

## **AGENDA ITEM 8**

### **PRESIDENT'S REPORT ON SUNSET REVIEW PROCESS.**

Assembly Bill 1706 is attached for review.



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## AB-1706 Healing arts: chiropractic practice: occupational therapy: physical therapy. (2017-2018)

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AMENDED IN ASSEMBLY MAY 02, 2017

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

### ASSEMBLY BILL

### No. 1706

**Introduced by Committee on Business and Professions (Assembly Members ~~Salas Low (Chair), Brough (Vice Chair), Arambula, Baker, Bloom, Chiu, Dahle, Gipson, Grayson, Holden, Low, Mullin, Steinorth, and Ting~~)**

**March 02, 2017**

An act to amend Sections 1000, 2570.19, 2602, and 2607.5 of the Business and Professions Code, relating to healing arts.

### LEGISLATIVE COUNSEL'S DIGEST

AB 1706, as amended, Committee on Business and Professions, Healing arts: *chiropractic practice*: occupational therapy: physical therapy.

*The Chiropractic Act, enacted by an initiative measure, provides for the licensure and regulation of chiropractors in this state by the State Board of Chiropractic Examiners. Existing law requires that the powers and duties of the board, as provided, be subject to review by the appropriate policy committees of the Legislature as if that act were scheduled to be repealed on January 1, 2018.*

*This bill would require that the powers and duties of the board, as provided, be subject to review by the appropriate policy committees of the Legislature as if that act were scheduled to be repealed on January 1, 2022.*

Existing law, the Occupational Therapy Practice Act, provides for the licensure and regulation of occupational therapists by the California Board of Occupational Therapy, which is within the Department of Consumer Affairs, and repeals the provisions establishing the board on January 1, 2018.

This bill would extend the operation of the board until January 1, 2022.

Existing law, the Physical Therapy Practice Act, provides for the licensure and regulation of physical therapists and physical therapist assistants by the Physical Therapy Board of California, which is within the Department of Consumer Affairs. That act requires the board to appoint an executive officer and authorizes the board to employ other persons, as specified. That act repeals the provisions establishing the board and the board's authority to appoint an executive officer and other personnel on January 1, 2018.

This bill would extend the operation of the board and the board's authority to appoint an executive officer and other personnel until January 1, 2022.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

**THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:**

**SECTION 1.** *Section 1000 of the Business and Professions Code is amended to read:*

**1000.** (a) The law governing practitioners of chiropractic is found in an initiative act entitled "An act prescribing the terms upon which licenses may be issued to practitioners of chiropractic, creating the State Board of Chiropractic Examiners and declaring its powers and duties, prescribing penalties for violation hereof, and repealing all acts and parts of acts inconsistent herewith," adopted by the electors November 7, 1922.

(b) The State Board of Chiropractic Examiners is within the Department of Consumer Affairs.

(c) Notwithstanding any other law, the powers and duties of the State Board of Chiropractic Examiners, as set forth in this article and under the act creating the board, shall be subject to review by the appropriate policy committees of the Legislature. The review shall be performed as if this chapter were scheduled to be repealed as of January 1, ~~2018~~, 2022.

**SECTION 1.** ~~SEC. 2.~~ Section 2570.19 of the Business and Professions Code is amended to read:

**2570.19.** (a) There is hereby created a California Board of Occupational Therapy, hereafter referred to as the board. The board shall enforce and administer this chapter.

(b) The members of the board shall consist of the following:

(1) Three occupational therapists who shall have practiced occupational therapy for five years.

(2) One occupational therapy assistant who shall have assisted in the practice of occupational therapy for five years.

(3) Three public members who shall not be licentiates of the board, of any other board under this division, or of any board referred to in Section 1000 or 3600.

(c) The Governor shall appoint the three occupational therapists and one occupational therapy assistant to be members of the board. The Governor, the Senate Committee on Rules, and the Speaker of the Assembly shall each appoint a public member. Not more than one member of the board shall be appointed from the full-time faculty of any university, college, or other educational institution.

(d) All members shall be residents of California at the time of their appointment. The occupational therapist and occupational therapy assistant members shall have been engaged in rendering occupational therapy services to the public, teaching, or research in occupational therapy for at least five years preceding their appointments.

(e) The public members may not be or have ever been occupational therapists or occupational therapy assistants or in training to become occupational therapists or occupational therapy assistants. The public members may not be related to, or have a household member who is, an occupational therapist or an occupational therapy assistant, and may not have had, within two years of the appointment, a substantial financial interest in a person regulated by the board.

(f) The Governor shall appoint two board members for a term of one year, two board members for a term of two years, and one board member for a term of three years. Appointments made thereafter shall be for four-year terms, but no person shall be appointed to serve more than two consecutive terms. Terms shall begin on the first day of the calendar year and end on the last day of the calendar year or until successors are appointed, except for the first appointed members who shall serve through the last calendar day of the year in which they are appointed, before commencing the terms prescribed by this section. Vacancies shall be filled by appointment for the unexpired term. The board shall annually elect one of its members as president.

(g) The board shall meet and hold at least one regular meeting annually in the Cities of Sacramento, Los Angeles, and San Francisco. The board may convene from time to time until its business is concluded. Special meetings of the board may be held at any time and place designated by the board.

(h) Notice of each meeting of the board shall be given in accordance with the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

(i) Members of the board shall receive no compensation for their services, but shall be entitled to reasonable travel and other expenses incurred in the execution of their powers and duties in accordance with Section 103.

(j) The appointing power shall have the power to remove any member of the board from office for neglect of any duty imposed by state law, for incompetency, or for unprofessional or dishonorable conduct.

(k) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

(l) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

**SEC. 2. SEC. 3.** Section 2602 of the Business and Professions Code is amended to read:

**2602.** (a) The Physical Therapy Board of California, hereafter referred to as the board, shall enforce and administer this chapter.

(b) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

(c) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

**SEC. 3. SEC. 4.** Section 2607.5 of the Business and Professions Code is amended to read:

**2607.5.** (a) The board may employ an executive officer exempt from the provisions of the State Civil Service Act (Part 2 (commencing with Section 18500) of Division 5 of Title 2 of the Government Code) and may also employ investigators, legal counsel, physical therapist consultants, and other assistance as it may deem necessary to carry out this chapter. The board may fix the compensation to be paid for services and may incur other expenses as it may deem necessary. Investigators employed by the board shall be provided special training in investigating physical therapy practice activities.

(b) The Attorney General shall act as legal counsel for the board for any judicial and administrative proceedings and his or her services shall be a charge against it.

(c) This section shall remain in effect only until January 1, 2022, and as of that date is repealed.

## **AGENDA ITEM 9**

### **DISCUSSION ABOUT AOTA'S RECOMMENDED CHANGES TO EXPERIENTIAL LEARNING REQUIREMENT AND ESTABLISHMENT OF A RESIDENCY FOR OCCUPATIONAL THERAPIST STUDENTS.**

Attached for review are the following:

- Update from AOTA dated April 14, 2017
- AOTA's Ad Hoc Committee report occupational therapy education

# **Residency for OT Students, and Experiential Learning for OT and OTA Students Under Study**

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4/14/2017

In November 2016, the AOTA Board of Directors created an Ad Hoc Committee to explore current experiential requirements and challenges in occupational therapy education, along with alternative models to ensure that future entry-level practitioners are prepared to meet society's occupational needs. The subsequent report included recommendations based on best practices from the literature across professions.

## **Recommendations, Process, and Next Steps**

One of the Ad Hoc Committee's recommendations is to move Level I fieldwork from facility based to greater use of simulation and faculty-led experiences. The Board of Directors adopted this recommendation, which allows it to be forwarded to the Education Standards Review Committee (ESRC). The ESRC will meet in May 2017 to review the recommendation and will most likely include it in the next draft Standards revision. They will send the updated draft Standards to the Accreditation Council for Occupational Therapy Education (ACOTE®) in August 2017. At that point, ACOTE will issue a formal call for comments. After these comments are incorporated, the draft Standards will be returned to the ESRC in November for further review with a recommendation from ACOTE on whether to accept them. If accepted, the soonest this recommendation could be implemented is academic year 2019-2020.

The Ad Hoc Committee also recommended an occupational therapist-level post-graduate residence requirement. The Board of Directors chose not to adopt the recommendation at this time, but asked staff for more information via a detailed implementation plan, which is due in October 2017. If this recommendation moves forward the soonest it could be implemented is academic year 2025-2026. Please provide feedback to [educate@aota.org](mailto:educate@aota.org).

# Introduction

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At its **November 4–5, 2016**, meeting, the **AOTA Board of Directors** reviewed the many complex challenges facing the viability of the existing fieldwork and other experiential components of occupational therapy education programs for occupational therapists and occupational therapy assistants. The Board voted to establish an Ad Hoc Committee to explore current experiential requirements in occupational therapy education and alternative models that would best ensure future entry-level practitioners are prepared to meet occupational needs of society.

AOTA convened an **Ad Hoc Committee** for a 2-day, face-to-face meeting in Bethesda, MD, on **February 6–7, 2017**.

At its **February 17–18, 2017**, meeting, the **AOTA Board of Directors** reviewed the report of the Ad Hoc Committee. After considerable discussion and questions, the Board of Directors voted to take the following actions:

1. Moved to accept the Fieldwork (Experiential) Ad Hoc Committee’s report to the AOTA Board of Directors as written.
2. Charged the AOTA President to write to the ACOTE Education Standards Review Committee (ESRC) endorsing the Ad Hoc Committee’s recommendation to change the current Level I Fieldwork Standards to reflect the Ad Hoc Committee’s recommendations for the “Initial Experiential Learning Requirement” in the 2017 Standards as outlined in the report.
3. Charged the AOTA Executive Director to develop a report for the AOTA Board of Directors’ October 2017 meeting detailing the potential impact and costs of implementing the proposed model for experiential learning that includes a post-graduate residency for graduates of entry-level programs for occupational therapists. The report should include, but not be limited to,
  1. Costs and timeline for advocating to state regulatory agencies for a provisional license model;
  2. Residency program requirements, competencies, and development costs;
  3. Design, costs, and timeline for a feasibility and pilot study for the proposed model.

*Note.* There was a considerable discussion regarding the recommendation for a post-graduate residency requirement for occupational therapy assistant graduates. Ultimately, the AOTA Board of Directors voted not to pursue this recommendation at this time. Consensus was reached that the model for occupational therapists and occupational therapy assistants do not need to be the same due to the different levels of educational preparation and scopes of practice. The following report includes the full findings and recommendation of the Ad Hoc Committee. The recommendations that will not be pursued have been marked by ~~strikethrough~~ in the text of the report.

# Fieldwork (Experiential Learning) Ad Hoc Committee Report and Recommendations to the AOTA Board of Directors

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## Executive Summary

At its November 2016 meeting, the AOTA Board of Directors reviewed the many complex challenges facing the viability of the existing fieldwork and other experiential components of occupational therapy education programs for occupational therapists and occupational therapy assistants. The Board voted to establish an Ad Hoc Committee to explore current experiential requirements in occupational therapy education and alternative models that would best ensure future entry-level practitioners are prepared to meet the occupational needs of society.

AOTA convened an Ad Hoc Committee for a 2-day, face-to-face meeting in Bethesda, MD, on February 6–7, 2017. The Committee was charged by the Board to “*Explore current experiential requirements in occupational therapy education and alternative models that would best ensure future entry-level practitioners are prepared to meet occupational needs of society.*” The meeting addressed the following 4 primary objectives:

- **Objective 1:** Identify the strengths and weaknesses of the current experiential requirements (including fieldwork) for occupational therapy education.
- **Objective 2:** Identify the requirements of alternative models used in other health professions and, where applicable, the history of the development of these requirements.
- **Objective 3:** Understand the implications of changing the experiential requirements for occupational therapy education (e.g., impact, if any, on accreditation, certification, and licensure).
- **Objective 4:** Articulate a model for experiential requirements for occupational therapy education that ensures future entry-level practitioners are prepared to meet the current and future occupational needs of society.

## Recommendations

The committee is proposing a NEW MODEL of experiential education for occupational therapists and occupational therapy assistants that includes the following key elements:

- **Experiential Education Within the Academic Program:** Reduce the number of hours in mentored practice settings (Levels I and II fieldwork), and increase the amount of experiential instruction utilizing simulation, standardized patient encounters, and faculty-led practice experiences. The primary objective of experiential education within the academic program is to transition the student to practitioner, ensuring translation of knowledge, skills, and attitudes in the application of purposeful, occupation-based interventions.



- **First-Year Practitioner (Residency):** Creation of a post-graduate first-year practitioner (resident) program within the practice community for occupational therapy and occupational therapy assistant graduates. Graduates would have completed the certification exam and be practicing under a limited license until completion of the residency. The primary objective of the first-year practitioner (resident) program is to transition the graduate from resident to independent novice practitioner.

This reports details the deliberations of the Ad Hoc Committee and rationale for the recommendations.

### Academic Program

#### Initial experiential learning:

- Simulation
- Standardized patients
- Faculty practice
- Faculty-led site visits
- Consumer instruction

#### Mentored experiential (FW) experience:

- 16 weeks (OT)
- ~~12 Weeks (OTA)~~
- 1–2 settings
- Must be at least 2 practice areas.

**Doctoral experiential component: 14 weeks**

### Post-Graduation

#### First-year practitioner (resident):

- Limited license
- Mentored practice
- Reflective component
- Competency evaluation

## **Objective 1: Identify the strengths and challenges of the current experiential requirements (including fieldwork) for occupational therapy education.**

Staff and content experts presented information to the committee members on the following:

- Overview of the current education requirements for experiential learning at OTA (Associate's/Bachelor's) and OT (Master's and Doctorate) programs;
- Trend data on occupational therapy education; and
- Higher education policy issues impacting occupational therapy education.

### ***Key Findings***

- Rapid growth has occurred in academic programs and in the numbers of OT and OTA students.
- There were 21,431 **Level II** fieldwork placements in 2015.
- A limited number of qualified faculty and practitioners are available to support experiential learning requirements.
- Health care delivery systems and models are changing.

### ***Identified Strengths***

- The faculty and practitioner community are committed to education and preparation of entry-level practitioners.
- The current fieldwork Level II enables students to be mentored by experienced practitioners in current practice.

### ***Identified Challenges***

- Number of qualified fieldwork sites:
  - A limited number of sites and practitioners are available to meet the growing needs of students.
  - A limited number of practitioners are qualified and prepared to be fieldwork educators.
  - Current fieldwork sites are located primarily in traditional medical and residential facilities (e.g., hospitals, long-term care facilities).
  - The current focus of fieldwork placements is on disease management.
- Cost/benefit of fieldwork:
  - Pressures exist to meet productivity and other practice demands.
  - Reimbursement policies do not allow for reimbursement of services delivered by students in all settings.
- Disconnect between education and practice:
  - Many faculty members are disconnected from current practice demands.
  - Many practitioners are not familiar with current education priorities (e.g., interprofessional education [IPE]).
  - Employers note that new graduates need extensive mentoring for first 6–9 months.

- Lack of outcomes on the current experiential learning model:
  - No evidence exists to demonstrate if the current 24/16-week model adequately prepares entry-level practitioners.
  - Entry-level expectations for practitioners can vary between academia versus employers.
- Not addressing the lack of diversity in the profession:
  - Few fieldwork placements occur in settings addressing the needs of underserved populations.
  - A lack of diversity exists in faculty and practitioners.

**Objective 2: Identify the requirements of alternative models used in other health professions and, where applicable, the history of the development of these requirements.**

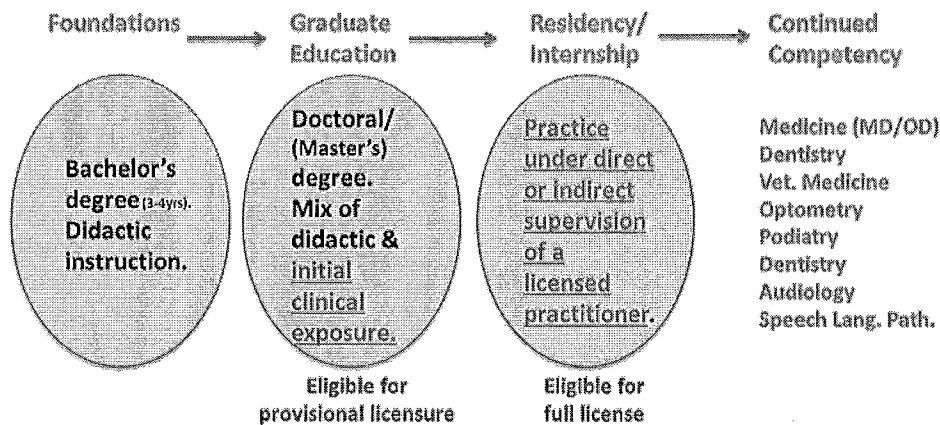
Staff and content experts presented information to the committee members on the following:

- History of experiential learning in other health professions and alternative models
- Current discussions in physical therapy and nursing
- Role of simulation and standardized patients.

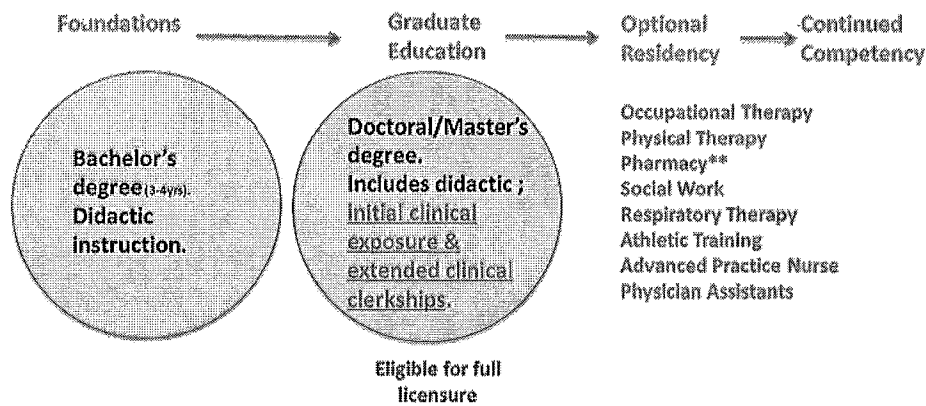
**Key Findings**

- Graduate models of health care education

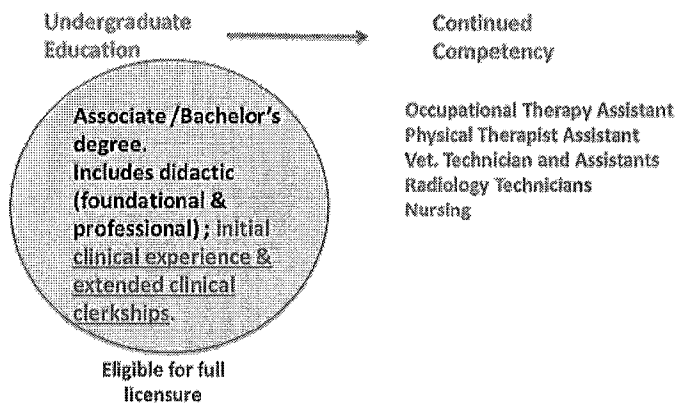
**Model A**



## Model B



- Undergraduate model of health care education



- Simulation:
  - The simulation delivery models are consistent with learning theories used in the OT program curriculum designs.
  - There is a growing role for simulation and standardized patient experiences in the experiential learning model.
  - Outcome data indicates no statistical difference in outcomes for students in several health professions when simulation was used to replace clinical hours.
- Other models:
  - Faculty-led clinical experiences (nursing)
  - Faculty practices
  - Consumer instruction.

***What can we learn from other professions that could address our biggest challenges faced by the profession in meeting the experiential requirements for occupational therapy entry-level education?***

- Progressive experiential learning:

- Support for the concept that each stage of the experiential learning model should build on the competencies developed in the previous stage.
- Simulation:
  - Evidence clearly supports the use simulation and standardized patients in the development of foundational practice competencies (currently Level I fieldwork).
- Faculty-led experiential learning activities:
  - Ideally, these activities are included as part of the development of foundational practice competencies (currently known as Level I fieldwork).
  - Opportunities are created for faculty to spend more time in and obtain exposure to the current practice environment.
  - Opportunities are created for practitioners to interact with faculty and learn about current educational trends (e.g., evidence-based practice, knowledge translation, IPE).
  - There would be a decreased demand on fieldwork sites to develop activities.
- Post-graduate residency (first-year practitioner):
  - This model has been successful in several of other professions (e.g., audiology, medicine, optometry, podiatry).
  - Pressure is reduced on both academic and practice environments for fieldwork placements.
- Training needs:
  - More web-based learning opportunities for fieldwork educators are needed.

**Objective 3: Understand the implications of changing the experiential requirements for occupational therapy education (e.g., impact, if any, on accreditation, certification, and licensure).**

Staff and content experts presented information to the committee members on the following:

- Implications for accreditation
- Implications for certification
- Implications for licensure
- Implications for the practice community (fieldwork sites)
- Implications for the education community
- OTA vs. OT.

**Key Findings**

- Accreditation:
  - Any alternative model mandated across all educational programs would require changes in the ACOTE standards.
- Certification:
  - No impact on the NBCOT certification exam is foreseen with any alternative model.
- Licensure:

- Significant potential impacts could occur depending on each state’s practice act; many states require only graduation from an ACOTE-accredited school and NBCOT certification, but some also stipulate experiential requirements.
- A post-graduate/certification requirement would require a “provisional license,” which would mean potentially revising many of the states’ practice acts.
- Practice community:
  - Changes in the experiential requirements would impact the demands on the practice community. The exact impact is dependent on the model finally adopted by the profession. For example, a post-graduate residency would require practices to develop “resident” positions.
  - A post-professional requirement (residency) would require enough placements being available and developing additional opportunities for placements.
- Education community:
  - A post-professional requirement may require changes in credit load, just when many professions are trying to decrease costs through decreasing credit load.
  - The question remains whether a residency program requires an education program to limit the number of students.
- OTA vs. OT:
  - Consensus was reached that the model for both OTs and OTAs do not need to be the same due to the different levels of educational preparation and scopes of practice.

**Objective 4: Articulate a model for experiential requirements for occupational therapy education that ensures future entry-level practitioners are prepared to meet the current and future occupational needs of society.**

Ad hoc committee members divided into small groups to work on the following 2 questions:

- What would be the key elements in a new model for experiential learning in entry-level education for OTs? OTAs?

**Recommendations**

- Move to a model of experiential learning for OCCUPATIONAL THERAPISTS that includes a post-graduate residency:

**Academic Program**

**Post-Graduation**

<p><b>Initial experiential learning:</b></p> <ul style="list-style-type: none"> <li>• Simulation</li> <li>• Standardized patients</li> <li>• Faculty practice</li> <li>• Faculty-led site visits</li> <li>• Consumer instruction.</li> </ul>	<p><b>Mentored experiential (FW) experience:</b></p> <ul style="list-style-type: none"> <li>• 16 weeks (OT)</li> <li>• 1–2 settings</li> <li>• Must be at least 2 practice areas.</li> </ul> <p><b>Doctoral experiential component = 14 weeks</b></p>
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<p><b>First-year practitioner (resident):</b></p> <ul style="list-style-type: none"> <li>• Provisional license</li> <li>• Mentored practice</li> <li>• Reflective component</li> <li>• Competency evaluation.</li> </ul>
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**Experiential education within the academic program:**

Transition the student to practitioner, ensuring translation of knowledge, skills, and attitudes in the application of purposeful, occupation-based interventions. The graduate will demonstrate competency in

- Evaluation and formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation that is culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference
- Safety in direct care encounters
- Documentation demonstrating the distinct value of OT
- Ethical and professional behaviors
- Therapeutic use of self
- Communication of OT's role with clients and stakeholders
- Self-reflection of professional skills and development.

**First-year practitioner:**

Transition the graduate from resident to independent novice practitioner. The practitioner will demonstrate basic competencies to fulfill the following roles in a rapidly changing and dynamic nature of contemporary health and human services delivery systems:

- Direct care provider
- Consultant
- Educator
- Leader/manager
- Researcher/scientist
- Advocate for the profession and the consumer.

- Move to a model of experiential learning for **OCCUPATIONAL THERAPY ASSISTANTS**. that includes a post-graduate residency

### Academic Program

#### Initial experiential learning:

- Simulation
- Standardized patients
- Faculty practice
- Faculty-led site visits
- Consumer instruction.

#### Mentored experiential (FW) experience:

- 12 weeks
- 1-2 settings
- Must be at least 2 practice areas.

### Post-Graduation

#### First-year practitioner (resident):

- Provisional license
- Mentored practice
- Reflective component.

#### Experiential education within the academic program:

Transition the student to practitioner, ensuring translation of knowledge, skills, and attitudes in the application of purposeful, occupation-based interventions. The graduate will demonstrate competency in

- Under the supervision of and in cooperation with the occupational therapist, implementation of the therapeutic intervention plan to facilitate occupational performance and participation that is culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference
- Safety in direct care encounters
- Documentation demonstrating the distinct value of OT
- Ethical and professional behaviors
- Therapeutic use of self
- Communicate OT's role with clients and stakeholders
- Self-reflection of professional skills and development.

#### First-year practitioner Transition

the graduate from resident to novice practitioner. The practitioner will demonstrate basic competencies to fulfill the following roles in a rapidly changing and dynamic nature of contemporary health and human services delivery systems:

- Direct care provider
- Educator
- Advocate for the profession and the consumer.



**Ad hoc committee members divided into small groups to work on the following questions:**

- Who would be the key stakeholders in a new model for experiential learning?
- What are the implications for each stakeholder?
- What are the potential timelines?

***Findings***

- **Stakeholders and implications:**
  - Students:
    - Ensures ALL graduates receive mentoring in the first year of practice
    - Empowers graduates to be a generalist and develops pathways to specialist
    - Is there an impact on tuition? Is the starting salary potentially less?
  - AOTA:
    - Guidelines for first-year practitioner (residency) program
    - Recognition program
    - System for developing and matching graduates to first-year practitioner (residency) program
    - Regulatory/reimbursement/policy implications: Lobbying state legislatures.
  - ACOTE:
    - Support change to entry-level standards.
  - State associations:
    - Guidelines for limited practice statutes
    - Resources for regulation change.
  - State regulatory agencies:
    - Support the model through limited license provisions.
  - NBCOT:
    - Possible changes to foreign graduate review process.
  - Academic programs:
    - Training faculty on simulation
    - Decrease in fieldwork tuition
    - Potential increase in faculty hours currently devoted to fieldwork
    - Greater involvement of faculty in practice environments.
  - Providers:
    - Change in staffing patterns
    - Possible title, salary, and electronic medical records changes
    - Implications for increased quality through improved link between academic programs and school environments.
  - Payers
    - Implications of a limited practice license for CMS, school systems, etc.
- **Timelines:**
  - Short term:

- Recommend removal of current Level I fieldwork requirements from the proposed 2017 ACOTE standards (implementation date July 1, 2019), and substitute the recommended “Initial Experiential Learning Requirements” with examples of how these may occur (e.g., simulation, faculty practice).
- Implement a pilot program for 8 OT programs ~~8 OTA programs~~ under the **proposed model** starting in academic year 2018–2019. Data will be utilized to support the new model. Pilot programs will reflect diversity in geographical location, host institutional mission, and degree level.
- Long term:
  - Recommend changes in the experiential requirements in the 2023 ACOTE standards (implementation date July 1, 2025) to reflect the proposed model.
  - Implementation of the **proposed model** across all programs in academic year 2025–2026.

### Ad Hoc Committee Participants:

Hazel Breland	PhD, OTR/L, FAOTA	Education/AFWC	SC
Regina Doherty	OTD, OTR/L, FAOTA, FNAP	Education	MA
Kathleen T. Foley	PhD, OTR/L	Education	GA
Gloria Frolek Clark	PhD, OTR/L, BCP, SCSS, FAOTA	Practice	IA
Donna Heinle	OTD, OTR/L, BCPR	Practice	MN
Sarah Heldmann	COTA/L	Practice/Recent Graduate	OH
Kim Kearney	COTA/L	Practice	CO
Cambey Mikush	OTD, OTR	Practice/Recent Graduate	OR
Cheryl Miller	DrOT, OTR/L	Practice	FL
Denise Miller	MBA, OTR	Practice	CA
Lydia Navarro-Walker	OTD, OTR/L, CBIS, CKTP	Education/AFWC	PA
Gina Phelps	MA, OTR/L	Education/AFWC	CA
Halley Read	MOT, OTR	Practice/Recent Graduate	OR
Pam Roberts	PhD, OTR/L, SCFES, CPHQ, FAOTA	Practice/ACOTE	CA
Barbara Seguine	MAED, COTA/L	Educator/ACOTE	OH
Rebecca Simon	MS, OTR/L	Educator /AFWC	RI
Janice Burke	PhD, OTR, FAOTA	Educator	PA
Amy Lamb	OTD, OT/L, FAOTA	president@aota.org	MI
Neil Harvison	PhD, OTR, FAOTA	AOTA Staff	CT
Chuck Willmarth		AOTA Staff	MD



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 ▶ APPROVED & CANDIDATE RESIDENCY SITES

## Approved & Candidate Residency Sites

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### Approved Residency Sites

*These sites have completed AOTA's approval process.*

#### Acute Care

**Duke University Hospital**  
 Durham, NC  
 Site coordinator: Melissa Kandel  
 Email: [melissa.kandel@duke.edu](mailto:melissa.kandel@duke.edu)  
 Phone: 919-681-3434

**University of Chicago Medical Center**  
 Chicago, IL  
 Site coordinator: Cheryl Esbrook  
 Email: [cheryl.esbrook@uchospitals.edu](mailto:cheryl.esbrook@uchospitals.edu)  
 Phone: 773-702-6891

#### Burns

**UNC Health Care**  
 Chapel Hill, NC  
 Site coordinator: Shelley Sehorn  
 Email: [shelley.sehorn@unchealth.unc.edu](mailto:shelley.sehorn@unchealth.unc.edu)  
 Phone: 984-974-5309

#### Hand Therapy

**Houston Methodist Sugar Land Hospital**  
 Sugar Land, TX  
 Site coordinator: Peggy Boineau  
 Email: [pjboineau@houstonmethodist.org](mailto:pjboineau@houstonmethodist.org)  
 Phone: 281-275-0450

**Stanford Healthcare**  
 Redwood City, CA  
 Site coordinator: Donna Lashgari  
 Email: [dlashgari@stanfordmed.org](mailto:dlashgari@stanfordmed.org)  
 Phone: 650-721-7866

**University of Michigan Hospital and Health Systems**  
 Ann Arbor, MI  
 Site coordinator: Carole Dodge

Email: [cdjr@med.umich.edu](mailto:cdjr@med.umich.edu)  
Phone: 734-936-7161

### **Mental Health**

**Johns Hopkins Hospital**  
Baltimore, MD  
Site coordinator: Janice Jaskulski  
Email: [jjaskul@jhmi.edu](mailto:jjaskul@jhmi.edu)  
Phone: 410-955-9735

### **Neurology**

**MedStar National Rehabilitation Hospital**  
Washington, D.C.  
Site coordinator: Amanda Gahlot  
Email: [amanda.l.gahlot@medstar.net](mailto:amanda.l.gahlot@medstar.net)  
Phone: 202-877-1815

### **Pediatrics**

**Cincinnati Children's Hospital Medical Center**  
Cincinnati, OH  
Site coordinator: Megan Cappel  
Email: [megan.cappel@cchmc.org](mailto:megan.cappel@cchmc.org)

**Institute on Development & Disability at Oregon Health & Science University**  
Portland, OR  
Site coordinator: Kim Solondz  
Email: [solondzk@ohsu.edu](mailto:solondzk@ohsu.edu)  
Phone: 503-494-8315

### **Physical Rehabilitation**

**Brooks Rehabilitation**  
Jacksonville, FL  
Site coordinator: Julie Watson  
Email: [jwatson@usa.edu](mailto:jwatson@usa.edu)  
Phone: 904-826-0084 ext 1259

**Cedars-Sinai Medical Center**  
Los Angeles, CA  
Site coordinator: Aimee Davis  
Email: [aimee.davis@cshs.org](mailto:aimee.davis@cshs.org)  
Phone: 310-423-6275

**Keck Medical Center of USC**  
Los Angeles, CA  
Site coordinator: Phuong Nguyen  
Email: [phuong.nguyen@health.usc.edu](mailto:phuong.nguyen@health.usc.edu)  
Phone: 323-442-8833

**MossRehab**  
Elkins Park, PA  
Site coordinator: Mary Ferraro  
Email: [mferraro@einstein.edu](mailto:mferraro@einstein.edu)  
Phone: 215-663-6372

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## **Candidate Residency Sites**

*Sites that are not yet Approved Residency Sites but have completed the first of two steps in the approval process are recognized as Candidate Residency Sites. These sites are eligible to advertise and accept residents. Part two of the process, an on-site review, must still be conducted before a final approval decision is made, typically before completion of the program by the first resident.*

**Dysphagia**

Mayo Clinic  
Rochester, MN  
Site coordinator: Donna Heinle  
Email: [heinle.donna@mayo.edu](mailto:heinle.donna@mayo.edu)

**Gerontology**

Creighton University  
Omaha, NE  
Site coordinator: Andrea Thinnes  
Email: [andreathinnes@creighton.edu](mailto:andreathinnes@creighton.edu)  
Phone: 402-280-5929

**Hand Therapy**

**Johns Hopkins Hospital**  
Nottingham, MD  
Site coordinator: Jyotsna Supnekar  
Email: [jsupnek1@jhmi.edu](mailto:jsupnek1@jhmi.edu)  
Phone: 443-442-2810

**OrthoCarolina**

Charlotte, NC  
Site coordinator: Stacy Rumpfelt  
Email: [stacy.rumpfelt@orthocarolina.com](mailto:stacy.rumpfelt@orthocarolina.com)  
Phone: 704-671-1860

Pine Street Physical and Occupational Therapy  
Lodi, CA  
Site coordinator: Magdalena Panscik  
Email: [magdalenap@pinestreetpt.com](mailto:magdalenap@pinestreetpt.com)  
Phone: 209-339-1690

**Mental Health**

Durham VA Medical Center  
Durham, NC  
Site coordinator: Allison Taylor  
Email: [allison.taylor2@va.gov](mailto:allison.taylor2@va.gov)  
Phone: 919-286-0411, x7566

**Neurology**

Creighton University  
Omaha, NE  
Site coordinator: Lou Jensen  
Email: [loujensen@creighton.edu](mailto:loujensen@creighton.edu)  
Phone: 402-280-5678

**Pediatrics**

Boston Children's Hospital  
Boston, MA  
Site Coordinator: Margaret Maynard  
Email: [Margaret.Maynard@childrens.harvard.edu](mailto:Margaret.Maynard@childrens.harvard.edu)  
Phone: 617-355-7212

Children's Healthcare of Atlanta  
Atlanta, GA  
Site coordinator: Tricia Easley  
Email: [tricia.easley@choa.org](mailto:tricia.easley@choa.org)  
Phone: 404-785-1503

**Creighton University**

Omaha, NE

Site coordinator: Anna Domina

Email: [annadomina@creighton.edu](mailto:annadomina@creighton.edu)

Phone: 402-280-3407

**Munroe Meyer Institute for Genetics and Rehabilitation**

Omaha, NE

Site coordinator: Janice Flegle

Email: [jkflegle@unmc.edu](mailto:jkflegle@unmc.edu)

Phone: 402-559-5727

**Nationwide Children's Hospital**

Columbus, OH

Site coordinator: Kelly Tanner

Email: [kelly.tanner@nationwidechildrens.org](mailto:kelly.tanner@nationwidechildrens.org)

Phone: 614-722-8697

**Physical Rehabilitation****Casa Colina Hospital and Centers for Rehabilitation**

Pomona, CA

Site coordinator: Susie Wong-Okamoto

Email: [swong\\_okamoto@casacolina.org](mailto:swong_okamoto@casacolina.org)

Phone: 909-596-7733

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**Applicant Residency Sites**

*These sites are in the first stage of the AOTA-approval process, meaning they are either currently compiling their applications or are under review. They are not yet eligible to accept residents.*

**Acute Care****Houston Methodist Hospital**

Houston, TX

Site coordinator: Carrie Jennerjohn Siemers

Email: [cajennerjohn@houstonmethodist.org](mailto:cajennerjohn@houstonmethodist.org)

Phone: 414-416-0148

**Johns Hopkins**

Baltimore, MD

Site coordinator: Annette Lavezza

Email: [alavezz1@jhmi.edu](mailto:alavezz1@jhmi.edu)

Phone: 443-287-5543

**Assistive Technology****The Ohio State University, Wexner**

Columbus, OH

Site coordinator: Theresa Berner

Email: [theresa.berner@osumc.edu](mailto:theresa.berner@osumc.edu)

Phone: 614-293-3847

**Geriatrics****Fox Rehabilitation**

Cherry Hill, NJ

Site coordinator: Jennifer Ruoff

Email: [jennifer.ruoff@foxrehab.org](mailto:jennifer.ruoff@foxrehab.org)

Phone: 877-407-3422

**Gerontology**

National HealthCare Corporation  
Murfreesboro, TN  
Site coordinator: Karen Meiring  
Email: [kmeiring@nhccare.com](mailto:kmeiring@nhccare.com)  
Phone: 615-890-2020

#### Hand Therapy

Benchmark Physical Therapy  
Canton, GA  
Site coordinator: Jennifer DeYoung  
Email: [jdeyoung@benchmark.com](mailto:jdeyoung@benchmark.com)  
Phone: 404-509-2905

Lehigh Valley Health Network  
Allentown, PA  
Site coordinator: Mirella S. Deisher  
Email: [Mirella\\_S.Deisher@lvhn.org](mailto:Mirella_S.Deisher@lvhn.org)

Mayo Clinic  
Rochester, MN  
Site coordinator: Donna Heinle  
Email: [heinle.donna@mayo.edu](mailto:heinle.donna@mayo.edu)  
Phone: 507-255-7949

Loyola University Medical Center  
Chicago, IL  
Site coordinator: Eric Kirby  
Email: [erkirby@lumc.edu](mailto:erkirby@lumc.edu)  
Phone: 708-531-7950

#### Lymphedema

University of Michigan  
Ann Arbor, MI  
Site coordinator: Carol Dodge

#### Mental Health

UNC Health Care  
Chapel Hill, NC  
Site coordinator: Shelley Sehorn  
Email: [shelley.sehorn@unchealth.unc.edu](mailto:shelley.sehorn@unchealth.unc.edu)  
Phone: 984-974-5309

#### Neurology

The Ohio State University, Wexner  
Columbus, OH  
Site coordinator: Theresa Berner  
Email: [theresa.berner@osumc.edu](mailto:theresa.berner@osumc.edu)  
Phone: 614-293-3847

#### Neurorehabilitation

Good Shepherd Rehabilitation Network  
Allentown, PA  
Site coordinators: Andrea Nichols and Jenna Sopp  
Email: [annichols@gsrh.org](mailto:annichols@gsrh.org) and [jsopp@gsrh.org](mailto:jsopp@gsrh.org)  
Phone: 610-776-3343

#### Pediatrics

Children's Hospital Los Angeles  
Los Angeles, CA  
Site coordinator: Kimberly Grenawitzke

Email: [kgrenawitzke@chla.usc.edu](mailto:kgrenawitzke@chla.usc.edu)  
Phone: 323-361-3578

Children's Hospital of Philadelphia  
Philadelphia, PA  
Site coordinator: Meghan Burkhardt  
Email: [burkhardtm@email.chop.edu](mailto:burkhardtm@email.chop.edu)  
Phone: 215-590-7654

Cleveland Clinic Children's Hospital  
Cleveland, OH  
Site coordinator: Ryan Suder  
Email: [suderr@ccf.org](mailto:suderr@ccf.org)  
Phone: 216-448-6400

Nicklaus Children's Hospital  
Miami, FL  
Site coordinator: Evelyn Terrell  
Email: [evelyn.terrell@mch.com](mailto:evelyn.terrell@mch.com)  
Phone: 786-624-4589 or 305-205-8247

#### Physical Rehabilitation

Creighton University  
Omaha, NE  
Site coordinator: Anna Domina  
Email: [annadomina@creighton.edu](mailto:annadomina@creighton.edu)  
Phone: 402-280-3407

Kessler Rehab Institute  
West Orange, NJ  
Site coordinator: LaMar Bolden  
Email: [lbalden@kessler-rehab.com](mailto:lbalden@kessler-rehab.com)  
Phone: 201-368-6010

Shepherd Center  
Atlanta, GA  
Site coordinator: Eugenia Herbst  
Email: [eugenia\\_herbst@shepherd.org](mailto:eugenia_herbst@shepherd.org)  
Phone: 404-357-3082

TIRR Memorial Hermann  
Houston, TX  
Site coordinator: Emilia Dewi  
Email: [emilia.dewi@memorialhermann.org](mailto:emilia.dewi@memorialhermann.org)  
Phone: 713-242-2290

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## **AGENDA ITEM 10**

**DISCUSSION ABOUT LACK OF FIELDWORK SITES, POTENTIAL WORKFORCE SHORTAGE AND IMPACT(S) TO STUDENTS AND CONSUMERS.**

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# Occupational Therapy Fieldwork Education: Value and Purpose

The purpose of fieldwork education is to propel each generation of occupational therapy practitioners from the role of student to that of practitioner. Through the fieldwork experience, future practitioners achieve competence in applying the occupational therapy process and using evidence-based interventions to meet the occupational needs of a diverse client population. Fieldwork assignments may occur in a variety of practice settings, including medical, educational, and community-based programs. Moreover, fieldwork placements also present the opportunity to introduce occupational therapy services to new and emerging practice environments.

Fieldwork assignments constitute an integral part of the occupational therapy and occupational therapy assistant education curricula. Through fieldwork, students learn to apply theoretical and scientific principles learned from their academic programs to address actual client needs within the context of authentic practice environments. While on fieldwork, each student develops competency to ascertain client occupational performance needs to identify supports or barriers affecting health and participation and document interventions provided. Fieldwork also provides opportunities for the student to develop advocacy, leadership, and managerial skills in a variety of practice settings. Finally, the student develops a professional identity as an occupational therapy practitioner, aligning his or her professional judgments and decisions with the American Occupational Therapy Association (AOTA) *Standards of Practice* (AOTA, 2005b) and the *Occupational Therapy Code of Ethics* (AOTA, 2005a).

As students proceed through their fieldwork assignments, performance expectations become progressively more challenging. *Level I fieldwork* experiences occur concurrently with academic coursework and are “designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process” (Accreditation Council for Occupational Therapy Education [ACOTE], 2007a, 2007b, 2007c). *Level II fieldwork* experiences occur at or near the conclusion of the didactic phase of occupational therapy curricula and are designed to develop competent, entry-level, generalist practitioners (ACOTE, 2007a, 2007b, 2007c). Level II fieldwork assignments feature in-depth experience(s) in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and evidence-based practice through exposure to a “variety of clients across the life span and to a variety of settings” (ACOTE, 2007a, 2007b, 2007c).

The value of fieldwork transcends the obvious benefits directed toward the student. Supervising students enhances fieldwork educators’ own professional development by providing exposure to current practice trends, evidence-based practice, and research. Moreover, the experience of fieldwork supervision is recognized by the National Board for Certification in Occupational Therapy (NBCOT) and many state regulatory boards as a legitimate venue for achieving continuing competency requirements for occupational therapy practitioners.

Another benefit to the fieldwork site for sponsoring a fieldwork education program is with the recruitment of qualified occupational therapy personnel. Through the responsibilities expected during Level II fieldwork, occupational therapy staff and administration are given opportunity for an in-depth view of a student’s potential as a future employee. In turn, an active fieldwork program allows the student, as a

potential employee, to view first-hand the agency's commitment to the professional growth of its occupational therapy personnel and to determine the "fit" of his or her professional goals with agency goals. The fieldwork program also creates a progressive, state-of-the-art image to the professional community, consumers, and other external audiences through its partnership with the academic programs.

In summary, fieldwork education is an essential bridge between academic education and authentic occupational therapy practice. Through the collaboration between academic faculty and fieldwork educators, students are given the opportunity to achieve the competencies necessary to meet the present and future occupational needs of individuals, groups, and indeed, society as a whole.

## References

- Accreditation Council for Occupational Therapy Education. (2007a). Accreditation standards for a doctoral-degree level educational program for the occupational therapist. *American Journal of Occupational Therapy*, 61, 641–651.
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- Accreditation Council for Occupational Therapy Education. (2007c) Accreditation standards for an educational program for the occupational therapy assistant. *American Journal of Occupational Therapy*, 61, 652–661.
- American Occupational Therapy Association. (2005a). Occupational therapy code of ethics (2005). *American Journal of Occupational Therapy*, 59, 639–642.
- American Occupational Therapy Association. (2005b). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 59, 663–665.

The Commission on Education

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# California Occupational Guides

*Detailed Guide for*

## **Occupational Therapists in California**

**May also be called:** Independent Living Specialists; Industrial Therapists; Job Trainers; Life Coaches; Rehabilitation Engineers; Staff Therapists; Vocational Rehabilitation Specialists

### ***What Would I Do?***

Occupational Therapists assist individuals or groups of people in all age groups, from infants and toddlers to the elderly. They help mentally, emotionally, and physically disabled patients become self-sufficient in leading independent, productive, and satisfying lives. They frequently work with other health care professionals to develop therapy plans that include educational, vocational, and rehabilitative activities. Therapists must consider the type of developmental delay, injury, or mental deficiency so that rehabilitation goals are realistic and meet the patient's physical and psychological needs. The goal of occupational therapy is to enable patients to gain confidence, to adapt to or overcome their particular handicap, and to use their time in rewarding ways.

Occupational Therapists assist patients with all types of activities, from operating a computer to taking care of daily needs, such as bathing, dressing, cooking, and eating. Physical exercises may be used to increase strength and dexterity, while other activities may be chosen to improve vision or increase the ability to recognize patterns. Occupational Therapists also use computer programs to help patients improve their decision-making, abstract-reasoning, problem-solving, and perceptual skills. Memory and coordination exercises may also be taught. Therapists also instruct those with permanent disabilities to use adaptive equipment, such as wheelchairs and aids for eating and dressing.

Some Occupational Therapists assist individuals who have difficulty functioning in their work environment. Therapists help their clients seek or maintain employment or plan work activities. They evaluate the client's workspace and collaborate with employers to modify the work environment so that the client can successfully work.

Therapists use computer or word processing software to write evaluations and progress reports. They typically use medical software to track the client's progress and to update the treating physician. Therapists attend meetings, mentor students, and give presentations to health care providers and the general public. They may teach occupational therapy in college or university programs or conduct research. Some supervise other Occupational Therapists, certified occupational assistants, occupational therapy aides, or activity leaders. Occupational Therapists may also manage their own non-profit agency or own their own private practice.

### **Important Tasks and Related Skills**

Each task below is matched to a sample skill required to carry out the task.

**Task**

**Skill Used in this**

	Task
Plan, organize, and conduct occupational therapy programs in hospital, institutional, or community settings to help rehabilitate those impaired because of illness, injury or psychological or developmental problems.	Therapy and Counseling
Test and evaluate patients' physical and mental abilities and analyze medical data to determine realistic rehabilitation goals for patients.	Psychology
Select activities that will help individuals learn work and life-management skills within limits of their mental and physical capabilities.	Learning Strategies
Evaluate patients' progress and prepare reports that detail progress.	Inductive Reasoning
Train caregivers how to provide for the needs of a patient during and after therapy.	Instructing
Recommend changes in patients' work or living environments, consistent with their needs and capabilities.	Customer and Personal Service
Consult with rehabilitation team to select activity programs and coordinate occupational therapy with other therapeutic activities.	Oral Expression
Develop and participate in health promotion programs, group activities, or discussions to promote client health, facilitate social adjustment, alleviate stress, and prevent physical or mental disability.	Social Perceptiveness

Source: U.S. Department of Labor Occupational Information Network (O\*NET) at [online.onetcenter.org](http://online.onetcenter.org)

### ***Working Conditions***

Occupational Therapists work in hospitals, rehabilitation centers, public schools, mental health facilities, convalescent homes, home health agencies, physician offices, and in private practice settings. They may work with specific therapeutic machines and tools or at the patient's bedside. Therapists may travel to clients' homes.

Occupational Therapists usually work a 40-hour week; however, many jobs are part-time, per diem (per day), or on-call. Overtime work may also be required depending on the employer.

The work of a Therapist can be tiring because they spend most of their workday on their feet. They need physical strength and stamina and should follow safety measures to avoid risk of injury when lifting and moving patients or equipment. Therapists must be able to cope with human suffering and frequent emergencies.

There has been little or no unionization of Occupational Therapists. However, those who work for the State of California may join the Service Employees International Union. Occupational Therapists may belong to professional organizations, such as the Occupational Therapy Association of California, the American Occupational Therapy Association, or any of the numerous specialized groups, such as those for hand therapists.

### ***Will This Job Fit Me?***

The job of Occupational Therapist will appeal to those who enjoy activities that involve assisting others and promoting learning and personal development. This occupation often involves teaching, offering advice, and being of service to people.

Occupational Therapists must have respect for individual differences and the ability to work closely with others. Ingenuity and imagination in adapting activities to individual needs are assets. Therapists must be able to communicate, inspire trust and confidence, and motivate their patients. They also need to be patient because many clients may not show rapid improvement. In addition, treatment may be extensive, intense, and even painful, so Therapists need to be compassionate and have a good understanding of their client's needs.

### ***What Wages and Benefits Can I Expect?***

#### **Wages**

The median wage in 2016 for Occupational Therapists in California was \$92,999 annually, or \$44.71 hourly. The median is the point at which half of the workers earn more and half earn less.

<b>Annual Wages for 2016</b>	<b>Low (25th percentile)</b>	<b>Median (50th percentile)</b>	<b>High (75th percentile)</b>
California	\$76,097	\$92,999	\$109,514

Source: EDD/LMID Occupational Employment Statistics Survey, 2016 at [www.labormarketinfo.edd.ca.gov/data/wages.html](http://www.labormarketinfo.edd.ca.gov/data/wages.html) Wages do not reflect self-employment.

<b>Hourly Wages for 2016</b>	<b>Low (25th percentile)</b>	<b>Median (50th percentile)</b>	<b>High (75th percentile)</b>
California	\$36.58	\$44.71	\$52.65

Source: EDD/LMID Occupational Employment Statistics Survey, 2016 at [www.labormarketinfo.edd.ca.gov/data/wages.html](http://www.labormarketinfo.edd.ca.gov/data/wages.html). Wages do not reflect self-employment.

#### **Benefits**

Benefits generally include medical, dental, life, and vision insurance as well as vacation, sick leave, and retirement plans. Occupational Therapists who are self-employed must provide for their own benefits and retirement.

### ***What is the Job Outlook?***

The overall outlook for Occupational Therapists in California is good. The increase in the aging population will mean greater demand for Therapists. These people are at a greater risk for disease or injury-related disabilities that can often be helped by therapeutic intervention. Innovative health care and surgeries that are more sophisticated will result in patients surviving what was formerly fatal trauma. These patients are in greater need of rehabilitation after they are released from the hospital.

#### **Projections of Employment**

In California, the number of Occupational Therapists is expected to grow faster than average growth rate for all occupations. Jobs for Occupational Therapists are expected to increase by 22.3 percent, or 2,300 jobs between 2014 and 2024.

#### **Estimated Employment and Projected Growth Occupational Therapists**

<b>Geographic Area (Estimated Year-Projected Year)</b>	<b>Estimated Employment</b>	<b>Projected Employment</b>	<b>Numeric Change</b>	<b>Percent Change</b>	<b>Additional Openings Due to Net Replacements</b>
California (2014-2024)	10,300	12,600	2,300	22.3	2,000

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Source: EDD/LMID Projections of Employment by Occupation at [www.labormarketinfo.edd.ca.gov/data/employment-projections.html](http://www.labormarketinfo.edd.ca.gov/data/employment-projections.html)

## Annual Job Openings

In California, an average of 230 new job openings per year is expected for Occupational Therapists, plus an additional 200 job openings due to net replacement needs, resulting in a total of 430 job openings.

### Estimated Average Annual Job Openings Occupational Therapists

Geographic Area (Estimated Year- Projected Year)	Jobs From Growth	Jobs Due to Net Replacements	Total Annual Job Openings
California (2014-2024)	230	200	430

Source: EDD/LMID Projections of Employment by Occupation at [www.labormarketinfo.edd.ca.gov/data/employment-projections.html](http://www.labormarketinfo.edd.ca.gov/data/employment-projections.html)

## How Do I Qualify?

### Education, Training, and Other Requirements

Occupational Therapists must be licensed to practice in California by the Department of Consumer Affairs, Board of Occupational Therapy. To meet licensure requirements, the applicant must:

- Be at least 18 years old.
- Have no felony convictions.
- Have completed a master's or a doctorate degree in occupational therapy from an institution accredited by the American Occupational Therapy Association.
- Have completed a minimum of 960 hours of supervised fieldwork experience.
- Have successfully passed an entry-level certification examination administered by National Board for Certification in Occupational Therapy (NBCOT).
- Have passed a fingerprint background check.

Coursework in occupational therapy programs include the physical, biological, and behavioral sciences as well as the application of occupational therapy theory and skills.

### Experience

Recent graduates who have a limited permit, and who are waiting to take the NBCOT certification examination for licensure, may work under the supervision of a licensed Occupational Therapist. To qualify for a limited permit, the graduate must apply for the NBCOT certification examination within four months of completing their education and fieldwork requirements. They must also have an Authorization to Test (ATT) letter from NBCOT for licensure/certification and have passed their fingerprint background check.

### Early Career Planning

High school preparation courses in biology, physics, chemistry, health, art, social science, psychology, industrial arts, and consumer science are recommended. Gaining exposure to the occupational therapy profession can help a student become a competitive applicant. Therefore, students are encouraged to volunteer, intern, or take a summer job in a health care setting.

### **Work Study Programs**

California may offer Regional Occupational Program (ROP) classes for students interested in occupational therapy. One such class is titled Hospital Careers. To find an ROP program near you, go to the California Association of Regional Occupational Centers and Programs Web site at [www.carocp.org/carocps.html](http://www.carocp.org/carocps.html).

### **Continuing Education**

Occupational Therapists must renew their licenses every two years by certifying that they have completed 24 professional development units (PDU) of continuing education. There are a variety of ways Therapists can earn PDUs. For instance, they can participate in a special interest, mentoring, or study group. They can supervise the fieldwork of other students. Therapists can also publish an article in a professional publication, a chapter in a textbook, or conduct presentations at seminars, workshops, or conferences.

### **Licensing and Certification**

The California Department of Consumer Affairs, Board of Occupational Therapy licenses this occupation. Licenses must be renewed every two years. Contact the agency that issues the license for additional information. Click on the license title below for details.

- Occupational Therapist at [www.labormarketinfo.edd.ca.gov/OccGuides/LicenseDetail.aspx?LicID=76924](http://www.labormarketinfo.edd.ca.gov/OccGuides/LicenseDetail.aspx?LicID=76924)

Occupational Therapists may hold one or several certificates, such as Certified Hand Therapist, Credentialed Pain Practitioner, Gerontology, or Mental Health. Some employers may require them to have certificates in first aid, cardiopulmonary resuscitation (CPR), and Basic or Advanced Life Support. For more information, go to the U.S. Department of Labor's Career InfoNet Web site at [www.acinet.org](http://www.acinet.org) and scroll down to "Career Tools." Click on "Certification Finder" at [www.acinet.org/certifications\\_new/default.aspx](http://www.acinet.org/certifications_new/default.aspx) and follow the instructions to locate certification programs.

### **Where Can I Find Training?**

There are two ways to search for training information at [www.labormarketinfo.edd.ca.gov/resources/training-and-apprenticeships.html](http://www.labormarketinfo.edd.ca.gov/resources/training-and-apprenticeships.html)

- Search by Field of Study to find what programs are available and what schools offer those programs. You may use keywords such as: Occupational or Occupational Therapy.
- Search by Training Provider to find schools by name, type of school, or location.

Contact the schools you are interested in to learn about the classes available, tuition and fees, and any prerequisite course work.

### ***Where Would I Work?***

The largest industries employing Occupational Therapists are as follows:

<b>Industry Title</b>	<b>Percent of Total Employment for</b>
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	<b>Occupation in California</b>
Offices of Other Health Practitioners	23.7%
General Medical and Surgical Hospitals	21.3%
Nursing Care Facilities	13.3%
Elementary and Secondary Schools	7.8%
Home Health Care Services	7.2%

Source: EDD/LMID Staffing Patterns at  
[www.labormarketinfo.edd.ca.gov/lomatrix/staffing-patterns1.asp](http://www.labormarketinfo.edd.ca.gov/lomatrix/staffing-patterns1.asp)

## ***Finding a Job***

Direct application to employers remains one of the most effective job search methods. Applicants can also find employment opportunities through placement offices at colleges and universities. Those working within the industry may recommend an interested candidate for jobs. Newspaper classified ads and the Internet provide additional sources for job listings. **Online job opening systems** include JobCentral at [www.jobcentral.com](http://www.jobcentral.com) and CalJOBS<sup>SM</sup> at [www.caljobs.ca.gov](http://www.caljobs.ca.gov).

To find your nearest One-Stop Career Center, go to [Service Locator](#). View the [helpful job search tips](#) for more resources. (requires [Adobe Reader](#)).

## **Yellow Page Headings**

You can focus your local job search by checking employers listed online or in your local telephone directory. Below are some suggested headings where you might find employers of Occupational Therapists.

- Clinics
- Community Care Facilities
- Counseling Services
- Hospitals
- Mental Health Services
- Nursing and Convalescent Homes
- Psychiatric and Substance Abuse Hospitals
- Psychotherapists
- Residential Care Facilities

## **Find Possible Employers**

To locate a list of employers in your area, use "Find Employers" on the LaborMarketInfo Web site at <http://www.labormarketinfo.edd.ca.gov/aspdotnet/databrowsing/empMain.aspx?menuChoice=emp>

- Select the search for employers by occupation.
- Select a geographic area.
- Search for an occupation by keyword, occupation, or category.
- Select one of the top industries that employ the occupation.
- This will give you a list of employers in that industry in your area.
- Click on "View Filter Selections" to limit your list to specific cities or employer size.
- Click on an employer for the street address, telephone number, size of business, Web site, etc.
- Contact the employer for possible employment.

## ***Where Could This Job Lead?***

With additional education and experience, Occupational Therapists may advance to supervisory or administrative positions. They can also advance by specializing in a clinical area, such as gerontology, mental health, pediatrics, or physical rehabilitation. Therapists may teach occupational therapy in colleges and universities, conduct research, or consult for health or social services agencies. Some may go into private practice.

**Related Occupations**

Below is a list of occupations related to Occupational Therapists.

- Child, Family, and School Social Workers (SOC 21-1021)
- Directors, Religious Activities and Education (SOC 21-2021)
- Occupational Therapy Assistants (SOC 31-2011)
- Physical Therapists (SOC 29-1123)
- Recreational Therapists (SOC 29-1125)
- Rehabilitation Counselors (SOC 21-1015)
- Social and Human Service Assistants (SOC 21-1093)

**Other Sources**

- California Board of Occupational Therapy  
www.bot.ca.gov
- California Foundation for Occupational Therapy  
www.cfot.org
- Occupational Therapy Association of California  
www.otaonline.org
- American Occupational Therapy Association, Inc.  
www.aota.org
- National Board for Certification in Occupational Therapy, Inc.  
www.nbcot.org

These links are provided for your convenience and do not constitute an endorsement by EDD.

**For the Career Professional**

The following codes are provided to assist counselors, job placement workers, or other career professionals.

System	Code
SOC - Standard Occupational Classification at <a href="http://www.bls.gov/soc/">www.bls.gov/soc/</a>	29-1122
O*NET - Occupational Information Network at <a href="http://online.onetcenter.org/">online.onetcenter.org/</a>	
Occupational Therapists	29-1122.00
Interest Codes (RIASEC) at <a href="http://online.onetcenter.org/find/descriptor/browse/Interests/#cur">online.onetcenter.org/find/descriptor/browse/Interests/#cur</a>	SIC
Low Vision Therapists, Orientation and Mobility Specialists, and Vision Rehabilitation Therapists	29-1122.01
Interest Codes (RIASEC) at <a href="http://online.onetcenter.org/find/descriptor/browse/Interests/#cur">online.onetcenter.org/find/descriptor/browse/Interests/#cur</a>	SIR





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## Occupational Therapy Assistants (SOC Code : 31-2011) in California

Assist occupational therapists in providing occupational therapy treatments and procedures. May, in accordance with State laws, assist in development of treatment plans, carry out routine functions, direct activity programs, and document the progress of treatments. Generally requires formal training.

Employers are usually looking for candidates with a Associate degree .

### Occupational Wages

[\[Top\]](#)

Area	Year	Period	Hourly Mean	Hourly by Percentile		
				25th	Median	75th
California	2016	1st Qtr	\$31.15	\$26.27	\$33.48	\$36.93

[View Wages for All Areas](#) [About Wages](#)

### Occupational Projections of Employment (also called "Outlook" or "Demand")

[\[Top\]](#)

Area	Estimated Year-Projected Year	Employment		Employment Change		Annual Avg Openings
		Estimated	Projected	Number	Percent	
California	2014 - 2024	1,900	2,500	600	31.6	120

[View Projections for All Areas](#) [About Projections](#)

### Job Openings from JobCentral National Labor Exchange

[\[Top\]](#)

Enter a Zip Code  [Find a Zip code in California](#)

Within  miles of Zip Code.

[Search Jobs](#)

### Possible Licenses Required and Issuing Authority

[\[Top\]](#)

License Title	License Authority
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About Licenses

**Industries Employing This Occupation (click on Industry Title to View Employers List)**

[\[Top\]](#)

Industry Title	Number of Employers in State of California	Percent of Total Employment for Occupation in State of California
<u>Offices of Other Health Practitioners</u>	54,462	42.2%
<u>Nursing Care Facilities</u>	2,316	17.3%
<u>General Medical and Surgical Hospitals</u>	1,143	13.1%
<u>Individual and Family Services</u>	25,659	1.8%

About Staffing Patterns

**Training Programs (click on title for more information)**

[\[Top\]](#)

Program Title

Occupational Therapist Assistant

About Training & Apprenticeships

**About This Occupation (from O\*NET - The Occupation Information Network)**

[\[Top\]](#)

Top Tasks (Specific duties and responsibilities of this job.)

Select therapy activities to fit patients` needs and capabilities.

Observe and record patients` progress, attitudes, and behavior and maintain this information in client records.

Communicate and collaborate with other healthcare professionals involved with the care of a patient.

Maintain and promote a positive attitude toward clients and their treatment programs.

Monitor patients` performance in therapy activities, providing encouragement.

Instruct, or assist in instructing, patients and families in home programs, basic living skills, or the care and use of adaptive equipment.

Implement, or assist occupational therapists with implementing, treatment plans designed to help clients function independently.

Evaluate the daily living skills or capacities of physically, developmentally, or emotionally disabled clients.

Aid patients in dressing and grooming themselves.

Report to supervisors, verbally or in writing, on patients` progress, attitudes, and behavior.

### More Tasks for Occupational Therapist Assistants

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#### Top Skills used in this Job

**Reading Comprehension** - Understanding written sentences and paragraphs in work related documents.

**Active Listening** - Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.

**Judgment and Decision Making** - Considering the relative costs and benefits of potential actions to choose the most appropriate one.

**Social Perceptiveness** - Being aware of others` reactions and understanding why they react as they do.

**Speaking** - Talking to others to convey information effectively.

**Time Management** - Managing one`s own time and the time of others.

**Writing** - Communicating effectively in writing as appropriate for the needs of the audience.

**Monitoring** - Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.

**Service Orientation** - Actively looking for ways to help people.

**Instructing** - Teaching others how to do something.

### More Skills for Occupational Therapist Assistants

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#### Top Abilities (Attributes of the person that influence performance in this job.)

**Oral Comprehension** - The ability to listen to and understand information and ideas presented through spoken words and sentences.

**Oral Expression** - The ability to communicate information and ideas in speaking so others will understand.

### More Abilities for Occupational Therapist Assistants

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#### Top Work Values (Aspects of this job that create satisfaction.)

**Relationships** - Occupations that satisfy this work value allow employees to provide service to others and work with co-workers in a friendly non-competitive environment.

**Achievement** - Occupations that satisfy this work value are results oriented and allow employees to use their strongest abilities, giving them a feeling of accomplishment.

### More Work Values for Occupational Therapist Assistants

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#### Top Interests (The types of activities someone in this job would like.)

**Social** - Social occupations frequently involve working with, communicating with, and teaching people. These occupations often involve helping or providing service to others.

## **AGENDA ITEM 11**

### **PENDING REGULATIONS:**

- **SECTION 4130, FEES;**
- **SECTIONS 4161, 4162, AND 4163, CONTINUING COMPETENCE;**
- **SECTION 4149.5 , PETITION FOR REINSTATEMENT OR  
MODIFICATION OF PENALTY;**
- **SECTION 4176, NOTICE TO CONSUMERS**

The Regulations Update report is attached.

# REGULATIONS UPDATE REPORT

## *Pending Rulemaking files: In-Process*

Rulemaking File Subject	Section(s)	Status	Close of public comment period	Date Pkg Sent to DCA	Date Pkg Rtn'd from DCA	Final Pkg Due to OAL	Actual Submit Date To OAL	Date language goes into/ went into effect
Fees	4130	Language published April 25, 2016. Modified text adopted August 2016.	05/09/2016	10/21/2016	03/17/2017	03/24/2017	03/22/2017	07/01/2017
Continuing Competence	4161 4162 4163	Language published June 24, 2016. Language adopted August 2016	08/08/2016	11/03/2016		06/23/2017		
Notice to Consumer	4176	Language published July 1, 2016. Second modified text adopted October 2016.	08/15/2016	03/29/2017		06/30/2017		
Petition for Reinstatement or Modification of Penalty	4149.5	Language published August 26, 2016. Modified text adopted December 2016.	10/10/2016			08/25/2017		



## REGULATIONS UPDATE REPORT

### *Pending Regulatory Amendments: Process Not Yet Started*

Rulemaking File Subject	Section	Priority	Status	Comments
Probation Monitoring costs	4147.2	1	Board approved language for noticing.	
Continuing Competence – timely submission; prohibition on using PDUs twice	4162	2	Board approved language for noticing.	
Filing of Addresses	4102	3	Board approved language for noticing.	
Accept PT license for Hands/PAMs approval	4151 4152	4	Board approved language for noticing.	
Language for OT to request to supervise more than 2 OTAs	tbd	tbd	Practice Committee to prepare language; draft language to be presented to the Board at Spring 2017 meeting.	Language would implement BPC 2570.3(j)(2).
Patient record retention requirements when a business is closed/sold/inherited or has a change of ownership; or if practitioner is no longer in private practice	tbd	tbd	Practice Committee to prepare language; draft language to be presented to the Board at Spring 2017 meeting.	Language provides specificity to language in BPC 2570.185.