

Information Collection and Access – The Board’s executive officer is the person responsible for information maintenance. Business and Professions Code section 2570.18 gives the Board authority to maintain information. All information is mandatory. Failure to provide any mandatory information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for advanced practice approval. Each individual has the right to review his or her file maintained by the agency subject to the provisions of the California Public Records Act.

Approval in an advanced practice area demonstrates entry-level competency in the area approved. Approval does not represent expertise in this area and should not be misrepresented as such. Pursuant to Title 16, California Code of Regulations, Section 4170(f)(1) of the Ethical Standards of Practice, occupational therapists are required to accurately represent their credentials, qualifications, education, experience, training, and competency. Further, Section 4170(d) states that occupational therapists shall perform services only when they are qualified by education, training, and experience to do so.

Section IV: Post-Professional Education (Copy this form and use a separate form for each course submitted.)

Name of Course: _____

Number of Contact Hours: _____

Name of Course Provider: _____

Date Completed: _____

(Course(s) must have been taken within the 5 years immediately preceding your application for approval. A Copy of Certificate of Completion must be attached for each course.)

Required content areas – Please indicate the areas covered by the above-named course:

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

A Copy of Certificate of Completion must be attached for each course.

Section V: Post-Professional Training (Copy this form and use a separate form for each training and/or affiliation.)

NOTE TO SUPERVISOR: You are being asked to provide information for an OT seeking approval in hand therapy. Please complete this form and return it to the OT so that it can be included in his/her application packet.

This training represents _____ hours of experience in **hand therapy** acquired between _____ (month/day/year) and _____ (month/day/year).

Supervisor's Name: _____

License Type/Number: _____ Supervisor's Phone #: _____
e.g., OT, SLP, MD

Name and Address of Facility
Where Training Occurred: _____

Is _____ competent in providing hand therapy?
OT applicant's name

- YES, competence has been demonstrated in the area of hand therapy.
- NO, the OT has not demonstrated competence in the area of hand therapy.

Please identify the knowledge, skills and abilities demonstrated by the OT:

By signing below, YOU certify that you were the clinical supervisor for training hours noted above and that the timeframes and hours listed are true and correct.

Supervisor's Signature: _____ Date: _____

Note to Supervisor:

- Until the Board approves this applicant, you have continuing supervisory responsibility even if the "training" period has ended, IF the OT is providing Hand Therapy, and you are both employed at the location named above.