes  No

*NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.*

For more information go to the following website addresses: [www.ftb.ca.gov/individuals/txdlnqnt.shtml](http://www.ftb.ca.gov/individuals/txdlnqnt.shtml) or [www.boe.ca.gov/cgi-bin/deliq.cgi](http://www.boe.ca.gov/cgi-bin/deliq.cgi).