

AGENDA ITEM 6

REVIEW AND DISCUSSION OF THE CAPSTONE/CLINICAL EXPERIENCE COMPLETED AS PART OF A DOCTORAL PROGRAM RELATIVE TO THE OCCUPATIONAL THERAPY PRACTICE ACT REQUIREMENTS

The following are attached for review.

- 2018 ACOTE Standards (effective July 31, 2020)
- Business and Professions Code Sections

**2018 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide
(effective July 31, 2020)
December 2020 Interpretive Guide Version**

| STANDARD NUMBER | ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST | ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST | ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT | ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT |
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| PREAMBLE | | | | |
| | <p>The dynamic nature of contemporary health and human services delivery systems provides opportunities for the occupational therapist to possess the necessary knowledge and skills as a direct care provider, consultant, educator, manager, leader, researcher, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited doctoral-degree-level occupational therapy program must</p> <ul style="list-style-type: none"> • Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of didactic, fieldwork, and capstone education. • Be prepared to evaluate and choose appropriate theory to inform practice. • Be prepared to articulate and apply occupational therapy theory through evidence-based evaluations and interventions to achieve expected outcomes as related to occupation. | <p>The dynamic nature of contemporary health and human services delivery systems requires the occupational therapist to possess basic skills as a direct care provider, consultant, educator, manager, leader, researcher, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited master’s-degree-level occupational therapy program must</p> <ul style="list-style-type: none"> • Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of didactic and fieldwork education. • Be prepared to choose appropriate theory to inform practice. • Be prepared to articulate and apply occupational therapy theory through evidence-based evaluations and interventions to achieve expected outcomes as related to occupation. | <p>The dynamic nature of contemporary health and human services delivery systems requires the occupational therapy assistant to possess basic skills as a direct care provider, educator, manager, leader, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited baccalaureate-degree-level occupational therapy assistant program must</p> <ul style="list-style-type: none"> • Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of didactic and fieldwork education. • Define theory as it applies to practice. • Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for | <p>The dynamic nature of contemporary health and human services delivery systems requires the occupational therapy assistant to possess basic skills as a direct care provider, educator, manager, leader, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited associate-degree-level occupational therapy assistant program must</p> <ul style="list-style-type: none"> • Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of didactic and fieldwork education. • Define theory as it applies to practice. • Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for |

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| | <ul style="list-style-type: none"> • Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, workplace, community, and other settings, as informed by the Occupational Therapy Practice Framework. • Be able to plan and apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational Therapy Practice Framework. • Be prepared to be a lifelong learner to keep current with evidence-based professional practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery. • Be prepared to effectively collaborate with and supervise occupational therapy assistants in service delivery. | <ul style="list-style-type: none"> • Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, workplace, community, and other settings, as informed by the Occupational Therapy Practice Framework. • Be able to plan and apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational 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psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational Therapy Practice Framework. • Be prepared to be a lifelong learner to keep current with evidence-based professional practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery. • Be prepared to effectively collaborate with occupational therapists in service delivery. • Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for persons, groups, and populations. | <p>the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, 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effectively communicate and work interprofessionally with all who provide services and programs for persons, groups, and populations. |

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| | <ul style="list-style-type: none"> • Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for persons, groups, and populations. • Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services. • Be prepared to be an effective consumer of the latest research and knowledge bases that support occupational therapy practice and contribute to the growth and dissemination of research and knowledge. • Demonstrate in-depth knowledge of delivery models, policies, and systems related to practice in settings where occupational therapy is currently practiced and settings where it is emerging. • Demonstrate active involvement in professional development, leadership, and advocacy. • Demonstrate the ability to synthesize in-depth knowledge in a practice area through the development and completion of a doctoral capstone in one or more of the following areas: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development. | <p>provide services and programs for persons, groups, and populations.</p> <ul style="list-style-type: none"> • Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services. • Be prepared to be an effective consumer of the latest research and knowledge bases that support occupational therapy practice and contribute to the growth and dissemination of research and knowledge. • Demonstrate active involvement in professional development, leadership, and advocacy. | <ul style="list-style-type: none"> • Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services. • Demonstrate active involvement in professional development, leadership, and advocacy. • Demonstrate the ability to synthesize in-depth knowledge in a practice area through the development and completion of a baccalaureate project in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education. | <ul style="list-style-type: none"> • Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services. • Demonstrate active involvement in professional development, leadership, and advocacy. |
| <p><i>FOR ALL STANDARDS LISTED BELOW, IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD IN ORDER FOR THE AREA OF NONCOMPLIANCE TO BE REMOVED.</i></p> | | | | |

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| SECTION A: GENERAL REQUIREMENTS | | | | |
| A.1.0. SPONSORSHIP AND ACCREDITATION | | | | |
| <i>A.1.1. Institutional Accreditation</i> | | | | |
| A.1.1. | The sponsoring institution(s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). For programs in countries other than the United States, ACOTE will determine an equivalent external review process. | The sponsoring institution(s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). For programs in countries other than the United States, ACOTE will determine an equivalent external review process. | The sponsoring institution(s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). | The sponsoring institution(s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). |
| <i>A.1.2. Institutional Authority</i> | | | | |
| A.1.2. | Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate doctoral degree-granting authority. | Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority. | Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority, or the institution must be a program offered within the military services. | Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority, or the institution must be a program offered within the military services. |
| <i>A.1.3. Institutional Setting</i> | | | | |
| A.1.3. | Accredited occupational therapy educational programs must be established in senior colleges, universities, or medical schools. | Accredited occupational therapy educational programs must be established in senior colleges, universities, or medical schools. | Accredited occupational therapy assistant educational programs must be established in community, technical, junior, and senior colleges; universities; medical schools; or military institutions. | Accredited occupational therapy assistant educational programs must be established in community, technical, junior, and senior colleges; universities; medical schools; vocational schools or institutions; or military institutions. |
| <i>A.1.4. Sponsoring Institution Responsibilities</i> | | | | |
| A.1.4. | The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a | The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities | The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities | The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities |

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| | fieldwork setting are appropriate to the program. | assigned to students in a fieldwork setting are appropriate to the program. | assigned to students in a fieldwork setting are appropriate to the program. | assigned to students in a fieldwork setting are appropriate to the program. |
| | <i>THE DEGREES MOST COMMONLY CONFERRED ARE THE OCCUPATIONAL THERAPY DOCTORATE (OTD) AND DOCTOR OF OCCUPATIONAL THERAPY (DrOT).</i> | <i>THE DEGREES MOST COMMONLY CONFERRED ARE THE MASTER OF OCCUPATIONAL THERAPY (MOT), MASTER OF SCIENCE IN OCCUPATIONAL THERAPY (MSOT), AND MASTER OF SCIENCE (MS). PROGRAMS OFFERING COMBINED BACCALAUREATE/MASTER'S (BS/MS OR BS/MOT) DEGREES ARE STRONGLY ENCOURAGED TO AVOID USING "BACCALAUREATE IN OCCUPATIONAL THERAPY" AS THE BACCALAUREATE PORTION OF THE DEGREE NAME TO AVOID CONFUSING THE PUBLIC. DEGREE NAMES FOR THE BACCALAUREATE PORTION OF THE PROGRAM MOST COMMONLY USED ARE "BACCALAUREATE IN HEALTH SCIENCES," "BACCALAUREATE IN ALLIED HEALTH," "BACCALAUREATE IN OCCUPATIONAL SCIENCE," AND "BACCALAUREATE IN HEALTH STUDIES."</i> | <i>THE DEGREES MOST COMMONLY CONFERRED ARE THE BACHELOR OF SCIENCE (BS) AND THE BACHELOR OF ARTS (BA).</i> | <i>THE DEGREES MOST COMMONLY CONFERRED ARE THE ASSOCIATE OF APPLIED SCIENCE (AAS) AND ASSOCIATE OF SCIENCE (AS).</i> |

A.1.5. Notification Requirements

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| A.1.5. | <p>The program must:</p> <ul style="list-style-type: none"> Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. | <p>The program must:</p> <ul style="list-style-type: none"> Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. | <p>The program must:</p> <ul style="list-style-type: none"> Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. | <p>The program must:</p> <ul style="list-style-type: none"> Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. |
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| | <ul style="list-style-type: none"> Pay accreditation fees within 90 days of the invoice date. Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. Agree to a site visit date before the end of the period for which accreditation was previously awarded. Demonstrate honesty and integrity in all interactions with ACOTE. Comply with the current requirements of all ACOTE policies. | <ul style="list-style-type: none"> Pay accreditation fees within 90 days of the invoice date. Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. Agree to a site visit date before the end of the period for which accreditation was previously awarded. Demonstrate honesty and integrity in all interactions with ACOTE. Comply with the current requirements of all ACOTE policies. | <ul style="list-style-type: none"> Pay accreditation fees within 90 days of the invoice date. Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. Agree to a site visit date before the end of the period for which accreditation was previously awarded. Demonstrate honesty and integrity in all interactions with ACOTE. Comply with the current requirements of all ACOTE policies. | <ul style="list-style-type: none"> Pay accreditation fees within 90 days of the invoice date. Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. Agree to a site visit date before the end of the period for which accreditation was previously awarded. Demonstrate honesty and integrity in all interactions with ACOTE. Comply with the current requirements of all ACOTE policies. |

A.2.0. ACADEMIC RESOURCES

A.2.1. Program Director

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| A.2.1. | <ul style="list-style-type: none"> The program must identify an individual as the program director who is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. The program director must be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a doctoral degree awarded by an institution that is accredited by a | <ul style="list-style-type: none"> The program must identify an individual as the program director who is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. The program director must be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized | <ul style="list-style-type: none"> The program must identify an individual as the program director who is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. The program director must be an initially certified occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a minimum of a master's degree awarded by an | <ul style="list-style-type: none"> The program must identify an individual as the program director who is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. The program director must be an initially certified occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a minimum of a master's degree awarded by an |
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| | <p>USDE-recognized institutional accrediting agency. The doctoral degree is not limited to a doctorate in occupational therapy.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> <ul style="list-style-type: none"> • The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include: <ul style="list-style-type: none"> ○ Clinical practice as an occupational therapist. ○ Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. ○ Scholarship (e.g., scholarship of application, scholarship of teaching and learning). ○ Understanding of the role of the occupational therapy assistant. ○ At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postbaccalaureate level. • The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development. • The program director position cannot be shared. | <p>institutional accrediting agency. The doctoral degree is not limited to a doctorate in occupational therapy.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> <ul style="list-style-type: none"> • The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include: <ul style="list-style-type: none"> ○ Clinical practice as an occupational therapist. ○ Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. ○ Scholarship (e.g., scholarship of application, scholarship of teaching and learning). ○ Understanding of the role of the occupational therapy assistant. ○ At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level. • The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development. • The program director position cannot be shared. | <p>institution that is accredited by a USDE-recognized institutional accrediting agency. The master's degree is not limited to a master's degree in occupational therapy.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> <ul style="list-style-type: none"> • The program director must have a minimum of 5 years of documented experience in the field of occupational therapy. This experience must include: <ul style="list-style-type: none"> ○ Clinical practice as an occupational therapist or occupational therapy assistant. ○ Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. ○ Scholarship (e.g., scholarship of application, scholarship of teaching and learning). ○ Understanding of and experience with occupational therapy assistants. ○ At least 2 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level. • The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development. | <p>institution that is accredited by a USDE-recognized institutional accrediting agency. 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| | | | <ul style="list-style-type: none"> The program director position cannot be shared. | <ul style="list-style-type: none"> The program director position cannot be shared. |
| A.2.2. FTE Faculty Composition | | | | |
| A.2.2. | <i>(No related Standard)</i> | <i>(No related Standard)</i> | <p>The program must have at least three full-time equivalent (FTE) faculty positions at each accredited location where the program is offered.</p> <p>At a minimum, each program must have a core faculty who is an occupational therapist and a core faculty who is an occupational therapy assistant.</p> | <p>The program must have at least two full-time equivalent (FTE) faculty positions at each accredited location where the program is offered.</p> <p>At a minimum, each program must have a core faculty who is an occupational therapist and a core faculty who is an occupational therapy assistant.</p> |
| <i>IN ORDER TO DEMONSTRATE COMPLIANCE WITH THIS STANDARD, THERE MUST BE ONE CORE FACULTY MEMBER WHO IS PRIMARILY PRACTICING AS AN OCCUPATIONAL THERAPIST AND ONE CORE FACULTY MEMBER WHO IS PRIMARILY PRACTICING AS AN OCCUPATIONAL THERAPY ASSISTANT. FOR THE PURPOSE OF THIS STANDARD, PRACTICE IS CONSIDERED EITHER OTA CLINICAL PRACTICE OR OTA EDUCATION.</i> | | | | |
| A.2.3. Program Director and Faculty Qualifications | | | | |
| A.2.3. | <p>The program director and faculty must possess:</p> <ul style="list-style-type: none"> The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. Documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning). Evidence of expertise in teaching assignments might include documentation of continuing professional development, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources. The expertise necessary to ensure appropriate curriculum design, | <p>The program director and faculty must possess:</p> <ul style="list-style-type: none"> The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. Documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning). Evidence of expertise in teaching assignments might include documentation of continuing professional development, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources. The expertise necessary to ensure appropriate curriculum design, | <p>The program director and faculty must possess:</p> <ul style="list-style-type: none"> The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. Documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning). Evidence of expertise in teaching assignments might include documentation of continuing professional development, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources. The expertise necessary to ensure appropriate curriculum design, | <p>The program director and faculty must possess:</p> <ul style="list-style-type: none"> The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. Documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning). Evidence of expertise in teaching assignments might include documentation of continuing professional development, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources. The expertise necessary to ensure appropriate curriculum design, |

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| | content delivery, and program evaluation. | content delivery, and program evaluation. | content delivery, and program evaluation. | content delivery, and program evaluation. |
| A.2.4. Academic Fieldwork Coordinator | | | | |
| A.2.4. | <p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time and support to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The academic fieldwork coordinator must have at least 2 years of clinical practice experience as an occupational therapist and hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> | <p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time and support to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The academic fieldwork coordinator must have at least 2 years of clinical practice experience as an occupational therapist and hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> | <p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time and support to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be an occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The academic fieldwork coordinator must have at least 2 years of clinical practice experience as an occupational therapist or occupational therapy assistant and hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> | <p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time and support to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be an occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The academic fieldwork coordinator must have at least 2 years of clinical practice experience as an occupational therapist or occupational therapy assistant and hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> |

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| A.2.5. Doctoral Capstone Coordinator | | | | |
| A.2.5. | <p>The program must identify an individual for the role of capstone coordinator who is specifically responsible for the program's compliance with the capstone requirements of Standards Section D.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The capstone coordinator may be assigned other institutional duties that do not interfere with the management and administration of the capstone program. The institution must document that the capstone coordinator has sufficient release time and support to ensure that the needs of the capstone program are being met.</p> <p>This individual must be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The capstone coordinator must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> | <i>(No related Standard)</i> | <i>(No related Standard)</i> | <i>(No related Standard)</i> |
| A.2.6. Licensed OT and OTA Faculty | | | | |
| A.2.6. | <p>Core faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state(s) or</p> | <p>Core faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state(s) or</p> | <p>Core faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state(s) or</p> | <p>Core faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state(s) or</p> |

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| | <p>jurisdiction(s) in which the additional location is located.</p> <p>For programs outside of the United States or its jurisdictions, core faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p> | <p>jurisdiction(s) in which the additional location is located.</p> <p>For programs outside of the United States or its jurisdictions, core faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p> | <p>jurisdiction(s) in which the additional location is located.</p> <p>For programs outside of the United States or its jurisdictions, core faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p> | <p>jurisdiction(s) in which the additional location is located.</p> <p>For programs outside of the United States or its jurisdictions, core faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p> |
| A.2.7. Faculty Degrees | | | | |
| A.2.7. | <p>All full-time core faculty who are occupational therapy practitioners teaching in the program must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The doctoral degree is not limited to a doctorate in occupational therapy.</p> <p>At least 50% of full-time core faculty must have a post-professional doctorate.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> | <p>The majority of full-time core faculty who are occupational therapy practitioners teaching in the program must hold a doctoral degree. All full-time faculty must hold a minimum of a master's degree. All degrees must be awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The degrees are not limited to occupational therapy.</p> <p>At least 50% of full-time core faculty must hold a doctoral degree. The program director is counted as a faculty member.</p> <p>At least 25% of full-time core faculty must have a post-professional doctorate.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> | <p>The majority of full-time core faculty who are occupational therapy practitioners teaching in the program must hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. All full-time faculty must hold a minimum of a baccalaureate degree that is awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The degrees are not limited to occupational therapy.</p> <p>At least 50% of full-time core faculty must hold a minimum of a master's degree. The program director is counted as a faculty member.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> | <p>All full-time core faculty who are occupational therapy practitioners teaching in the program must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The degrees are not limited to occupational therapy.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> |
| A.2.8. Site Coordinator | | | | |
| A.2.8. | <p>For programs with additional location(s), the program must identify a full-time core faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.</p> | <p>For programs with additional location(s), the program must identify a full-time core faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.</p> | <p>For programs with additional location(s), the program must identify a full-time core faculty member who is an occupational therapy practitioner as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.</p> | <p>For programs with additional location(s), the program must identify a full-time core faculty member who is an occupational therapy practitioner as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.</p> |

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| A.2.9. Sufficient Faculty | | | | |
| A.2.9. | <p>The occupational therapy faculty at each location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal.</p> <p>Faculty responsible for content related to research methodology and mentoring students on scholarly projects must demonstrate ongoing scholarly achievement and research expertise.</p> | <p>The occupational therapy faculty at each location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal.</p> <p>Faculty responsible for content related to research methodology and mentoring students on scholarly projects must demonstrate ongoing scholarly achievement and research expertise.</p> | <p>The occupational therapy assistant faculty at each location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal.</p> | <p>The occupational therapy assistant faculty at each location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal.</p> |
| A.2.10. Clerical and Support Staff | | | | |
| A.2.10. | <p>Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, fieldwork and doctoral capstone requirements, including support for any portion of the program offered by distance education.</p> | <p>Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, and fieldwork requirements, including support for any portion of the program offered by distance education.</p> | <p>Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, fieldwork, and baccalaureate project requirements, including support for any portion of the program offered by distance education.</p> | <p>Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, and fieldwork requirements, including support for any portion of the program offered by distance education.</p> |
| A.2.11. Budget | | | | |
| A.2.11. | <p>The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.</p> | <p>The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.</p> | <p>The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.</p> | <p>The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.</p> |
| A.2.12. Adequate Space | | | | |
| A.2.12. | <ul style="list-style-type: none"> Adequate classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution and assigned to the occupational therapy program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. | <ul style="list-style-type: none"> Adequate classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution and assigned to the occupational therapy program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. | <ul style="list-style-type: none"> Adequate classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution and assigned to the occupational therapy assistant program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. | <ul style="list-style-type: none"> Adequate classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution and assigned to the occupational therapy assistant program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. |

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| | <ul style="list-style-type: none"> The program director and faculty must have office space consistent with institutional practice. Adequate space must be provided for the private advising of students. | <ul style="list-style-type: none"> The program director and faculty must have office space consistent with institutional practice. Adequate space must be provided for the private advising of students. | <ul style="list-style-type: none"> The program director and faculty must have office space consistent with institutional practice. Adequate space must be provided for the private advising of students. | <ul style="list-style-type: none"> The program director and faculty must have office space consistent with institutional practice. Adequate space must be provided for the private advising of students. |
| A.2.13. Equipment, Supplies, and Evaluative and Treatment Methodologies | | | | |
| A.2.13. | <ul style="list-style-type: none"> Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic, fieldwork, and doctoral capstone components of the curriculum. Students must be given access and opportunity to use the evaluative and treatment methodologies that reflect current evidence-based practice in the geographic area served by the program. | <ul style="list-style-type: none"> Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic and fieldwork components of the curriculum. Students must be given access and opportunity to use the evaluative and treatment methodologies that reflect current evidence-based practice in the geographic area served by the program. | <ul style="list-style-type: none"> Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic, fieldwork, and baccalaureate project components of the curriculum. Students must be given access and opportunity to use the evaluative and treatment methodologies that reflect current evidence-based practice in the geographic area served by the program. | <ul style="list-style-type: none"> Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic and fieldwork components of the curriculum. Students must be given access and opportunity to use the evaluative and treatment methodologies that reflect current evidence-based practice in the geographic area served by the program. |
| A.2.14. Library, Reference Materials, Instructional Aids, and Technology | | | | |
| A.2.14. | <ul style="list-style-type: none"> Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, support, and resource centers. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Student support services must also be available. | <ul style="list-style-type: none"> Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, support, and resource centers. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Student support services must also be available. | <ul style="list-style-type: none"> Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, support, and resource centers. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Student support services must also be available. | <ul style="list-style-type: none"> Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, support, and resource centers. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Student support services must also be available. |
| A.2.15. Distance Education | | | | |
| A.2.15. | <p>If any portion of the program is offered through distance education, it must include:</p> <ul style="list-style-type: none"> A process through which the program establishes that the student who registers in a distance education | <p>If any portion of the program is offered through distance education, it must include:</p> <ul style="list-style-type: none"> A process through which the program establishes that the student who registers in a distance education course or program is the same | <p>If any portion of the program is offered through distance education, it must include:</p> <ul style="list-style-type: none"> A process through which the program establishes that the student who registers in a distance education course or program is the same | <p>If any portion of the program is offered through distance education, it must include:</p> <ul style="list-style-type: none"> A process through which the program establishes that the student who registers in a distance education course or program is the same |

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| | <p>course or program is the same student who participates in and completes the program and receives academic credit.</p> <ul style="list-style-type: none"> Technology and resources that are adequate to support a distance-learning environment. A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. <p>The program must provide documentation of the processes involved and evidence of implementation.</p> | <p>student who participates in and completes the program and receives academic credit.</p> <ul style="list-style-type: none"> Technology and resources that are adequate to support a distance-learning environment. A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. <p>The program must provide documentation of the processes involved and evidence of implementation.</p> | <p>student who participates in and completes the program and receives academic credit.</p> <ul style="list-style-type: none"> Technology and resources that are adequate to support a distance-learning environment. A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. <p>The program must provide documentation of the processes involved and evidence of implementation.</p> | <p>student who participates in and completes the program and receives academic credit.</p> <ul style="list-style-type: none"> Technology and resources that are adequate to support a distance-learning environment. A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. <p>The program must provide documentation of the processes involved and evidence of implementation.</p> |
| A.3.0. STUDENTS | | | | |
| A.3.1. Admission Criteria | | | | |
| A.3.1. | Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program. | Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program. | Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program. | Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program. |
| A.3.2. Admission Policies | | | | |
| A.3.2. | Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public. | Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public. | Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public. | Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public. |
| A.3.3. Credit for Previous Courses/Work Experience | | | | |
| A.3.3. | The program must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate doctoral Standards. | The program must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate master's Standards. | The program must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate baccalaureate Standards. | The program must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate associate's Standards. |

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| A.3.4. Criteria for Successful Completion | | | | |
| A.3.4. | Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student. | Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student. | Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student. | Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student. |
| A.3.5. Evaluation on a Regular Basis | | | | |
| A.3.5. | Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: <ul style="list-style-type: none"> • Student progress • Professional behaviors • Academic standing | Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: <ul style="list-style-type: none"> • Student progress • Professional behaviors • Academic standing | Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: <ul style="list-style-type: none"> • Student progress • Professional behaviors • Academic standing | Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: <ul style="list-style-type: none"> • Student progress • Professional behaviors • Academic standing |
| A.3.6. Student Support Services | | | | |
| A.3.6. | Students must be informed of and have access to the student support services that are provided to other students in the institution. Distance students must have access to the same resources as campus students. | Students must be informed of and have access to the student support services that are provided to other students in the institution. Distance students must have access to the same resources as campus students. | Students must be informed of and have access to the student support services that are provided to other students in the institution. Distance students must have access to the same resources as campus students. | Students must be informed of and have access to the student support services that are provided to other students in the institution. Distance students must have access to the same resources as campus students. |
| A.3.7. Advising by Faculty | | | | |
| A.3.7. | Advising related to professional coursework, professional behaviors, fieldwork education, and the doctoral capstone must be the responsibility of the occupational therapy faculty. | Advising related to professional coursework, professional behaviors, and fieldwork education must be the responsibility of the occupational therapy faculty. | Advising related to coursework in the occupational therapy assistant program, professional behaviors, fieldwork education, and the baccalaureate project must be the responsibility of the occupational therapy assistant faculty. | Advising related to coursework in the occupational therapy assistant program, professional behaviors, and fieldwork education must be the responsibility of the occupational therapy assistant faculty. |
| A.4.0. PUBLIC INFORMATION & POLICIES | | | | |
| A.4.1. Accurate Program Publications | | | | |
| A.4.1. | All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must accurately reflect the program offered. | All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must accurately reflect the program offered. | All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must accurately reflect the program offered. | All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must accurately reflect the program offered. |
| A.4.2. Publication of Program Outcomes | | | | |
| A.4.2. | Accurate and current information regarding student and program outcomes must be readily available to the public on the program's web page. At a minimum, the following data must be reported | Accurate and current information regarding student and program outcomes must be readily available to the public on the program's web page. At a minimum, the following data must be reported | Accurate and current information regarding student and program outcomes must be readily available to the public on the program's web page. At a minimum, the following data must be reported | Accurate and current information regarding student and program outcomes must be readily available to the public on the program's web page. At a minimum, the following data must be reported |

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| | <p>separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> • Program graduates • Graduation rates <p>The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.</p> | <p>separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> • Program graduates • Graduation rates <p>The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.</p> | <p>separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> • Program graduates • Graduation rates <p>The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.</p> | <p>separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> • Program graduates • Graduation rates <p>The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.</p> |
| <p><i>PROGRAMS MAY USE EITHER CALENDAR YEAR OR ACADEMIC YEAR WHEN PUBLISHING THE TOTAL NUMBER OF PROGRAM GRADUATES AND GRADUATION RATES FROM THE PREVIOUS 3 YEARS AS LONG AS THE TIME FRAME IS CLEARLY DELINEATED. THE NUMBER OF PROGRAM GRADUATES MUST BE TOTALED FOR THE 3-YEAR REPORTING PERIOD. IF THE PROGRAM HAS ONLY ONE OR TWO YEARS OF GRADUATE DATA, THIS MUST BE MADE AVAILABLE AND TOTALED. THE TOTAL MAY BE IN THE FORM OF A NARRATIVE OR WITHIN A GRID. THE TOTAL NUMBER OF PROGRAM GRADUATES AND GRADUATION RATES MUST BE POSTED ON THE PROGRAM'S WEB PAGE. THE PROGRAM MUST PROVIDE AN ACTIVE DIRECT LINK TO THE NBCOT PROGRAM DATA RESULTS ON THE PROGRAM'S HOME PAGE: HTTPS://WWW.NBCOT.ORG/EN/EDUCATORS/HOME#SCHOOLPERFORMANCE (PREFERRED LINK) OR HTTPS://SECURE.NBCOT.ORG/DATA/SCHOOLSTATS.ASPX.</i></p> | | | | |
| <p>A.4.3. Publication of ACOTE Information</p> | | | | |
| A.4.3. | <p>The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, website, and program-related brochures or flyers available to prospective students. An active link to www.acoteonline.org must be provided on the program's home page.</p> | <p>The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, website, and program-related brochures or flyers available to prospective students. An active link to www.acoteonline.org must be provided on the program's home page.</p> | <p>The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, website, and program-related brochures or flyers available to prospective students. An active link to www.acoteonline.org must be provided on the program's home page.</p> | <p>The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, website, and program-related brochures or flyers available to prospective students. An active link to www.acoteonline.org must be provided on the program's home page.</p> |
| <p><i>SAMPLE WORDING: "THE OCCUPATIONAL THERAPY/OCCUPATIONAL THERAPY ASSISTANT PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA), LOCATED AT 6116 EXECUTIVE BOULEVARD, SUITE 200, NORTH BETHESDA, MD 20852-4929. ACOTE'S TELEPHONE NUMBER, C/O AOTA, IS (301) 652-AOTA, AND ITS WEB ADDRESS IS WWW.ACOTEONLINE.ORG."</i></p> | | | | |
| <p>A.4.4. Published Policies and Procedures</p> | | | | |
| A.4.4. | <p>The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:</p> <ul style="list-style-type: none"> • Policy and procedures for processing student and faculty grievances must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. | <p>The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:</p> <ul style="list-style-type: none"> • Policy and procedures for processing student and faculty grievances must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. | <p>The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:</p> <ul style="list-style-type: none"> • Policy and procedures for processing student and faculty grievances must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. | <p>The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:</p> <ul style="list-style-type: none"> • Policy and procedures for processing student and faculty grievances must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. |

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| | <ul style="list-style-type: none"> Student probation, suspension, and dismissal must be published and made known. Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures) must be documented and made known. Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education. | <ul style="list-style-type: none"> Student probation, suspension, and dismissal must be published and made known. Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures) must be documented and made known. Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education. | <ul style="list-style-type: none"> Student probation, suspension, and dismissal must be published and made known. Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures) must be documented and made known. Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education. | <ul style="list-style-type: none"> Student probation, suspension, and dismissal must be published and made known. Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures) must be documented and made known. Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education. |
| <p><i>PROGRAMS MUST DISPLAY THE COST OF ATTENDANCE FOR THE OT/OTA PROGRAM, WHICH INCLUDES CURRENT TUITION AND FEES AS WELL AS THE TOTAL COST OF ATTENDING AND COMPLETING THE OCCUPATIONAL THERAPY OR OCCUPATIONAL THERAPY ASSISTANT PROGRAM. THIS INFORMATION MUST BE DISPLAYED ON THE PROGRAM'S HOME PAGE OR A LINK TO THE INFORMATION POSTED ON THE PROGRAM'S HOMEPAGE. COMPLIANCE WITH THE REQUIRED COST OF ATTENDANCE INFORMATION IS EFFECTIVE 2/1/2021.</i></p> | | | | |
| <p>A.4.5. Ability to Benefit</p> | | | | |
| A.4.5. | A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit. | A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit. | A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit. | A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit. |
| <p>A.4.6. Progression, Retention, Graduation, Certification, and Credentialing Requirements</p> | | | | |
| A.4.6. | Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided. | Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided. | Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided. | Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided. |
| <p><i>SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPIST,</i></p> | | | | |
| <p><i>SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPY</i></p> | | | | |

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| | <i>ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT®). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE AN OCCUPATIONAL THERAPIST, REGISTERED (OTR). IN ADDITION, ALL STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."</i> | | <i>ASSISTANT, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT®). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE A CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA). IN ADDITION, ALL STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."</i> | |
| A.4.7. Completion in a Timely Manner | | | | |
| A.4.7. | The program must have a documented and published policy to ensure that students complete all graduation, fieldwork, and the doctoral capstone requirements in a timely manner. This policy must include a statement that all Level II fieldwork and the doctoral capstone must be completed within a time frame established by the program. | The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program. | The program must have a documented and published policy to ensure that students complete all graduation, fieldwork, and the baccalaureate project requirements in a timely manner. This policy must include a statement that all Level II fieldwork and the baccalaureate project must be completed within a time frame established by the program. | The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program. |
| | <i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE DOCTORAL CAPSTONE WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i> | <i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i> | <i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE BACCALAUREATE PROJECT WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i> | <i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i> |
| A.4.8. Student Records | | | | |
| A.4.8. | Records regarding student admission, enrollment, fieldwork, doctoral capstone, and achievement must be maintained and kept in a secure setting consistent with Family Educational Rights and Privacy Act regulations. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution. | Records regarding student admission, enrollment, fieldwork, and achievement must be maintained and kept in a secure setting consistent with Family Educational Rights and Privacy Act regulations. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution. | Records regarding student admission, enrollment, fieldwork, baccalaureate project, and achievement must be maintained and kept in a secure setting consistent with Family Educational Rights and Privacy Act regulations. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution. | Records regarding student admission, enrollment, fieldwork, and achievement must be maintained and kept in a secure setting consistent with Family Educational Rights and Privacy Act regulations. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution. |
| A.5.0. CURRICULUM FRAMEWORK The curriculum framework is a description of the program that includes the program's mission, philosophy, and curriculum design. | | | | |

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| A.5.1. Curriculum—Preparation to Practice as a Generalist | | | | |
| A.5.1. | The curriculum must include preparation to practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health. | The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health. | The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health. | The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health. |
| A.5.2. Curriculum—Preparation and Application of In-depth Knowledge | | | | |
| A.5.2. | The curriculum design must include course objectives and learning activities demonstrating preparation and application of in-depth knowledge in practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory through a combination of a capstone experience and a capstone project. | <i>(No related Standard)</i> | The curriculum design must include course objectives and learning activities demonstrating preparation and application of in-depth knowledge in practice skills, administration, leadership, advocacy, or education through the baccalaureate project. | <i>(No related Standard)</i> |
| A.5.3. Program Length | | | | |
| A.5.3. | The occupational therapy doctoral degree must be awarded after a period of study such that the total time to the degree, including both preprofessional and professional preparation, equals a minimum of 6 FTE academic years. The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate. | The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate. | The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate. | The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate. |
| A.5.4. Program Mission and Philosophy | | | | |
| A.5.4. | <ul style="list-style-type: none"> • The statement of the mission of the occupational therapy program must: <ul style="list-style-type: none"> ○ Be consistent with and supportive of the mission of the sponsoring institution. | <ul style="list-style-type: none"> • The statement of the mission of the occupational therapy program must: <ul style="list-style-type: none"> ○ Be consistent with and supportive of the mission of the sponsoring institution. | <ul style="list-style-type: none"> • The statement of the mission of the occupational therapy assistant program must: <ul style="list-style-type: none"> ○ Be consistent with and supportive of the mission of the sponsoring institution. | <ul style="list-style-type: none"> • The statement of the mission of the occupational therapy assistant program must: <ul style="list-style-type: none"> ○ Be consistent with and supportive of the mission of the sponsoring institution. |

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| | <ul style="list-style-type: none"> ○ Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. ● The statement of philosophy of the occupational therapy program must: <ul style="list-style-type: none"> ○ Reflect the current published philosophy of the profession. ○ Include a statement of the program's fundamental beliefs about human beings and how they learn. | <ul style="list-style-type: none"> ○ Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. ● The statement of philosophy of the occupational therapy program must: <ul style="list-style-type: none"> ○ Reflect the current published philosophy of the profession. ○ Include a statement of the program's fundamental beliefs about human beings and how they learn. | <ul style="list-style-type: none"> ○ Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. ● The statement of philosophy of the occupational therapy assistant program must: <ul style="list-style-type: none"> ○ Reflect the current published philosophy of the profession. ○ Include a statement of the program's fundamental beliefs about human beings and how they learn. | <ul style="list-style-type: none"> ○ Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. ● The statement of philosophy of the occupational therapy assistant program must: <ul style="list-style-type: none"> ○ Reflect the current published philosophy of the profession. ○ Include a statement of the program's fundamental beliefs about human beings and how they learn. |
| A.5.5. Curriculum Design | | | | |
| A.5.5. | <p>The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content, scope, and sequencing of coursework.</p> <p>The instructional design must reflect the curriculum and ensure appropriate content delivery.</p> | <p>The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content, scope, and sequencing of coursework.</p> <p>The instructional design must reflect the curriculum and ensure appropriate content delivery.</p> | <p>The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content, scope, and sequencing of coursework.</p> <p>The instructional design must reflect the curriculum and ensure appropriate content delivery.</p> | <p>The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content, scope, and sequencing of coursework.</p> <p>The instructional design must reflect the curriculum and ensure appropriate content delivery.</p> |
| A.5.6. Scholarship Agenda | | | | |
| A.5.6. | The program must have a documented agenda of scholarship that reflects the curriculum design and mission of the program and institution. | The program must have a documented agenda of scholarship that reflects the curriculum design and mission of the program and institution. | The program must have a documented agenda of scholarship that reflects the curriculum design and mission of the program and institution. | The program must have a documented agenda of scholarship that reflects the curriculum design and mission of the program and institution. |
| A.5.7. Written Syllabi and Assessment Strategies | | | | |
| A.5.7. | The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Programs must also | The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Programs must also | The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Programs must also | The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Programs must also |

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| | <p>demonstrate the consistency between course syllabi and the curriculum design.</p> <p>Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies must be aligned with course objectives and required for progress in the program and graduation.</p> | <p>demonstrate the consistency between course syllabi and the curriculum design.</p> <p>Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies must be aligned with course objectives and required for progress in the program and graduation.</p> | <p>demonstrate the consistency between course syllabi and the curriculum design.</p> <p>Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies must be aligned with course objectives and required for progress in the program and graduation.</p> | <p>demonstrate the consistency between course syllabi and the curriculum design.</p> <p>Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies must be aligned with course objectives and required for progress in the program and graduation.</p> |
| <p>A.6.0. STRATEGIC PLAN AND PROGRAM ASSESSMENT</p> <p>For programs that are offered at more than one location, the program's strategic plan, evaluation plan, and results of ongoing evaluation must address each program location as a component of the overall plan.</p> | | | | |
| <p>A.6.1. Strategic Plan</p> | | | | |
| <p>A.6.1.</p> | <p>The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork and doctoral capstone sites). A program strategic plan must reflect a minimum of a 3-year period and include, but need not be limited to:</p> <ul style="list-style-type: none"> • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program. • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as | <p>The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program strategic plan must reflect a minimum of a 3-year period and include, but need not be limited to:</p> <ul style="list-style-type: none"> • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program. • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change. | <p>The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites and baccalaureate project). A program strategic plan must reflect a minimum of a 3-year period and include, but need not be limited to:</p> <ul style="list-style-type: none"> • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program. • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change. | <p>The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program strategic plan must reflect a minimum of a 3-year period and include, but need not be limited to:</p> <ul style="list-style-type: none"> • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program. • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change. |

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| | they are met or as circumstances change. | | | |
| <i>THE TIMELINE SHOULD REFLECT THE ACTUAL DUE DATE WHEN THE PROGRAM EXPECTS TO REACH EACH LONG-TERM GOAL. "ANNUALLY" AND "ONGOING" ARE NOT ACCEPTABLE TIMELINES, WHEREAS "DECEMBER 2022" WOULD BE AN ACCEPTABLE TIMELINE.</i> | | | | |
| A.6.2. Professional Development Plans | | | | |
| A.6.2. | <p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor (electronic/typed signature is acceptable). At a minimum, the plan must include, but need not be limited to:</p> <ul style="list-style-type: none"> Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, scholarly activity). Evidence of currency in the areas of teaching responsibilities. Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. Evidence of annual updates of action steps and goals as they are met or as circumstances change. Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. The individual faculty member's designated responsibilities (e.g., every plan does not need to include scholarly activity if this is not part of the faculty member's responsibilities. Similarly, if the faculty member's primary role is research, he or she | <p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor (electronic/typed signature is acceptable). At a minimum, the plan must include, but need not be limited to:</p> <ul style="list-style-type: none"> Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, scholarly activity). Evidence of currency in the areas of teaching responsibilities. Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. Evidence of annual updates of action steps and goals as they are met or as circumstances change. Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. The individual faculty member's designated responsibilities (e.g., every plan does not need to include scholarly activity if this is not part of the faculty member's responsibilities. Similarly, if the faculty member's primary role is research, he or she | <p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor (electronic/typed signature is acceptable). At a minimum, the plan must include, but need not be limited to:</p> <ul style="list-style-type: none"> Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, scholarly activity). Evidence of currency in the areas of teaching responsibilities. Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. Evidence of annual updates of action steps and goals as they are met or as circumstances change. Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. The individual faculty member's designated responsibilities (e.g., every plan does not need to include scholarly activity if this is not part of the faculty member's responsibilities). | <p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor (electronic/typed signature is acceptable). At a minimum, the plan must include, but need not be limited to:</p> <ul style="list-style-type: none"> Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, scholarly activity). Evidence of currency in the areas of teaching responsibilities. Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. Evidence of annual updates of action steps and goals as they are met or as circumstances change. Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. The individual faculty member's designated responsibilities (e.g., every plan does not need to include scholarly activity if this is not part of the faculty member's responsibilities). |

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| | may not need a goal related to teaching effectiveness). | may not need a goal related to teaching effectiveness). | | |
| A.6.3. Program Evaluation | | | | |
| A.6.3. | <p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for analysis about the extent to which the program is meeting its stated goals and objectives to inform strategic changes. This must include, but need not be limited to:</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Effectiveness of instructional design. • Students' competency in professional behaviors. • Students' progression through the program. • Student retention rates. • Fieldwork and doctoral capstone performance evaluation. • Student evaluation of fieldwork and the doctoral capstone experience. • Evaluation of doctoral capstone outcomes. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. • Graduates' scholarly activity (e.g., presentations, publications, grants obtained, state and national leadership positions, awards). <p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p> | <p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for analysis about the extent to which the program is meeting its stated goals and objectives to inform strategic changes. This must include, but need not be limited to:</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Effectiveness of instructional design. • Students' competency in professional behaviors. • Students' progression through the program. • Student retention rates. • Fieldwork performance evaluation. • Student evaluation of fieldwork experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. <p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p> | <p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for analysis about the extent to which the program is meeting its stated goals and objectives to inform strategic changes. This must include, but need not be limited to:</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Effectiveness of instructional design. • Students' competency in professional behaviors. • Students' progression through the program. • Student retention rates. • Fieldwork and baccalaureate project performance evaluation. • Student evaluation of fieldwork and the baccalaureate project experience. • Evaluation of baccalaureate project outcomes. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. <p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p> | <p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for analysis about the extent to which the program is meeting its stated goals and objectives to inform strategic changes. This must include, but need not be limited to:</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Effectiveness of instructional design. • Students' competency in professional behaviors. • Students' progression through the program. • Student retention rates. • Fieldwork performance evaluation. • Student evaluation of fieldwork experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. <p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p> |

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| | The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program. | | | |
| A.6.4. Certification Exam Pass Rate | | | | |
| A.6.4. | The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available. | The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available. | The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available. | The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available. |
| <p>SECTION B: CONTENT REQUIREMENTS</p> <p>The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes. Level II Fieldwork, the Baccalaureate Project, or the Doctoral Capstone Experience and Project syllabi may not be used to document compliance with a section B content Standard.</p> | | | | |
| <p>B.1.0. FOUNDATIONAL CONTENT REQUIREMENTS</p> <p>Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in the sciences must also be evident in professional coursework. The student will be able to:</p> | | | | |

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| <i>B.1.1. Human Body, Development, and Behavior</i> | | | | |
| B.1.1. | Demonstrate knowledge of: <ul style="list-style-type: none"> The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation. | Demonstrate knowledge of: <ul style="list-style-type: none"> The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation. | Demonstrate knowledge of: <ul style="list-style-type: none"> The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation. | Demonstrate knowledge of: <ul style="list-style-type: none"> The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation. |
| <i>B.1.2. Sociocultural, Socioeconomic, Diversity Factors, and Lifestyle Choices</i> | | | | |
| B.1.2. | Apply, analyze, and evaluate the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology. | Apply and analyze the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology. | Apply knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology). | Explain the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology). |
| <i>B.1.3. Social Determinants of Health</i> | | | | |
| B.1.3. | Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an analysis of the epidemiological factors that impact the public health and welfare of populations. | Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an analysis of the epidemiological factors that impact the public health and welfare of populations. | Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations. | Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations. |
| <i>B.1.4. Quantitative Statistics and Qualitative Analysis</i> | | | | |
| B.1.4. | Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice. | Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice. | <i>(No related Standard)</i> | <i>(No related Standard)</i> |

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| B.2.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES | | | | |
| Current and relevant interprofessional perspectives including rehabilitation, disability, and developmental as well as person/population-environment-occupation models, theories and frameworks of practice. The program must facilitate the development of the performance criteria listed below. The student will be able to: | | | | |
| <i>B.2.1. Scientific Evidence, Theories, Models of Practice, and Frames of Reference</i> | | | | |
| B.2.1. | Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments. | Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments. | Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments. | Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments. |
| <i>B.2.2. Theory Development</i> | | | | |
| B.2.2. | Explain the process of theory development in occupational therapy and its desired impact and influence on society. | Explain the process of theory development and its importance to occupational therapy. | Define the process of theory development and its importance to occupational therapy. | Define the process of theory development and its importance to occupational therapy. |
| B.3.0. BASIC TENETS OF OCCUPATIONAL THERAPY | | | | |
| Coursework must facilitate development of the performance criteria listed below. The student will be able to: | | | | |
| <i>B.3.1. OT History, Philosophical Base, Theory, and Sociopolitical Climate</i> | | | | |
| B.3.1. | Analyze and evaluate occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice. | Analyze occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice. | Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice. | Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice. |
| <i>B.3.2. Interaction of Occupation and Activity</i> | | | | |
| B.3.2. | Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors. | Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors. | Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors. | Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors. |
| <i>B.3.3. Distinct Nature of Occupation</i> | | | | |
| B.3.3. | Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being. | Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being. | Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being. | Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being. |

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| <i>B.3.4. Balancing Areas of Occupation, Role in Promotion of Health, and Prevention</i> | | | | |
| B.3.4. | Apply, analyze, and evaluate scientific evidence to explain the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations. | Apply and analyze scientific evidence to explain the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations. | Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations. | Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations. |
| <i>B.3.5. Effects of Disease Processes</i> | | | | |
| B.3.5. | Analyze and evaluate the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance. | Analyze the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance. | Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance. | Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance. |
| <i>B.3.6. Activity Analysis</i> | | | | |
| B.3.6. | Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to formulate the intervention plan. | Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to formulate the intervention plan. | Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan. | Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan. |
| <i>B.3.7. Safety of Self and Others</i> | | | | |
| B.3.7. | Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention. | Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention. | Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention. | Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention. |
| B.4.0. | REFERRAL, SCREENING, EVALUATION, AND INTERVENTION PLAN The process of referral, screening, evaluation, and diagnosis as related to occupational performance and participation must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence. INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be client centered and culturally relevant; reflective of current and emerging occupational | | SCREENING, EVALUATION, AND INTERVENTION PLAN The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in cooperation with the occupational therapist and must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence. These processes must consider the needs of persons, groups, and populations. INTERVENTION AND IMPLEMENTATION The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational | |

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| <p>therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference.</p> <p>These processes must consider the needs of persons, groups, and populations.</p> <p>The program must facilitate development of the performance criteria listed below. The student will be able to:</p> | | | | |
| <i>B.4.1. Therapeutic Use of Self</i> | | | | |
| B.4.1. | Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. | Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. | Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. | Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction. |
| <i>B.4.2. Clinical Reasoning</i> | | | | |
| B.4.2. | Demonstrate clinical reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions to address client factors, performance patterns, and performance skills. | Demonstrate clinical reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions to address client factors, performance patterns, and performance skills. | Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills. | Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills. |
| <i>B.4.3. Occupation-Based Interventions</i> | | | | |
| B.4.3. | Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention. | Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention. | Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention. | Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention. |
| <i>B.4.4. Standardized and Nonstandardized Screening and Assessment Tools</i> | | | | |
| B.4.4. | <p>Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.</p> <p>Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies.</p> | <p>Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.</p> <p>Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant,</p> | <p>Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies.</p> <p>Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant,</p> | <p>Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based intervention plans and strategies.</p> <p>Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant,</p> |

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| | Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. | reflective of current occupational therapy practice, and based on available evidence. | reflective of current occupational therapy practice, and based on available evidence. | reflective of current occupational therapy practice, and based on available evidence. |
| <i>B.4.5. Application of Assessment Tools and Interpretation of Results</i> | | | | |
| B.4.5. | <p>Select and apply assessment tools, considering client needs, and cultural and contextual factors.</p> <p>Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols.</p> <p>Interpret the results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context).</p> | <p>Select and apply assessment tools, considering client needs, and cultural and contextual factors.</p> <p>Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols.</p> <p>Interpret the results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context).</p> | <i>(No related Standard)</i> | <i>(No related Standard)</i> |
| <i>B.4.6. Reporting Data</i> | | | | |
| B.4.6. | Collect, analyze, and report data in a systematic manner for evaluation of client and practice outcomes. Report evaluation results and modify practice as needed. | Collect, analyze, and report data in a systematic manner for evaluation of client and practice outcomes. Report evaluation results and modify practice as needed. | Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes. | Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes. |
| <i>B.4.7. Interpret Standardized Test Scores</i> | | | | |
| B.4.7. | Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity. | Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity. | <i>(No related Standard)</i> | <i>(No related Standard)</i> |
| <i>B.4.8. Interpret Evaluation Data</i> | | | | |
| B.4.8. | Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team. | Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team. | <i>(No related Standard)</i> | <i>(No related Standard)</i> |
| <i>B.4.9. Remediation and Compensation</i> | | | | |
| B.4.9. | Design and implement intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial | Design and implement intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial | Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health | Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and |

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| | and behavioral health deficits that affect occupational performance. | and behavioral health deficits that affect occupational performance. | deficits that affect occupational performance. | psychosocial and behavioral health deficits that affect occupational performance. |
| B.4.10. Provide Interventions and Procedures | | | | |
| B.4.10. | <p>Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.</p> <p>This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.</p> | <p>Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.</p> <p>This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.</p> | <p>Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.</p> <p>This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.</p> | <p>Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.</p> <p>This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.</p> |
| B.4.11. Assistive Technologies and Devices | | | | |
| B.4.11. | <p>Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.</p> | <p>Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.</p> | <p>Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.</p> | <p>Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.</p> |
| B.4.12. Orthoses and Prosthetic Devices | | | | |
| B.4.12. | <p>Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.</p> <p>Train in the safe and effective use of prosthetic devices.</p> | <p>Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.</p> <p>Train in the safe and effective use of prosthetic devices.</p> | <p>Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.</p> <p>Train in the safe and effective use of prosthetic devices.</p> | <p>Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.</p> <p>Train in the safe and effective use of prosthetic devices.</p> |
| B.4.13. Functional Mobility | | | | |
| B.4.13. | <p>Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.</p> | <p>Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.</p> | <p>Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.</p> | <p>Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.</p> |

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| <i>B.4.14. Community Mobility</i> | | | | |
| B.4.14. | Evaluate the needs of persons, groups, and populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation and community access. | Evaluate the needs of persons, groups, and populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation and community access. | Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access. | Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access. |
| <i>B.4.15. Technology in Practice</i> | | | | |
| B.4.15. | Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> • Electronic documentation systems • Virtual environments • Telehealth technology | Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> • Electronic documentation systems • Virtual environments • Telehealth technology | Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> • Electronic documentation systems • Virtual environments • Telehealth technology | Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> • Electronic documentation systems • Virtual environments • Telehealth technology |
| <i>B.4.16. Dysphagia and Feeding Disorders</i> | | | | |
| B.4.16. | Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors. | Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors. | Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors. | Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors. |
| <i>B.4.17. Superficial Thermal, Deep Thermal, and Electrotherapeutic Agents and Mechanical Devices</i> | | | | |
| B.4.17. | Demonstrate knowledge and use of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions. | Demonstrate knowledge and use of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions. | Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions. | Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions. |
| <i>B.4.18. Grade and Adapt Processes or Environments</i> | | | | |
| B.4.18. | Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances. | Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances. | Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances. | Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances. |

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| <i>B.4.19. Consultative Process</i> | | | | |
| B.4.19. | Demonstrate, evaluate, and plan the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues. | Demonstrate, evaluate, and plan the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues. | Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues. | Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues. |
| <i>B.4.20. Care Coordination, Case Management, and Transition Services</i> | | | | |
| B.4.20. | Demonstrate, evaluate, and plan care coordination, case management, and transition services in traditional and emerging practice environments. | Demonstrate, evaluate, and plan care coordination, case management, and transition services in traditional and emerging practice environments. | Demonstrate, evaluate, and plan care coordination and case management. Understand and articulate transition services in traditional and emerging practice environments. | Understand and articulate care coordination, case management, and transition services in traditional and emerging practice environments. |
| <i>B.4.21. Teaching-Learning Process and Health Literacy</i> | | | | |
| B.4.21. | <p>Demonstrate, evaluate, and utilize the principles of the teaching-learning process using educational methods and health literacy education approaches:</p> <ul style="list-style-type: none"> • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. | <p>Demonstrate, evaluate, and utilize the principles of the teaching-learning process using educational methods and health literacy education approaches:</p> <ul style="list-style-type: none"> • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. | <p>Demonstrate the principles of the teaching-learning process using educational methods and health literacy education approaches:</p> <ul style="list-style-type: none"> • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. | <p>Demonstrate the principles of the teaching-learning process using educational methods and health literacy education approaches:</p> <ul style="list-style-type: none"> • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. |
| <i>B.4.22. Need for Continued or Modified Intervention</i> | | | | |
| B.4.22. | Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention. | Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention. | Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist. | Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist. |
| <i>B.4.23. Effective Communication</i> | | | | |
| B.4.23. | Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness. | Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness. | Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness. | Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness. |

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| <i>B.4.24. Effective Intraprofessional Collaboration</i> | | | | |
| B.4.24. | Demonstrate effective intraprofessional OT/OTA collaboration to: <ul style="list-style-type: none"> • Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process. • Demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants. | Demonstrate effective intraprofessional OT/OTA collaboration to: <ul style="list-style-type: none"> • Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process. • Demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants. | Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process. | Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process. |
| <i>B.4.25. Principles of Interprofessional Team Dynamics</i> | | | | |
| B.4.25. | Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable. | Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable. | Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable. | Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable. |
| <i>B.4.26. Referral to Specialists</i> | | | | |
| B.4.26. | Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies. | Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies. | Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies. | Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies. |
| <i>B.4.27. Community and Primary Care Programs</i> | | | | |
| B.4.27. | Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, and populations. | Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, and populations. | Identify and communicate to the occupational therapist the need to design community and primary care programs to support occupational performance for persons, groups, and populations. | Identify and communicate to the occupational therapist the need to design community and primary care programs to support occupational performance for persons, groups, and populations. |
| <i>B.4.28. Plan for Discharge</i> | | | | |
| B.4.28. | Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. | Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. | Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. | Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. |

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| <i>B.4.29. Reimbursement Systems and Documentation</i> | | | | |
| B.4.29. | <p>Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy.</p> <p>Documentation must effectively communicate the need and rationale for occupational therapy services.</p> | <p>Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy.</p> <p>Documentation must effectively communicate the need and rationale for occupational therapy services.</p> | <p>Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy.</p> <p>Documentation must effectively communicate the need and rationale for occupational therapy services.</p> | <p>Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy.</p> <p>Documentation must effectively communicate the need and rationale for occupational therapy services.</p> |
| B.5.0. | <p>CONTEXT OF SERVICE DELIVERY, LEADERSHIP, AND MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES</p> <p>Context of service delivery includes knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided.</p> <p>Management and leadership skills of occupational therapy services include the application of principles of management and systems in the provision of occupational therapy services to persons, groups, populations, and organizations.</p> <p>The program must facilitate development of the performance criteria listed below. The student will:</p> | | | |
| <i>B.5.1. Factors, Policy Issues, and Social Systems</i> | | | | |
| B.5.1. | <p>Identify, analyze, and evaluate the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.</p> | <p>Identify, analyze, and evaluate the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.</p> | <p>Identify and explain the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.</p> | <p>Identify and explain the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations and social systems as they relate to the practice of occupational therapy.</p> |
| <i>B.5.2. Advocacy</i> | | | | |
| B.5.2. | <p>Identify, analyze, and advocate for existing and future service delivery models and policies, and their potential effect on the practice of occupational therapy and opportunities to address societal needs.</p> | <p>Identify, analyze, and advocate for existing and future service delivery models and policies, and their potential effect on the practice of occupational therapy and opportunities to address societal needs.</p> | <p>Explain the role and responsibility of the practitioner to advocate for changes in service delivery policies, effect changes in the system, recognize opportunities in emerging practice areas, and advocate for opportunities to expand the occupational therapy assistant's role.</p> | <p>Explain the role and responsibility of the practitioner to advocate for changes in service delivery policies, effect changes in the system, recognize opportunities in emerging practice areas, and advocate for opportunities to expand the occupational therapy assistant's role.</p> |

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| <i>B.5.3. Business Aspects of Practice</i> | | | | |
| B.5.3. | Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning. | Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning. | Explain the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning. | Explain an understanding of the business aspects of practice including, but not limited to, financial management, billing, and coding. |
| <i>B.5.4. Systems and Structures That Create Legislation</i> | | | | |
| B.5.4. | Identify and evaluate the systems and structures that create federal and state legislation and regulations and their implications and effects on persons, groups, and populations, as well as practice and policy. | Identify and evaluate the systems and structures that create federal and state legislation and regulations and their implications and effects on persons, groups, and populations, as well as practice. | Identify the systems and structures that create federal and state legislation and regulations, and their implications and effects on persons, groups, and populations, as well as practice. | Define the systems and structures that create federal and state legislation and regulations, and their implications and effects on persons, groups, and populations, as well as practice. |
| <i>B.5.5. Requirements for Credentialing and Licensure</i> | | | | |
| B.5.5. | Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws. | Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws. | Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws. | Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws. |
| <i>B.5.6. Market the Delivery of Services</i> | | | | |
| B.5.6. | Demonstrate leadership skills in the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options, and formulation and management of staffing for effective service provision. | Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options, and formulation and management of staffing for effective service provision. | Identify the need and demonstrate the ability to participate in the development, marketing, and management of service delivery options. | Identify the need and demonstrate the ability to participate in the development, marketing, and management of service delivery options. |
| <i>B.5.7. Quality Management and Improvement</i> | | | | |
| B.5.7. | Demonstrate leadership skills in the ability to design ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes. | Demonstrate the ability to design ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes. | Identify the need for and evaluate processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services. | Participate in the documentation of ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services. |

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| B.5.8. Supervision of Personnel | | | | |
| B.5.8. | <p>Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.</p> <p>Analyze staff development and professional abilities and competencies of supervised staff as they relate to job responsibilities.</p> | <p>Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.</p> | <p>Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.</p> | <p>Define strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.</p> |
| <p>B.6.0. SCHOLARSHIP</p> <p>Promotion of science and scholarly endeavors will serve to describe and interpret the scope of the profession, build research capacity, establish new knowledge, and interpret and apply this knowledge to practice. The program must facilitate development of the performance criteria listed below. The student will be able to:</p> | | | | |
| B.6.1. Scholarly Study | | | B.6.1. Professional Literature and Scholarly Activities | |
| B.6.1. | <ul style="list-style-type: none"> • Critique quantitative and qualitative research in order to analyze and evaluate scholarly activities, which contribute to the development of a body of knowledge. This includes the: <ul style="list-style-type: none"> ○ Level of evidence ○ Validity of research studies ○ Strength of the methodology ○ Relevance to the profession of occupational therapy • Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions. • Design and implement a scholarly study that aligns with current research priorities and advances knowledge translation, professional practice, service delivery, or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning). <p>This may include a literature review that requires analysis and synthesis of data. Systematic reviews that require analysis and synthesis of data meet the requirement for this Standard.</p> | <ul style="list-style-type: none"> • Critique quantitative and qualitative research in order to analyze and evaluate scholarly activities, which contribute to the development of a body of knowledge. This includes the: <ul style="list-style-type: none"> ○ Level of evidence ○ Validity of research studies ○ Strength of the methodology ○ Relevance to the profession of occupational therapy. • Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions. • Participate in scholarly activities that align with current research priorities and advances knowledge translation, professional practice, service delivery, or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning). <p>This may include a literature review that requires analysis and synthesis of data. Systematic reviews that require analysis and synthesis of data meet the requirement for this Standard. A research project is not</p> | <ul style="list-style-type: none"> • Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist. • Explain how scholarly activities and literature contribute to the development of the profession. | <ul style="list-style-type: none"> • Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist. • Explain how scholarly activities and literature contribute to the development of the profession. |

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| | | required for this Standard, and narrative reviews do not meet this Standard. | | |
| B.6.2. Quantitative and Qualitative Methods | | | | |
| B.6.2. | <p>Select, apply, and interpret quantitative and qualitative methods for data analysis to include:</p> <ul style="list-style-type: none"> • Basic descriptive, correlational, and inferential quantitative statistics. • Analysis and synthesis of qualitative data. | <p>Demonstrate an understanding and use of quantitative and qualitative methods for data analysis to include:</p> <ul style="list-style-type: none"> • Basic descriptive, correlational, and inferential quantitative statistics. • Analysis and synthesis of qualitative data. | <p>Understand the use of quantitative and qualitative methods for data analysis that include:</p> <ul style="list-style-type: none"> • Basic descriptive, correlational, and inferential quantitative statistics. • Analysis and synthesis of qualitative data. | <p>Understand the difference between quantitative and qualitative research studies.</p> |
| B.6.3. Scholarly Reports | | | | |
| B.6.3. | <p>Create scholarly reports appropriate for presentation or for publication in a peer-reviewed journal that support skills of clinical practice. The reports must be made available to professional or public audiences.</p> | <p>Demonstrate the skills necessary to write a scholarly report in a format for presentation or publication, which may be made available to professional or public audiences.</p> | <p>Demonstrate the skills to understand a scholarly report.</p> | <p>Demonstrate the skills to understand a scholarly report.</p> |
| B.6.4. Locating and Securing Grants | | | | |
| B.6.4. | <p>Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and program development. Create grant proposals to support scholarly activities and program development.</p> | <p>Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and program development.</p> | <i>(No related Standard)</i> | <i>(No related Standard)</i> |
| B.6.5. Ethical Policies and Procedures for Research | | | | |
| B.6.5. | <p>Demonstrate an understanding of how to design a scholarly proposal in regards to ethical policies and procedures necessary to conduct human-subject research, educational research, or research related to population health.</p> | <p>Demonstrate an understanding of the ethical policies and procedures for human-subject research, educational research, or research related to population health.</p> | <i>(No related Standard)</i> | <i>(No related Standard)</i> |
| B.6.6. Preparation for Work in an Academic Setting | | | | |
| B.6.6. | <p>Demonstrate an understanding and apply the principles of instructional design and teaching and learning in preparation for work in an academic setting.</p> | <p>Demonstrate an understanding and apply the principles of instructional design and teaching and learning in preparation for work in an academic setting.</p> | <p>Understand the principles of instructional design and teaching and learning in preparation for work in an academic setting.</p> | <p>Understand the principles of teaching and learning in preparation for work in an academic setting.</p> |

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| <p>B.7.0. PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES</p> <p>Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. Professional behaviors include the ability to advocate for social responsibility and equitable services to support health equity and address social determinants of health; commit to engaging in lifelong learning; and evaluate the outcome of services, which include client engagement, judicious health care utilization, and population health. The program must facilitate development of the performance criteria listed below. The student will be able to:</p> | | | | |
| <p><i>B.7.1 Ethical Decision Making</i></p> | | | | |
| B.7.1. | Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts. | Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts. | Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts. | Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts. |
| <p><i>B.7.2. Professional Engagement</i></p> | | | | |
| B.7.2. | Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies. | Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies. | Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies. | Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies. |
| <p><i>B.7.3. Promote Occupational Therapy</i></p> | | | | |
| B.7.3. | Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public. | Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public. | Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public. | Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public. |
| <p><i>B.7.4. Ongoing Professional Development</i></p> | | | | |
| B.7.4. | Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. | Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. | Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. | Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards. |
| <p><i>B.7.5. Personal and Professional Responsibilities</i></p> | | | | |
| B.7.5. | Demonstrate knowledge of personal and professional responsibilities related to: <ul style="list-style-type: none"> • Liability issues under current models of service provision. • Varied roles of the occupational therapist providing service on a contractual basis. | Demonstrate knowledge of personal and professional responsibilities related to: <ul style="list-style-type: none"> • Liability issues under current models of service provision. • Varied roles of the occupational therapist providing service on a contractual basis. | Demonstrate knowledge of personal and professional responsibilities related to: <ul style="list-style-type: none"> • Liability issues under current models of service provision. • Varied roles of the occupational therapy assistant providing service on a contractual basis. | Demonstrate knowledge of personal and professional responsibilities related to: <ul style="list-style-type: none"> • Liability issues under current models of service provision. • Varied roles of the occupational therapy assistant providing service on a contractual basis. |

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| SECTION C: FIELDWORK EDUCATION | | | | |
| C.1.0: FIELDWORK EDUCATION Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. The fieldwork experience is designed to promote clinical reasoning and reflective practice, transmit the values and beliefs that enable ethical practice, and develop professionalism and competence in career responsibilities. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under the supervision of qualified personnel serving as a role model. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will: | | | | |
| C.1.1. Fieldwork Program Reflects the Curriculum Design | | | | |
| C.1.1. | Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education. | Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education. | Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education. | Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education. |
| C.1.2. Criteria and Process for Selecting Fieldwork Sites | | | | |
| C.1.2. | Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience. | Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience. | Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience. | Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience. |
| C.1.3. Fieldwork Objectives | | | | |
| C.1.3. | Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective. | Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective. | Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective. | Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience. Ensure that fieldwork objectives for all experiences include a psychosocial objective. |

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| C.1.4. Ratio of Fieldwork Educators to Students | | | | |
| C.1.4. | Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives. | Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives. | Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives. | Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives. |
| C.1.5. Sufficient Fieldwork Agreements | | | | |
| C.1.5. | Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7. | Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7. | Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7. | Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7. |
| C.1.6. Level I and II Fieldwork MOUs | | | | |
| C.1.6. | The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding. | The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding. | The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding. | The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding. |
| <p><i>IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS USED TO COUNT TOWARD PART OF A LEVEL I FIELDWORK, THEN A MEMORANDUM OF UNDERSTANDING IS REQUIRED. IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS NOT USED TO COUNT TOWARD PART OF THE LEVEL I FIELDWORK, THEN NO MEMORANDUM OF UNDERSTANDING IS REQUIRED.</i></p> <p><i>WHEN A MEMORANDUM OF UNDERSTANDING IS ESTABLISHED WITH A MULTISITE SERVICE PROVIDER (E.G., CONTRACT AGENCY, CORPORATE ENTITY), THE ACOTE STANDARDS DO NOT REQUIRE A SEPARATE MEMORANDUM OF UNDERSTANDING WITH EACH PRACTICE SITE.</i></p> | | | | |
| C.1.7. Fieldwork in Behavioral Health or Psychological and Social Factors | | | | |
| C.1.7. | At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation. | At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation. | At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation. | At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation. |

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| The goal of Level I fieldwork is to introduce students to fieldwork, apply knowledge to practice, and develop understanding of the needs of clients. The program will: | | | | |
| <i>C.1.8. Qualified Level I Fieldwork Supervisors</i> | | | | |
| C.1.8. | Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists. | Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists. | Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists. | Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists. |
| <i>C.1.9. Level I Fieldwork</i> | | | | |
| C.1.9. | <p>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</p> <p>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none"> • Simulated environments • Standardized patients • Faculty practice • Faculty-led site visits • Supervision by a fieldwork educator in a practice environment <p>All Level I fieldwork must be comparable in rigor.</p> | <p>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</p> <p>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none"> • Simulated environments • Standardized patients • Faculty practice • Faculty-led site visits • Supervision by a fieldwork educator in a practice environment <p>All Level I fieldwork must be comparable in rigor.</p> | <p>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</p> <p>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none"> • Simulated environments • Standardized patients • Faculty practice • Faculty-led site visits • Supervision by a fieldwork educator in a practice environment <p>All Level I fieldwork must be comparable in rigor.</p> | <p>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</p> <p>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none"> • Simulated environments • Standardized patients • Faculty practice • Faculty-led site visits • Supervision by a fieldwork educator in a practice environment <p>All Level I fieldwork must be comparable in rigor.</p> |

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| <i>VIRTUAL-BASED SIMULATION IS ACCEPTABLE TO MEET THE INSTRUCTIONAL METHODS FOR STANDARD C.1.9.</i> | | | | |
| <p>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will:</p> | | | <p>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will:</p> | |
| <i>C.1.10. Length of Level II Fieldwork</i> | | | | |
| C.1.10. | <p>Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.</p> <p>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.</p> | <p>Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.</p> <p>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.</p> | <p>Require a minimum of 16 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.</p> <p>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 three different settings.</p> | <p>Require a minimum of 16 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.</p> <p>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 three different settings.</p> |
| <i>C.1.11. Qualified Level II Fieldwork Supervisors</i> | | | | |
| C.1.11. | <p>Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork.</p> <p>Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.</p> | <p>Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork.</p> <p>Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.</p> | <p>Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist or occupational therapy assistant prior to the onset of the Level II fieldwork.</p> <p>Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.</p> | <p>Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist or occupational therapy assistant prior to the onset of the Level II fieldwork.</p> <p>Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.</p> |
| <i>C.1.12. Evaluating the Effectiveness of Supervision</i> | | | | |
| C.1.12. | Document a mechanism for evaluating the effectiveness of supervision (e.g., | Document a mechanism for evaluating the effectiveness of supervision (e.g., student | Document a mechanism for evaluating the effectiveness of supervision (e.g., student | Document a mechanism for evaluating the effectiveness of supervision (e.g., student |

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| | student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice). | evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice). | evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice). | evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice). |
| C.1.13. Level II Fieldwork Supervision | | | | |
| C.1.13. | Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence. | Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence. | Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence. | Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence. |
| C.1.14. Fieldwork Supervision Where No OT Services Exist | | | | |
| C.1.14. | Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site. | Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site. | Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site. | Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site. |

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| C.1.15. Evaluation of Student Performance on Level II Fieldwork | | | | |
| C.1.15. | Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent). | Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent). | Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student</i> or equivalent). | Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student</i> or equivalent). |
| C.1.16. Fieldwork Supervision Outside the U.S. | | | | |
| C.1.16. | Document and verify that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has at least 1 year of experience in practice prior to the onset of Level II fieldwork. | Document and verify that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has at least 1 year of experience in practice prior to the onset of Level II fieldwork. | Document and verify that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has at least 1 year of experience in practice prior to the onset of Level II fieldwork. | Document and verify that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has at least 1 year of experience in practice prior to the onset of Level II fieldwork. |
| <p>D.1.0. DOCTORAL CAPSTONE</p> <p>The doctoral capstone shall be an integral part of the program's curriculum design. The goal of the doctoral capstone is to provide an in-depth exposure to one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development.</p> <p>The doctoral capstone consists of two parts:</p> <ul style="list-style-type: none"> • Capstone project • Capstone experience <p>The student will complete an individual capstone project to demonstrate synthesis and application of knowledge gained.</p> <p>The student will complete an individual 14-week capstone experience that must be started after completion of all coursework and Level II fieldwork, and completion of preparatory activities defined in D.1.3.</p> <p>The doctoral capstone coordinator will:</p> | | <p>D.1.0. BACCALAUREATE PROJECT</p> <p>The goal of the baccalaureate project is to provide an in-depth experience in one or more of the following: clinical practice skills, administration, leadership, advocacy, and education.</p> <p>The individual or group project allows student(s) to demonstrate application of knowledge gained. The baccalaureate project shall be an integral part of the program's curriculum design.</p> <p>The program will:</p> | | |

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| <i>D.1.1. Doctoral Capstone Reflects Curriculum Design</i> | | | <i>D.1.1. Baccalaureate Project Reflects Curriculum Design</i> | |
| D.1.1. | Ensure that the doctoral capstone reflects the sequence and scope of content in the curriculum design so the doctoral capstone can allow for development of in-depth knowledge in the designated area of interest. | <i>(No related Standard)</i> | Ensure that the baccalaureate project reflects the sequence and scope of content in the curriculum design so the baccalaureate project can allow for development of in-depth knowledge in the designated area of interest. | <i>(No related Standard)</i> |
| <i>D.1.2. Design of Doctoral Capstone</i> | | | <i>D.1.2. Design of Baccalaureate Project</i> | |
| D.1.2. | Ensure that the doctoral capstone is designed through collaboration of the faculty and student, and provided in setting(s) consistent with the program's curriculum design, including individualized specific objectives and plans for supervision. | <i>(No related Standard)</i> | Ensure that the baccalaureate project is designed through collaboration of the faculty and the student(s), including individualized specific objectives. | <i>(No related Standard)</i> |
| <i>D.1.3. Preparation for Doctoral Capstone Project</i> | | | | |
| D.1.3. | Ensure that preparation for the capstone project includes a literature review, needs assessment, goals/objectives, and an evaluation plan. Preparation should align with the curriculum design and sequence and is completed prior to the commencement of the 14-week doctoral capstone experience. | <i>(No related Standard)</i> | <i>(No related Standard)</i> | <i>(No related Standard)</i> |
| <i>D.1.4. MOUs for Doctoral Capstone Experience</i> | | | | |
| D.1.4. | Ensure that there is a valid memorandum of understanding for the doctoral capstone experience, that, at a minimum, includes individualized specific objectives, plans for supervision or mentoring, and responsibilities of all parties. The memorandum of understanding must be signed by both parties. | <i>(No related Standard)</i> | <i>(No related Standard)</i> | <i>(No related Standard)</i> |
| <i>D.1.5. Length of Doctoral Capstone Experience</i> | | | | |
| D.1.5. | Require that the length of the doctoral capstone experience be a minimum of 14 weeks (560 hours). This may be completed on a part-time basis and must be consistent with the individualized specific objectives and capstone project. No more than 20% of the 560 hours can be completed off site from the mentored | <i>(No related Standard)</i> | <i>(No related Standard)</i> | <i>(No related Standard)</i> |

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| | practice setting(s), to ensure a concentrated experience in the designated area of interest. Time spent off site may include independent study activities such as research and writing. Prior fieldwork or work experience may not be substituted for this doctoral capstone experience. | | | |
| <i>D.1.6. Mentor for Doctoral Capstone</i> | | | | |
| D.1.6. | Document and verify that the student is mentored by an individual with expertise consistent with the student's area of focus prior to the onset of the doctoral capstone experience. The mentor does not have to be an occupational therapist. | <i>(No related Standard)</i> | <i>(No related Standard)</i> | <i>(No related Standard)</i> |
| <i>D.1.7. Evaluation of Doctoral Capstone Experiences</i> | | | <i>D.1.7. Evaluation of Baccalaureate Project</i> | |
| D.1.7. | Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the doctoral capstone experience. | <i>(No related Standard)</i> | Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the baccalaureate project. | <i>(No related Standard)</i> |
| <i>D.1.8. Doctoral Capstone Project</i> | | | <i>D.1.8. Baccalaureate Project</i> | |
| D.1.8. | Ensure completion and dissemination of an individual doctoral capstone project that relates to the doctoral capstone experience and demonstrates synthesis of in-depth knowledge in the focused area of study. | <i>(No related Standard)</i> | Ensure completion and presentation of a report of the individual or group project demonstrating in-depth knowledge in the focused area of study. | <i>(No related Standard)</i> |

GLOSSARY

Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist, Master's-Degree-Level Educational Program for the Occupational Therapist, Baccalaureate-Degree-Level Educational Program for the Occupational Therapy Assistant, and Associate-Degree-Level Educational Program for the Occupational Therapy Assistant

Definitions given below are for the purposes of this document.

ABILITY TO BENEFIT: A phrase that refers to a student who does not have a high school diploma or its recognized equivalent, but is eligible to receive funds under the Title IV Higher Education Act programs after taking an independently administered examination and achieving a score, specified by the Secretary of the U.S. Department of Education (USDE), indicating that the student has the ability to benefit from the education being offered.

ACADEMIC CALENDAR: The official institutional document that lists registration dates, semester/quarter stop and start dates, holidays, graduation dates, and other pertinent events. Generally, the academic year is divided into two major semesters, each approximately 14 to 16 weeks long. A smaller number of institutions have quarters rather than semesters. Quarters are approximately 10 weeks long; there are three major quarters and the summer session.

ACTIVITIES: Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement (American Occupational Therapy Association [AOTA], 2014).

ADVOCACY: Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations. Efforts undertaken by the practitioner are considered advocacy, and those undertaken by the client are considered self-advocacy and can be promoted and supported by the practitioner (AOTA, 2014).

AFFILIATE: An entity that formally cooperates with a sponsoring institution in implementing the occupational therapy educational program.

AREAS OF OCCUPATION: Activities in which people engage: activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation.

ASSESSMENTS: "Specific tools or instruments that are used during the evaluation process" (AOTA, 2010, p. S107).

ASSIST: To aid, help, or hold an auxiliary position.

BACCALAUREATE PROJECT: An in-depth experience in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education.

BEHAVIORAL HEALTH: Refers to mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders (Substance Abuse and Mental Health Administration, 2014).

BODY FUNCTIONS: "Physiological functions of body systems (including psychological functions)" (World Health Organization [WHO], 2001).

BODY STRUCTURES: "Anatomical parts of the body, such as organs, limbs, and their components" that support body functions (WHO, 2001).

BUSINESS PLANS (DEVELOPMENT OF): The process of putting together a plan for a new endeavor that looks at the product, the marketing plan, the competition, and the personnel in an objective and critical manner.

CAPSTONE COORDINATOR: Faculty member who is specifically responsible for the program's compliance with the capstone requirements of Standards Section D.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE.

CAPSTONE EXPERIENCE: A 14-week full-time in-depth exposure in a concentrated area that may include on-site and off-site activities that meets developed goals/objectives of the doctoral capstone.

CAPSTONE PROJECT: A project that is completed by a doctoral-level student that demonstrates the student's ability to relate theory to practice and to synthesize in-depth knowledge in a practice area that relates to the capstone experience.

CARE COORDINATION: The process that links clients with appropriate services and resources.

CASE MANAGEMENT: A system to ensure that individuals receive appropriate health care services.

CLIENT: Person or persons (including those involved in the care of a client), group (collective of individuals [e.g., families, workers, students, or community members]), or population (collective of groups or individuals living in a similar locale [e.g., city, state, or country] or sharing the same or like concerns) (AOTA, 2014).

CLIENT-CENTERED SERVICE DELIVERY: An orientation that honors the desires and priorities of clients in designing and implementing interventions.

CLIENT FACTORS: Specific capacities, characteristics, or beliefs that reside within the person and that influence performance in occupations. Client factors include values, beliefs, and spirituality; body functions; and body structures (AOTA, 2014).

CLINICAL REASONING: Complex multifaceted cognitive process used by practitioners to plan, direct, perform, and reflect on intervention.

COLLABORATE: To work together with a mutual sharing of thoughts and ideas.

COMPETENT: To have the requisite abilities/qualities and capacity to function in a professional environment.

CONSORTIUM: Two or more higher education institutions having a formal agreement to share resources for the operation of an educational program.

CONSUMER: The direct and/or indirect recipient of educational and/or practitioner services offered.

CONTEXT/CONTEXTUAL FACTORS AND ENVIRONMENT:

CONTEXT: The variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, personal, temporal, and virtual aspects.

ENVIRONMENT: The external physical and social environment that surrounds the client and in which the client's daily life occupations occur.

CONTEXT OF SERVICE DELIVERY: The knowledge and understanding of the various contexts in which occupational therapy services are provided.

COOPERATIVE PROGRAM: Two administrative entities having a cooperative agreement to offer a single program. At least one of the entities must hold degree-granting authority as required by the ACOTE Standards.

CRITERION-REFERENCED: Tests that compare the performance of an individual to that of another group, known as the *norm group*.

CULTURAL CONTEXT: Customs, beliefs, activity patterns, behavioral standards, and expectations accepted by the society of which a client is a member. The cultural context influences the client's identity and activity choices (AOTA, 2014).

CURRICULUM DESIGN: An overarching set of assumptions that explains how the curriculum is planned, implemented, and evaluated. Typically, a curriculum design includes educational goals and curriculum threads and provides a clear rationale for the selection of content, the determination of scope of content, and the sequence of the content. A curriculum design is expected to be consistent with the mission and philosophy of the sponsoring institution and the program.

CURRICULUM THREADS: Curriculum threads, or *themes*, are identified by the program as areas of study and development that follow a path through the curriculum and represent the unique qualities of the program, as demonstrated by the program's graduates. Curriculum threads are typically based on the profession's and program's vision, mission, and philosophy (e.g., occupational needs of society, critical thinking/professional reasoning, diversity/globalization).

DIAGNOSIS: The process of analyzing the cause or nature of a condition, situation, or problem. Diagnosis as stated in Standard B.4.0. refers to the occupational therapist's ability to analyze a problem associated with occupational performance and participation.

DISTANCE EDUCATION: Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include

- the Internet
- one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices
- audio conferencing
- video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course.

DISTANCE EDUCATION DELIVERY MODEL: There is one curriculum with some (or all) of the students receiving the didactic portion of the program taught via distance education from the primary campus. The didactic portion of the program is delivered to all students (irrespective of whether it is delivered in person or by distance education) by the same instructors. Students may receive the experiential and lab components either at the primary campus or at other locations.

DOCTORAL CAPSTONE: An in-depth exposure to a concentrated area, which is an integral part of the program's curriculum design. This in-depth exposure may be in one or more of the following areas: clinical practice skills, research skills, scholarship, administration, leadership, program and policy development, advocacy, education, and theory development. The doctoral capstone consists of two parts: the capstone experience and the capstone project.

DOCTORAL DEGREE—RESEARCH/SCHOLARSHIP: A PhD or other doctor's degree that requires advanced work beyond the master's level, including the preparation and defense of a dissertation based on original research, or the planning and execution of an original project demonstrating substantial artistic or scholarly achievement. Some examples of this type of degree include EdD, DMA, DBA, DS, DA, and DM, and others, as designated by the awarding institution (Integrated Postsecondary Education Data System [IPEDS], 2016).

DRIVER REHABILITATION: Specialized evaluation and training to develop mastery of specific skills and techniques to effectively drive a motor vehicle independently and in accordance with state department of motor vehicles regulations.

DYSPHAGIA: Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client's ability to swallow independently or safely (AOTA, 2017).

EATING: "...keeping and manipulating food or fluid in the mouth and swallowing it" (AOTA, 2014, p. S19).

FEEDING: "...setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; sometimes called self-feeding" (AOTA, 2014, p. S19).

SWALLOWING: "...moving food from the mouth to the stomach" (AOTA, 2014, p. S19).

ENTRY-LEVEL OCCUPATIONAL THERAPIST: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapist with less than 1 year of experience.

ENTRY-LEVEL OCCUPATIONAL THERAPY ASSISTANT: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapy assistant with less than 1 year of experience.

EVALUATION: "The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results" (AOTA, 2010, p. S107).

EQUITY: The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO, 2017a).

EXPERIENTIAL LEARNING: Method of educating through first-hand experience. Skills, knowledge, and experience are acquired outside of the traditional academic classroom setting and may include service learning projects.

FACULTY:

FACULTY, CORE: Faculty members employed in the occupational therapy educational program whose job responsibilities, at a minimum, include curriculum design, teaching, and student advisement, regardless of the position title.

FACULTY, ADJUNCT: Persons who are responsible for teaching or instruction on a part-time basis. These faculty are considered nonsalaried, non-tenure-track faculty members who are paid for each class they teach.

FACULTY-LED SITE VISITS: Faculty-facilitated experiences in which students will be able to participate in, observe, and/or study clinical practice first-hand.

FACULTY PRACTICE: Service provision by a faculty member(s) to persons, groups, and/or populations.

FIELDWORK COORDINATOR: Faculty member who is responsible for the development, implementation, management, and evaluation of fieldwork education.

FIELDWORK EDUCATOR: An individual, typically a clinician, who works collaboratively with the program and is informed of the curriculum and fieldwork program design. This individual supports the fieldwork experience, serves as a role model, and holds the requisite qualifications to provide the student with the opportunity to carry out professional responsibilities during the experiential portion of their education.

FRAME OF REFERENCE: A set of interrelated, internally consistent concepts, definitions, postulates, and principles that provide a systematic description of a practitioner's interaction with clients. A frame of reference is intended to link theory to practice.

FULL-TIME EQUIVALENT (FTE): An equivalent position for a full-time faculty member (as defined by the institution). A full-time equivalent can be made up of no more than three individuals.

GRADUATION RATE: The total number of students who graduated from a program within 150% of the published length of the program, divided by the number of students on the roster who started in the program.

HABITS: "Acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations; specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation" (Boyt Schell et al., 2014, p. 1234).

HEALTH: "State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity" (WHO, 2006).

HEALTH INEQUITIES: Health inequities involve more than inequality with respect to health determinants and access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms (WHO, 2017a).

HEALTH LITERACY: Degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (National Network of Libraries of Medicine, 2011).

HEALTH MANAGEMENT AND MAINTENANCE: Developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreased health risk behaviors, and medication routines (AOTA, 2014).

HEALTH PROMOTION: The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior toward a wide range of social and environmental interventions (WHO, 2017a).

HEALTH/PUBLIC POLICY: The basic policy or set of policies forming the foundation of public laws; health policy refers to specific policies as they relate to health and health care.

INDIVIDUAL VS. POPULATION VS. INSTITUTION (regarding values, customs, beliefs, policy, power/decision making): Being aware of the different needs of perspectives: of one person, as opposed to a specific population, as opposed to the needs and concerns of a society or organization. Each has different values, needs, beliefs, and concerns. Each also may have different degrees of power and ability to make decisions that will affect others.

INSTRUCTIONAL DESIGN: Assessment of the learning materials and methods that are aligned with the curriculum and convey content to meet the needs of the student.

INTERPROFESSIONAL COLLABORATIVE PRACTICE: "Multiple health workers from different professional backgrounds provide comprehensive services by working with patients, families, carers, and communities to deliver the highest quality of care" (WHO, 2010).

INTERPROFESSIONAL EDUCATION: When two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). "An educational activity that occurs between two or more professionals within the same discipline, with a focus on participants to work together, act jointly, and cooperate" (Jung et al., 2010, p. 235).

INTRAPROFESSIONAL COLLABORATIVE PRACTICE: The relationship between occupational therapists and occupational therapy assistants that is based on mutual respect, effective communication, and professionalism to promote the highest quality of care in service delivery (Dillon, 2001).

MEMORANDUM OF UNDERSTANDING (MOU): A document outlining the terms and details of an agreement between parties, including each party's requirements and responsibilities. A fieldwork memorandum of understanding may be signed by any individual who is authorized by the institution to do so on its behalf.

MENTAL HEALTH: A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2014).

MENTORING: A relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee). A mentor has more experience and knowledge than the mentee.

MISSION: A statement that explains the unique nature of a program or institution and how it helps fulfill or advance the goals of the sponsoring institution, including religious missions.

MODEL OF PRACTICE: The set of theories and philosophies that defines the views, beliefs, assumptions, values, and domain of concern of a particular profession or discipline. Models of practice delimit the boundaries of a profession.

OCCUPATION: Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes (AOTA, 2014).

OCCUPATIONAL PROFILE: Summary of the client's occupational history and experiences, patterns of daily living, interests, values, and needs (AOTA, 2014).

OCCUPATIONAL THERAPY: The art and science of applying occupation as a means to effect positive, measurable change in the health status and functional outcomes of a client by a qualified occupational therapist and/or occupational therapy assistant (as appropriate).

OCCUPATIONAL THERAPY PRACTITIONER: An individual who is initially credentialed as an occupational therapist or an occupational therapy assistant.

OCCUPATION-BASED INTERVENTION: A type of occupational therapy intervention—a client-centered intervention in which the occupational therapy practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, needs, health, and participation in daily life.

ORGANIZATION: Entity composed of individuals with a common purpose or enterprise, such as a business, industry, or agency (AOTA, 2014).

OUTCOMES: The effect the process has had on the people targeted by it. These might include, for example, changes in their self-perceived health status or changes in the distribution of health determinants, or factors that are known to affect their health, well-being, and quality of life (WHO, 2017b).

PARTICIPATION: Active engagement in occupations.

PERFORMANCE PATTERNS: Habits, routines, roles, and rituals used in the process of engaging in occupations or activities; these patterns can support or hinder occupational performance (AOTA, 2014).

PERFORMANCE SKILLS: Goal-directed actions that are observable as small units of engagement in daily life occupations. They are learned and developed over time and are situated in specific contexts and environments (Fisher & Griswold, 2014).

PHILOSOPHY: The underlying belief and value structure for a program that is consistent with the sponsoring institution and that permeates the curriculum and the teaching learning process.

PHYSICAL AGENT MODALITIES: Procedures and interventions that are systematically applied to modify specific client factors when neurological, musculoskeletal, or skin conditions are present that may limit occupational performance (AOTA, 2012).

DEEP THERMAL AGENTS: Modalities such as therapeutic ultrasound, phonophoresis, short-wave diathermy, and other commercially available technologies.

ELECTROTHERAPEUTIC AGENTS: Modalities that use electricity and the electromagnetic spectrum to facilitate tissue healing, improve muscle strength and endurance, decrease edema, modulate pain, decrease the inflammatory process, and modify the healing process. Electrotherapeutic agents include but are not limited to neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), high-voltage galvanic stimulation for tissue and wound repair (ESTR), high-voltage pulsed current (HVPC), direct current (DC), iontophoresis, and other commercially available technologies (Bracciano, 2008).

MECHANICAL DEVICES: Modalities such as vasopneumatic devices and continuous passive motion.

SUPERFICIAL THERMAL AGENTS: Modalities such as hydrotherapy, whirlpool, cryotherapy (cold packs, ice), fluidotherapy, hot packs, paraffin, water, infrared, and other commercially available superficial heating and cooling technologies.

(Skills, knowledge, and competencies for entry-level practice are derived from AOTA practice documents. For institutions in states where regulations restrict the use of physical agent modalities, it is recommended that students be exposed to the modalities offered in practice to allow students' knowledge and expertise with the modalities in preparation for the NBCOT examination and for practice outside of the state in which the educational institution resides.)

POPULATION-BASED INTERVENTIONS: Interventions focused on promoting the overall health status of the community by preventing disease, injury, disability, and premature death. A population-based health intervention can include assessment of the community's needs, health promotion and public education, disease and disability prevention, monitoring of services, and media interventions. Most interventions are tailored to reach a subset of a population, although some may be targeted toward the population at large. Populations and subsets may be defined by geography, culture, race and ethnicity, socioeconomic status, age, or other characteristics. Many of these characteristics relate to the health of the described population (Keller et al., 2002).

POPULATION HEALTH: "The health outcomes of a group of individuals including the distribution of such outcomes within the group" (Kindig & Stoddart, 2003, p. 381). "Population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors" (Institute of Medicine [IOM], 2015, para. 4).

POPULATIONS: Collective of groups of individuals living in a similar locale (e.g., city, state, country) or sharing the same or like characteristics or concerns (AOTA, 2014).

POST-PROFESSIONAL DOCTORATE: "The highest award a student can earn for graduate study" (IPEDS, 2016) and that is conferred upon completion of a program providing the knowledge and skills beyond the basic entry level for persons who are already occupational therapy practitioners (AOTA, 2016).

PREPARATORY METHODS AND TASKS: Methods and tasks that prepare the client for occupational performance, used either as part of a treatment session in preparation for or concurrently with occupations and activities or as a home-based engagement to support daily occupational performance. Often preparatory methods are interventions that are done to clients without their active participation and involve modalities, devices, or techniques (AOTA, 2014).

PREVENTION: Education or health promotion efforts designed to identify, reduce, or prevent the onset and reduce the incidence of unhealthy conditions, risk factors, diseases, or injuries (AOTA, 2013a).

PRIMARY CARE PROGRAMS: The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (IOM, 1994; Patient Protection and Affordable Care Act of 2010, 2012)

PROGRAM DIRECTOR (associate-degree-level and baccalaureate-degree-level occupational therapy assistant): An initially certified occupational therapist or occupational therapy assistant who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The program director must hold a minimum of a master's degree.

PROGRAM DIRECTOR (master's-degree-level and doctoral-degree level occupational therapist): An initially certified occupational therapist who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The program director must hold a doctoral degree.

PROGRAM EVALUATION: A continuing system for routinely and systematically analyzing data to determine the extent to which the program is meeting its stated goals and objectives.

PSYCHOSOCIAL FACTORS: "Psychosocial as pertaining to the influence of social factors on an individual's mind or behaviour, and to the interrelation of behavioural and social factors" (Martikainen et al., 2002, p. 1091).

RECOGNIZED INSTITUTIONAL ACCREDITING AGENCY: Institutional accrediting agencies recognized by the USDE to accredit postsecondary educational institutions. The purpose of recognition is to ensure that the accrediting agencies are reliable authorities for evaluating quality education or training programs in the institutions they accredit.

Institutional accrediting bodies recognized by USDE:

- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC)
- Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges (ACSCU/WASC)
- Accrediting Commission of Career Schools and Colleges (ACCSC)
- Accrediting Council for Continuing Education and Training (ACCET)
- Council on Occupational Education (COE)
- Distance Education Accrediting Commission (DEAC)
- Higher Learning Commission, North Central Association of Colleges and Schools (HLC)
- Middle States Commission on Higher Education, Middle States Association of Colleges and Schools (MSCHE)
- New England Commission of Higher Education (NECHE)
- New York State Board of Regents
- Northwest Commission on Colleges and Universities (NWCCU)
- Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

REFLECTIVE PRACTICE: Thoughtful consideration of one's experiences and knowledge when applying such knowledge to practice. Reflective practice includes being coached by professionals.

RELEASE TIME: Period when a person is freed from regular duties, especially teaching, to allow time for other tasks or activities.

RETENTION RATE: A measure of the rate at which students persist in their educational program, calculated as the percentage of students on the roster after the add period, from the beginning of the previous academic year who are again enrolled at, or graduated prior to, the beginning of the subsequent academic year.

SCHOLARSHIP: "A systematic investigation...designed to develop or to contribute to generalizable knowledge" (Public Welfare: Protection of Human Subjects, 2009). Scholarship is made public, subject to review, and part of the discipline or professional knowledge base (Glassick et al., 1997). It allows others to build on it and further advance the field (AOTA, 2009).

SCHOLARSHIP AGENDA: Captures scholarship in the areas of teaching, research, and/or service. It engages faculty in academically relevant works that simultaneously meet campus mission and goals, meet the needs of the program, and are reflected in the curriculum design.

SCHOLARSHIP OF DISCOVERY: Engagement in activity that leads to the development of knowledge for its own sake. The Scholarship of Discovery encompasses original research that contributes to expanding the knowledge base of a discipline (Boyer, 1990).

SCHOLARSHIP OF INTEGRATION: Investigations making creative connections both within and across disciplines to integrate, synthesize, interpret, and create new perspectives and theories (Boyer, 1990).

SCHOLARSHIP OF APPLICATION: Practitioners apply the knowledge generated by Scholarship of Discovery or Integration to address real problems at all levels of society (Boyer, 1990). In occupational therapy, an example would be the application of theoretical knowledge to practice interventions or to teaching in the classroom.

SCHOLARSHIP OF TEACHING AND LEARNING: "Involves the systematic study of teaching and/or learning and the public sharing and review of such work through presentations, publications, and performances" (McKinney, 2007, p. 10).

SENIOR COLLEGE: A college that holds degree-granting authority that includes baccalaureate-degree-level education.

SIMULATED ENVIRONMENTS: A setting that provides an experience similar to a real-world setting in order to allow clients to practice specific occupations (e.g., driving simulation center, bathroom or kitchen centers in a rehabilitation unit, work hardening units or centers).

SKILL: The ability to use one's knowledge effectively and readily in execution or performance.

SOCIAL DETERMINANTS OF HEALTH: Conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems (WHO, 2017c).

SPONSORING INSTITUTION: The identified legal entity that assumes total responsibility for meeting the minimal standards for ACOTE accreditation.

STANDARDIZED PATIENT: An individual who has been trained to portray in a consistent, standardized manner, a patient/client with occupational needs.

STRATEGIC PLAN: A comprehensive plan that articulates the program's future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program's strategic plan must include, but need not be limited to

- Evidence that the plan is based on program evaluation and an analysis of external and internal environments
- Long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program
- Specific measurable action steps with expected timelines by which the program will reach its long-term goals
- Person(s) responsible for action steps
- Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

SUPERVISE: To direct and inspect the performance of workers or work.

SUPERVISION, DIRECT: Two-way communication that occurs in real time and offers both audio and visual capabilities to ensure opportunities for timely feedback.

SUPERVISOR: One who ensures that tasks assigned to others are performed correctly and efficiently.

THEORY: A set of interrelated concepts used to describe, explain, or predict phenomena.

TELEHEALTH: The application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Occupational therapy services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, using store-and-forward technologies. Occupational therapy practitioners can use telehealth as a mechanism to provide services at a location that is physically distant from the client, thereby allowing for services to occur where the client lives, works, and plays, if that is needed or desired (AOTA, 2013b).

TRANSFER OF CREDIT: A term used in higher education to award a student credit for courses earned in another institution prior to admission to the occupational therapy or occupational therapy assistant program.

VIRTUAL ENVIRONMENTS: An environment in which communication occurs by means of airwaves and/or digital platforms in the absence of physical contact. The virtual context includes simulated, augmented reality, or real-world environments, transmitted through information and communication technologies, in real-time, near-time, or store-and-forward/asynchronous methods.

WELLNESS: Perception of and responsibility for psychological and physical well-being as these contribute to overall satisfaction with one's life situation (Boyt Schell et al., 2014, p. 1243).

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BUSINESS AND PROFESSIONS CODE

Section 2570.3

(a) No person shall practice occupational therapy or hold himself or herself out as an occupational therapist or as being able to practice occupational therapy, or to render occupational therapy services in this state unless he or she is licensed as an occupational therapist under the provisions of this chapter. No person shall hold himself or herself out as an occupational therapy assistant or work as an occupational therapy assistant under the supervision of an occupational therapist unless he or she is licensed as an occupational therapy assistant under the provisions of this chapter.

(b) Only an individual may be licensed under this chapter.

(c) Nothing in this chapter shall be construed as authorizing an occupational therapist to practice physical therapy, as defined in Section 2620; speech-language pathology or audiology, as defined in Section 2530.2; nursing, as defined in Section 2725; psychology, as defined in Section 2903; marriage and family therapy, as defined in Section 4980.02; clinical social work, as defined in Section 4996.9; professional clinical counseling, as defined in Section 4999.20, educational psychology, as defined in Section 4989.14; or spinal manipulation or other forms of healing, except as authorized by this section.

(d) An occupational therapist may provide advanced practices if the therapist has the knowledge, skill, and ability to do so and has demonstrated to the satisfaction of the board that he or she has met educational training and competency requirements. These advanced practices include the following:

- (1) Hand therapy.
- (2) The use of physical agent modalities.
- (3) Swallowing assessment, evaluation, or intervention.

(e) An occupational therapist providing hand therapy services shall demonstrate to the satisfaction of the board that he or she has completed education and training in all of the following areas:

- (1) Anatomy of the upper extremity and how it is altered by pathology.
- (2) Histology as it relates to tissue healing and the effects of immobilization and mobilization on connective tissue.
- (3) Muscle, sensory, vascular, and connective tissue physiology.
- (4) Kinesiology of the upper extremity, such as biomechanical principles of pulleys, intrinsic and extrinsic muscle function, internal forces of muscles, and the effects of external forces.
- (5) The effects of temperature and electrical currents on nerve and connective tissue.
- (6) Surgical procedures of the upper extremity and their postoperative course.

(f) An occupational therapist using physical agent modalities shall demonstrate to the satisfaction of the board that he or she has completed education and training in all of the following areas:

- (1) Anatomy and physiology of muscle, sensory, vascular, and connective tissue in response to the application of physical agent modalities.

- (2) Principles of chemistry and physics related to the selected modality.
- (3) Physiological, neurophysiological, and electrophysiological changes that occur as a result of the application of a modality.
- (4) Guidelines for the preparation of the client, including education about the process and possible outcomes of treatment.
- (5) Safety rules and precautions related to the selected modality.
- (6) Methods for documenting immediate and long-term effects of treatment.
- (7) Characteristics of the equipment, including safe operation, adjustment, indications of malfunction, and care.

(g) An occupational therapist in the process of achieving the education, training, and competency requirements established by the board for providing hand therapy or using physical agent modalities may practice these techniques under the supervision of an occupational therapist who has already met the requirements established by the board, a physical therapist, or a physician and surgeon.

(h) The board shall develop and adopt regulations regarding the educational training and competency requirements for advanced practices in collaboration with the Speech-Language Pathology and Audiology Board, the Board of Registered Nursing, and the Physical Therapy Board of California.

(i) Nothing in this chapter shall be construed as authorizing an occupational therapist to seek reimbursement for services other than for the practice of occupational therapy as defined in this chapter.

(j) "Supervision of an occupational therapy assistant" means that the responsible occupational therapist shall at all times be responsible for all occupational therapy services provided to the client. The occupational therapist who is responsible for appropriate supervision shall formulate and document in each client's record, with his or her signature, the goals and plan for that client, and shall make sure that the occupational therapy assistant assigned to that client functions under appropriate supervision. As part of the responsible occupational therapist's appropriate supervision, he or she shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the occupational therapy assistant.

(1) The supervising occupational therapist has the continuing responsibility to follow the progress of each client, provide direct care to the client, and to assure that the occupational therapy assistant does not function autonomously.

(2) An occupational therapist shall not supervise more occupational therapy assistants, at any one time, than can be appropriately supervised in the opinion of the board. Three occupational therapy assistants shall be the maximum number of occupational therapy assistants supervised by an occupational therapist at any one time, but the board may permit the supervision of a greater number by an occupational therapist if, in the opinion of the board, there would be adequate supervision and the public's health and safety would be served. In no case shall the total number of occupational therapy assistants exceed twice the number of occupational therapists regularly employed by a facility at any one time.

(k) The amendments to subdivisions (d), (e), (f), and (g) relating to advanced practices, that are made by the act adding this subdivision, shall become operative no later than January 1, 2004, or on the date the board adopts regulations pursuant to subdivision (h), whichever first occurs.

Section 2570.4

Nothing in this chapter shall be construed as preventing or restricting the practice, services, or activities of any of the following persons:

(a) Any person licensed or otherwise recognized in this state by any other law or regulation when that person is engaged in the profession or occupation for which he or she is licensed or otherwise recognized.

(b) Any person pursuing a supervised course of study leading to a degree or certificate in occupational therapy at an accredited educational program, if the person is designated by a title that clearly indicates his or her status as a student or trainee.

(c) Any person fulfilling the supervised fieldwork experience requirements of subdivision (c) of Section 2570.6, if the experience constitutes a part of the experience necessary to meet the requirement of that provision.

(d) Any person performing occupational therapy services in the state if all of the following apply:

(1) An application for licensure as an occupational therapist or an occupational therapy assistant has been filed with the board pursuant to Section 2570.6 and an application for a license in this state has not been previously denied.

(2) The person possesses a current, active, and nonrestricted license to practice occupational therapy under the laws of another state that the board determines has licensure requirements at least as stringent as the requirements of this chapter.

(3) Occupational therapy services are performed in association with an occupational therapist licensed under this chapter, and for no more than 60 days from the date on which the application for licensure was filed with the board.

(e) Any person employed as an aide subject to the supervision requirements of this section.

Section 2570.18

(a) A person shall not represent to the public by title, education, or background, or by description of services, methods, or procedures, or otherwise, that the person is authorized to practice occupational therapy in this state, unless authorized to practice occupational therapy under this chapter.

(b) Unless licensed to practice as an occupational therapist under this chapter, a person may not use the professional abbreviations "O.T.," "O.T./L.," or "O.T.D.," "Occupational Therapist," "Occupational Therapist Licensed," "Occupational Therapist Doctorate," or any other words,

letters, or symbols with the intent to represent that the person practices or is authorized to practice occupational therapy.

(c) A licensee who has earned a doctoral degree in occupational therapy (OTD) or, after adoption of the regulations described in subdivision (e), a doctoral degree in a related area of practice or study may do the following:

(1) In a written communication, use the initials OTD, DrPH, PhD, or EdD, as applicable, following the licensee's name.

(2) In a written communication, use the title "Doctor" or the abbreviation "Dr." preceding the licensee's name, if the licensee's name is immediately followed by an unabbreviated specification of the applicable doctoral degree held by the licensee.

(3) In a spoken communication while engaged in the practice of occupational therapy, use the title "Doctor" preceding the licensee's name, if the licensee specifies that he or she is an occupational therapy practitioner.

(d) A doctoral degree described in subdivision (c) shall be granted by an institution and program accredited by the Western Association of Schools and Colleges, the Accreditation Council on Occupational Therapy Education, or by an accrediting agency recognized by the National Commission on Accrediting or the United States Department of Education that the board determines is equivalent to the Western Association of Schools and Colleges.

(e) The board shall define, by regulation, the doctoral degrees that are in a related area of practice or study for purposes of subdivision (c).

(f) Unless licensed to assist in the practice of occupational therapy as an occupational therapy assistant under this chapter, a person may not use the professional abbreviations "O.T.A.," "O.T.A/L.," or "Occupational Therapy Assistant," "Licensed Occupational Therapy Assistant," or any other words, letters, or symbols, with the intent to represent that the person assists in, or is authorized to assist in, the practice of occupational therapy as an occupational therapy assistant.

(g) The unauthorized practice or representation as an occupational therapist or as an occupational therapy assistant constitutes an unfair business practice under Section 17200 and false and misleading advertising under Section 17500.

(h) An occupational therapist that is serving as an educator in an education program for occupational therapists in California must be licensed. The licensure requirement also applies to an occupational therapist that is serving as an educator in an education program for occupational therapy assistants in California.

(i) An occupational therapy assistant that is serving as an educator in an education program for occupational therapy assistants in California must be licensed.