DISCUSSION ON THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION'S PROPOSED AMENDMENTS (DRAFT II REVISIONS - SEPTEMBER 2017) TO THE EDUCATIONAL PROGRAMS' ACCREDITATION STANDARDS.

The following is attached for review:

- ACOTE's Call for Comments on draft revisions to accreditation standards
- ACOTE Draft II Revisions to Accreditation Standards (September 2017)

CALL FOR COMMENT ON DRAFT ACOTE® STANDARDS INVITED BY NOVEMBER 1, 2017

The Accreditation Council for Occupational Therapy Education (ACOTE®) is inviting comment from all communities of interest regarding the second draft of the ACOTE 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 Therapy, Assistant, and the Accreditation Standards for a Baccalaureate-Degree-Level Occupational Therapy Assistant, and the Accreditation Standards for an Associate-Degree-Level Educational Program for the Occupational Therapy Assistant. Feedback on the draft Standards will determine whether the revised Standards are adopted by ACOTE in December 2017 or whether a third draft will be developed and a call for comment repeated. If adopted at the December 2017 meeting, the Standards would become effective July 1, 2019. The draft Standards are available on the ACOTE Accreditation section of the AOTA website.

To submit comment, please take our Web-based survey.

Additional comment is invited at an Open Hearing that will take place at the Academic Leadership Council meeting, which will be open to the public, at the Omni Hotel in Fort Worth, Texas (1300 Houston St., Fort Worth, TX 76102) on Thursday, October 26, 2017 from 10:45 am.–12:00 pm. Comment may also be provided by e-mail to accred@aota.org.

ALL SURVEYS MUST BE SUBMITTED ON OR BEFORE NOVEMBER 1, 2017.

Please feel free to distribute this invitation to all interested parties, so input may be gathered from as wide an audience as possible.

Thank you in advance for your valued feedback.

Draft II Revisions - September 2017

ACCREDITATION STANDARDS FOR A

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STANDARD

ACCREDITATION STANDARDS FOR A

NUMBER	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	ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	PREAMBLE			
	The dynamic nature of contemporary health and human services delivery systems provides challenging opportunities for the occupational therapist to use possess the necessary knowledge and skills in a practice area as a direct care provider, consultant, educator, manager, leader, researcher,	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.	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, <u>leader</u> , and advocate for the profession and the consumer.	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, <u>leader</u> , and advocate for the profession and the consumer.
	and advocate for the profession and the consumer.	A graduate from an ACOTE-accredited master's-degree-level occupational therapy program must	A graduate from an ACOTE-accredited baccalaureate-degree-level occupational therapy assistant program must	A graduate from an ACOTE-accredited associate-degree-level occupational therapy assistant program must
	A graduate from an ACOTE-accredited doctoral-degree-level occupational therapy program must 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	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 academic and fieldworkdidactic and experiential education.	 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 academic and fieldworkdidactic and experiential education. 	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 academic and fieldworkdidactic and experiential education.
	competence through a combination of academic and fieldwork <u>didactic</u> <u>and experiential</u> education.	Be prepared to choose <u>appropriate</u> theory to inform practice.	Define theory as it applies to practice.Be prepared to articulate and apply	Define theory as it applies to practice.Be prepared to articulate and apply
-	Be prepared to evaluate and choose appropriate theory to inform practice.	Be prepared to articulate and apply occupational therapy theory and through evidence-based evaluations	occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation.	occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation.
	Be prepared to articulate and apply occupational therapy theory and through evidence-based evaluations and interventions to achieve expected outcomes as related to	and interventions to achieve expected outcomes as related to occupation. Be prepared to articulate and apply	Be prepared to articulate and apply therapeutic use of occupations with individuals persons or groups for the purpose of facilitating performance and participation in activities.	Be prepared to articulate and apply therapeutic use of occupations with individuals persons or groups for the purpose of facilitating performance and participation in activities.

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
	Be prepared to articulate and apply therapeutic use of occupations with individuals persons or groups for the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, workplace, community, and other settings. 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	therapeutic use of occupations with individuals persons or groups for the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, workplace, community, and other settings. • 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.	 occupations, and roles and situations in home, school, workplace, community, and other settings. Be able to 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. Be prepared to be a lifelong learner and to keep current with the best practice. Uphold the ethical standards, values, 	 occupations, and roles and situations in home, school, workplace, community, and other settings. Be able to 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. Be prepared to be a lifelong learner and to keep current with the best practice. Uphold the ethical standards, values,
	 activities that affect health, wellbeing, and quality of life. Be prepared to be a lifelong learner and to keep current with evidence-based professional practice. 	Be prepared to be a lifelong learner and to keep current with evidence-based professional practice. Uphold the ethical standards, values, and attitudes of the occupational therapy profession.	 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 	 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
	 Uphold the ethical standards, values, and attitudes of the occupational therapy profession. Understand the distinct roles and responsibilities of the occupational 	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.	process for service delivery. Be prepared to effectively collaborate with occupational therapists in service delivery.
	therapist and the occupational therapy assistant in the supervisory process for service delivery. Be prepared to effectively collaborate with and supervise	Be prepared to effectively collaborate with and supervise occupational therapy assistants in service delivery.	Be prepared to effectively communicate and work interprofessionally with those all who provide services and programs for individuals persons, groups, and/or populations.	Be prepared to effectively communicate and work interprofessionally with those all who provide services and programs for individuals persons, groups, and/or populations.
	occupational therapy assistants in service delivery. Be prepared to effectively communicate and work interprofessionally with those all	Be prepared to effectively communicate and work interprofessionally with those all who provide services and programs for individuals persons, groups, and/or populations.	Be prepared to advocate as a professional for the <u>access to</u> occupational therapy services offered and for the recipients of those services.	Be prepared to advocate as a professional for the <u>access to</u> occupational therapy services offered and for the recipients of those services.

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	who provide services and programs for persons, groups, individuals and/or populations. Be prepared to advocate as a professional for the 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 the area of	Be prepared to advocate as a professional for the 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 the ability to be actively involved active involvement in professional development, leadership, and advocacy.	Demonstrate active involvement in professional development, leadership, and advocacy. Demonstrate the ability to synthesize synthesis of advanced knowledge in a practice area through the development and completion of a culminating project baccalaureate capstone. Develop and complete a baccalaureate capstone in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education.	Demonstrate active involvement in professional development, leadership, and advocacy.
	practice in settings where occupational therapy is currently practiced and settings where it is emerging. Demonstrate active involvement in evidence-based practice.			
	Demonstrate active involvement in professional development, leadership, and advocacy.			
	Demonstrate the ability to synthesize synthesis of advanced knowledge in a practice area through the development and completion of a culminating projectdoctoral capstone. Develop and complete a doctoral capstone in one or more of the following areas: clinical practice skills, scholarship, administration, leadership, program and policy development, advocacy, education,			

STANDARD NUMBER		ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST E COMPONENT OF THE STANDARD IS NONCOUTHE STANDARD IN ORDER FOR THE AREA OF	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT MPLIANT, THE ENTIRE STANDARD WILL BE CONNOCOMPLIANCE TO BE REMOVED.	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	SECTION A: GENERAL REQUIREMENTS			
	A.1.0. SPONSORSHIP AND ACCREDITA	ATION		
A.1.1.	The sponsoring institution(s) and affiliates, if any, must be accredited by the recognized regional accrediting authority. 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 the recognized regional accrediting authority. 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 a recognized regional accrediting authority.	The sponsoring institution(s) and affiliates, if any, must be accredited by a recognized regional or national accrediting authority.
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 degreegranting 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.
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, junior, and senior colleges; universities; medical schools; or military services.	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 services.
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 fieldwork setting are appropriate to the	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 fieldwork setting are appropriate to the	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 fieldwork setting are appropriate to the	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 fieldwork setting are appropriate to the program.

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	program.	program.	program.	
	THE DEGREES MOST COMMONLY CONFERRED ARE THE OCCUPATIONAL THERAPY DOCTORATE (OTD) AND DOCTOR OF OCCUPATIONAL THERAPY (DrOT).	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."	THE DEGREE MOST COMMONLY CONFERRED IS THE BACHELOR OF SCIENCE (BS).	THE DEGREES MOST COMMONLY CONFERRED ARE THE ASSOCIATE OF APPLIED SCIENCE (AAS) AND ASSOCIATE OF SCIENCE (AS).
A.1.5.	 The program must 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. Pay accreditation fees within 90 days of the invoice date. 	 The program must 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. Pay accreditation fees within 90 days of the invoice date. 	 The program must 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. Pay accreditation fees within 90 days of the invoice date. 	 The program must 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. Pay accreditation fees within 90 days of the invoice date.
	Pay accreditation fees within 90	Pay accreditation fees within 90	Pay accreditation fees within 90	Pay accreditation fees wi

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	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.	•	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.	•	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.		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.	1) 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. 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 must identify an individual as the program director who is assigned to the occupational therapy educational program as a full time core faculty member. 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.	1)	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. 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.	1)	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. 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.
	2) 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 regional accrediting body recognized by the U.S. Department of Education (USDE). The doctoral degree is not limited to a doctorate in occupational therapy. For degrees from institutions in countries other than the United		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 regional accrediting body recognized by the U.S. Department of Education (USDE). The doctoral degree is not limited to a doctorate in occupational therapy. For degrees from institutions in countries other than the United		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 institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education (USDE). The master's degree is not limited to a master's degree in	2)	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 institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education (USDE). The master's degree is not limited to a master's degree in

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	States, ACOTE will determine an alternative and equivalent external review process. 3) The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include: • 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). • At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postbaccalaureate level. 4) 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. 5) The program director position cannot be shared.	therapy. This experience must include: 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). 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 must have a minimum of 5 years of documented experience in the field of occupational therapy. This experience must include: 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. 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, 	occupational therapy. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process. 3) The program director must have a minimum of 5 years of documented experience in the field of occupational therapy. This experience must include: • 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. • 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. 4) 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. 5) The program director position cannot be shared.

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	THIS STANDARD ONLY IF THE INSTITUTIO A MASTER'S OR BACCALAUREATE DEGREE	N IS SEEKING OR HAS BEEN AWARDED REGIO THAT WAS AWARDED PRIOR TO JULY 1, 201	TION THAT WAS NOT REGIONALLY ACCREDIT ONAL ACCREDITATION SINCE THAT TIME. 5, FROM AN INSTITUTION THAT WAS NOT RE EKING OR HAS BEEN AWARDED REGIONAL O	GIONALLY OR NATIONALLY ACCREDITED IS
A.2.2.	(No related Standard)	(No related Standard)	In addition to the program director, tThe program must have at least threetwo full-time equivalent (FTE) faculty positions at each accredited location where the program is offered. This position may be shared by up to three individuals who teach as adjunct faculty. These individuals must have one or more additional responsibilities related to student advisement, supervision, committee work, program planning, evaluation, recruitment, and marketing activities. At a minimum, each program must have a core faculty occupational therapist and core faculty occupational therapy	In addition to the program director, tThe program must have at least one-two full-time equivalent (FTE) faculty positions at each accredited location where the program is offered. This position may be shared by up to three individuals who teach as adjunct faculty. These individuals must have one or more additional responsibilities related to student advisement, supervision, committee work, program planning, evaluation, recruitment, and marketing activities. At a minimum, each program must have a core faculty occupational therapist and core faculty occupational therapy
A.2.3.	The program director and faculty must possess:	The program director and faculty must possess:	assistant. The program director and faculty must possess:	assistant. The program director and faculty must possess:
	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.	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.	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.	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 (e.g., scholarship) 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	Documented expertise in their area(s) of teaching responsibility (e.g., scholarship) 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	Documented expertise in their area(s) of teaching responsibility (e.g., scholarship) 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	Documented expertise in their area(s) of teaching responsibility (e.g., scholarship) 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

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
	course evaluations, and other sources.	course evaluations, and other sources.	course evaluations, and other sources.	course evaluations, and other sources.
	The occupational therapy faculty at each accredited location where the program is offered must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Evidence of expertise in teaching	The occupational therapy faculty at each accredited location where the program is offered must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Evidence of expertise in teaching	The occupational therapy assistant faculty at each accredited location where the program is offered must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice.	The occupational therapy assistant faculty at each accredited location where the program is offered must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice.
	assignments might include documentation of recent continuing education, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources.	assignments might include documentation of recent continuing education, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources.	Evidence of expertise in teaching assignments might include documentation of recent continuing education, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources.	Evidence of expertise in teaching assignments might include documentation of recent continuing education, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources.
A.2.4.	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. This individual must be an occupational therapist who is licensed or otherwise	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. This individual must be an occupational therapist who is licensed or otherwise regulated according to regulations in the	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. This individual must be an occupational therapist or occupational therapy assistant who is licensed or otherwise	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. This individual must be an occupational therapist or occupational therapy assistant who is licensed or otherwise

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	regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. Coordinators must have at least two years of clinical practice experience as an occupational therapist or occupational therapy assistant and hold a minimum of a doctoral degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	state(s) or jurisdiction(s) in which the program is located. Coordinators must have at least two years of clinical practice experience as an occupational therapist or occupational therapy assistant and hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. Coordinators must have at least two 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 regional accrediting body. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. Coordinators must have at least two 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 regional or national accrediting body. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.
	A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.	A MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME,	A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL OR NATIONAL ACCREDITATION SINCE THAT TIME.	A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL OR NATIONAL ACCREDITATION SINCE THAT TIME.
A.2.5.	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. This individual must be a licensed or otherwise regulated occupational	(No related Standard)	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 assistant 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. This individual must be a licensed or otherwise regulated occupational	(No related Standard)

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	therapist. Coordinators must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.		therapy practitioner. Coordinators must hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	
	A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.		A MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL OR NATIONAL ACCREDITATION SINCE THAT TIME.	
A.2.6.	Core faculty who are occupational therapists or occupational therapy assistants and teaching occupational therapy content must be currently licensed or otherwise regulated in any United States jurisdiction as an occupational therapy assistant.	Core faculty who are occupational therapists or occupational therapy assistants and teaching occupational therapy content must be currently licensed or othewise regulated in any United States jurisdiction as an occupational therapist or occupational therapy assistant.	Core faculty who are occupational therapists or occupational therapy assistants and teaching occupational therapy content must be currently licensed or otherwise regulated in any United States jurisdiction as an occupational therapist or occupational therapy assistant.	Core faculty who are occupational therapists or occupational therapy assistants and teaching occupational therapy content must be currently licensed or otherwise regulated in any United States jurisdiction as an occupational therapist or occupational therapy assistant.
	Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the additional location is located.	Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the additional location is located.	Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the additional location is located.	Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the additional location is located.
	For programs Ooutside 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 licensed or regulated in accordance with their country's regulations.	For programs Ooutside 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 licensed or regulated in accordance with their country's regulations.	For programs Θ_{o} utside 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 licensed or regulated in accordance with their country's regulations.	For programs Ooutside 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 licensed or regulated in accordance with their country's regulations.

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A.2.7. Combined with A.2.2.	(No related Standard)	(No related Standard)	At a minimum, each program must have a core faculty occupational therapist and core faculty occupational therapy assistant.	In programs where the program director is an occupational therapy assistant, an occupational therapist must be included on faculty and contribute to the functioning of the program through a variety of mechanisms including, but not limited to, teaching, advising, and committee work. In a program where there are only occupational therapists on faculty who have never practiced as an occupational therapy assistant, the program must demonstrate that an individual who is an occupational therapy assistant or an occupational therapist who has previously practiced as an occupational therapy assistant is involved in the program as an adjunct faculty or teaching assistant.
A.2.8.	All full-time 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 regional accrediting body. The doctoral degree is not limited to a doctorate in occupational therapy. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process. At least 50% of full-time faculty must have a research/scholarship doctorate post-professional doctorate that demonstrates scholarly achievement with documented research expertise, which includes awarded grants and/or first-author publications in peer-reviewed journals.	The majority of full-time faculty who are occupational therapists or occupational therapy assistantstherapy practitioners 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 regional accrediting body. The degrees are not limited to occupational therapy. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process. For an even numberAt least 50% of full-time faculty, at least half-must hold doctorates. The program director is counted as a faculty member. At least 2520% of full-time faculty must have a research/scholarship doctorate post-professional doctorate that demonstrates scholarly achievement with documented research expertise, which includes awarded grants and/or first-author publications in peer-	The majority of full-time faculty who are occupational therapists or occupational therapy assistants therapy practitioners must hold a minimum of a master's degree. All full-time faculty must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body. The degrees are not limited to occupational therapy. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process. For an even number At least 50% of full-time faculty_at least half-must hold a minimum of a master's degree. The program director is counted as a faculty member.	All full-time faculty who are occupational therapy assistant faculty practitioners who are full-time must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body. The degrees are not limited to occupational therapy. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.

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		reviewed journals.		
	A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.	A DOCTORAL OR MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.	A MASTER'S OR BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.	A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.
A.2.9.	For programs with additional accredited location(s), the program must identify a 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.	For programs with additional accredited location(s), the program must identify a 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.	For programs with additional accredited location(s), the program must identify a core faculty member who is an occupational therapist or occupational therapy assistant as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional accredited location(s), the program must identify a core faculty member who is an occupational therapist or occupational therapy assistant as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.
A.2.10.	The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Multiple adjuncts, parttime faculty, or full-time faculty may be configured to meet this goal. Each accredited additional location must have at least one full-time core equivalent (FTE) faculty member.	The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Multiple adjuncts, parttime faculty, or full-time faculty may be configured to meet this goal. Each accredited additional location must have at least one full-time core equivalent (FTE) faculty member.	The occupational therapy assistant faculty at each accredited location where the program is offered must be sufficient in number ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal. Each accredited additional location must have at least one full-time core equivalent (FTE) faculty member.	The occupational therapy assistant faculty at each accredited location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal. Each accredited additional location must have at least one core full-time equivalent (FTE) faculty member.
A.2.11. Content of standard to be included with A.6.5.	The faculty-student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.	The faculty-student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.	The faculty-student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.	The faculty-student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.
A.2.12.	Clerical and support staff must be provided to the program, consistent with	Clerical and support staff must be provided to the program, consistent with	Clerical and support staff must be provided to the program, consistent with	Clerical and support staff must be provided to the program, consistent with

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	institutional practice, to meet programmatic, administrative, fieldwork and capstone requirements, including support for any portion of the program offered by distance education.	institutional practice, to meet programmatic, administrative and fieldwork requirements, including support for any portion of the program offered by distance education.	institutional practice, to meet programmatic, administrative and fieldwork and capstone requirements, including support for any portion of the program offered by distance education.	institutional practice, to meet programmatic, administrative and fieldwork requirements, including support for any portion of the program offered by distance education.
	Clerical support must be consistent with institutional practice.	Clerical support must be consistent with institutional practice.	Clerical support must be consistent with institutional practice.	Clerical support must be consistent with institutional practice.
A.2.13.	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.	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.	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.	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.
A.2.14. Content of standard to be included with A.6.5.	Classrooms and laboratories must be provided that are consistent with the program's educational objectives, teaching methods, number of students, and safety and health standards of the institution, and they must allow for efficient operation of the program.	Classrooms and laboratories must be provided that are consistent with the program's educational objectives, teaching methods, number of students, and safety and health standards of the institution, and they must allow for efficient operation of the program.	Classrooms and laboratories must be provided that are consistent with the program's educational objectives, teaching methods, number of students, and safety and health standards of the institution, and they must allow for efficient operation of the program.	Classrooms and laboratories must be provided that are consistent with the program's educational objectives, teaching methods, number of students, and safety and health standards of the institution, and they must allow for efficient operation of the program.
A.2.15.	1) Laboratory Instructional space must be adequate and provided by the institution must be assigned to the occupational therapy program on a priority basis. If laboratory space for occupational therapy lab classes is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. 2) Adequate space must be provided to store and secure equipment and supplies. 3) The program director and faculty	1) Laboratory Instructional space must be adequate and provided by the institution must be assigned to the occupational therapy program on a priority basis. If laboratory space for occupational therapy lab classes is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. 2) Adequate space must be provided to store and secure equipment and supplies. 3) The program director and faculty	1) Laboratory Instructional space must be adequate and provided by the institution must be assigned to the occupational therapy assistant program on a priority basis. If laboratory space for occupational therapy assistant lab classes is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. 2) Adequate space must be provided to store and secure equipment and supplies.	1) Laboratory Instructional space must be adequate and provided by the institution must be assigned to the occupational therapy assistant program on a priority basis. If laboratory space for occupational therapy assistant lab classes is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. 2) Adequate space must be provided to store and secure equipment and supplies.
	must have office space consistent with institutional practice. 4) Adequate space must be provided for the private advising of students.	must have office space consistent with institutional practice, 4) Adequate space must be provided for the private advising of students.	The program director and faculty must have office space consistent with institutional practice. Adequate space must be provided for the private advising of students.	 3) The program director and faculty must have office space consistent with institutional practice. 4) Adequate space must be provided for the private advising of students.

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A.2.16. Combined with A.2.15.	The program director and faculty must have office space consistent with institutional practice. 2) Adequate space must be provided for the private advising of students.	The program director and faculty must have office space consistent with institutional practice. Adequate space must be provided for the private advising of students.	The program director and faculty must have office space consistent with institutional practice. Adequate space must be provided for the private advising of students.	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.2.17.	1) Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic, supervised fieldwork, and doctoral capstonecomponents of the curriculum. 2) Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice evidence and practice in the geographic area served by the program.	1) Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic and supervised fieldwork components of the curriculum. 2) Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice evidence and practice in the geographic area served by the program.	1) Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic, supervised fieldwork, and baccalaureate capstone components of the curriculum. 2) Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice evidence and practice in the geographic area served by the program.	1) Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic and supervised fieldwork components of the curriculum. 2) Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice evidence and practice in the geographic area served by the program.
A.2.18.	1) Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed for the practice areas and to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, support, and resource centers. 2) Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Support must also be available.	 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. Support must also be available. 	1) 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. 2) Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Support must also be available.	1) 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. 2) Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Support must also be available.
A.2.19.	If any portion of the program is offered through distance education, it must include: • A process through which the program establishes that the student	If any portion of the program is offered throughdistance education, it must include: • A process through which the program establishes that the student	If any portion of the program is offered through distance education, it must include: • A process through which the program establishes that the student	If any portion of the program is offered through distance education, it must include: • A process through which the program establishes that the student

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
	who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit. 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. The program must provide documentation of the processes involved	who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit. 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. The program must provide documentation of the processes involved	who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit. 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. The program must provide documentation of the processes involved	who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit. 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. The program must provide documentation of the processes involved
	and evidence of implementation. A.3.0. STUDENTS	and evidence of implementation.	and evidence of implementation.	and evidence of implementation.
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.	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.	Programs 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.	Programs 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.	Programs 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 occupational therapy assistant Standards.	Programs 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 occupational therapy assistant Standards.
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.

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A.3.5.	Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: • 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: Student progress Professional behaviors Academic standing	Evaluation must occur on a regular basis and feedback must be provided in a timely fasion in the following areas: Student progress Professional behaviors Academic standing	Evaluation must occur on a regular basis and feedback must be provided in a timely fasion in the following areas: Student progress Professional behaviors Academic standing
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 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 capstone 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 & POLIC	CIES		
A.4.1.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.
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 separately as well as totaled for each of the previous 3 years: • Program graduates • Graduation rates 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.	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 separately as well as totaled for each of the previous 3 years: • Program graduates • Graduation rates 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.	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 separately as well as totaled for each of the previous 3 years: • Program graduates • Graduation rates 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.	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 separately as well as totaled for each of the previous 3 years: • Program graduates • Graduation rates 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.

STANDARD NUMBER	PREVIOUS 3 YEARS AS LONG AS THE TIME A IF THE PROGRAM HAS ONLY ONE OR TWO WITHIN A GRID. THE TOTAL NUMBER OF P	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST EAR OR ACADEMIC YEAR WHEN PUBLISHING FRAME IS CLEARLY DELINEATED. THE NUMB YEARS OF GRADUATE DATA, THIS MUST BE M PROGRAM GRADUATES AND GRADUATION RAT ROGRAM DATA RESULTS ON THE PROGRAM'S HOLSTATS.ASPX.	PER OF PROGRAM GRADUATES MUST BE TOTA MADE AVAILABLE AND TOTALED. THE TOTAL TES MUST BE POSTED ON THE PROGRAM'S W	ALED FOR THE 3-YEAR REPORTING PERIOD. MAY BE IN THE FORM OF A NARRATIVE OR VEB PAGE. THE PROGRAM MUST PROVIDE
A.4.3.	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.	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.	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.	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.
	THERAPY EDUCATION (ACOTE) OF THE AN	THERAPY/OCCUPATIONAL THERAPY ASSISTA IERICAN OCCUPATIONAL THERAPY ASSOCIAT AOTA, IS (301) 652-AOTA AND ITS WEB ADDR	TION (AOTA), LOCATED AT 4720 MONTGOME.	
A.4.4.	The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:	The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:	The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:	The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:
	Defined and published policy and procedures for processing student and faculty grievances.	Defined and published policy and procedures for processing student and faculty grievances.	Defined and published policy and procedures for processing student and faculty grievances.	Defined and published policy and procedures for processing student and faculty grievances.
	Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.	Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.	Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.	Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.
	Student probation, suspension, and dismissal must be published and made known.	Student probation, suspension, and dismissal must be published and made known.	Student probation, suspension, and dismissal must be published and made known.	Student probation, suspension, and dismissal must be published and made known.
	 4) 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). 5) Graduation requirements, tuition, 	4) 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). 5) Graduation requirements, tuition,	 4) 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). 5) Graduation requirements, tuition, 	4) 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). 5) Graduation requirements, tuition,

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	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.	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.	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.	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.
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.
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.
	SAMPLE WORDING: "GRADUATES OF THE F THE NATIONAL CERTIFICATION EXAMINA' ADMINISTERED BY THE NATIONAL BOARD THERAPY (NBCOT). AFTER SUCCESSFUL CO WILL BE AN OCCUPATIONAL THERAPIST, R MOST-STATES REQUIRE LICENSURE TO PR. USUALLY BASED ON THE RESULTS OF THE FELONY CONVICTION MAY AFFECT A GRAD CERTIFICATION EXAMINATION OR ATTAIN	TION FOR THE OCCUPATIONAL THERAPIST, FOR CERTIFICATION IN OCCUPATIONAL DMPLETION OF THIS EXAM, THE GRADUATE REGISTERED (OTR). IN ADDITION, ALL ACTICE; HOWEVER, STATE LICENSES ARE NBCOT CERTIFICATION EXAMINATION. A DUATE'S ABILITY TO SIT FOR THE NBCOT	SAMPLE WORDING: "GRADUATES OF THE P THE NATIONAL CERTIFICATION EXAMINAT ASSISTANT, ADMINISTERED BY THE NATIO OCCUPATIONAL THERAPY (NBCOT). AFTER THE GRADUATE WILL BE A CERTIFIED OCC IN ADDITION, MOST ALL STATES REQUIRE STATE LICENSES ARE USUALLY BASED ON CERTIFICATION EXAMINATION. A FELONY ABILITY TO SIT FOR THE NBCOT CERTIFICA LICENSURE."	TON FOR THE OCCUPATIONAL THERAPY NAL BOARD FOR CERTIFICATION IN SUCCESSFUL COMPLETION OF THIS EXAM, UPATIONAL THERAPY ASSISTANT (COTA). LICENSURE TO PRACTICE; HOWEVER, THE RESULTS OF THE NBCOT CONVICTION MAY AFFECT A GRADUATE'S
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	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 capstone requirements in a timely manner. This policy must include a statement that all Level II fieldwork and the baccalaureate capstone must be completed within a time frame	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.

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	time frame established by the program.		established by the program.	
	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."	SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."	SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE BACCALAUREATE CAPSTONE WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."	SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTIOI OF THE PROGRAM."
A.4.8.	Records regarding student admission, enrollment, fieldwork, and achievement must be maintained and kept in a secure setting consistent with FERPA 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 FERPA 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 FERPA 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 FERPA regulations. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution.
A.5.1.	The program must document a current strategic plan that articulates the	The program must document a current strategic plan that articulates the	The program must document a current strategic plan that articulates the	The program must document a current strategic plan that articulates the
	program's future vision and guides the program development (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork and doctoral	program's future vision and guides the program development (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A	program's future vision and guides the program development (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork and	program's future vision and guides the program development (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A
	capstone sites). A program strategic plan must be for a minimum of a 3-year period and include, but need not be	program strategic plan must be for a minimum of a 3-year period and include, but need not be limited to:	baccalaureate capstone sites). A program strategic plan must be for a minimum of a 3-year period and include, but need not	program strategic plan must be for a minimum of a 3-year period and include, but need not be limited to:
	limited to: • Evidence that the plan is based on program evaluation and an analysis of external and internal	Evidence that the plan is based on program evaluation and an analysis of external and internal environments.	 be limited to: Evidence that the plan is based on program evaluation and an analysis of external and internal 	Evidence that the plan is based on program evaluation and an analysis of external and internal environments.
	 environments. Long-term goals that address the vision and mission of both the institution and the program, as well 	Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.	 environments. Long-term goals that address the vision and mission of both the institution and the program, as well 	Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.
	 as specific needs of the program. Specific measurable action steps with expected timelines by which the program will reach its long-term 	Specific measurable action steps with expected timelines by which the program will reach its long-term	 as specific needs of the program. Specific measurable action steps with expected timelines by which the program will reach its long-term 	Specific measurable action steps with expected timelines by which the program will reach its long-tern goals.

Person(s) responsible for action

goals.

the program will reach its long-term

goals.

goals.

the program will reach its long-term

Person(s) responsible for action

goals.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST • 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.	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT • 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.	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.
A.5.2.	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: • Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, research, scholarly activity). • Ensure 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 plan should reflect 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 may not need a	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: Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, research, scholarly activity). Ensure 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 plan should reflect 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 may not need a	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: Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, research, scholarly activity). Ensure 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 plan should reflect 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 may not need a	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: Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, research, scholarly activity). Ensure 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 plan should reflect 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 may not need a

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
	goal related to teaching effectiveness). Faculty who teach, advise, or mentor students in scholarly studies must have a documented research agenda that is aligned with current research priorities and advance knowledge of translation, professional practice, service delivery, or professional issues.	goal related to teaching effectiveness). Faculty who teach, advise, or mentor students in scholarly studies must have a documented research agenda that is aligned with current research priorities and advance knowledge of translation, professional practice, service delivery, or professional issues.	goal related to teaching effectiveness).	goal related to teaching effectiveness).
A.5.3.	1) 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:	1) 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: • Faculty effectiveness in their assigned teaching responsibilities. • Documentation of effective 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. 2) 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	1) 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: - Faculty effectiveness in their assigned teaching responsibilities. - Documentation of effective instructional design. - Students' competency in professional behaviors. - Students' progression through the program. - Student retention rates. - Fieldwork and baccalaureate capstone performance evaluation. - Student evaluation of fieldwork and the baccalaureate capstone experience. - Evaluation of baccalaureate capstone experience. - Evaluation of baccalaureate capstone outcomes. - Student satisfaction with the program. - Graduates' performance on the NBCOT certification exam. - Graduates' job placement and performance as determined by employer satisfaction.	1) 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: Faculty effectiveness in their assigned teaching responsibilities. Documentation of effective 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. 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

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	(e.g., presentations, publications, grants obtained, state and national leadership positions, awards). 2) 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. 3) The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	summarizing analysis of data and planned action responses must be maintained. 3) The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	 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. The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program. 	summarizing analysis of data and planned action responses must be maintained. 3) The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.
A.5.4.	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.
	CULUM FRAMEWORK I framework is a description of the progra	m that includes the program's mission, wh	ullosophy and curriculum decign	
				Lan
A.6.1.	The curriculum must ensure preparation to practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, longterm care) and practice areas, including	The curriculum must include preparation for practice as a generalist with a broad exposure to current -practice settings (e.g., school, hospital, community, longterm care) and <u>practice areas, including</u>	The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, longterm care) and practice areas, including	The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, longterm care) and practice areas, including

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	new and emerging practice 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 elderly personsolder adults in areas of physical and mental health.	new and emerging practice-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 elderly personsolder adults in areas of physical and mental health.	new and emerging practice 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 elderly personsolder adults in areas of physical and mental health.	new and emerging practice-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 elderly personsolder adults in areas of physical and mental health.
A.6.2.	The curriculum must include course objectives and learning activities demonstrating preparation beyond a generalist level in, but not limited to, practice skills, research skills, administration, leadership, professional program and policy development, advocacy, education, and theory.	(No related Standard)	The curriculum must include course objectives and learning activities demonstrating preparation beyond a generalist level in, but not limited to, practice skills, administration, leadership, advocacy, and education. The curriculum must include application of advanced knowledge to practice	(No related Standard)
	The curriculum must include application of advanced knowledge to practice through a combination of experiential activities and a culminating capstone project.		through a combination of experiential activities and a culminating <u>capstone</u> project.	
A.6.3.	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.6.4.	 The statement of philosophy of the occupational therapy program must: Reflect the current published philosophy of the profession. Include a statement of the program's fundamental beliefs about human beings and how they learn. 	1) The statement of philosophy of the occupational therapy program must: • Reflect the current published philosophy of the profession. • Include a statement of the program's fundamental beliefs about human beings and how they learn.	The statement of philosophy of the occupational therapy assistant program must: Reflect the current published philosophy of the profession. Include a statement of the program's fundamental beliefs about human beings and how they learn.	The statement of philosophy of the occupational therapy assistant program must: Reflect the current published philosophy of the profession. Include a statement of the program's fundamental beliefs about human beings and how they learn.
	2) The statement of the mission of the occupational therapy program must:Be consistent with and	The statement of the mission of the occupational therapy program must: Be consistent with and	The statement of the mission of the occupational therapy assistant	The statement of the mission of the occupational therapy assistant

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	supportive of the mission of the sponsoring institution. Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.	supportive of the mission of the sponsoring institution. Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.	program must: • Be consistent with and supportive of the mission of the sponsoring institution. • Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.	program must: • Be consistent with and supportive of the mission of the sponsoring institution. • Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.
A.6.5.	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. The instructional design must reflect the curriculum and ensure appropriate content delivery.	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. The instructional design must reflect the curriculum and ensure appropriate content delivery.	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. The instructional design must reflect the curriculum and ensure appropriate content delivery.	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. The instructional design must reflect the curriculum and ensure appropriate content delivery.
A.6.6.	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 demonstrate the consistency between course syllabi and the curriculum design.	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 demonstrate the consistency between course syllabi and the curriculum design.	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 demonstrate the consistency between course syllabi and the curriculum design.	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 demonstrate the consistency between course syllabi and the curriculum design.
	Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies are aligned with course objectives and required for progress in the program and graduation.	Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies are aligned with course objectives and required for progress in the program and graduation.	Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies are aligned with course objectives and required for progress in the program and graduation.	Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies are aligned with course objectives and required for progress in the program and graduation.

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	ONTENT REQUIREMENTS					
	equirements are written as expected studer tcomes. Level II Fieldwork <u>or Capstone</u> sylla			on methods to document that students		
B.1.0.	FOUNDATIONAL CONTENT REQUIREMENTS 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 sciences must also be evident in professional coursework. The student will be able to					
B.1.1.	Demonstrate knowledge of:	Demonstrate knowledge of:	Demonstrate knowledge of:	Demonstrate knowledge of:		
	The structure and function of the human body to include the biological and physical sciences, kinesiology, and biomechanics.	The structure and function of the human body to include the biological and physical sciences, kinesiology, and biomechanics.	The structure and function of the human body to include the biological, physical sciences, kinesiology, and biomechanics.	The structure and function of the human body to include the biological and physical sciences, kinesiology, and biomechanics.		
	2) Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.	2) Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.	2) Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.	2) 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 occupational science of occupation.	Concepts of human behavior to include the behavioral sciences, social sciences, and occupational science <u>of occupation</u> .	Concepts of human behavior to include the behavioral sciences, social sciences, and occupational science of occupation.	Concepts of human behavior to include the behavioral sciences, social sciences, and occupational science <u>of occupation</u> .		
B.1.2.	Apply, analyze, and evaluate the role of sociocultural, socioeconomic, and diversity factors, and lifestyle choices in contemporary society to meet the needs of individuals and communitiespersons, 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, and 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, and 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, and lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology).		
B.1.3.	Demonstrate knowledge of populations with or at risk for disabilities and chronic health conditions from an epidemiological perspective. Apply, analze, and evaluateand Apply and analyze the social determinants of health and ethical and practical	Demonstrate knowledge of populations with or at risk for disabilities and chronic health conditions from an epidemiological perspective. Apply and analyze Apply and analyze the social determinants of health and ethical and practical considerations that impact	Apply the social determinants of health and ethical and practical considerations that impact the public health and welfare of disadvantaged-populations who are experiencing or are at risk for health and social inequities in local, national, and international settings.	Explain the social determinants of health and ethical and practical considerations that impact the public health and welfare of disadvantaged populations who are experiencing or are at risk for health and social inequities in local, national, and international settings.		

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST considerations that impact the public health and welfare of disadvantaged populations who are experiencing or are	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST the public health and welfare of disadvantaged-populations who are experiencing or are at risk for health and	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
B.1.4. Moved OTA-B and OTA-A Standard to B.4.2.	at risk for health and social inequities in local, national, and international settings. Apply-Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and, measurements, and other data for the purpose of establishing and/or delivering evidence-based practice.	social inequities in local, national, and international settings. Demonstrate the ability to use quantitative statistics and qualitative statistics and present tests and measurements for the purpose of establishing and delivering evidence-based practice.	Explain the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice. (No related Standard)	Explain the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice. (No related Standard)
B.1.5.	Demonstrate knowledge of the use of technology in practice, which must include: - which includes Electronic documentation systems - Simulation - and telehealth technology, and may include but is not limited to, simulation, distance communication, and vVirtual environments - Telehealth technology to support performance, participation, health, and well-being.	Demonstrate knowledge of the use of technology in practice which must include: •, which includes-Electronic documentation systems • Simulation • Virtual environments • and *T_elehealth technology, and may include, but is not limited to, simulation, distance communication, and virtual environments to support performance, participation, health, and well-being.	Demonstrate knowledge of the use of technology in practice, which must include: Electronic documentation systems Simulation Virtual environments Telehealth technology electronic documentation systems and telehealth technology, and may include, but is not limited to, simulation, distance communication, and virtual environments to support performance, participation, health, and well-being.	Demonstrate knowledge of the use of technology in practice, which must include: • Electronic documentation systems • Simulation • Virtual environments • Telehealth technologyelectronic documentation systems and telehealth technology, and may include, but is not limited to, simulation, distance communication, and virtual environments to support performance, participation, health, and well-being.
		NAL THERAPY nt of the performance criteria listed below	v. The student will be able to	
B.2.1.	Analyze and evaluate occupational therapy history, philosophical base, theory, and sociopolitical climate and its 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 its 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 its importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Explain occupational therapy history, philosophical base, theory, and sociopolitical climate and its importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.
B.2.2.	Apply, analyze, and evaluate the interaction of occupation and activity,	Apply, and analyze, and evaluate the interaction of occupation and activity,	Demonstrate knowledge of and apply the interaction of occupation and activity,	Explain the interaction of occupation and activity, including areas of occupation,

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	including areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.	including areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.	including areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.	performance skills, performance patterns, activity demands, context(s) and environments, and client factors.
B.2.3.	Articulate Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public about the unique nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Articulate Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public about the unique nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Articulate-Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public about the unique nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Articulate-Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public about the unique nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.
B.2.4.	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 and disability for the individual, 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 and disability for the individual 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 and disability for the individual 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 and disability for the individual persons, groups, and populations.
B.2.5.	Analyze and evaluate the effects of disease processes including heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual person.	Analyze the effects of disease processes including heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual person.	Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual person.	Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual person.
B.2.6.	Demonstrate task activity analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan.	Demonstrate task activity analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to formulate an intervention plan.	Demonstrate task activity analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to implement the intervention plan.	Demonstrate task activity analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to implement the intervention plan.
В.2.7.	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.	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.	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.	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.
B.2.8. Content covered in the B.2.0 and B.3.0	Apply, analyze, evaluate, and create models of occupational performance.	Apply, analyze, and evaluate models of occupational performance.	Demonstrate knowledge of models of occupational performance.	Demonstrate knowledge of models of occupational performance.

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sections.				
B.3.0. OCCUP	ATIONAL THERAPY THEORETICAL PERSP	ECTIVES		
Current and reland framework	evant interprofessional perspectives inclused in the soft practice. The program must facilitate	iding rehabilitation, disability, and develon the development of the performance crite	opmental as well as person/population-er eria listed below. The student will be able	nvironment-occupation models, theories to
B.3.1. Combined with B.3.2.	Apply, analyze, and evaluate scientific current evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform intervention for persons, groups, and populations in ain a variety of practice contexts and environments.	Apply, analyze, and evaluate current scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform intervention in a for persons, groups, and populations in a variety of practice contexts and environments.	Apply current <u>scientific</u> evidence, theories, <u>models of practice</u> , and frames of reference that underlie the practice of occupational therapy to guide and inform intervention <u>for persons</u> , <u>groups</u> , and <u>populations in a in a variety</u> of practice contexts and environments.	Apply current scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform intervention for persons, groups, and populations in ain a variety of practice contexts and environments.
B.3.2. Delete and combine with B.3.1.	Compare, contrast, and integrate a variety of models of practice and frames of reference that are used in occupational therapy.	Compare, contrast, and integrate models of practice and frames of reference that are used in occupational therapy.	Explain and apply basic features of models of practice and frames of reference that are used in occupational therapy.	Explain and apply basic features of models of practice and frames of reference that are used in occupational therapy.
B.3.3.	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.	Understand Define the process of theory development and its importance to occupational therapy.
B.4.0.	SCREENING, EVALUATION, REFERRAL, AND INTERVENTION PLAN	SCREENING, EVALUATION, REFERRAL, AND INTERVENTION PLAN	SCREENING, EVALUATION, AND INTERVENTION PLAN The process of screening and evaluation as related to occupational perfor	
	The process of screening, evaluation, referral, and diagnosis as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals person to populations.	The process of screening, evaluation, and referral as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals person to populations. INTERVENTION PLAN: FORMULATION	and participation must be conducted und with the occupational therapist and must theoretical perspectives, models of practicevidence. INTERVENTION AND IMPLEMENTATION The process of intervention to facilitate o participation must be done under the sup occupational therapist and must be cultu occupational therapy practice, and based	ler the supervision of and in cooperation be culturally relevant and based on ice, frames of reference, and available ccupational performance and pervision of and in cooperation with the rally relevant, reflective of current
	INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and	INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally	The student will be able to	cor die periorinance circi a niceu delow.

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
	participation must be culturally relevant; reflective of current and emerging occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. In addition, this process must consider the continuum of need from individual person- to population-based interventions. The program must facilitate development of the performance	relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. In addition, this process must consider the continuum of need from individual-person to population-based interventions. The program must facilitate development of the performance criteria listed below. The student will		
	criteria listed below. The student will be able to	be able to		
B.4.1.	Evaluate client(s)' occupational performance in activities of daily living (ADLs), and instrumental activities of daily living (IADLs), rest/sleep, education, work, play, leisure, and social participation utilizing standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention and evaluation findings to diagnose of occupational performance and participation deficits to develop occupation-based intervention plans and strategies. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. This includes: The occupational profileOccupations, Client factors, Performance patterns, Contexts, and environments Performance skills	Evaluate client(s)' occupational performance in activities of daily living (ADLs), and instrumental activities of daily living (IADLs), rest/sleep, education, work, play, leisure, and social participation utilizing standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention and evaluation findings of to diagnose occupational performance and participation deficits to develop occupation-based intervention plans and strategies. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. This includes: The occupational profileOccupations, Client factors, Performance patterns, Performance skills	Participate inContribute to the evaluation process of client(s)' occupational performance in activities of daily living (ADLs), and-instrumental activities of daily living (IADLs), rest/sleep, education, work, play, leisure, and social participation by administering standardized and nonstandardized screening and assessment tools and collaborating in developing occupation-based intervention plans and strategies. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. This includes: The occupational profileOccupations, Client factors, Performance patterns, Performance skills	Participate inContribute to the evaluation process of client(s)' occupational performance in activities of daily living (ADLs), and-instrumental activities of daily living (IADLs), end instrumental activities of daily living (IADLs), rest/sleep. education, work, play, leisure, and social participation by administering standardized and nonstandardized screening and assessments tools and collaborating in developing occupation-based intervention plans and strategies. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. This includes: The occupational profileOccupations, Client factors, Performance patterns, Performance skills
B.4.2. Added language from Standard B.1.4. to OTA-B and	Select and apply assessment tools considering client needs, cultural, and contextual factors. Interpret the results based on the psychometric properties of tests considering factors that might bias	Select and apply assessment tools considering client needs, cultural, and contextual factors. Interpret the results based on psychometric properties of tests considering factors that might bias	Explain the importance of using psychometrically sound assessment tools considering client needs and cultural and contextual factors instatistics, tests, and measurements in order to deliver	Explain the importance of using psychometrically sound assessment tools considering client needs and cultural and contextual factors in order to deliver evidence based practice and aAdminister

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OTA-A levels.	assessment results (i.e., such as culture and, disability status, and situational variables related to the individual person and context).	assessment results (i.e., such as culture <u>and</u> , disability status , and situational variables related to the individual person and context).	evidence based practice and Aadminister selected standardized and nonstandardized assessments using appropriate procedures and protocols.	selected standardized and nonstandardized assessments using appropriate procedures and protocols.
B.4.3.	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, analyze,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.
B.4.4.	Demonstrate effective intraprofessional OT/OTA collaboration to: 1) Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process. 2) Demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants.	Demonstrate effective intraprofessional OT/OTA collaboration to: 1) Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process. 2) 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.
B.4.5.	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.	(No related Standard)	(No related Standard)
B.4.6.	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.	(No related Standard)	(No related Standard)
B.4.7.	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.
B.4.8. Combined with B.4.31. and B.5.6.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for

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	occupational therapy services. Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect society and the practice of occupational therapy.	occupational therapy services. Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy.	occupational therapy services. Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer) and documentation requirements that affect the practice of occupational therapy.	occupational therapy services. Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer) and documentation requirements that affect the practice of occupational therapy.
B.4.9.	Demonstrate clinical reasoning to analyze, evaluate, analyze, diagnose, and synthesizeaddress, and diagnose problems related to occupational performance and participation.	Demonstrate clinical reasoning to analyze, evaluate, analyze, diagnose, and synthesizeaddress, and diagnose problems related to occupational performance and participation.	(No related Standard) Demonstrate clinical reasoning to address occupational performance and participation.	(No related Standard) Demonstrate clinical reasoning to address occupational performance and participation.
B.4.10.	Recommend and provide direct occupational therapy interventions and procedures to individualspersons, and groups, and populations to enhance safety, health and wellness, and performance in occupations, exercise, and activities. This must include occupation and activities, preparatory methods and tasks, education and training, and advocacy.	Recommend and provide direct occupational therapy interventions and procedures to individuals persons, and groups, and populations to enhance safety, health and wellness, and performance in occupations, exercise, and activities. This must include occupation and activities, preparatory methods and tasks, education and training, and advocacy.	Provide direct occupational therapy interventions and procedures to individuals persons, and groups, and populations to enhance safety, health and wellness, and performance in occupations, exercise and activities. This must include occupation and activities, preparatory methods and tasks, education and training, and advocacy.	Provide direct occupational therapy interventions and procedures to individuals persons, and groups, and populations to enhance safety, health and wellness, and performance in occupations, exercise, and activities. This must include occupation and activities, preparatory methods and tasks, education and training, and advocacy.
B.4.11. Combined with B.4.21. and B.4.32.	Evaluate access to community resources and partners to support occupational performance in preparation for design and implementation of -Design and implement community and primary care programs. These programs include focused on occupations including selfcare, self-management, health management and maintenance, home management, and community and work integration for persons, groups, and populations.	Evaluate access to community resources and partners to support occupational performance in preparation for design and implementation of Design and implementation of Design and implement community and primary care programs. These programs include focused on occupations including selfcare, self-management, health management and maintenance, home management, and community and work integration. for persons, groups and populations.	Explain the need for Implement community and primary care programs focused on occupations including self-care, self-management, health management and maintenance, home management, and community and work integration for persons, groups and populations.	Explain the need for Implement community and primary care programs focused on occupations including selfcare, self-management, health management and maintenance, home management, and community and work integration for persons, groups and populations.
B.4.12.	Utilize clinical reasoning in determining occupation-based interventions to facilitate the <u>creation</u> , <u>promotion</u> , <u>establishment</u> , <u>restoration</u> , <u>maintenance</u> , <u>compensation</u> , <u>adaptation</u> , and <u>prevention development</u> , <u>remediation</u> ,	Utilize clinical reasoning in determining occupational-based interventions to facilitate the development, remediation, and compensationcreation, promotion establishment, restoration, maintenance, compensation, adaptation, and	Utilize clinical reasoning to Eexplain and provide occupation-based interventions to facilitate the developmentcreation, promotion, establishment, restoration, maintainance, compensation, adaptation, and prevention, remediation, and	Utilize clinical reasoning to Eexplain and provide occupation-based interventions to facilitate the creation, promotion, establishment, restoration, maintenance, compensation, adaptation, and prevention development, remediation,

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-	and compensation for physical, cognitive, perceptual, neuromuscular, behavioral and sensory functions.	<u>prevention</u> for physical, cognitive, perceptual, neuromuscular, behavioral and sensory functions.	compensation for physical, cognitive, perceptual, neuromuscular, behavioral, and sensory functions.	and compensation for physical, cognitive, perceptual, neuromuscular, behavioral and sensory functions.
B.4.13.	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.
B.4.14.	Design and implement intervention strategies to remediate and/or compensate for functional cognitive and visual deficits that affect occupational performance.	Design and implement intervention strategies to remediate and/or compensate for functional cognitive and visual deficits that affect occupational performance.	Demonstrate intervention strategies to remediate and/or compensate for functional cognitive and visual deficits that affect occupational performance.	Demonstrate intervention strategies to remediate and/or compensate for functional cognitive <u>and visual</u> deficits that affect occupational performance.
B.4.15.	Explain principles of 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.	Explain principles of 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.	Explain principles of 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.	Explain principles of 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.
B.4.16.	Based on principles of kinesiology, biomechanics, and physics assess the need for, Eexplain principles of and design, fabricate, apply, fit, and train in orthotics and devices used to enhance occupational performance and participation, and train in the use of prosthetic devices, based on principles of kinesiology, biomechanics, and physics.	Based on principles of kinesiology, biomechanics, and physics assess the need for, Eexplain principles of and design, fabricate, apply, fit, and train in orthotics and devices used to enhance occupational performance and participation, and train in the use of prosthetic devices Train in the use of prosthetic devices, based on principles of kinesiology, biomechanics, and physics.	Based on principles of kinesiology, biomechanics, and physics explain principles of and design, Fabricate, apply, fit, and train in orthotics and devices used to enhance occupational performance and participation, and training in the use of prosthetic devices.	Based on principles of kinesiology, biomechanics, and physics explain principles of and design, fFabricate, apply, fit, and train in orthotics and devices used to enhance occupational performance and participation, and training in the use of prosthetic devices.
B.4.17.	Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.
New Standard	Demonstrate the ability to safely and effectively deliver therapeutic exercise to address strength, endurance, flexibility, and mobility as a means to promote	Demonstrate the ability to safely and effectively deliver therapeutic exercise to address strength, endurance, flexibility, and mobility as a means to promote	Demonstrate the ability to safely and effectively deliver therapeutic exercise to address strength, endurance, flexibility, and mobility as a means to promote	Demonstrate the ability to safely and effectively deliver therapeutic exercise to address strength, endurance, flexibility, and mobility as a means to promote

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	health, healing, prevent injury, and enhance occupational performance.	health, healing, prevent injury, and enhance occupational performance.	health, healing, prevent injury, and enhance occupational performance.	health, healing, prevent injury, and enhance occupational performance.
B.4.18.	Evaluate the needs of individuals 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 individuals and populations persons, groups, and populations to design programs that enhance community mobility and implement transportation transitions, including driver rehabilitation and community access.	Implement programs Provide training in techniques that to enhance community mobility and address transportation transitions, including driver rehabilitation and community access.	Implement programs Provide training in techniques that to enhance community mobility and address transportation transitions, including driver rehabilitation and community access.
B.4.19.	Evaluate and provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide management of feeding, eating, and swallowing to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and swallowing assessment and management) and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that enable feeding, and eating, and swallowing performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that enable feeding, and eating, and swallowing performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.
B.4.20.	Demonstrate knowledge and use of the safe and effective application of superficial thermal and mechanical modalities as well as the use of deep thermal and electrotherapeutic modalities 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 and mechanical modalities as well as the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.
	SELECT THE TYPES OF LEARNING ACTIVITY	ES AND ASSESSMENTS THAT WILL INDICATI		INDERSTANDING, THE PROGRAM MAT
B.4.21. Combined with B.4.11. and B.4.32.	Evaluate, design, and implement appropriate home and community programming, which includes identification of community resources and partners to support performance in the client's natural environment and participation in all contexts relevant to the client.	Evaluate, design, and implement appropriate home and community programming, which includes identification of community resources and partners to support performance in the client's natural environment and participation in all contexts relevant to the client.	Demonstrate the use of appropriate home and community programming, which includes identification of community resources and partners to support performance in the client's natural environment and participation in all contexts relevant to the client.	Demonstrate the use of appropriate home and community programming, which includes identification of community resources and partners to support performance in the client's natural environment and participation in all contexts relevant to the client.

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B.4.22. Combined B.4.22. and B.4.23.	Demonstrate, evaluate, and utilize the principles of the teaching—learning process using educational methods and health literacy education approaches: • 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 Evaluate, design, and implement health literacy educational approaches and materials in order to educate and train the client, caregiver, family, significant others, and communities at the level of the audience.	Evaluate, design, and implement health literacy educational approaches and materials in order to educate and train the client, caregiver, family, significant others, and communities at the level of the audience. Demonstrate, evaluate, and utilize the principles of the teaching—learning process using educational methods and health literacy education approaches: 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.	Demonstrate the principles of the teaching-learning process using educational methods and health literacy education approaches: 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. Design and implement health literacy educational approaches and materials in order to educate and train the client, caregiver, and family, significant others at the level of the audience.	Demonstrate the principles of the teaching-learning process using educational methods and health literacy education approaches: 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. Demonstrate health literacy educational approaches and materials in order to educate and train the client, caregiver, and family, significant others at the level of the audience.
B.4.23. Combined with B.4.22.	Demonstrate, apply, evaluate, and design, the principles of the teaching-learning process using educational methods to design academic learning activities and clinical training for individuals, communities, and populations.	Demonstrate, apply, evaluate, and design the principles of the teaching—learning process using educational methods to design academic learning activities and clinical training for individuals, communities, and populations.	Demonstrate the principles of the teaching-learning process using educational methods to design academic learning activities and clinical training for individuals, communities, and populations.	Demonstrate the teaching—learning process using educational methods to design academic learning activities and clinical training for individuals, communities, and populations.
B.4.24.	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.
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/population-centered care and 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/population-centered care and 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/population-centered care and 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/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.
B.4.26.	Evaluate, grade, and adapt processes or environments, applying ergonomic principles to reflect the changing needs	Evaluate, grade, and adapt processes or environments, applying ergonomic principles to reflect the changing needs of	Demonstrate the ability to grade and adapt processes or environments, applying ergonomic principles to reflect	Demonstrate the ability to grade and adapt processes or environments, applying ergonomic principles to reflect

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	of the client, sociocultural context, and technological advances.	the client, sociocultural context, and technological advances.	the changing needs of the client, sociocultural context, and technological advances.	the changing needs of the client, the sociocultural context, and technological advances.
B.4.27.	Demonstrate, evaluate, and plan the consultative process with <u>persons</u> , groups, programs, organizations, or communities in collaboration with interand intraprofessional colleagues.	Demonstrate, evaluate, and plan the consultative process with <u>persons</u> , groups, programs, organizations, or communities in collaboration with interand intraprofessional colleagues.	Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.	Understand Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.
B.4.28.	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 care coordination, case management, and transition services in traditional and emerging practice environments.	Demonstrate care coordination, case management, and transition services in traditional and emerging practice environments.
B.4.29.	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.
В.4.30.	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.
B.4.31. Combined B.4.8., B.4.31., and B.5.6.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
B.4.32. Combined with B.4.11. and	Develop, design, and evaluate population-based occupational therapy intervention that addresses occupational	Develop and design population-based occupational therapy intervention that addresses occupational needs as	Define population-based occupational therapy intervention that addresses occupational needs as identified by a	Define population-based occupational therapy intervention that addresses occupational needs as identified by a

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
B.4.21.	needs as identified by a community.	identified by a community.	community.	community.
B.5.0.	CONTEXT OF SERVICE DELIVERY AND LEADERSHIP AND MANAGEMENT Context of service delivery includes the knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided. Leadership and management skills include principles and applications of leadership and management theory. The program must facilitate development of the performance criteria listed below. The student will be able to	CONTEXT OF SERVICE DELIVERY AND LEADERSHIP AND-MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES Context of service delivery includes the knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided. Management and leadership of occupational therapy services includes the application of principles of management and systems in the provision of occupational therapy services to individuals persons, groups, populations, and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to	CONTEXT OF SERVICE DELIVERY AND ASSISTANCE WITH MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES Context of service delivery includes the knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided. Assistance with Understand the management of occupational therapy services includinges the application of principles of management and systems in the provision of occupational therapy services to individuals persons, groups, populations, and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to	
B.5.1.	Identify, analyze, and evaluate the contextual factors, current policy issues and the socioeconomic, political, geographic, and demongraphic factors on the delivery of occupational therapy services for individuals-persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.	Identify, analyze, and evaluate the contextual factors, current policy issues and the socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for individuals and persons, groups, and populations to promote policy developments and social systems as they relate to the practice of occupational therapy.	Identify and explain the contextual factors, current policy issues and the socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for individuals persons, groups, and populations to promote policy developments and social systems as they relate to the practice of occupational therapy.	Identify and explain the contextual factors, current policy issues and the socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for individuals persons, groups, and populations and social systems as they relate to the practice of occupational therapy.

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B.5.2.	Identify, analyze, and advocate for existing and future service delivery models and policies and the trends in models of service delivery, and their potential effect on the practice of occupational therapy and opportunities to address societal needs.	Identify, analyze and advocate for existing and future service delivery models and policies and the trends in models of service delivery and their potential effect on the practice of occupational therapy and opportunities to address societal needs.	Advocate Explain for service delivery models and their potential effect on the practice of occupational therapy and opportunities to address societal needs. This includes identifying the role and responsibility of the practitioner to advocate for changes in service delivery policies, to effect changes in the system, to recognize opportunities in emerging practice areas, and to advocate for opportunities to expand the occupational therapy assistant's role.	Explain Define service delivery models and their potential effect on the practice of occupational therapy and opportunities to address societal needs. This includes identifying the role and responsibility of the practitioner to advocate for changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas.
B.5.3. Deleted standard at the OTA-A level	Demonstrate knowledge of, develop, and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, use of logic program evaluation models, and strategic planning.	Demonstrate knowledge of, develop, and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, use of logicprogram evaluation models, and strategic planning.	Explain the business aspects of practice including, but not limited to, the development of business plans, financial management, use of logic program evaluation models, and strategic planning.	Explain the business aspects of practice including, but not limited to, the development of business plans, financial management, use of logic models, and strategic planning. (No related Standard)
B.5.4.	Identify and evaluate the systems and structures that create federal and state legislation and regulations and their implications and effects on practice and policy.	Identify <u>and evaluate</u> the systems and structures that create federal and state legislation and regulations and their implications and effects on practice.	Identify the systems and structures that create federal and state legislation and regulations, and their implications and effects on practice.	Define the systems and structures that create federal and state legislation and regulations and their implications and effects on practice.
B.5.5.	Provide care and programs consistent with federal and state law andthat demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under consistent with federal and state laws.	Provide care and programs consistent with federal and state law and that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and under-state laws.	Provide care and programs consistent with federal and state law and that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and under state laws.	Provide care and programs consistent with federal and state law and that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and under state laws.
B.5.6. Moved to B.4.8 and combined with B.4.31.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect society and the practice of occupational therapy.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer) and documentation requirements that affect the practice of occupational therapy.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer) and documentation requirements that affect the practice of occupational therapy.

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B.5.7.	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.	(No related Standard)
B.5.8.	Demonstrate leadership skills in the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and to direct administrative changes.	Demonstrate the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and to direct administrative changes.	Identify the need for and evaluate processes for quality 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 improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services.
B.5.9. Added content from B.5.10.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel. Consider staff development and professional abilities and competencies of supervised staff as they relate to job responsibilities.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non–occupational therapy personnel.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non—professional occupational therapy personnel.	Define strategies for effective, competency-based legal and ethical supervision of <u>occupational therapy assistants and non-professional occupational therapy personnel.</u>
B.5.10. Moved to B.5.9.	Demonstrate knowledge of and the ability to design program development plans for provision of occupational therapy services to individuals and populations, which: Respond to policy, regulatory agencies, reimbursement, and compliance standards Consider staff development and professional abilities and competencies of supervised staff as they relate to job responsibilities.	(No related Standard)	(No related Standard)	(No related Standard)

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

В.	6.1.	Analyze and evaluate scholarly activities,	Analyze the importance of how scholarly	Explain the importance of how scholarly	Define the importance of how scholarly
-11		which contribute to the development of a	activities contribute to the development	activities and literature contribute to the	activities and literature contribute to the

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
Combined with B.6.4.	body of knowledge relevant to the profession of occupational therapy. 1) 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: • Level of evidence. • Level of evidence. • Sstrength of the methodology. • Relevance to the profession of occupational therapy 2) Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions. 3) Evaluate, 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).	of a body of knowledge relevant to the profession of occupational therapy. 1) 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: • Level of evidence • Validity of research studies • Strength of the methodology • Relevance to the profession of occupational therapy 2) Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions. 3) 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). 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 required for this Standard and narrative reviews do not meet this	development of the profession. 1) 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. 2) Explain how scholarly activities and literature contribute to the development of the profession.	development of the profession. 1) 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. 2) Explain how scholarly activities and literature contribute to the development of the profession.
B.6.2. Combined with B.6.1.	Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions.	Standard. Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions.	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.	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.

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В.6.3.	Select, apply, and interpret quantitative and qualitative methods for data analysis to include: Basic descriptive, correlational, and inferential quantitative statistics. Analysis and synthesis of qualitative data.	Demonstrate understanding and use of quantitative and qualitative methods for data analysis to include: Basic descriptive, correlational, and inferential quantitative statistics. Analysis and synthesis of qualitative data.	Understand and use quantitative and qualitative methods for data analysis to include: Basic descriptive, correlational, and inferential quantitative statistics. Analysis and synthesis of qualitative data.	(No related Standard)
B.6.4. Combined with B.6.1.	Demonstrate knowledge of and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology.	Demonstrate knowledge of and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology.	Demonstrate knowledge of and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology.	(No related Standard)
B.6.5. Added OTD and OTM standard language to B.6.1. OTA-B and OTA-A level standard covered in B.6.1.	Evaluate, design, and implement a scholarly study that is alignsed with current research priorities and advances knowledge translation, professional practice, service delivery, or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship and Learning).	Participate in scholarly activities that are aligned 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). 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 required for this Standard and narrative reviews do not meet this Standard.	Identify how scholarly activities can be used to evaluate professional practice, service delivery, and/or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning).	Identify how scholarly activities can be used to evaluate professional practice, service delivery, and/or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning).
B.6.6.	Demonstrate an understanding of and apply the principles of scholarship instructional design and ef teaching and learning in preparation for work in an academic setting.	Demonstrate an understanding of and apply the principles of the instructional design and scholarship of teaching and learning in preparation for work in an academic setting.	Understand the principles of the instructional design and scholarship of teaching and learning in preparation for work in an academic setting.	(No related Standard)
B.6.7.	Create scholarly reports appropriate for presentation or for publication in a peer-reviewed journal that support skills of clinical practice. The reports which mustcan be made available to professional or public audiences.	Demonstrate the skills necessary to write a scholarly report in a format for presentation or publication, which mayean be made available to professional or public audiences.	Demonstrate the skills to read and understand a scholarly report, which can be made available to professional or public audiences.	Demonstrate the skills to read and understand a scholarly report.
B.6.8. Added content from B.6.9. to	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	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and	(No related Standard)	(No related Standard)

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OTD level	proposals or contracts to support scholarly activities and program development.	program development.		
B.6.9. Added to B.6.8.	Create grant proposals or contracts to support scholarly activities and program development.	(No-related Standard)	(No-related Standard)	(No related Standard)
B.6.10.	Demonstrate an understanding of how to design a scholarly proposal in regards to ethical policies and procedures necessary to conduct human-subject research.	Demonstrate an understanding of the ethical policies and procedures for human-subject research.	(No related Standard)	(No related Standard)

B.7.0. PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES

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; commits to engaging in lifelong learning; and evaluates the outcome of services, which include client engagement, judicious healthcare utilization, and population health. The program must facilitate development of the performance criteria listed below. The student will be able to

	B.7.1.	Demonstrate knowledge of the American	Demonstrate knowledge of the American	Demonstrate knowledge of the American	Demonstrate knowledge of the American
1	Added	Occupational Therapy Association	Occupational Therapy Association	Occupational Therapy Association	Occupational Therapy Association
- 1	language from	(AOTA) Occupational Therapy Code of	(AOTA) Occupational Therapy Code of	(AOTA) Occupational Therapy Code of	(AOTA) Occupational Therapy Code of
	B.7.7.	Ethics and Ethics Standards and AOTA	Ethics and Ethics Standards and AOTA	Ethics and Ethics Standards and AOTA	Ethics and Ethics Standards and AOTA
	B.,.,.	Standards of Practice and use them as a	Standards of Practice and use them as a	Standards of Practice and use them as a	Standards of Practice and use them as a
		guide for ethical decision making in	guide for ethical decision making in	guide for ethical decision making in	guide for ethical decision making in
		professional interactions, client	professional interactions, client	professional interactions, client	professional interactions, client
		interventions, and employment settings.	interventions, and employment settings,	interventions, and employment settings,	interventions, and employment settings.
		and when confronted with personal and	and when confronted with personal and	and when confronted with personal and	and when confronted with personal and
L		organizational ethical conflicts.	organizational ethical conflicts.	organizational ethical conflicts.	organizational ethical conflicts.
	B.7.2.	Demonstrate knowledge of how the role	Demonstrate knowledge of how the role	Demonstrate knowledge of how the role	Demonstrate knowledge of how the role
		of a professional is enhanced by	of a professional is enhanced by	of a professional is enhanced by	of a professional is enhanced by
		participating in and engaging in local,	participating in and engaging in local,	participating in and engaging in local,	participating in and engaging in local,
		national, and international leadership	national, and international leadership	national and international leadership	national, and international leadership
L		positions in organizations or agencies.	positions in organizations or agencies.	positions in organizations or agencies.	positions in organizations or agencies.
-	B.7.3.	Promote occupational therapy by	Promote occupational therapy by	Promote occupational therapy by	Promote occupational therapy by
		educating other professionals, service	educating other professionals, service	educating other professionals, service	educating other professionals, service
l		providers, consumers, third-party	providers, consumers, third-party payers,	providers, consumers, third-party payers,	providers, consumers, third-party payers,
		payers, regulatory bodies, and the public.	regulatory bodies, and the public.	regulatory bodies, and the public.	regulatory bodies, and the public.
	B.7.4.	Identify and develop strategies for	Identify and develop strategies for	Identify and develop strategies for	Identify and develop strategies for
		ongoing professional development to	ongoing professional development to	ongoing professional development to	ongoing professional development to
		ensure that practice is consistent with	ensure that practice is consistent with	ensure that practice is consistent with	ensure that practice is consistent with
1		current and accepted standards.	current and accepted standards.	current and accepted standards.	current and accepted standards.
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B.7.5. Added content	Demonstrate knowledge of personal and professional responsibilities related to:	Demonstrate knowledge of personal and professional responsibilities related to:	Demonstrate knowledge of personal and professional responsibilities related to:	Demonstrate knowledge of personal and professional responsibilities related to:
from B.7.6.	 Liability issues under current models of service provision. 	 Liability issues under current models of service provision. 	 Liability issues under current models of service provision. 	 Liability issues under current models of service provision.
	1.2. Varied roles of the occupational therapist providing service on a contractual basis.	4.2. Varied roles of the occupational therapist providing service on a contractual basis.	4.2. Varied roles of the occupational therapy assistant providing service on a contractual basis.	1.2. Varied roles of the occupational therapy assistant providing service on a contractual basis.
B.7.6. Combined B.7.6. with B.7.5.	Demonstrate knowledge of the professional responsibilities and issues related to the varied roles of the occupational therapist providing service on a contractual basis.	Demonstrate knowledge of the professional responsibilities and issues related to the varied roles of the occupational therapist providing service on a contractual basis.	Demonstrate knowledge of the professional responsibilities and issues related to the varied roles of the occupational therapy assistant providing service on a contractual basis.	Demonstrate knowledge of the professional responsibilities and issues related to the varied roles of the occupational therapy assistant providing service on a contractual basis.
B.7.7. Combined with B.7.1.	Demonstrate the ability to engage in professional behaviors, which promote appropriate provision of occupational therapy services when confronted with personal and organizational ethical conflicts.	Demonstrate the ability to engage in professional behaviors, which promote appropriate provision of occupational therapy services when confronted with personal and organizational ethical conflicts.	Demonstrate ability to engage in professional behaviors, which promote appropriate provision of occupational therapy services when confronted with personal and organizational ethical conflicts.	Demonstrate ability to engage in professional behaviors, which promote appropriate provision of occupational therapy services when confronted with personal and organizational ethical conflicts.

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, to transmit the values and beliefs that enable ethical practice, and to 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 a qualified occupational therapy practitioner 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.	Ensure that the fieldwork program	Ensure that the fieldwork program	Ensure that the fieldwork program	Ensure that the fieldwork program
,	reflects the sequence and scope of	reflects the sequence and scope of	reflects the sequence and scope of	reflects the sequence and scope of
	content in the curriculum design in	content in the curriculum design in	content in the curriculum design in	content in the curriculum design in
	collaboration with faculty so that	collaboration with faculty so that	collaboration with faculty so that	collaboration with faculty so that
	fieldwork experiences in traditional,	fieldwork experiences in traditional, non-	fieldwork experiences in traditional, non-	fieldwork experiences in traditional, non-
	non-traditional, and emerging settings	traditional, and emerging settings	traditional, and emerging settings	traditional, and emerging settings
	strengthen the ties between didactic and	strengthen the ties between didactic and	strengthen the ties between didactic and	strengthen the ties between didactic and
	fieldwork education.	fieldwork education.	fieldwork education.	fieldwork education.
C.1.2.	Document the criteria and process for	Document the criteria and process for	Document the criteria and process for	Document the criteria and process for
	selecting fieldwork sites, to include	selecting fieldwork sites, to include	selecting fieldwork sites, to include	selecting fieldwork sites, to include
	maintaining memoranda of	maintaining memoranda of	maintaining memoranda of	maintaining memoranda of
	understanding, complying with all site	understanding, complying with all site	understanding, complying with all site	understanding, complying with all site
	requirements, maintaining site	requirements, maintaining site objectives	requirements, maintaining site objectives	requirements, maintaining site objectives
	objectives and site data, and	and site data, and communicating this	and site data, and communicating this	and site data, and communicating this
	communicating this information to	information to students prior to the start	information to students prior to the start	information to students prior to the start
	students prior to the start of the	of the fieldwork experience.	of the fieldwork experience.	of the fieldwork experience.

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	fieldwork experience. Ensure that fieldwork objectives for all experiences include a mental health objective.	Ensure that fieldwork objectives for all experiences include a mental health objective.	Ensure that fieldwork objectives for all experiences include a mental health objective.	Ensure that fieldwork objectives for all experiences include a mental health objective.
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.	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.	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.	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.
C.1.4.	Ensure that the ratio of fieldwork educators to students enables proper supervision, 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, 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, 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, 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.	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.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties from initiation to conclusion of the Level I experiences (if appropriate) and the Level II fieldwork experience. (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 initiation to conclusion of the Level I experiences (if appropriate) and the Level II fieldwork experience. (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 initiation to conclusion of the Level I experiences (if appropriate) and the Level II fieldwork experience. (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 initiation to conclusion of the Level I experiences (if appropriate) and the Level II fieldwork experience. (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.
	UNDERSTANDING IS REQUIRED. IF A FIELL	CE LEARNING ACTIVITY IS USED TO COUNT TO D TRIP, OBSERVATION, OR SERVICE LEARNING DRANDUM OF UNDERSTANDING IS REQUIRED	I OWARD PART OF <u>A</u> LEVEL I FIELDWORK<u>EXP</u>E G ACTIVITY IS NOT USED TO COUNT TOWARD).	RIENCE, THEN A MEMORANDUM OF PART OF <u>THE</u> LEVEL I
	WHEN A MEMORANDUM OF UNDERSTANDING IS ESTABLISHED WITH A MULTISITE SERVICE PROVIDER (E.G., CONTRACT AGENCY, CORPORATE ENTITY), THE ACO			

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	
	STANDARDS DO NOT REQUIRE A SEPARATE MEMORANDUM OF UNDERSTANDING WITH EACH PRACTICE SITE.				
C.1.7. Standard deleted and content added to C.1.2.	Ensure that at least one fieldwork experience (either Level I or Level II) is in the area of behavioral health, psychological factors, and/or social factors that influence engagement in occupation. If a Level I experience is used, this fieldwork must be comparable in duration and assessment methods to other Level I fieldwork experiences offered by the program. For example, a 2-hour fieldtrip is not equivalent to a 3-day experience. The experience must be consistent with the curriculum	Ensure that at least one fieldwork experience (either Level I or Level II) is in the area of behavioral health, psychological factors, and/or social factors that influence engagement in occupation. If a Level I experience is used, this fieldwork must be comparable in duration and assessment methods to other Level I fieldwork experiences offered by the program. For example, a 2-hour fieldtrip is not equivalent to a 3- day experience. The experience must be consistent with the curriculum	Ensure that at least one fieldwork experience (either Level I or Level II) is in the area of behavioral health, psychological factors, and/or social factors that influence engagement in occupation. If a Level I experience is used, this fieldwork must be comparable in duration and assessment methods to other Level I fieldwork experiences offered by the program. For example, a 2-hour fieldtrip is not equivalent to a 3- day experience. The experience must be consistent with the curriculum design.	Ensure that at least one fieldwork experience (either Level I or Level II) is in the area of behavioral health, psychological factors, and/or social factors that influence engagement in occupation. If a Level I experience is used, this fieldwork must be comparable in duration and assessment methods to other Level I fieldwork experiences offered by the program. For example, a 2-hour fieldtrip is not equivalent to a 3- day experience. The experience must be consistent with the curriculum	
	the needs of clients. The program will	ence is to introduce students to the fieldwo		design. actice, and to develop understanding of	
C.1.8.	Ensure that personnel that supervise Level I fieldwork experiences are informed of the curriculum and fieldwork program design and affirm the ability to support the fieldwork experience. This must occur prior to the initiation of the Level I experience. Examples may 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 that supervise Level I fieldwork experiences are informed of the curriculum and fieldwork program design and affirm the ability to support the fieldwork experience. This must occur prior to the initiation of the Level I experience. Examples may 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.	support the fieldwork experience. This must occur prior to the initiation of the Level I experience. Examples may 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 that supervise Level I fieldwork experiences are informed of the curriculum and fieldwork program design and affirm the ability to support the fieldwork experience. This must occur prior to the initiation of the Level I experience. Examples may 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.	
C.1.9.	Document that a maximum minimum of 80 hours of Level I fieldwork experiences are provided to students, and are not substituted for any part of the Level II fieldwork experience. Ensure that Level I fieldwork experiences enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy	Document that a <u>maximum minimum</u> of 80 hours of Level I fieldwork experiences are provided to students, and are not substituted for any part of the Level II fieldwork experience. Ensure that Level I fieldwork experiences enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy	Document that a maximum minimum of 40 hours of Level I fieldwork experiences are provided to students, and are not substituted for any part of the Level II fieldwork experience. Ensure that Level I fieldwork experiences enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy	Document that a maximumminimum of 40 hours of Level I fieldwork experiences that are provided to students, and are not substituted for any part of the Level II fieldwork experience. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and	

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	process, and includes mechanisms for formal evaluation of student performance. The Level I experience must be met through a combination of the following instructional methods: Simulation Standardized patients Faculty practice Faculty-led site visits Consumer instruction Supervision by a fieldwork educator in a practice environment	process, and includes mechanisms for formal evaluation of student performance. The Level I experience must be met through a combination of the following instructional methods: Simulation Standardized patients Faculty practice Faculty-led site visits Consumer instruction Supervision by a fieldwork educator in a practice environment	process, and includes mechanisms for formal evaluation of student performance. The Level I experience must be met through a combination of the following instructional methods: Simulation Standardized patients Faculty practice Faculty-led site visits Consumer instruction Supervision by a fieldwork educator in a practice environment	includes mechanisms for formal evaluation of student performance. The Level I experience must be met through a combination of the following instructional methods: Simulation Standardized patients Faculty practice Faculty-led site visits Consumer instruction Supervision by a fieldwork educator in a practice environment
therapists. Lev include an in-d the application management o	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		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	
C.1.10.	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.	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.	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.	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.
	The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	The 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.	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.
C.1.11.	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 initiation of the Level II fieldwork	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 initiation of the Level II fieldwork	Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist or 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	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

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	experience. Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork experience. The supervising therapist may be engaged by the fieldwork site or by the educational program.	experience. Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork experience. The supervising therapist may be engaged by the fieldwork site or by the educational program.	licensed or otherwise regulated occupational therapist or occupational therapy assistant prior to the initiation of the Level II fieldwork experience. Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork experience. The supervising therapist may be engaged by the fieldwork site or by the educational program.	licensed or otherwise regulated occupational therapist or occupational therapy assistant prior to the initiation of the Level II fieldwork experience. Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork experience. The supervising therapist may be engaged by the fieldwork site or by the educational program.
C.1.12.	Document a mechanism for evaluating the effectiveness of supervision (e.g., 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).	Document a mechanism for evaluating the effectiveness of supervision (e.g., 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).	Document a mechanism for evaluating the effectiveness of supervision (e.g., 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).	Document a mechanism for evaluating the effectiveness of supervision (e.g., 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).
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 towards entrylevel 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 towards 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 towards entrylevel 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 towards entrylevel competence.
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 otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork experience. 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	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 experience. 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	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 experience. 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	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 experience. 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

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	working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	designee of another profession must be assigned while the occupational therapy supervisor is off site.	variety of contact measures, to the student during all working hours. An onsite supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	variety of contact measures, to the student during all working hours. An onsite supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.
C.1.15.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Student or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student or equivalent).
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 1 year of experience in practice prior to the Level II fieldwork experience.	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 1 year of experience in practice prior to the Level II fieldwork experience.	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 1 year of experience in practice prior to the Level II fieldwork experience.	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 1 year of experience in practice prior to the Level II fieldwork experience.
D.1.0. DOCTOR	RAL CAPSTONE		D.1.0. BACCALAUREATE CAPSTONE	
The doctoral c	apstone consists of two parts:		The baccalaureate capstone consists	
1) Capst	one experience		of two parts:	
2) Capst	one project		1) Capstone experience	
The goal of the doctoral capstone is to provide an indepth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development. The doctoral capstone will include an individual culminating individual capstone project that allows the student to demonstrate synthesis and application of knowledge gained. The doctoral capstone shall be an integral part of the program's curriculum design. The student must successfully complete all coursework and Level II fieldwork, and complete preparatory activities prior to the commencement of the 14-week			2) Capstone project The goal of the baccalaureate capstone is to provide an in-depth experience in one or more of the following: clinical practice skills, administration, leadership, advocacy, or education. The individual capstone will include an individual culminating project that allows the student to demonstrate application of knowledge gained. The baccalaureate capstone shall be an integral part of the program's curriculum design.	
doctoral capstone. The doctoral capstone coordinator will			The student must successfully complete all coursework and Level II fieldwork, and complete preparatory	

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			activities prior to the commencement of the 6-week baccalaureate capstone. The baccalaureate capstone coordinator will	
D.1.1.	Ensure that the doctoral capstone reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that the doctoral capstone can allow for development of advanced knowledge in the designated area of interest.	(No related Standard)	Ensure that the baccalaureate capstone reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that the baccalaureate capstone can allow for development of advanced knowledge in the designated area of interest.	(No related Standard)
D.1.2.	Ensure that the doctoral capstone is designed through collaboration of the faculty and student, provided in setting(s) consistent with the program's curriculum design, including individualized specific objectives and plans for supervision.	(No related Standard)	Ensure that the baccalaureate capstone is designed through collaboration of the faculty and student, provided in setting(s) consistent with the program's curriculum design, including individualized specific objectives and plans for supervision.	(No related Standard)
D.1.3.	Ensure that the preparation for the doctoral capstone <u>project and experience</u> includes <u>a relevant and current evidence</u> to support the scope of the capstone (e.g., literature review, needs assessment, and <u>a capstone project</u> plan that includes an <u>evaluation plan</u> . of <u>cfor completion</u> . Preparation should align with the curriculum design and sequence and is completed prior to the commencement of the 14 week doctoral capstone.	(No related Standard)	Ensure that the preparation for the baccalaureate capstone <u>project and experience</u> aligns with the curriculum design and sequence and is completed prior to the commencement of the 6 week baccalaureate capstone.	(No related Standard)
D.1.4.	Ensure that there is a valid memorandum of understanding 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.	(No related Standard)	Ensure that there is a valid memorandum of understanding 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.	(No related Standard)
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	(No related Standard)	Require that the length of the baccalaureate capstone experience be a minimum of 6 weeks (240 hours). This may be completed on a part-time basis and must be consistent with the individualized	(No related Standard)

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	specific objectives and eulminating capstone project. No more than 20% of the 560 hours can be completed off-site from the mentored 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.		specific objectives and eulminating capstone project. No more than 20% of the 240 hours can be completed off-site from the mentored 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 baccalaureate capstone.	
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 initiation of the doctoral capstone. The mentor does not have to be an occupational therapist.	(No related Standard)	Document and verify that the student is mentored by an individual with expertise consistent with the student's areas of focus prior to the initiation of the baccalaureate capstone. The mentor does not need to be an occupational therapy practitioner.	(No related Standard)
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.	(No related Standard)	Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the baccalaureate capstone.	(No related Standard)
D.1.8.	Ensure student completion and dissemination of an individual culminating capstone project that and subsequent outcomes that relates to the doctoral capstone experience and demonstrates in synthesis of advanced knowledge in student's the focused area of study.	(No related Standard)	Ensure student-completion and presentation of a report of the individual project demonstrating in-depth knowledge in the student's focused area of study.	(No related Standard)

GLOSSARY

Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist,

Masters-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 these documents.

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.

ACTIVITIESY: A term that describes a class of human actions that are goal directed (AOTA, 2008b). Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement. (AOTA, 2014).

ADVANCED: The stage of being beyond the elementary or introductory.

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).

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

BODY FUNCTIONS:

"Physiological functions of body systems (including psychological functions)" (WHO, 2001).

The physiological functions of body systems (including psychological functions).

BODY STRUCTURES:

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

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: An in-depth experience in a concentrated area, which is an integral part of the program's curriculum design. The capstone includes an individual culminating-project that allows the student to demonstrate application of knowledge gained.

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

DOCTORAL CAPSTONE: An in-depth experience in one or more of the following areas: clinical practice skills, research skillsscholarship, administration, leadership, program and policy development, advocacy, education, and theory development.

<u>CAPSTONE COORDINATOR:</u> 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.

CULMINATING_CAPSTONE PROJECT: A project that is completed by a doctoral or baccalaureate level student that demonstrates the student's ability to relate theory to practice and to synthesize advanced knowledge in a practice area.

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). The term used to name the entity that receives occupational therapy services. Clients may include (1) individuals and other persons relevant to the client's life including family, caregivers, teachers, employers, and others who may also help or be served indirectly; (2) organizations, such as businesses, industries, or agencies; and (3) populations within a community (AOTA, 2008b).

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). Factors that reside within the client and that may affect performance in areas of occupation. Client factors include body functions and body structures.

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*.

<u>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).</u>

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... (AOTA, 2008a).

DIAGNOSIS: The process of analyzing the cause or nature of a condition, 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; or
- 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 class or by distance education) by the same instructors. Students may receive the experiential and lab components at either the primary campus or at other locations.

DOCTORAL DEGREE – RESEARCH/SCHOLARSHIP: A Ph.D. 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 may include Ed.D., D.M.A., D.B.A., D.Sc., D.A., or D.M, and others, as designated by the awarding institution-(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.

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

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: Persons who are resident faculty, including the program director, <u>doctoral/baccalaureate capstone coordinator</u>, and academic fieldwork coordinator, appointed to and employed primarily in the occupational therapy educational program.

FACULTY, FULL TIME: Core faculty members who hold an appointment that are full-time, as defined by the institution, and whose job responsibilities include teaching and/or contributing to the delivery of the designed curriculum regardless of the position title (e.g., full-time instructional staff, academic fieldwork coordinator, and clinical instructors would be considered faculty).

FACULTY, PART TIME: Core faculty members who hold an appointment that is considered by that institution to constitute less than full-time service and whose job responsibilities include teaching and/or contributing to the delivery of the designed curriculum regardless of the position title.

FACULTY, ADJUNCT: Persons who are responsible for teaching at least 50% of a course and are part-time, nonsalaried, non-tenure-track faculty members who are paid for each class they teach.

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 3 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). "Automatic behavior that is integrated into more complex patterns that enable people to function on a day-to-day basis" (Neidstadt & Crepeau, 1998).

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, 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, 2017).

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: Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. (WHO, 2017).

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: (Values, customs, beliefs, policy, power/decision making) Refers to becoming aware of the different needs of perspectives, of one person, as opposed to a specific population, as opposed to the needs and concerns of an individual. Each have different values, needs beliefs, and concerns. Each also may have different degree of power and the 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 working together with patients, families, careers, and communities to deliver the highest quality of care" (WHO, 2010).

INTERPROFESSIONAL EDUCATION: Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (WHO, 2010).

INTRAPROFESSIONAL EDUCATION: "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, Solomon & Martin, 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 parties' requirements and responsibilities. A memorandum of understanding may be signed by any individual who is authorized by the institution to sign fieldwork memoranda of understanding on behalf of the institution.

MENTAL HEALTH: Mental health is defined as 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.

MODALITIES: Application of a therapeutic agent, usually a physical agent modality.

DEEP THERMAL MODALITIES: Modalities such as therapeutic ultrasound and phonophoresis.

ELECTROTHERAPEUTIC MODALITIES: Modalities such as biofeedback, neuromuscular electrical stimulation, functional electrical stimulation, transcutaneous electrical nerve stimulation, electrical stimulations for tissue repair, high-voltage galvanic stimulation, and iontophoresis.

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

SUPERFICIAL THERMAL MODALITIES: Modalities such as hydrotherapy, whirlpool, cryotherapy (cold packs, ice), fluidotherapy, hot packs, paraffin, water, and infrared. (Skills, knowledge, and competencies for entry-level practice are derived from AOTA Practice Documents and NBCOT Practice Analysis Studies. 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.)

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). "Activities... of everyday life, named, organized and given value and meaning by individuals and a culture. Occupation is everything that people do to occupy themselves, including looking after themselves... enjoying life... and contributing to the social and economic fabric of their communities" (Law, Polataiko, Baptiste, & Townsend, 1997).

OCCUPATIONAL PROFILE: Summary of the client's occupational history and experiences, patterns of daily living, interests, values, and needs (AOTA, 2014). An analysis of a client's occupational history, routines, interests, values, and needs to engage in occupations and occupational roles.

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, need, 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 which are known to affect their health, well-being and quality of life (WHO, 2017).

PARTICIPATION: Active engagement in occupations.

PERFORMANCE PATTERNS: <u>Habits</u>, routines, roles, and rituals used in the process of engaging in occupations or activities; these patterns can support or hinder occupational performance (AOTA, 2014). Patterns of behavior related to daily life activities that are habitual or routine. Performance patterns include habits, routines, rituals, and roles.

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). Features of what one does, not what one has, related to observable elements of action that have implicit functional purposes. Performance skills include motor and praxis, sensory/perceptual, emotional regulation, cognitive, and communication and social skills.

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

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, Schaffer, Lia-Hoagberg, & Strohschein, 2002).

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).

PREPARATORY METHODS: 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). Intervention techniques focused on client factors to help a client's function in specific activities.

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, 2013).

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 <u>and doctoral-degree level</u> 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 DIRECTOR (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.

PURPOSEFUL ACTIVITY: "An activity used in treatment that is goal directed and that the [client] sees as meaningful or purposeful" (Low, 2002).

RECOGNIZED REGIONAL OR NATIONAL ACCREDITING AUTHORITY: Regional and national accrediting agencies recognized by the USDE and/or the Council for Higher Education Accreditation (CHEA) to accredit postsecondary educational programs/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.

Regional accrediting bodies recognized by USDE:

- 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)

- Commission on Colleges, Southern Association of Colleges and Schools (SACS)
- Commission on Institutions of Higher Education, New England Association of Schools and Colleges (CIHE/NEASC)
- 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)
- Northwest Commission on Colleges and Universities (NWCCU)
- The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

National accrediting bodies recognized by USDE:

- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Commission of Career Schools and Colleges (ACCSC)
- Accrediting Council for Continuing Education and Training (ACCET)
- Accrediting Council for Independent Colleges and Schools (ACICS)
- Council on Occupational Education (COE)
- Distance Education Accrediting Commission (DEAC)
- New York State Board of Regents

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" (45 CFR § 46). Scholarship is made public, subject to review, and part of the discipline or professional knowledge base (Glassick, Huber, & Maeroff, 1997). It allows others to build on it and further advance the field (AOTA, 2009).

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.

SIMULATION: Any educational activity that utilizes simulation aides to replace clinical scenerios (e.g., standardized patients, simulation technologies, etc.). 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, 2017).

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, and
- 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, 2010).

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.

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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