

Louisiana State University Health Sciences Center
New Orleans
School of Allied Health Professions

STUDENT HANDBOOK



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USEFUL PHONE NUMBERS AND ADDRESSES

Department of Occupational Therapy

1900 Gravier St. 8th floor
NOLA, LA 70112
504-568-4302

Office of Student Affairs

1900 Gravier St. 6th floor
NOLA, LA 70112
504-568-4254

Office of Financial Aid

433 Bolivar St
NOLA, LA 70112

University Police

24hr/Emergency
504-568-8999

IT Help Desk

1-800-303-3290, ahnopcsupport@lsuhsc.edu

www.alliedhealth.lsuhs.edu/OccupationalTherapy

Student Health Clinic

3700 St. Charles Ave.
NOLA, LA 70115
504-525-4839

Office of the Registrar

433 Bolivar St.
NOLA, LA 70112
504-568-4829

Campus and Employee Assistance

Program (CAPS)
504-568-8888

Services: 24 hr Crisis Line

Problem Assessment
Short Term Counseling
Referral

Problems Addressed:

Family and Marital
Mental Health; Drug/Alcohol
Legal Referrals

PROFESSIONAL ORGANIZATIONS

The American Occupational Therapy Association (AOTA)

4720 Montgomery Lane
Bethesda, MD 20814-3425
301-652-2686
www.aota.org

Louisiana Occupational Therapy Association (LOTA)

PO Box 14806
Baton Rouge, LA 70898
225-291-4014
www.lota.capm9.org

REGULATORY AGENCIES

Louisiana State Board of Medical

Examiners (LSBME)
630 Camp St.
NOLA, LA 70130
504-524-6763; www.lsbme.org

National Board for Certification in

Occupational Therapy (NBCOT)
800 S. Frederick Avenue, Ste 200
Gaithersburg, MD 20877-04150
301-990-7979
www.nbcot.org

FACULTY AND STAFF

FACULTY

KELLY L. ALIG, MA, LOTR

Academic Fieldwork Coordinator and Assistant Professor

Academic Background: Bachelor of Science in Occupational Therapy;

Master of Arts in Occupational Therapy, Doctoral Student in Educational Administration (Higher Education Concentration)

Clinical Experience: Adult Physical Disabilities

Areas of Experience and Interests: Neurorehabilitation; Lymphedema; Fieldwork Experience; Teaching and Learning

(504) 568-4303

kalig@lsuhsc.edu

BARBARA DOUCET, PHD, LOTR

Assistant Professor

Academic Background: Bachelor of Science in Occupational Therapy; Master of Health Science; PhD in Kinesiology/Human Movement Science

Clinical Experience: Adult Physical Disabilities

Areas of Experience and Interests: Recovery of motor function and motor control. Response of muscle to neuromuscular electrical stimulation. Promotion of health and recovery to achieve optimal ADL performance.

(504) 568-7697

bdouc3@lsuhsc.edu

RENNIE U. JACOBS, PHD, LOTR, CHT

Program Director/Interim Department Head and Assistant Professor

Academic Background: Bachelor of Science in Occupational Therapy; Master of Health Science; PhD in Clinical Anatomy

Clinical Experience: Orthopedic Conditions, Physical Disabilities

Areas of Expertise and Interest: Orthopedics; Anatomy; Parkinson's Disease and the Subthalamic Nucleus

(504) 568-4308

rjaco1@lsuhsc.edu

JAN JETER, PHD

Professor

Academic Background: B.S. in Elementary Education, Master of Education, Ph.D. in Curriculum

Areas of Expertise and Interest: Faculty Development and Interprofessional Education

504-568-4309

jjeter@lsuhsc.edu

SHANNON MANGUM, MPS, LOTR

Assistant Professor

Academic Background: Bachelor of Science in Occupational Therapy; Master of Pastoral Studies

Clinical Experience: Mental Health, Wellness Promotion, Community Programming

Areas of Expertise and Interest: Psychosocial Functioning; Wellness; Spirituality: Program Development

(504) 568-4310

smangu@lsuhsc.edu

KERRIE RAMSDELL, MS, LOTR

Assistant Professor

Academic Background: Bachelor in Science in Psychology; MS of O.T.

Clinical Experience: Pediatrics: Early Intervention; Sensory Integration Clinic, Outpatient Pediatrics

Areas of Expertise and Interest: Early Childhood Intervention; Human-Animal Bond in Therapy; Sensory Integration.

(504) 568-4305

kramsd@lsuhsc.edu

JO THOMPSON, MA, CTRS

Clinical Fieldwork Coordinator and Assistant Professor

Academic Background: Bachelor in Science in Therapeutic Recreation; Master of Arts in Guidance and Counseling

Clinical Experience: Mental Health

Areas of Expertise and Interest: Psychosocial functioning; Community Outreach; Communication Skills; Substance Abuse; Support Groups; Lympeidema; Fieldwork Experience.

(504) 568-4304

jthomp5@lsuhsc.edu

STAFF

PAT THOMAS-RAY

Administrative Assistant 3

(504) 568-4302

pthoma@lsuhsc.edu



Department of Occupational Therapy

#

Student Advisors: Class of 2013- 2015

- | | |
|-----------------------|-----------------|
| 1. Kelly Hooks | |
| 2. Meredith Allen | Kelly Alig |
| 3. Stephanie Allen | |
| 4. Kalila Al-Nizam | |
| 5. Adrienne Borchardt | |
| 6. John Brogdon III | |
| 7. Courtney Cavalier | |
| 8. Katherine Cooper | |
| 9. Heidi Daigle | Rennie Jacobs |
| 10. Mary Donovan | |
| 11. Jamie Estess | |
| 12. Erin Gandy | |
| 13. Stephanie Hartel | Jan Jeter |
| 14. Timothy Hayden | |
| 15. Elizabeth Hughs | |
| 16. Janie Irvin | |
| 17. Nancy Love | |
| 18. Troy Mire | |
| 19. Brandy Monnin | Shannon Mangum |
| 20. Amy Mouledous | |
| 21. Kristen Myers | |
| 22. Ashley Perry | |
| 23. Jessica Petersen | |
| 24. John Porter | Kerrie Ramsdell |
| 25. Rachel Rivet | |
| 26. Anita Rogers | |
| 27. Rebecca Russo | |
| 28. Alexa Thibodeaux | |
| 29. Kayla Tivaldo | Jo Thompson |
| 30. Daniel Waller | |
| 31. Leah Waters | |

Student Advisors: Class of 2014-2016

1. Billingsley, Kelly	KELLY ALIG
2. Borne, Jessica	
3. Chopp, Danielle	
4. Collins, Julius	
5. Colmery, Joanna	
6. Crist, Arielle	BARBARA DOUCET
7. Cummings, Alysia	
8. Decell, Chelsea	
9. Donnelly, Brian	
10. Doucet, Jennifer	
11. Dugas, Miriam	RENNIE JACOBS
12. Gagnard, Allison	
13. Gill, Catherine	
14. Griffin, Leigh	
15. Gross, Abby	
16. Hinkamp, Amanda	JAN JETER
17. Hubbard, Ross	
18. Jacob, Alan	
19. Junker, Morgan	
20. Kelly, Laura	
21. Kinler, Amber	SHANNON MANGUM
22. McKay, Sarah	
23. McMillan, Samantha	
24. Pruett, James	
25. Stephenson, Roxanne	
26. Vedros-Rowan, Jillian	KERRIE RAMSDELL
27. Wadsworth, Carolyn	
28. Walczak, Jacki	
29. Webber, Megan	
30. Witherspoon, Caitlyn	
31. Wilson, Kaci	JO THOMPSON
32. Wolff, Kelsey	
33. Zachary, Samuel	

FACULTY ADVISOR MEETINGS

1. Each student in the program has been assigned an academic advisor. This assignment continues until the student graduates, or leaves the program.
2. Faculty advisors are available on an as- needed basis (rather than at designated times or intervals). Students or faculty may initiate a meeting.
3. The student or faculty will need to make an appointment at a time that is convenient to both parties. There are several ways in which one can make an appointment:
 - a. A student may stop by a faculty member's office.
 - b. A telephone call can be made or an email sent.
 - c. A student can leave a message in writing in the faculty advisor's box (located in the OT Office); faculty can leave messages in the student's box.
 - d. If the student has a class with their advisor, the student or the advisor can ask for an appointment, before class, during a class break, or after class. (Keep in mind that faculty often does not take their calendars to class, so the student may need to accompany the faculty advisor to his or her office after class to actually set the appointment.)

If you leave a message (either over the phone, in writing or email), indicate two to four possible meeting times in order to expedite the process of establishing an appointment.

4. If a faculty member initiates a meeting with a student, either as the student's advisor, or instructor, the faculty may record the counseling session (see Student Counseling Record form). If recorded, the student will be asked to read and sign the session summary.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
School of Allied Health Professions
DEPARTMENT OF OCCUPATIONAL THERAPY

STUDENT COUNSELING RECORD

Student Name _____

Date _____ Time: _____ to _____

Faculty Present _____

Recorder _____

Provide narrative of major points covered during the meeting. Summarize action steps to be completed by student and/or faculty, including timelines and persons responsible, if necessary.

I have read this counseling record summary.

Student Signature _____

Date _____

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER-NEW ORLEANS

School of Allied Health Professions

DEPARTMENT OF OCCUPATIONAL THERAPY

MASTER OF OCCUPATIONAL THERAPY (MOT)

PROGRAM INFORMATION

Occupational therapy (OT) is a health and rehabilitation profession whose practitioners provide services to clients of all ages, enabling them to do the day-to-day activities that are important to them despite impairments, activity limitations, or participation restrictions. Occupations are another name for these day-to-day activities. Occupations are goal-directed pursuits that typically extend over time; have meaning to the performer, and involve multiple tasks. Occupational performance areas consist of activities of daily living, work/productive, and play/leisure activities. A holistic philosophy is employed to assist individuals whose function has been impaired by disease, injury, or disorders of a physical, mental, or social nature. Occupational therapists, through their interventions, enable people to regain health as well as function in life roles.

Intervention involves therapeutic use of meaningful and purposeful occupations, adaptation of environments and processes, promotion of health and wellness, and use of assistive technology and ergonomic principles.

The Louisiana State University Health Sciences Center-New Orleans Department of Occupational Therapy offers a program leading to an entry-level Master of Occupational Therapy (MOT) degree. The program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). A career in occupational therapy offers variety, independence, creativity, and a wide choice of career paths. Employment opportunities for occupational therapists are available in a variety of institutional, (e.g., inpatient hospitals, nursing facilities), outpatient, and home and community settings (home care, schools, day-care centers, wellness centers).

Graduates of the program are eligible to sit for the National Occupational Therapy Certification Board (NBCOT) exam. Successful completion of this exam qualifies the individual as an Occupational Therapist, Registered (OTR) and makes him or her eligible to be licensed as an occupational therapist in most states, including Louisiana.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, NEW ORLEANS
School of Allied Health Professions
DEPARTMENT OF OCCUPATIONAL THERAPY
1900 Gravier Street
New Orleans, LA 70112
(504) 568-4302

**MASTER OF OCCUPATIONAL THERAPY (MOT):
ADMISSIONS REQUIREMENTS**

Deadline for applications is June 1st of the year prior to an incoming class.

The Master of Occupational Therapy (MOT) program conducts Information Sessions for individuals interested in applying for admission. These group sessions include an overview of the program and information on admissions procedures. They are conducted on the **First Friday at 1:00 p.m. from January through June, and again in October and November.** Persons interested in attending are asked to contact us to let us know that they are planning on coming to a given session via email or phone call.

Department of Occupational Therapy
LSUHSC - Nursing & Allied Health Professions Building, 8th Floor
1900 Gravier Street
New Orleans, LA 70112
(504) 568-4302
pthoma@lsuhsc.edu

REQUIREMENTS:

Admission to the Master of Occupational Therapy (MOT) Program is on a competitive basis; therefore, meeting the following minimal requirements does not guarantee admission into the program.

1. Completion of a baccalaureate degree from a regionally accredited college or university. All fields of study are accepted; no preference is given to one major area of study over another.
2. Applicants are expected to have a minimum overall cumulative grade point average (GPA) of 2.5 (based on a 4.0 scale) for their undergraduate degree, and a cumulative GPA of 2.8 for prerequisite courses.
3. Completion of the Graduate Record Examination (GRE). We would like to see a combined score of at least 900, and a 3.5 on the analytical writing. The GRE must be taken within the past five years. As of August 2011, scoring has changed on the GRE. For those applicants with updated scoring, we require a score of at least a 150 on the verbal section and a 141 on the quantitative section. For more information on the new GRE scoring, please refer to http://www.ets.org/s/gre/pdf/gre_guide.pdf.
4. Completion of prerequisite courses (with a minimum grade of "C") prior to enrollment in the program. Completion of prerequisite courses is not required prior to applying to the program. However, if prerequisite courses are not complete by application, a plan for their completion is required when applying.

<u>Prerequisite courses</u>	<u>Credits</u>	<u>Comments</u>
Abnormal Psychology	3	
Anatomy/with Lab*	4 (3/1)	Human or Vertebrate or Comparative
Chemistry	3	Organic or General or Introduction or Elementary
Human Development Across Lifespan	3-6	3 credits if lifespan covered in one course; 6 credits if separate childhood and aging courses taken to cover

Human Physiology*	3	lifespan Lab is highly recommended, but not required
Sociology	3	Any sociology course is acceptable
Statistics	3	Must be inferential statistics; needs to include descriptive statistics, correlation, and analysis of variance

* If Anatomy and Human Physiology courses are taken as Anatomy & Physiology I and Anatomy & Physiology II instead of as separate courses, then a total of seven (7) credits are needed for the combined course content

5. Applicants need to have at least **40 documented OT observation hours** under the supervision of an OTR. As few as one occupational therapist (OTR) at one site and as many as four therapists at four different facilities can be used to complete the 40 hours. A **Documentation of Experience Form** will need to be completed by each supervising occupational therapist to verify hours of contact. (If four therapists are visited to accrue the 40 hours, then four Documentation of Experience forms will need to be submitted.) You are responsible for distributing and collecting the forms once they are completed, sealed, and signed. This form along with its instructions can be downloaded at <http://alliedhealth.lsuhscc.edu/ot/application.aspx>

6. Computer literacy is required of all students in the program. Specifically, students are expected to be proficient in word processing, spreadsheet management, internet navigation, and e-mail procedures.

*Strongly recommended courses (but not required): Computer Science, Medical Terminology, Public Speaking, Technical Writing, and Philosophy.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, NEW ORLEANS
School of Allied Health Professions
DEPARTMENT OF OCCUPATIONAL THERAPY
1900 Gravier Street
New Orleans, LA 70112
(504) 568-4302

**MASTER OF OCCUPATIONAL THERAPY (MOT):
ADMISSIONS REQUIREMENTS & PROCEDURES**

Students interested in applying to the program are strongly urged to review the admission requirements, technical standards required of this profession, and tuition and fees for LSUHSC (all found at the end of this web page) prior to starting the application process.

The Department of Occupational Therapy at LSUHSC – New Orleans will participate in The Centralized Application Service for Occupational Therapy, known as OTCAS. Applicants applying to the entry-level professional occupational therapist program will apply online using the OTCAS application. To learn more about the OTCAS application process, please visit the OTCAS web site at <https://portal.otcas.org/>

The OTCAS application needs to be completed by June 1st of the year prior to an incoming class. **A new in-coming class is enrolled each January.** Applicants must send official transcripts of all colleges and universities attended directly to OTCAS. OTCAS will verify the information and send completed on-line applications to the program. Applicants should send GRE scores and Document of Experience (DOE) Forms directly to LSUHSC Office of Student Affairs. All supporting documents to the application must be received to OTCAS and LSUHSC by June 1st for applications to be considered completed. Official GRE scores and completed Documentation of Experience form/s are to be mailed to:

Office of Student Affairs
LSU Health Sciences Center
School of Allied Health Professions
1900 Gravier Street
New Orleans, LA 70112
(504) 568-4254
sahpsa@lsuhsc.edu

The application deadline for the class beginning in January 2015 is June 1, 2014.

1. Please request your official GRE scores from <http://www.gre.org/getscore.htm1#addlscrreports> .
Our School institution code is R6352; Department Code for Occupational Therapy is 0618.

2. The DOE form can be downloaded at the link listed below. DOE forms should be collected and mailed to LSUHSC **UNOPENED**. The form is to be completed only by a licensed occupational therapist with who you have had 10 hours or more of clinical experience. A total of 40 hours is required for admission. You may therefore have as many as four (4) forms completed by four (4) different occupational therapists at four (4) different facilities or practice settings. You will need to:

- Complete the “TO THE APPLICANT” portion of the DOE form

- Send or deliver a form and self-addressed stamped envelope to the occupational therapist/s that will provide documentation.
- When the DOE form is returned to you in a sealed envelope, place it (them) unopened in a larger envelope and mail to the address above.

3. In-State residents are given admission preference.

4. Admissions is competitive, therefore minimum GPA and/or GRE scores DO NOT guarantee admission.

NOTE 1: If you apply prior to completing your bachelor's degree or before completing all of the prerequisite courses, you will need to submit two (2) official copies of your transcript to the school after completion of your degree and/or prerequisite courses.

NOTE 2: If you are accepted into the program, you will be required to pay a non-refundable \$50.00 acceptance fee. This fee will be applied toward your first academic semester. Request for this fee will be included with the departmental letter of acceptance.

NOTE 3: Questions regarding the occupational therapy program or special circumstances can be directed to the Interim Department Head, Rennie Jacobs at (504) 568-4302.

Louisiana State University Health Sciences Center—New Orleans
School of Allied Health Professions
Department of Occupational Therapy

CONCEPTUAL MODEL

(Revised November 2012)

VISION

The Department of Occupational Therapy at Louisiana State University Health Sciences Center—New Orleans is committed to promoting occupational therapy in communities through collaborative efforts in education, research and scholarship, and service, thereby maximizing quality of life.

CORE VALUES

- We value and encourage INQUIRY and LIFE-LONG LEARNING.
- We RESPECT the rights of others and view diversity as an opportunity for enrichment and growth.
- We value SERVICE and ADVOCACY to the community and our profession.
- We encourage INNOVATION and the use of creative talents to achieve excellence.
- We acknowledge ADAPTABILITY to prevail in the presence of change and uncertainty.
- We value INTEGRITY as a support to COLLABORATION.
- We value the promotion of QUALITY OF LIFE.

MISSION

The mission of the Occupational Therapy Program at Louisiana State University Health Sciences Center—New Orleans is to:

- Educate students to become reflective and empathetic practitioners who provide excellent quality care while maintaining high ethical standards.
- Foster a spirit of inquiry and scholarly development so both faculty and students experience intellectual growth and cultivate habits that support life-long learning.
- Provide service in university, local, and state communities, and at national and international levels, to promote health and wellness for fellow human beings.

PROGRAM GOALS

Education

1. Educate students to become competent practitioners who engage in critical thinking, evidence based practice, and life long learning.
2. Facilitate the development of client-centered practitioners who provide quality care.

Research and Scholarship

3. Develop and disseminate knowledge that will validate and promote the practice of occupational therapy.

Service

4. Provide quality service at various levels: university, community, state, national, and international.
5. Advocate for universal access to services.
6. Promote the profession of occupational therapy.

PHILOSOPHY

View of the Person

Occupational therapists view people holistically as dynamic, open systems with biological, psychological, sociocultural, and spiritual dimensions that exert transactive influences. A person can be considered an individual system, or a member of a larger system such as a family, community, or nation. In the course of daily life, a person simultaneously experiences several roles, and engages in an array of occupations in a variety of contexts. We recognize the spectrum between disability/illness and wellness in individuals and that people possess varied abilities throughout life. We believe that people have a right to health and well-being, the right to create meaning in life through participation in occupation, and the right to collaborate in issues regarding their care.

People are challenged continually to adapt to contextual changes in order to fulfill needs and live meaningful, satisfying lives. We see humans as complex beings and through active engagement they evolve, change, adapt and are influenced by emerging knowledge and technologies. A transactive view of person, context, and occupation acknowledges that occupational behavior and environmental influences are integrally related and influence each other (AOTA, 2011; Law et al., 1996; Dunn, Brown, & McGuigan, 1994).

Role of Occupational Therapy

Occupational therapy enables people to participate in daily activities or occupations that are important to them despite impairments with body functions and structures, activity limitations, or activity participation restrictions due to contextual barriers (World Health Organization [WHO], 2001; Moyers, 1999). Occupational therapists collaborate with individuals, their families, communities and population to promote physical, cognitive, social, and emotional health, as well as function. Occupational performance is defined as the engagement in everyday activities in the areas of: activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2008). These are essential for participation in various life roles. Successful adaptation to performance challenges throughout life results in effective occupational performance, which supports health, wellness, and independence (Christiansen & Baum, 1997; WHO, 2001; AOTA, 2008).

The unique contribution of occupational therapy is its ability to maximize the fit between what individuals want and need to do and their capacity to perform important occupations. We acknowledge that participation in meaningful occupation is a determinate of health and supports participation in life situations. Throughout the intervention process, occupation is seen as both a means and an end, allowing for occupational therapy as a change agent and engagement in occupation as the ultimate goal in therapy (AOTA, 2008).

View of the Educational Process

The Department of Occupational Therapy is aligned with that of the AOTA's Philosophy of Education (AOTA, 2007), Purpose and Value of Fieldwork Education (AOTA, 2009), and its Philosophical Base of Occupational Therapy (AOTA, 2011). The goal of the program is to graduate entry-level masters' occupational therapists who are capable of making evidence-based decisions, engaging in critical thinking, and acting on professional ethics. Throughout the educational process, we support our students' development to become life-long learners and agents of change for improvement in quality of life. Another essential outcome of the curriculum is to graduate therapists who exhibit respect for others, appreciation of interdependence, and the collaborative skills required in interprofessional practice.

Learning methods reflect occupational therapy philosophy and are grounded in learning theory with an emphasis on constructivist principles. Specifically, that knowledge is constructed rather than transmitted (Gijsselaers, 1996). It is created by the individual through an active process of discovery and exploration. New knowledge is integrated only with discussion and elaboration on existing knowledge. Active and collaborative learning experiences promote the development of individual and group problem-solving strategies and facilitate students' confidence in questioning and evaluating information (Johnson, Johnson, & Smith, 1998). Collaboration itself is a source of learning that supports acquisition and integration of information. Critical reasoning is threaded throughout the curriculum to provide opportunities to explicitly examine and practice critical and reflective thinking. Acknowledging various student learning preferences, instructional techniques include early field experiences to address actual client needs within the context of authentic practice environments, practice with hands-on competencies, the use of case-based method, application of evidence-based interventions, the use

of emerging technologies as well as various forms of instructor and peer feedback, lecture, and critical analysis of literature. Through the use of active learning, collaboration, leadership opportunities and self-reflection, students are able to integrate philosophical and theoretical knowledge, values, beliefs and ethics to prepare them with critical inquiry skills necessary for the development of their professional identity as an occupational therapist (AOTA, 2007, 2009).

CURRICULUM DESIGN

The Occupational Therapy Program's mission and philosophy guide the content and learning experiences that compose the curriculum. The Person-Environment-Occupation Model (Law et al., 1996) and the Ecology of Human Performance Model (Dunn, Brown, & McGuigan, 1994) of occupational therapy contribute to the theoretical foundation of the program. Each model accentuates the transactive influence of the person, occupation, and context on the multidimensional nature of occupational performance.

Our commitment to the community shapes our curriculum design and provides opportunity for innovative development and delivery of occupational therapy services. We have built community partnerships that offer context-based educational experiences to our students. These experiences reinforce the skills necessary to create positive change. Our collective personal experiences and commitment to address unmet needs strengthens our desire to impact the environment in which we serve.

Two **primary educational outcomes** overarch more specific student outcomes. First, through active, context-based learning experiences, we support students to develop into life-long learners. Life-long learners are resourceful in obtaining and integrating information for competent service provision through reflection in all aspects of practice. Second, we provide opportunities for students to identify need for change in institution and community-based programs that support development of skills required of change agents.

Several **content themes** are woven throughout the curriculum sequence:

- **Client-centered Care.** The concept of client-centered care is based on accentuating the worth and holistic view of the individual and further defines the relationship of the individual and the therapist as a partnership (Law, Baptiste, & Mills, 1995). Client-centered care empowers the person, including the actual individual receiving occupational therapy services, family members, caregivers, or other people affecting that person's occupational performance, to problem-solve in order to achieve goals. Within occupational therapy practice, clients may also include communities, organizations or populations (AOTA, 2008).
- **Occupation-based Practice.** Occupations are ordinary activities that bring meaning to the daily lives of individuals, families, and communities and enable them to participate in society. Meaningful activities are an innate need and right for all individuals and influence health and well-being throughout the lifespan. Occupations occur within diverse social, physical, cultural, personal, temporal, and/or virtual context. The dynamic relationship between individual's intrinsic factors, the context in which they occur and the unique characteristics of the activity impact the quality, experience and satisfaction of

occupational performance. Engagement in occupation facilitates role participation and provides routine in daily living, thereby enhancing quality of life. The use of occupation to promote individual, community, and population health and wellness is the core of occupational therapy practice, education, research leadership and advocacy. (AOTA, 2011).

- **Occupational Therapy Process.** The occupational therapy process may be applied to individuals, programs, organizations, and other groups in the community. The process begins with an evaluation, in which a collaborative relationship is established between client and therapist (AOTA, 2008). The initial step, the occupational profile, yields information about the client's occupational history and experiences, daily patterns, interests, values, needs, priorities, and concerns about participation in occupation. Analysis of occupational performance more specifically determines the client's assets and what is hindering performance of occupation. Considerations include performance skills, patterns, context, activity demands, and client factors (AOTA, 2008). Steps of the intervention process include planning, implementation, and review of progress. Outcomes are defined by the client's participation in life through engagement in occupation (AOTA, 2008) and may be achieved through various service-delivery models. Outcome information is utilized for future intervention planning and for program evaluation (AOTA, 2008).

Courses progress in a sequence that first emphasizes an overview of occupation and occupational therapy. Next, students are given an individualistic yet holistic view of occupational performance across the lifespan, progressing to an expanded view of the person within the community. Basic science courses are introduced as students are developing an initial understanding of occupation, occupational performance, and the impact of disability on individuals and communities. Students then develop an understanding of the role of occupational therapy in enabling clients to engage in occupation in the context of their own lives.

The course sequencing of Fieldwork I and II experiences integrated throughout the curriculum provides a context for didactic learning in diverse practice contexts. Early exposure to practice in both traditional and emerging practice areas allows students to develop questions about practice and the opportunity to apply and challenge what they have learned in the classroom. This enables them to develop the clinical reasoning skills needed to engage in best practice in a variety of dynamic practice environments, leading into the study of applied scientific inquiry and evidenced-based decision-making, addressed in both research and practice application courses.

LSUHSC OCCUPATIONAL THERAPY'S SECOND LINE

The second line design clearly conveys the unique traditions and culture of New Orleans and the spirited quality that this culture adds to our program. The second line is a tradition in New Orleans that celebrates life, which relates to occupational therapy as a profession that promotes wellness in every aspect of life (McNulty, 2012). This reflects our program's mission to promote health and wellness for all human beings, and our vision to maximize quality of life. On graduation, after 27 months in the curriculum, students will enjoy their own "second line", as they celebrate their accomplishments and become practitioners that allow individuals to live fully and freely.

Incorporating the four important core concepts of the educational process, core values, course sequence, and content themes into the second line design requires qualities unique to an occupational therapist. In this design, the educational process is represented by the instruments because they produce quality music, just as the educational process will create quality occupational therapy practitioners. The course sequence is represented by the sequence of the musicians in a line. Just as the students must follow a specific sequence of courses, the musicians must follow each other in time in order to create rhythm and harmony. The content themes are represented by the leader of the second line because these themes are what lead our entire curriculum on a successful path. The core values are represented by the path taken or the street walked upon because this creates a strong foundation on which the second line will travel.

The second line is a dynamic concept, which is appropriate for our curriculum as changes and improvements are always being made. The open, energetic nature of a second line allows for any participants to join in at any time. This dynamic design allows for successful integration of fieldwork educators throughout the process, who will aid in the education of our students. There may be cracks in the sidewalk or bumps in the road that the musicians may stumble upon, just as students may encounter barriers throughout their education. Even though barriers arise, the second line continues onward, just as the student will continue through the program and overcome obstacles (Berg et al., 2008). We chose six musicians to represent the six practice areas of AOTA's Centennial Vision, which include children and youth, health and wellness, mental health, productive aging, rehabilitation, disability, and participation, and work and industry (Clark, 2008). These six diverse members of the band represent the six diverse domains of occupational therapy, and the variety of clients that are helped by this profession.

Schematic Representation of Conceptual Model

Figure 1. Representation of Conceptual Model of the Curriculum



LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, NEW ORLEANS
School of Allied Health Professions
 DEPARTMENT OF OCCUPATIONAL THERAPY

MASTER of OCCUPATIONAL THERAPY PROGRAM

COURSE SEQUENCE

Semester	Credits	Course	Faculty
Spring I	4	OCCT 6410: Concepts of Occupation	Alig © , Doucet, Jacobs
	3	OCCT 6512: Occupational Perf. Across the Lifespan	Ramsdell
	4	OCCT 6523: Human Physiology	Physiology Dept.
	4	OCCT 6624: Medical Conditions	Jeter
	3	OCCT 6418: Interactive Reasoning	Mangum ©, Thompson
	18 cr.		
Summer I	5	ANAT 6522: Human Anatomy	Jacobs ©, Anatomy Dept.
	3	OCCT 6524: Applied Kinesiology	Doucet ©, Alig, Jacobs
	8 cr.		
Fall I	4	OCCT 6450: Measurement and Evaluation	Ramsdell
	4	OCCT 6520: Principles of Practice: Adult I	Mangum©, Doucet
	4	OCCT 6530: Applications I: General Practice Concepts	Alig
	4	ANAT 6533: Neuroanatomy	Anatomy Dept.
	1	OCCT 6540: Fieldwork Experience I & Seminar	Thompson
	17 cr.		
Spring II	3	OCCT 6432: Health – Disability Continuum	Ramsdell
	4	OCCT 6614: OT for Orthopedic Conditions	Jacobs
	4	OCCT 6620: Principles of Practice: Adult II	Mangum ©, Alig
	3	OCCT 6640: Documentation	Alig
	3	OCCT 6650: Research I	Doucet
	17 cr.		
Summer II	6 cr.	OCCT 6670: Fieldwork Experience II a.	Thompson
Fall II	3	OCCT 6716: Management	Jeter ©, Gunaldo
	3	OCCT 6718: Community-Based & Specialized Practice	Mangum ©, Thompson
	4	OCCT 6720: Principles of Practice: Early Life	Ramsdell
	3	OCCT 6730: Applications II: Across the Lifespan	Jacobs ©, Alig
	3	OCCT 6750: Research II	Doucet
	16 cr.		
Spring III	8 cr.	OCCT 6770: Fieldwork Experience II b.	Thompson
	1 cr.	OCCT 6850: Research III	Doucet ©, Mangum
		*May Graduation	
	Total = 91 credits		

© = course coordinator

MASTER OF OCCUPATIONAL THERAPY COURSE DESCRIPTIONS

SPRING I

OCCT 6410: Concepts of Occupation

Focus is on the history, philosophy, and sociopolitical influences on the profession and theoretical frameworks on which occupational therapy (OT) is built. Other issues include professionalism, scholastic inquiry, and areas of OT practice. (4 credits)

OCCT 6512: Occupational Performance Across the Lifespan

Emphasis on systems that influence occupational performance and human development across the lifespan, including person-related factors, family dynamics, task requirements, the environment, governmental issues, and cultural demands. (3 credits)

OCCT 6523: Human Physiology

Lectures cover physiology of cell, tissue, organ and body systems with emphasis on physiological changes associated with selected pathological conditions. Laboratory demonstrations focus on observation and measurement of function in the body systems, using videotapes and animal experiments. (4 credits)

OCCT 6624: Medical Conditions

Medical perspective of conditions frequently encountered by occupational therapists and respective occupational therapy interventions will be detailed. (4 credits)

OCCT 6418: Interactive Reasoning

Occupational therapy process, client-centered care, clinical reasoning, and therapeutic tools will be emphasized, e.g., therapeutic use of self, personal and professional values, interactions with others, and cultural diversity awareness. (3 credits)

SUMMER I

ANAT 6522: Human Anatomy

A lecture and laboratory course which focuses on cell, tissue, organ and body-systems structures, and human cadaver dissection with emphasis on structure and function of neuromuscular and skeletal systems. (5 credits)

OCCT 6524: Applied Kinesiology

Clinical application of anatomy and kinesiology to include the examination of surface anatomy; identification of anatomical landmarks, manual muscle testing, and palpation of joints and muscles, human movement analysis, and conditions that influence the functions of movements will be taught. (3 credits)

FALL I

OCCT 6450: Measurement and Evaluation

Principles of measurement, methods of assessment, responsibilities of examiners, measurement reliability and validity, standardization process and procedures in testing, components and interpretation of test analysis/assessment of test adequacy will be covered. Opportunities to practice with various instruments will be included. (4 credits)

OCCT 6520: Principles of Practice: Adult I

First of two courses that applies the OT process to adults experiencing occupational performance deficits. Emphasis on factors contributing to successful engagement in occupation through adulthood and conditions that challenge occupational performance in mid to late life. (4 credits)

OCCT 6530: Applications I: General Practice Concepts

Presentation of specific occupational therapy intervention techniques for use with clients across the lifespan. (4 credits)

ANAT 6533: Neuroanatomy

A study of anatomy of the central and peripheral nervous systems with emphasis on structures commonly involved in pathological conditions that impact function. (4 credits)

OCCT 6540: Fieldwork Experience I & Seminar

This course focuses on students' clinical reasoning through fieldwork experience and seminars with particular application to community practice. Included in the course is a 40-hour Level I Fieldwork Experience at an off-campus site. (1 credit)

SPRING II

OCCT 6432: Health-Disability Continuum

Disability/illness experience of service recipients and resultant effects upon their occupational performance, quality of life, family roles and responsibilities, the ability to participate in productive activity, and implications of disease and disability on society will be emphasized. Adjustment to disability, current health care issues, and community resources will be discussed. (3 credits)

OCCT 6614: O.T. for Orthopedic Conditions

Medical management and provision of occupational therapy services to orthopedic conditions will be addressed. Laboratory and clinical experiences will provide opportunities to develop related skills. (4 credits)

OCCT 6620: Principles of Practice: Adult II

Continuation from Principles of Practice: Adult I. Focus on occupational performance problems of the adult with special attention given to aging and performance dysfunction of later life. (3 credits)

OCCT 6640: Documentation

Common documentation practices used throughout the OT process will be shared, including opportunities to develop needed skills. Included in the course is a 40-hour Level I Fieldwork Experience at an off-campus site. (3 credits)

OCCT 6650: Research I

Introduction to research designs and data analyses used in quantitative and qualitative studies will be covered; a research proposal will be developed. The critical thinking needed for evidence-based practice and professional writing will be emphasized. (3 credits)

SUMMER II**OCCT 6670: Fieldwork Experience II a.**

First of two in-depth, supervised experiences in delivering occupational therapy services in a variety of community settings, full-time for 12 weeks. (6 credits)

FALL II**OCCT 6716: Management in Occupational Therapy**

Introduction to management principles and issues including current healthcare trends, supervision, conflict management, legal concerns, quality improvement, fiscal management and reimbursement, program outcome studies, marketing strategies and advocacy, and utilization of community resources. (3 credits)

OCCT 6718: Community-Based & Specialized Practice

Knowledge and experience in program development in emerging community areas of occupational therapy practice will be emphasized. (3 credits)

OCCT 6720: Principles of Practice: Early Life

Application of the OT process with infants and young children from pre-assessment through intervention within various practice settings will be covered. Teaming with families and other service providers will be emphasized in this course. Assistive technology training provided. (4 credits)

OCCT 6730 Applications II: Specialized Practice Concepts

OT concepts learned thus far will be integrated with knowledge of patient/client issues to develop skills of OT evaluation and intervention. Specific client cases involving various pediatric, adolescent, and adult conditions, with resultant occupational performance deficits, will be provided. Included in the course is a 40-hour Level I Fieldwork Experience at an off-campus site. (4 credits)

OCCT 6750: Research II

Course emphasis is on the execution of a research protocol, written and oral dissemination of study findings, and the application of published research to practice. (3 credits)

SPRING III

OCCT 6770: Fieldwork Experience II b.

Second of two in-depth, supervised experiences in delivering occupational therapy services to clients in a variety of community settings, full-time for 12 weeks. (8 credits)

OCCT 6850: Research III

Students complete, disseminate, and reflect on their capstone project. (1 credit)

STUDENT OUTCOMES

1. Students will demonstrate an understanding of the basic tenets of occupational therapy. Students will:
 - a. Explain the history and philosophical base of the profession.
 - b. Articulate how occupation can promote health, well-being, quality of life, and prevent injury and disease.
 - c. State the relationship between areas of occupation, performance skills, performance patterns, contexts, activity demands, and client factors.
 - d. Articulate the effects of health and disability on an individual living in his/her context.
 - e. Explain the differences and similarities between occupation, activity, and purposeful activity.
 - f. Display behaviors indicative of reflective, empathetic, and ethical practitioners.
 - g. Demonstrate cultural competence.

2. Students will demonstrate an understanding of the theoretical bases of occupational therapy. Students will:
 - a. Develop a working knowledge of theories, models of practice and frames of reference used in occupational therapy.
 - b. Apply theoretical constructs to practice.

3. Students will demonstrate an understanding of the process of screening and evaluation. Students will:
 - a. Build a knowledge base of varied screening and evaluation methods.
 - b. Select appropriate assessment tools based on their psychometric properties and on characteristics of person and context.
 - c. Appropriately administer selected assessments and use occupation for assessment purposes.
 - d. Interpret and apply evaluation findings appropriately.

4. Students will develop an understanding of the process of intervention. Students will:
 - a. Develop and implement occupation-based intervention plans and strategies for various practice settings.
 - b. Collaborate with clients, caregivers, and other professionals to create intervention plans.
 - c. Demonstrate an ability to use a variety of teaching/learning techniques with clients, other health providers, and the public.
 - d. Communicate and document effectively through written, verbal, and nonverbal means.
 - e. Exhibit the ability to appropriately adapt occupations and the environment.
 - f. Know when to refer clients to other health professionals within and outside of the profession.
 - g. Demonstrate accountability for reimbursement of services.
 - h. Possess individual and group interaction skills for use with clients, other health

- care providers, and the public.
 - i. Monitor, reassess, and modify interventions as needs of client changes.
 - j. Discharge clients using appropriate procedures.
- 5. Students will demonstrate an understanding of various contexts in which occupational therapy services are provided. Students will:
 - a. Identify policy issues related to systems in which occupational therapy may be found.
 - b. Understand models of service delivery of occupational therapy and systems that interface with occupational therapy, i.e., health care, education, community systems.
 - c. Appreciate the need to stay abreast of changes in the various service delivery systems.
- 6. Students will apply principles of management and systems to the provision of occupational therapy services. Students will:
 - a. Understand implications of State and Federal legislation in the delivery of occupational therapy services and credentialing of occupational therapy personnel.
 - b. Maintain records required of various practice settings.
 - c. Advocate for the profession and the consumer.
 - d. Demonstrate an understanding of reimbursement policies and procedures and their effects on service clients.
 - e. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, respectful treatment of others.
 - f. Understand the supervisory process of occupational therapy and non-occupational therapy personnel.
 - g. Acknowledge the ongoing professional responsibility for providing fieldwork education and supervision.
 - h. Develop and evaluate programs.
 - i. Explain fundamental marketing principles.
- 7. Students will understand the importance of working collaboratively with other occupational therapy personnel, and other service providers. The students will:
 - a. Recognize the role of the occupational therapy assistants in gathering data implementing interventions.
 - b. Demonstrate the ability to work collaboratively with clients, their caregivers, and other service providers.
- 8. Students will develop an ability to understand and apply research findings to practice. Students will:
 - a. Articulate the importance of research for practice and the continued development of the profession.
 - b. Appropriately use professional literature to make practice decisions; display evidence-based practice skills.
 - c. Participate in basic research studies.

World Health Organization. (2001). *International classification of functioning, disability, and health (ICF)*. Geneva, Switzerland: Author.

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 - a. Explain the history and philosophical base of the profession.
 - b. Articulate how occupation can promote health, well-being, quality of life, and prevent injury and disease.
 - c. State the relationship between areas of occupation, performance skills, performance patterns, contexts, activity demands, and client factors.
 - d. Articulate the effects of health and disability on an individual living in his/her context.
 - e. Explain the differences and similarities between occupation, activity, and purposeful activity.
 - f. Display behaviors indicative of reflective, empathetic, and ethical practitioners.
 - g. Demonstrate cultural competence.

2. Students will demonstrate an understanding of the theoretical bases of occupational therapy. Students will:
 - a. Develop a working knowledge of theories, models of practice and frames of reference used in occupational therapy.
 - b. Apply theoretical constructs to practice.

3. Students will demonstrate an understanding of the process of screening and evaluation. Students will:
 - a. Build a knowledge base of varied screening and evaluation methods.
 - b. Select appropriate assessment tools based on their psychometric properties and on characteristics of person and context.
 - c. Appropriately administer selected assessments and use occupation for assessment purposes.
 - d. Interpret and apply evaluation findings appropriately.

4. Students will develop an understanding of the process of intervention. Students will:
 - a. Develop and implement occupation-based intervention plans and strategies for various practice settings.
 - b. Collaborate with clients, caregivers, and other professionals to create intervention plans.
 - c. Demonstrate an ability to use a variety of teaching/learning techniques with clients, other health providers, and the public.
 - d. Communicate and document effectively through written, verbal, and nonverbal means.
 - e. Exhibit the ability to appropriately adapt occupations and the environment.
 - f. Know when to refer clients to other health professionals within and outside of the profession.
 - g. Demonstrate accountability for reimbursement of services.
 - h. Possess individual and group interaction skills for use with clients, other health care providers, and the public.

- i. Monitor, reassess, and modify interventions as needs of client changes.
 - j. Discharge clients using appropriate procedures.
5. Students will demonstrate an understanding of various contexts in which occupational therapy services are provided. Students will:
 - a. Identify policy issues related to systems in which occupational therapy may be found.
 - b. Understand models of service delivery of occupational therapy and systems that interface with occupational therapy, i.e., health care, education, community systems.
 - c. Appreciate the need to stay abreast of changes in the various service delivery systems.
6. Students will apply principles of management and systems to the provision of occupational therapy services. Students will:
 - a. Understand implications of State and Federal legislation in the delivery of occupational therapy services and credentialing of occupational therapy personnel.
 - b. Maintain records required of various practice settings.
 - c. Advocate for the profession and the consumer.
 - d. Demonstrate an understanding of reimbursement policies and procedures and their effects on service clients.
 - e. Exhibit professional work behaviors, i.e., proper maintenance of practice environments, time management, respectful treatment of others.
 - f. Understand the supervisory process of occupational therapy and non-occupational therapy personnel.
 - g. Acknowledge the ongoing professional responsibility for providing fieldwork education and supervision.
 - h. Develop and evaluate programs.
 - i. Explain fundamental marketing principles.
7. Students will understand the importance of working collaboratively with other occupational therapy personnel, and other service providers. The students will:
 - a. Recognize the role of the occupational therapy assistants in gathering data implementing interventions.
 - b. Demonstrate the ability to work collaboratively with clients, their caregivers, and other service providers.
8. Students will develop an ability to understand and apply research findings to practice. Students will:
 - a. Articulate the importance of research for practice and the continued development of the profession.
 - b. Appropriately use professional literature to make practice decisions; display evidence-based practice skills.
 - c. Participate in basic research studies.
 - d. Develop a basic understanding of the process of securing grants.

9. Students will understand and appreciate the ethics and values of the profession. Students will:
 - a. Demonstrate knowledge of the Occupational Therapy Code of Ethics (AOTA, 2005), Core Values and Attitudes of Occupational Therapy Practice (AOTA, 1993), and the Standards of Practice for Occupational Therapy (AOTA, 1998).
 - b. Explain the functions of local, state, and national occupational therapy associations.
 - c. Promote occupational therapy.
 - d. Acknowledge the need to maintain professional competence through life-long learning.
 - e. Identify the varied roles of the occupational therapist.

References

- American Occupational Therapy Association (AOTA). (2007). Philosophy of occupational Therapy education. *American Journal of Occupational Therapy*, 61, 678
- AOTA. (2008). Occupational therapy practice framework: Domain and process (2nd edition). *American Journal of Occupational Therapy*, 62, 625-688.
- AOTA. (2009). Occupational therapy fieldwork education: Value and purpose. *American Journal of Occupational Therapy*, 63, 821-22.
- AOTA. (2011). The philosophical base of occupational therapy, *American Journal of Occupational Therapy*, 65(6 Suppl.), S65.
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- Christiansen, C., & Baum, C. (1997). *Occupational therapy: Enabling function and well-being*. Thorofare, NJ: Slack.
- Clark, F. (2008). AOTA's centennial vision: What it is, why it's right [PowerPoint slides]. Retrieved from www.aota.org/News/Centennial/Updates/41919.aspx.
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- Gijselaers, W. (1996). Connecting problem-based practices with educational theory. *New Directions for Teaching and Learning*, 68 (4), 13-21.
- Johnson, D., Johnson, R., & Smith, K. (1998). Cooperative learning returns to college: What evidence is there that it works? *Change*, July/August, 27-35.
- Law, M., Baptiste, S., & Mills, J. Client-centred practice: What does it mean and does it make a difference? *Canadian Journal of Occupational Therapy*, 62(5), 250-257.
- Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P., & Letts, L. (1996). The person-environment-occupation model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy*, 63(1), 9-23.
- NcNulty, I. (2012). Block parties in motion: The New Orleans second line parade. Retrieved from www.frenchquarter.com/history/secondline.php

World Health Organization. (2001). *International classification of functioning, disability, and health (ICF)*. Geneva, Switzerland: Author.

Revised Reference List 11/12

**2011 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide
(effective July 31, 2013)
December 2012 Interpretive Guide Version**

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
PREAMBLE			
	<p>The rapidly changing and dynamic nature of contemporary health and human services delivery systems provides challenging opportunities for the occupational therapist to use knowledge and skills in a practice area as a direct care provider, consultant, educator, manager, leader, researcher, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited doctoral-degree-level occupational therapy program must</p> <ul style="list-style-type: none"> • Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of academic and fieldwork education. • Be prepared to articulate and apply occupational therapy theory and evidence-based evaluations and interventions to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply therapeutic use of occupations with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. • Be able to plan and apply occupational therapy interventions to address the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and 	<p>The rapidly changing and 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, researcher, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited master's-degree-level occupational therapy program must</p> <ul style="list-style-type: none"> • Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of academic and fieldwork education. • Be prepared to articulate and apply occupational therapy theory and evidence-based evaluations and interventions to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply therapeutic use of occupations with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. • Be able to plan and apply occupational therapy interventions to address the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday 	<p>The rapidly changing and 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, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited associate-degree-level occupational therapy assistant program must</p> <ul style="list-style-type: none"> • Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of academic and fieldwork education. • Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply therapeutic use of occupations with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. • Be able to apply occupational therapy interventions to address the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday

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	<p>environments to support engagement in everyday life activities that affect health, well-being, and quality of life.</p> <ul style="list-style-type: none"> • Be prepared to be a lifelong learner and keep current with evidence-based professional practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process. • Be prepared to effectively communicate and work interprofessionally with those who provide care for individuals and/or populations in order to clarify each member's responsibility in executing components of an intervention plan. • Be prepared to advocate as a professional for the 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 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 practice in settings where occupational therapy is currently practiced and where it is emerging as a service. • Demonstrate thorough knowledge of evidence-based practice. • Demonstrate active involvement in professional development, leadership, and advocacy. • Relate theory to practice and demonstrate synthesis of advanced knowledge in a practice area through completion of a culminating project. 	<p>life activities that affect health, well-being, and quality of life.</p> <ul style="list-style-type: none"> • Be prepared to be a lifelong learner and keep current with evidence-based professional practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process. • Be prepared to effectively communicate and work interprofessionally with those who provide care for individuals and/or populations in order to clarify each member's responsibility in executing components of an intervention plan. • Be prepared to advocate as a professional for the 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 practice and contribute to the growth and dissemination of research and knowledge. 	<p>life activities that affect health, well-being, and quality of life.</p> <ul style="list-style-type: none"> • Be prepared to be a lifelong learner and keep current with the best practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process. • Be prepared to effectively communicate and work interprofessionally with those who provide care for individuals and/or populations in order to clarify each member's responsibility in executing components of an intervention plan. • Be prepared to advocate as a professional for the occupational therapy services offered and for the recipients of those services.

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	<ul style="list-style-type: none"> Develop in-depth experience in one or more of the following areas through a completion of a doctoral experiential component: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development. 		
<p><i>FOR ALL STANDARDS LISTED BELOW, IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD IN ORDER FOR THE AREA OF NONCOMPLIANCE TO BE REMOVED.</i></p>			
<p>SECTION A: GENERAL REQUIREMENTS</p>			
<p>A.1.0. SPONSORSHIP AND ACCREDITATION</p>			
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 alternative and 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 alternative and equivalent external review process.	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 degree-granting authority.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority, or the institution must be a program offered within the military services.
A.1.3.	Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.	Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.	Accredited occupational therapy assistant educational programs may be established only 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 program.	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.	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.
	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE OCCUPATIONAL THERAPY DOCTORATE (OTD) AND DOCTOR OF OCCUPATIONAL THERAPY (DrOT).</i></p>	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE MASTER OF OCCUPATIONAL THERAPY (MOT), MASTER OF SCIENCE IN OCCUPATIONAL THERAPY (MSOT), AND MASTER OF SCIENCE (MS). PROGRAMS OFFERING COMBINED BACCALAUREATE/MASTER'S (BS/MS OR BS/MOT) DEGREES ARE STRONGLY</i></p>	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE ASSOCIATE OF APPLIED SCIENCE (AAS) AND ASSOCIATE OF SCIENCE (AS).</i></p>

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		<p><i>ENCOURAGED TO AVOID USING "BACCALAUREATE IN OCCUPATIONAL THERAPY" AS THE BACCALAUREATE PORTION OF THE DEGREE NAME TO AVOID CONFUSING THE PUBLIC. DEGREE NAMES FOR THE BACCALAUREATE PORTION OF THE PROGRAM MOST COMMONLY USED ARE "BACCALAUREATE IN HEALTH SCIENCES," "BACCALAUREATE IN ALLIED HEALTH," "BACCALAUREATE IN OCCUPATIONAL SCIENCE," AND "BACCALAUREATE IN HEALTH STUDIES."</i></p>	
A.1.5.	<p>The program must</p> <ul style="list-style-type: none"> • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. • Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. • Agree to a site visit date before the end of the period for which accreditation was previously awarded. • Demonstrate honesty and integrity in all interactions with ACOTE. 	<p>The program must</p> <ul style="list-style-type: none"> • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. • Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. • Agree to a site visit date before the end of the period for which accreditation was previously awarded. • Demonstrate honesty and integrity in all interactions with ACOTE. 	<p>The program must</p> <ul style="list-style-type: none"> • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. • Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. • Agree to a site visit date before the end of the period for which accreditation was previously awarded. • Demonstrate honesty and integrity in all interactions with ACOTE.
<p><i>THE INSTITUTION AND THE ACCREDITED PROGRAM WILL BE ADVISED THAT THE PROGRAM IS ON ADMINISTRATIVE PROBATIONARY ACCREDITATION WHEN THE PROGRAM DOES NOT COMPLY WITH ONE OR MORE OF THE ABOVE ADMINISTRATIVE REQUIREMENTS FOR MAINTAINING ACCREDITATION. THE POLICIES AND PROCEDURES FOR ADMINISTRATIVE PROBATIONARY ACCREDITATION ARE DETAILED IN ACOTE POLICY IV.C., "CLASSIFICATION OF ACCREDITATION CATEGORIES."</i></p> <p><i>THE PROGRAM IS ALSO RESPONSIBLE FOR COMPLYING WITH THE CURRENT REQUIREMENTS OF ALL ACOTE POLICIES, INCLUDING THE REQUIREMENT FOR THE PROGRAM TO SUBMIT A LETTER OF INTENT TO SEEK ACCREDITATION FOR AN ADDITIONAL LOCATION AT LEAST 12 MONTHS PRIOR TO THE PLANNED ADMISSION OF STUDENTS INTO THAT ADDITIONAL LOCATION.</i></p>			

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 AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
A.2.0. ACADEMIC RESOURCES			
A.2.1.	The program must identify an individual as the program director who is assigned to the occupational therapy educational program on a full-time basis. 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 on a full-time basis. 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 on a full-time basis. 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.
<i>THE STANDARD DOES NOT ALLOW THE APPOINTMENT OF CO-DIRECTORS.</i>			
A.2.2.	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.	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.	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 or national accrediting body recognized by the U.S. Department of Education (USDE). The master's degree is not limited to a master's degree in occupational therapy.
<p><i>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</i></p> <p><i>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i></p>		<p><i>A MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</i></p> <p><i>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i></p>	
A.2.3.	<p>The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include</p> <ul style="list-style-type: none"> • Clinical practice as an occupational therapist; • Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting; • Scholarship (e.g., scholarship of application, scholarship of teaching and learning); and • At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postbaccalaureate level. 	<p>The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include</p> <ul style="list-style-type: none"> • Clinical practice as an occupational therapist; • Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting; • Scholarship (e.g., scholarship of application, scholarship of teaching and learning); and • At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level. 	<p>The program director must have a minimum of 5 years of documented experience in the field of occupational therapy. This experience must include</p> <ul style="list-style-type: none"> • Clinical practice as an occupational therapist or occupational therapy assistant; • Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting; • Understanding of and experience with occupational therapy assistants; and • At least 1 year of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level.

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A.2.4.	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.	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 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.
A.2.5.	<i>(No related Standard)</i>	<i>(No related Standard)</i>	In addition to the program director, the program must have at least one full-time equivalent (FTE) faculty position 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.
A.2.6.	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 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 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.
A.2.7.	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time 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 to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be a licensed or otherwise regulated occupational therapist. Coordinators must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body.</p>	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time 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 to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be a licensed or otherwise regulated occupational therapist. Coordinators must hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body.</p>	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time 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 to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be a licensed or otherwise regulated occupational therapist or occupational therapy assistant. Coordinators must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized regional or national accrediting body.</p>

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	<p>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</p> <p>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</p>	<p>A MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</p> <p>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</p>	<p>A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</p> <p>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</p>
A.2.8.	<p>Core faculty who are occupational therapists or occupational therapy assistants must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the program is located.</p> <p>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.</p>	<p>Core faculty who are occupational therapists or occupational therapy assistants must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the program is located.</p> <p>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.</p>	<p>Core faculty who are occupational therapists or occupational therapy assistants must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the program is located.</p> <p>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.</p>
A.2.9.	(No related Standard)	(No related Standard)	<p>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.</p>
			<p>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 OCCUPATIONAL THERAPY ASSISTANT OR AN OCCUPATIONAL THERAPIST WHO HAS PREVIOUSLY PRACTICED AS AN OCCUPATIONAL THERAPY ASSISTANT HAS AN ONGOING INSTRUCTIONAL ROLE IN THE DELIVERY OF PROGRAMMATIC CONTENT THAT REFLECTS THE ROLE OF OTA THROUGHOUT THE OT PROCESS. THIS REQUIREMENT MAY BE FILLED BY ONE OR MORE PERSONS.</p>

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 AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
A.2.10.	All full-time faculty 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.	The majority of full-time faculty who are occupational therapists or occupational therapy assistants 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 an even number of full-time faculty, at least half must hold doctorates. The program director is counted as a faculty member.	All occupational therapy assistant faculty who are full-time must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized regional or national accrediting body.
	<i>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>	<i>A DOCTORAL OR MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>	<i>A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2013, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>
A.2.11.	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).
<i>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.</i>			
A.2.12.	For programs with additional accredited location(s), the program must identify a 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 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 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.2.13.	The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number and 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. 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 equivalent (FTE) faculty member.	The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number and 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. 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 equivalent (FTE) faculty member.	The occupational therapy assistant faculty at each accredited location where the program is offered must be sufficient in number and 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. 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 equivalent (FTE) faculty member.

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A.2.14.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.
A.2.15.	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.2.16.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.
A.2.17.	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.2.18.	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.2.19.	<p>If the program offers distance education, it must include</p> <ul style="list-style-type: none"> • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit, • Technology and resources that are adequate to support a distance-learning environment, and • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. 	<p>If the program offers distance education, it must include</p> <ul style="list-style-type: none"> • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit, • Technology and resources that are adequate to support a distance-learning environment, and • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. 	<p>If the program offers distance education, it must include</p> <ul style="list-style-type: none"> • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit, • Technology and resources that are adequate to support a distance-learning environment, and • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies.
A.2.20.	Laboratory space 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.	Laboratory space 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.	Laboratory space 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.

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A.2.21.	Adequate space must be provided to store and secure equipment and supplies.	Adequate space must be provided to store and secure equipment and supplies.	Adequate space must be provided to store and secure equipment and supplies.
A.2.22.	The program director and faculty must have office space consistent with institutional practice.	The program director and faculty must have office space consistent with institutional practice.	The program director and faculty must have office space consistent with institutional practice.
A.2.23.	Adequate space must be provided for the private advising of students.	Adequate space must be provided for the private advising of students.	Adequate space must be provided for the private advising of students.
A.2.24.	Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic, supervised fieldwork, and experiential components of the curriculum.	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.	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.
A.2.25.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.
A.2.26.	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, and resource centers.	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, and resource centers.	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, and resource centers.
A.2.27.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.
A.3.0. STUDENTS			
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.
A.3.2.	Institutions must require that program applicants hold a baccalaureate degree or higher prior to admission to the program.	<i>(No related Standard)</i>	<i>(No related Standard)</i>

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A.3.3.	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.3.4.	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.
A.3.5.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.
A.3.6.	Evaluation content and methods must be consistent with the curriculum design; objectives; and competencies of the didactic, fieldwork, and experiential components of the program.	Evaluation content and methods must be consistent with the curriculum design, objectives, and competencies of the didactic and fieldwork components of the program.	Evaluation content and methods must be consistent with the curriculum design, objectives, and competencies of the didactic and fieldwork components of the program.
A.3.7.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students' progress and academic standing.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students' progress and academic standing.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students' progress and academic standing.
A.3.8.	Students must be informed of and have access to the student support services that are provided to other students in the institution.	Students must be informed of and have access to the student support services that are provided to other students in the institution.	Students must be informed of and have access to the student support services that are provided to other students in the institution.
A.3.9.	Advising related to professional coursework, fieldwork education, and the experiential component of the program must be the responsibility of the occupational therapy faculty.	Advising related to professional coursework and fieldwork education must be the responsibility of the occupational therapy faculty.	Advising related to coursework in the occupational therapy assistant program and fieldwork education must be the responsibility of the occupational therapy assistant faculty.
A.4.0. OPERATIONAL POLICIES			
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.
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 for the previous 3 years: <ul style="list-style-type: none"> • Total number of program graduates • Graduation rates. 	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 for the previous 3 years: <ul style="list-style-type: none"> • Total number of program graduates • Graduation rates. 	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 for the previous 3 years: <ul style="list-style-type: none"> • Total number of program graduates, • Graduation rates.

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	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.	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.	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.
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, Web site, and program-related brochures or flyers available to prospective students. A 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, Web site, and program-related brochures or flyers available to prospective students. A 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, Web site, and program-related brochures or flyers available to prospective students. A link to www.acoteonline.org must be provided on the program's home page.
<i>SAMPLE WORDING: "THE OCCUPATIONAL THERAPY/OCCUPATIONAL THERAPY ASSISTANT PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA), LOCATED AT 4720 MONTGOMERY LANE, SUITE 200, BETHESDA, MD 20814-3449. ACOTE'S TELEPHONE NUMBER, C/O AOTA, IS (301) 652-AOTA AND ITS WEB ADDRESS IS WWW.ACOTEONLINE.ORG."</i>			
A.4.4.	All practices within the institution related to faculty, staff, applicants, and students must be nondiscriminatory.	All practices within the institution related to faculty, staff, applicants, and students must be nondiscriminatory.	All practices within the institution related to faculty, staff, applicants, and students must be nondiscriminatory.
A.4.5.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.
A.4.6.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.
A.4.7.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.
A.4.8.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.
A.4.9.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.
A.4.10.	Policies and procedures for human-subject research protocol must be published and made known.	Policies and procedures for human-subject research protocol must be published and made known.	Policies and procedures for human-subject research protocol must be published and made known (if applicable to the program).
A.4.11.	Programs must make available to students written policies and procedures regarding appropriate use of equipment and supplies and for all educational	Programs must make available to students written policies and procedures regarding appropriate use of equipment and supplies and for all educational	Programs must make available to students written policies and procedures regarding appropriate use of equipment and supplies and for all educational

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	activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).	activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).	activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).
A.4.12.	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.4.13.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's Web site 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 Web site 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 Web site about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.
	<i>SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPIST, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE AN OCCUPATIONAL THERAPIST, REGISTERED (OTR). IN ADDITION, MOST STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."</i>		<i>SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPY ASSISTANT, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE A CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA). IN ADDITION, MOST STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."</i>
A.4.14.	The program must have a documented and published policy to ensure that students complete all graduation, fieldwork, and experiential component requirements in a timely manner. This policy must include a statement that all Level II fieldwork and the experiential component of the program must be completed within a time frame established by the program.	The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program.	The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program.
	<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE EXPERIENTIAL COMPONENT OF THE PROGRAM WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>		<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>

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A.4.15.	Records regarding student admission, enrollment, fieldwork, and achievement must be maintained and kept in a secure setting. 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. 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. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution.
A.5.0. STRATEGIC PLAN AND PROGRAM ASSESSMENT For programs that are offered at more than one location, the program's strategic plan, evaluation plan, and results of ongoing evaluation must address each program location as a component of the overall plan.			
A.5.1.	<p>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 experiential component sites). A program strategic plan must be for a minimum of a 3-year period and include, but need not be limited to,</p> <ul style="list-style-type: none"> • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program. • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change. 	<p>The program must document a current strategic plan that articulates the program's future vision and 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 strategic plan must be for a minimum of a 3-year period and include, but need not be limited to,</p> <ul style="list-style-type: none"> • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program. • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change. 	<p>The program must document a current strategic plan that articulates the program's future vision and 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 strategic plan must be for a minimum of a 3-year period and include, but need not be limited to,</p> <ul style="list-style-type: none"> • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program. • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.
A.5.2.	<p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor. At a minimum, the plan must include, but need not be limited to,</p> <ul style="list-style-type: none"> • Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to currency in areas of teaching responsibility, teaching effectiveness, research, scholarly activity). • Specific measurable action steps with expected timelines by which the faculty member will 	<p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor. At a minimum, the plan must include, but need not be limited to,</p> <ul style="list-style-type: none"> • Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to currency in areas of teaching responsibility, teaching effectiveness, research, scholarly activity). • Specific measurable action steps with expected timelines by which the faculty member will 	<p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor. At a minimum, the plan must include, but need not be limited to,</p> <ul style="list-style-type: none"> • Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to currency in areas of teaching responsibility, teaching effectiveness, research, scholarly activity). • Specific measurable action steps with expected timelines by which the faculty member will

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	<p>achieve the goals.</p> <ul style="list-style-type: none"> 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. 	<p>achieve the goals.</p> <ul style="list-style-type: none"> 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. 	<p>achieve the goals.</p> <ul style="list-style-type: none"> 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.
<p><i>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 GOAL RELATED TO TEACHING EFFECTIVENESS).</i></p>			
A.5.3.	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to,</p> <ul style="list-style-type: none"> Faculty effectiveness in their assigned teaching responsibilities. Students' progression through the program. Student retention rates. Fieldwork and experiential component performance evaluation. Student evaluation of fieldwork and the experiential component experience. Student satisfaction with the program. Graduates' performance on the NBCOT certification exam. Graduates' job placement and performance as determined by employer satisfaction. Graduates' scholarly activity (e.g., presentations, publications, grants obtained, state and national leadership positions, awards). 	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to,</p> <ul style="list-style-type: none"> Faculty effectiveness in their assigned teaching responsibilities. Students' progression through the program. Student retention rates. Fieldwork performance evaluation. Student evaluation of fieldwork experience. Student satisfaction with the program. Graduates' performance on the NBCOT certification exam. Graduates' job placement and performance as determined by employer satisfaction. 	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to,</p> <ul style="list-style-type: none"> Faculty effectiveness in their assigned teaching responsibilities. 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.
A.5.4.	<p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p>	<p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p>	<p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p>
<p><i>THE INTENT OF STANDARD A.5.4 IS THAT PROGRAMS PREPARE AN ANNUAL REPORT THAT SUMMARIZES AN ANALYSIS OF DATA COLLECTED ABOUT THE EXTENT TO WHICH THE PROGRAM IS MEETING ITS STATED GOALS AND OBJECTIVES AS REQUIRED BY STANDARD A.5.3 (E.G., FACULTY EFFECTIVENESS IN THEIR ASSIGNED TEACHING RESPONSIBILITIES; 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).</i></p>			

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 AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
A.5.5.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.
A.5.6.	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 less 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.	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 less 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.	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 less 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.
<i>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.</i>			
A.6.0. CURRICULUM FRAMEWORK The curriculum framework is a description of the program that includes the program's mission, philosophy, and curriculum design.			
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, long-term care) 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, children, adolescents, adults, and elderly persons in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) 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, children, adolescents, adults, and elderly persons in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) 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, children, adolescents, adults, and elderly persons 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, professional development, leadership, advocacy, and theory.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
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 at least 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.
A.6.4.	The curriculum must include application of advanced knowledge to practice through a combination of experiential activities and a culminating project.	<i>(No related Standard)</i>	<i>(No related Standard)</i>

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A.6.5.	The statement of philosophy of the occupational therapy program must reflect the current published philosophy of the profession and must include a statement of the program's fundamental beliefs about human beings and how they learn.	The statement of philosophy of the occupational therapy program must reflect the current published philosophy of the profession and must 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 and must include a statement of the program's fundamental beliefs about human beings and how they learn.
A.6.6.	The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution. The program's mission statement should explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.	The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution. The program's mission statement should explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.	The statement of the mission of the occupational therapy assistant program must be consistent with and supportive of the mission of the sponsoring institution. The program's mission statement should explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.
A.6.7.	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 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 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.
A.6.8.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.
A.6.9.	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) and materials 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) and materials 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) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.

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 AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
SECTION B: CONTENT REQUIREMENTS The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes.			
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		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 and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.
B.1.2.	Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.	Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.	Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.
B.1.3.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral sciences, social sciences, and occupational science. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral sciences, social sciences, and occupational science. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, abnormal psychology) and occupational science.
B.1.4.	Apply knowledge of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society to meet the needs of individuals and communities. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
B.1.5.	Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation,	Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation,	Articulate the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt

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	and disparity in the receipt of services.	and disparity in the receipt of services.	of services.
B.1.6.	Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.	Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.	Demonstrate knowledge of global social issues and prevailing health and welfare needs of populations with or at risk for disabilities and chronic health conditions.
B.1.7.	Apply quantitative statistics and qualitative analysis to interpret tests, measurements, and other data for the purpose of establishing and/or delivering evidence-based practice.	Demonstrate the ability to use statistics to interpret tests and measurements for the purpose of delivering evidence-based practice.	Articulate the importance of using statistics, tests, and measurements for the purpose of delivering evidence-based practice.
B.1.8.	Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.	Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.	Demonstrate an understanding of the use of technology to support performance, participation, health and well-being. This technology may include, but is not limited to, electronic documentation systems, distance communication, virtual environments, and telehealth technology.
B.2.0. BASIC TENETS OF OCCUPATIONAL THERAPY Coursework must facilitate development of the performance criteria listed below. The student will be able to			
B.2.1.	Explain the history and philosophical base of the profession of occupational therapy and its importance in meeting society's current and future occupational needs.	Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.	Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.
B.2.2.	Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.	Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.	Describe the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors.
B.2.3.	Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being.	Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support performance, participation, health, and well-being.	Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation support performance, participation, health, and well-being.
B.2.4.	Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients.	Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients.	Articulate the importance of balancing areas of occupation with the achievement of health and wellness for the clients.
B.2.5.	Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.	Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.	Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.

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B.2.6.	Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.	Analyze the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.	Understand the effects of heritable diseases, genetic conditions, disability, trauma, and injury to the physical and mental health and occupational performance of the individual.
B.2.7.	Demonstrate task 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 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 analysis in areas of occupation, performance skills, performance patterns, activity demands, context(s) and environments, and client factors to implement the intervention plan.
B.2.8.	Use 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.	Use 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.	Use 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.2.9.	Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment.	Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment.	Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and disease considering the context (e.g., cultural, personal, temporal, virtual) and environment.
B.2.10.	Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.	Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.	Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
B.2.11.	Analyze, synthesize, evaluate, and apply models of occupational performance.	Analyze, synthesize, and apply models of occupational performance.	Identify interventions consistent with models of occupational performance.
B.3.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES The program must facilitate the development of the performance criteria listed below. The student will be able to			
B.3.1.	Evaluate and apply theories that underlie the practice of occupational therapy.	Apply theories that underlie the practice of occupational therapy.	Describe basic features of the theories that underlie the practice of occupational therapy.
B.3.2.	Compare, contrast, and integrate a variety of models of practice and frames of reference that are used in occupational therapy.	Compare and contrast models of practice and frames of reference that are used in occupational therapy.	Describe basic features of models of practice and frames of reference that are used in occupational therapy.
B.3.3.	Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention.	Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention.	<i>(No related Standard)</i>
B.3.4.	Analyze and discuss how occupational therapy history, occupational therapy theory, and the sociopolitical climate influence and are influenced by practice.	Analyze and discuss how occupational therapy history, occupational therapy theory, and the sociopolitical climate influence practice.	Discuss how occupational therapy history and occupational therapy theory, and the sociopolitical climate influence practice.
B.3.5.	Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments, including population-based approaches, to analyze and effect	Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and	<i>(No related Standard)</i>

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	meaningful occupation outcomes.	effect meaningful occupation outcomes.	
B.3.6.	Articulate the process of theory development in occupational therapy and its desired impact and influence on society.	Discuss the process of theory development and its importance to occupational therapy.	<i>(No related Standard)</i>
B.4.0.	SCREENING, EVALUATION, AND REFERRAL 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 to populations. The program must facilitate development of the performance criteria listed below. The student will be able to	SCREENING, EVALUATION, AND REFERRAL 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 to populations. The program must facilitate development of the performance criteria listed below. The student will be able to	SCREENING AND EVALUATION The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in cooperation with the occupational therapist and must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. The program must facilitate development of the performance criteria listed below. The student will be able to
B.4.1.	Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community.	Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community.	Gather and share data for the purpose of screening and evaluation using methods including, but not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, and significant others.
B.4.2.	Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.	Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.	Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
B.4.3.	Use appropriate procedures and protocols (including standardized formats) when administering assessments.	Use appropriate procedures and protocols (including standardized formats) when administering assessments.	<i>(No related Standard)</i>
B.4.4.	Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, 	Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, 	Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance includes <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular,

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	<p>sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).</p> <ul style="list-style-type: none"> • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills. 	<p>sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).</p> <ul style="list-style-type: none"> • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills. 	<p>sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems).</p> <ul style="list-style-type: none"> • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.
B.4.5.	Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.	Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.	Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
B.4.6.	Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.	Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.	<i>(No related Standard)</i>
B.4.7.	Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.	Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.	<i>(No related Standard)</i>
B.4.8.	Interpret the evaluation data in relation to accepted terminology of the profession, relevant theoretical frameworks, and interdisciplinary knowledge.	Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.	<i>(No related Standard)</i>
B.4.9.	Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.	Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.	Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
B.4.10.	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 occupational therapy services.	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 occupational therapy services.	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 occupational therapy services.
B.4.11.	Articulate screening and evaluation processes for all practice areas. Use evidence-based reasoning to analyze, synthesize, evaluate, and diagnose	<i>(No related Standard)</i>	<i>(No related Standard)</i>

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	problems related to occupational performance and participation.		
B.5.0.	<p>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 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- to population-based interventions. The program must facilitate development of the performance criteria listed below. The student will be able to</p>	<p>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 relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. The program must facilitate development of the performance criteria listed below. The student will be able to</p>	<p>INTERVENTION AND IMPLEMENTATION The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational therapist and must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. The program must facilitate development of the performance criteria listed below. The student will be able to</p>
B.5.1.	<p>Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:</p> <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional 	<p>Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:</p> <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and 	<p>Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:</p> <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.

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	regulation skills, cognitive skills, and communication and social skills.	communication and social skills.	
B.5.2.	Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.	Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.	Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.
B.5.3.	Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).	Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).	Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).
B.5.4.	Design and implement group interventions based on principles of group development and group dynamics across the lifespan.	Design and implement group interventions based on principles of group development and group dynamics across the lifespan.	Implement group interventions based on principles of group development and group dynamics across the lifespan.
B.5.5.	Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.	Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.	Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.
B.5.6.	Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).	Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).	Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).
B.5.7.	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.5.8.	Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.	Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.	Implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.
B.5.9.	Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification.	Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification.	Adapt environments (e.g., home, work, school, community) and processes, including the application of ergonomic principles.
B.5.10.	Articulate principles of and be able 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.	Articulate principles of and be able 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.	Articulate 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.

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B.5.11.	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation. Train in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.	Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and participation, and training in the use of prosthetic devices.
B.5.12.	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.
B.5.13.	Provide recommendations and training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation.	Provide recommendations and training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation.	Provide training in techniques to enhance community mobility, including public transportation, community access, and issues related to driver rehabilitation.
B.5.14.	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.	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.	Enable feeding and eating 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.5.15.	Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions.	Demonstrate safe and effective application of superficial thermal and mechanical modalities as a preparatory measure to manage pain and improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions.	Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. On the basis of the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
<p><i>SKILLS, KNOWLEDGE, AND COMPETENCIES FOR ENTRY-LEVEL PRACTICE ARE DERIVED FROM AOTA PRACTICE DOCUMENTS AND NBCOT PRACTICE ANALYSIS STUDIES. SUPERFICIAL THERMAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, HYDROTHERAPY/WHIRLPOOL, CRYOTHERAPY (COLD PACKS, ICE), FLUIDOTHERAPY™, HOT PACKS, PARAFFIN, WATER, AND INFRARED. MECHANICAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, VASOPNEUMATIC DEVICES AND CONTINUOUS PASSIVE MOTION .</i></p> <p><i>THE WORD "DEMONSTRATE" DOES NOT REQUIRE THAT A STUDENT ACTUALLY PERFORM THE TASK TO VERIFY KNOWLEDGE AND UNDERSTANDING. THE PROGRAM MAY SELECT THE TYPES OF LEARNING ACTIVITIES AND ASSESSMENTS THAT WILL INDICATE COMPLIANCE WITH THE STANDARD.</i></p> <p><i>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 EXPERIENCE WITH THE MODALITIES IN PREPARATION FOR THE NBCOT EXAMINATION AND FOR PRACTICE OUTSIDE OF THE STATE IN WHICH THE EDUCATIONAL INSTITUTION RESIDES.</i></p>			
B.5.16.	Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions.	Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions.	<i>(No related Standard)</i>

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	<i>SKILLS, KNOWLEDGE, AND COMPETENCIES FOR ENTRY-LEVEL PRACTICE ARE DERIVED FROM AOTA PRACTICE DOCUMENTS AND NBCOT PRACTICE ANALYSIS STUDIES. DEEP THERMAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, THERAPEUTIC ULTRASOUND AND PHONOPHORESIS. ELECTROTHERAPEUTIC MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, BIOFEEDBACK, NEUROMUSCULAR ELECTRICAL STIMULATION, FUNCTIONAL ELECTRICAL STIMULATION, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION, ELECTRICAL STIMULATION FOR TISSUE REPAIR, HIGH-VOLTAGE GALVANIC STIMULATION, AND IONTOPHORESIS.</i>		
B.5.17.	Develop and promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.	Develop and promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.	Promote the use of appropriate home and community programming to support performance in the client's natural environment and participation in all contexts relevant to the client.
B.5.18.	Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.	Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, family and significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.	Demonstrate an understanding of health literacy and the ability to educate and train the client, caregiver, and family and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, health promotion, and safety.
B.5.19.	Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, communities, colleagues, other health providers, and the public.	Apply the principles of the teaching–learning process using educational methods to design experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public.	Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
B.5.20.	Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, communities, colleagues, other health providers, and the public in a professionally acceptable manner.	Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.	Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
B.5.21.	Effectively communicate, coordinate, and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member's responsibility in executing components of an intervention plan.	Effectively communicate and work interprofessionally with those who provide services to individuals, organizations, and/or populations in order to clarify each member's responsibility in executing an intervention plan.	Effectively communicate and work interprofessionally with those who provide services to individuals and groups in order to clarify each member's responsibility in executing an intervention plan.
B.5.22.	Refer to specialists (both internal and external to the profession) for consultation and intervention.	Refer to specialists (both internal and external to the profession) for consultation and intervention.	Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
B.5.23.	Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances.	Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, the sociocultural context, and technological advances.	Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
B.5.24.	Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being.	Select and teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being.	Teach compensatory strategies, such as use of technology and adaptations to the environment, that support performance, participation, and well-being.

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B.5.25.	Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.	Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.	Demonstrate skills of collaboration with occupational therapists and other professionals on therapeutic interventions.
B.5.26.	Demonstrate use of the consultative process with groups, programs, organizations, or communities.	Understand when and how to use the consultative process with groups, programs, organizations, or communities.	Understand when and how to use the consultative process with specific consumers or consumer groups as directed by an occupational therapist.
B.5.27.	Demonstrate care coordination, case management, and transition services in traditional and emerging practice environments.	Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments.	Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.
B.5.28.	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.
B.5.29.	Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client's current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client's progression along the continuum toward outcome goals.	Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment. This process includes, but is not limited to, identification of client's current status within the continuum of care; identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client's progression along the continuum toward outcome goals.	Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This process includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
B.5.30.	Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes.	Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve client outcomes.	Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of client outcomes.
B.5.31.	Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of postdischarge needs with the client and with appropriate others.	Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This process includes developing a summary of occupational therapy outcomes, appropriate recommendations, and referrals and discussion of post-discharge needs with the client and with appropriate others.	Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.

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B.5.32.	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.5.33.	Provide population-based occupational therapy intervention that addresses occupational needs as identified by a community.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
B.6.0. CONTEXT OF SERVICE DELIVERY			
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. The program must facilitate development of the performance criteria listed below. The student will be able to			
B.6.1.	Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy.	Evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy.	Describe the contexts of health care, education, community, and social systems as they relate to the practice of occupational therapy.
B.6.2.	Analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy.	Analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy.	Identify the potential impact of current policy issues and the social, economic, political, geographic, or demographic factors on the practice of occupational therapy.
B.6.3.	Integrate current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.	Integrate current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.	<i>(No related Standard)</i>
B.6.4.	Advocate for changes in service delivery policies, effect changes in the system, and identify opportunities to address societal needs.	Articulate the role and responsibility of the practitioner to advocate for changes in service delivery policies, to effect changes in the system, and to identify opportunities in emerging practice areas.	Identify 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.6.5.	Analyze the trends in models of service delivery, including, but not limited to, medical, educational, community, and social models, and their potential effect on the practice of occupational therapy.	Analyze the trends in models of service delivery, including, but not limited to, medical, educational, community, and social models, and their potential effect on the practice of occupational therapy.	<i>(No related Standard)</i>
B.6.6.	Integrate national and international resources in education, research, practice, and policy development.	Utilize national and international resources in making assessment or intervention choices and appreciate the influence of international occupational therapy contributions to education, research, and practice.	<i>(No related Standard)</i>

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B.7.0.	LEADERSHIP AND MANAGEMENT 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	MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES Management of occupational therapy services includes the application of principles of management and systems in the provision of occupational therapy services to individuals and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to	ASSISTANCE WITH MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES Assistance with management of occupational therapy services includes the application of principles of management and systems in the provision of occupational therapy services to individuals and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to
B.7.1.	Identify and evaluate the impact of contextual factors on the management and delivery of occupational therapy services for individuals and populations.	Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services.	Identify the impact of contextual factors on the management and delivery of occupational therapy services.
B.7.2.	Identify and evaluate the systems and structures that create federal and state legislation and regulations and their implications and effects on practice and policy.	Describe 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.
B.7.3.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
B.7.4.	Demonstrate knowledge of various reimbursement systems (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 (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 (e.g., federal, state, third party, private payer) and documentation requirements that affect the practice of occupational therapy.
B.7.5.	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.	Demonstrate the ability to participate in the development, marketing, and management of service delivery options.
B.7.6.	Demonstrate leadership skills in the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes.	Demonstrate the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes.	Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.
B.7.7.	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 and non-occupational therapy personnel.	Identify strategies for effective, competency-based legal and ethical supervision of nonprofessional personnel.
B.7.8.	Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.	Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.	Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.

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B.7.9.	Demonstrate knowledge of and the ability to write program development plans for provision of occupational therapy services to individuals and populations.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
B.7.10.	Identify and adapt existing models or develop new service provision models to respond to policy, regulatory agencies, and reimbursement and compliance standards.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
B.7.11.	Identify and develop strategies to enable occupational therapy to respond to society's changing needs.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
B.7.12.	Identify and implement strategies to promote staff development that are based on evaluation of the personal and professional abilities and competencies of supervised staff as they relate to job responsibilities.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
B.8.0. SCHOLARSHIP			
Promotion of scholarly endeavors will serve to describe and interpret the scope of the profession, 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			
B.8.1.	Articulate the importance of how scholarly activities contribute to the development of a body of knowledge relevant to the profession of occupational therapy.	Articulate the importance of how scholarly activities contribute to the development of a body of knowledge relevant to the profession of occupational therapy.	Articulate the importance of how scholarly activities and literature contribute to the development of the profession.
B.8.2.	Effectively locate, understand, critique, and evaluate information, including the quality of evidence.	Effectively locate, understand, critique, and evaluate information, including the quality of evidence.	Effectively locate and understand information, including the quality of the source of information.
B.8.3.	Use scholarly literature to make evidence-based decisions.	Use scholarly literature to make evidence-based decisions.	Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist.
B.8.4.	Select, apply, and interpret basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data.	Understand and use basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data.	<i>(No related Standard)</i>
B.8.5.	Understand and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology.	Understand and critique the validity of research studies, including their design (both quantitative and qualitative) and methodology.	<i>(No related Standard)</i>
B.8.6.	Design a scholarly proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis.	Demonstrate the skills necessary to design a scholarly proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis.	<i>(No related Standard)</i>
B.8.7.	Implement a scholarly study that evaluates professional practice, service delivery, and/or professional issues (e.g., Scholarship of Integration,	Participate in scholarly activities that evaluate professional practice, service delivery, and/or professional issues (e.g., Scholarship of Integration,	Identify how scholarly activities can be used to evaluate professional practice, service delivery, and/or professional issues (e.g., Scholarship of

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	Scholarship of Application, Scholarship of Teaching and Learning).	Scholarship of Application, Scholarship of Teaching and Learning).	Integration, Scholarship of Application, Scholarship of Teaching and Learning).
		<p><i>THE INTENT OF STANDARD B.8.7 IS TO EMPHASIZE THE "DOING" PART OF THE RESEARCH PROCESS THAT CAN SUPPORT BEGINNING RESEARCH SKILLS IN A PRACTICE SETTING. SYSTEMATIC REVIEWS THAT REQUIRE ANALYSIS AND SYNTHESIS OF DATA MEET THE REQUIREMENT FOR THIS STANDARD. NARRATIVE REVIEWS DO NOT MEET THIS STANDARD.</i></p> <p><i>A CULMINATING PROJECT RELATED TO RESEARCH IS NOT REQUIRED FOR THE MASTER'S LEVEL. IF IT IS CONSISTENT WITH THE PROGRAM'S CURRICULUM DESIGN AND GOALS, THE PROGRAM MAY CHOOSE TO REQUIRE A CULMINATING RESEARCH LEARNING ACTIVITY (E.G., SYSTEMATIC REVIEW OF LITERATURE, FACULTY-LED RESEARCH ACTIVITY, STUDENT RESEARCH PROJECT).</i></p>	
B.8.8.	Write scholarly reports appropriate for presentation or for publication in a peer-reviewed journal. Examples of scholarly reports would include position papers, white papers, and persuasive discussion papers.	Demonstrate skills necessary to write a scholarly report in a format for presentation or publication.	Demonstrate the skills to read and understand a scholarly report.
B.8.9.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities.	<i>(No related Standard)</i>
B.8.10.	Complete a culminating project that relates theory to practice and demonstrates synthesis of advanced knowledge in a practice area.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
<p>B.9.0. 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. The program must facilitate development of the performance criteria listed below. The student will be able to</p>			
B.9.1.	Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics and Ethics Standards</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.	Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics and Ethics Standards</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.	Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics and Ethics Standards</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
B.9.2.	Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.	Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.	Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.

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B.9.3.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.
B.9.4.	Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.	Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.	Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
B.9.5.	Discuss professional responsibilities related to liability issues under current models of service provision.	Discuss professional responsibilities related to liability issues under current models of service provision.	Identify professional responsibilities related to liability issues under current models of service provision.
B.9.6.	Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.	Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.	Identify personal and professional abilities and competencies as they relate to job responsibilities.
B.9.7.	Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, policy developer, program developer, advocate, administrator, consultant, and entrepreneur.	Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur.	Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.
B.9.8.	Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.	Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.	Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
B.9.9.	Describe and discuss professional responsibilities and issues when providing service on a contractual basis.	Describe and discuss professional responsibilities and issues when providing service on a contractual basis.	Identify professional responsibilities and issues when providing service on a contractual basis.
B.9.10.	Demonstrate strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.	Demonstrate strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.	Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
B.9.11.	Demonstrate a variety of informal and formal strategies for resolving ethics disputes in varying practice areas.	Explain the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice.	Identify the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice.
B.9.12.	Describe and implement strategies to assist the consumer in gaining access to occupational therapy and other health and social services.	Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services.	Identify strategies to assist the consumer in gaining access to occupational therapy services.
B.9.13.	Demonstrate advocacy by participating in and exploring leadership positions in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, World Federation of Occupational Therapists, advocacy organizations), consumer access and services, and the welfare of the community.	Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations).	Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations).

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SECTION C: FIELDWORK EDUCATION AND DOCTORAL EXPERIENTIAL COMPONENT			
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. 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 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 reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.
C.1.2.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.
C.1.3.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.
C.1.4.	Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and 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.4.14.	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.4.14.	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.4.14.
C.1.6.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or 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 at the time the student is completing the Level I or 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 at the time the student is completing the Level I or 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.

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<p><i>IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN A MEMORANDUM OF UNDERSTANDING IS REQUIRED. IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS NOT USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN NO MEMORANDUM OF UNDERSTANDING IS REQUIRED.</i></p> <p><i>WHEN A MEMORANDUM OF UNDERSTANDING IS ESTABLISHED WITH A MULTISITE SERVICE PROVIDER (E.G., CONTRACT AGENCY, CORPORATE ENTITY), THE ACOTE STANDARDS DO NOT REQUIRE A SEPARATE MEMORANDUM OF UNDERSTANDING WITH EACH PRACTICE SITE.</i></p>			
C.1.7.	Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.	Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.	Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.
<p>The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will</p>			
C.1.8.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.
C.1.9.	Ensure that qualified personnel supervise Level I fieldwork. 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, nurses, and physical therapists.	Ensure that qualified personnel supervise Level I fieldwork. 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, nurses, and physical therapists.	Ensure that qualified personnel supervise Level I fieldwork. 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, nurses, and physical therapists.
C.1.10.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.
<p>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will</p>			<p>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will</p>

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C.1.11.	Ensure that 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.	Ensure that 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.	Ensure that the fieldwork experience is designed to promote clinical reasoning appropriate to the occupational therapy assistant role, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
C.1.12.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. 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.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. 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.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. 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.1.13.	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.
C.1.14.	Ensure 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 subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.	Ensure 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 subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.	Ensure 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 subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.
C.1.15.	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).

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C.1.16.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student.
C.1.17.	Ensure 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. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Ensure 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. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Ensure 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. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.
C.1.18.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student</i> or equivalent).
C.1.19.	Ensure 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.	Ensure 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.	Ensure 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.
C.2.0. DOCTORAL EXPERIENTIAL COMPONENT The goal of the doctoral experiential component is to develop occupational therapists with advanced skills (those that are beyond a generalist level). The doctoral experiential component shall be an integral part of the program's curriculum design and shall include an in-depth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.			

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	<p>The student must successfully complete all coursework and Level II fieldwork and pass a competency requirement prior to the commencement of the doctoral experiential component. The specific content and format of the competency requirement is determined by the program. Examples include a written comprehensive exam, oral exam, NBCOT certification exam readiness tool, and the NBCOT practice exams.</p>		
C.2.1.	<p>Ensure that the doctoral experiential component is designed and administered by faculty and provided in setting(s) consistent with the program's curriculum design, including individualized specific objectives and plans for supervision.</p>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
C.2.2.	<p>Ensure that there is a memorandum of understanding that, at a minimum, includes individualized specific objectives, plans for supervision or mentoring, and responsibilities of all parties.</p>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
C.2.3.	<p>Require that the length of this doctoral experiential component be a minimum of 16 weeks (640 hours). This may be completed on a part-time basis and must be consistent with the individualized specific objectives and culminating project. No more than 20% of the 640 hours can be completed outside of the mentored practice setting(s). Prior fieldwork or work experience may not be substituted for this experiential component.</p>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
C.2.4.	<p>Ensure that the student is mentored by an individual with expertise consistent with the student's area of focus. The mentor does not have to be an occupational therapist.</p>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
	<p><i>MENTORING IS DEFINED AS 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. THE PROGRAM MUST HAVE A SYSTEM TO ENSURE THAT MENTOR HAS DEMONSTRATED EXPERTISE IN ONE OR MORE OF THE FOLLOWING AREAS IDENTIFIED AS THE STUDENT'S FOCUSED AREA OF STUDY: CLINICAL PRACTICE SKILLS, RESEARCH SKILLS, ADMINISTRATION, LEADERSHIP, PROGRAM AND POLICY DEVELOPMENT, ADVOCACY, EDUCATION, OR THEORY DEVELOPMENT.</i></p>		

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C.2.5.	Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the doctoral experiential component.	<i>(No related Standard)</i>	<i>(No related Standard)</i>

GLOSSARY

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

ACTIVITY: A term that describes a class of human actions that are goal directed (AOTA, 2008b).

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

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.

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

BODY FUNCTIONS: The physiological functions of body systems (including psychological functions).

BODY STRUCTURES: Anatomical parts of the body such as organs, limbs, and their components.

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: 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: 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*.

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

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, situation, or problem. Diagnosis as stated in Standard B.4.0. refers to the occupational therapist's ability to analyze a problem associated with occupational performance and participation.

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

- The Internet;
- One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- Audio conferencing; 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.

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.

FACULTY:

FACULTY, CORE: Persons who are resident faculty, including the program director, 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 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.

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

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).

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"(World Health Organization, 2010).

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.

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, fluidotherapy, hot packs, paraffin, water, and infrared.

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: “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, Polatajko, Baptiste, & Townsend, 1997).

OCCUPATIONAL PROFILE: 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.

PARTICIPATION: Active engagement in occupations.

PERFORMANCE PATTERNS: Patterns of behavior related to daily life activities that are habitual or routine. Performance patterns include habits, routines, rituals, and roles.

PERFORMANCE SKILLS: 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).

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

PROGRAM DIRECTOR (associate-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 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)

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 and Training Council Accrediting Commission (DETC)
- 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).

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

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

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: Supervision 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.

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.

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Technical Standards for Occupational Therapy

The school is committed to enabling student with disabilities to complete the course of study of our program by means of reasonable accommodations consistent with the Americans with Disabilities Act (ADA). These technical standards articulate the expectations and requisite abilities considered essential for occupational therapy students to become primary providers of occupational therapy services. All students admitted into this program should be able to demonstrate these abilities at the time of admission and at all times during matriculation. If accommodations are needed by a student to perform the technical standards, he or she must notify the Associate Dean for Academic Affairs at (504)568-4244 after being accepted into the program.

The major function of an Occupational Therapist (OTR) with registered certification is to provide occupational therapy services including evaluation, intervention planning, implementation, and review; discharge planning; outcomes assessment; and related documentation and communication.

The following technical standards describe the essential eligibility requirements for participation and progression in the occupational therapy curriculum. Standards cover observation skills, behavioral and social skills, communication, psychomotor skills, and cognitive skills. It is the expectation of the Department of Occupational Therapy that students engage at all times in client-centered, occupation-based services in a safe, professional and compassionate manner. These skills are necessary for successful transition into the clinical world of the occupational therapist.

Observation Skills

1. Students must be able to achieve the required competencies in the classroom setting from a variety of educational experiences in both basic arts and sciences and clinical settings.
2. Individuals must accurately observe human performance, discriminating between a safe and an unsafe environment and between therapeutic and non-therapeutic behavior and contexts.
3. Individuals must perceive, assimilate, and integrate information.
4. Individuals must demonstrate adequate functional use of visual, tactile, auditory, and other sensory and perceptual modalities to enable such observations and information acquisition.

Communication Skills

1. Effective communication is critical for students to build relationships with faculty, fellow graduate students, coworkers, clients, and their significant others in the student's various roles of learner, colleague, consultant, and leader.
2. Individuals must be able to gather, comprehend, utilize, and disseminate information effectively, efficiently, and according to professional standards.
3. Communication should be comprehensible by patients, professionals, and laypersons.
4. Individuals must be able to communicate effectively and sensitively with patients and colleagues, including individuals from different cultural and social backgrounds; this includes, but is not limited to, the ability to establish rapport and communicate with others.
5. Individuals must demonstrate the ability to observe, recognize and understand non-verbal behavior.
6. Individuals must participate in group and face-to-face discussions/presentations in a clear, organized, and professional manner.

Intellectual/Conceptual Skills

1. Students must demonstrate critical thinking skills so that they can problem-solve creatively, master abstract ideas, and synthesize information presented in academic, clinical and fieldwork settings.
2. Individuals must be able to measure, calculate, reason, analyze, process, integrate, synthesize, apply and retain facts, concepts, and data.

3. Individuals must develop and exhibit a sense of Professional ethics, and also recognize and apply pertinent legal and ethical standards.
4. Individuals must be able to combine separate pieces of information or specific answers to problems to come up with logical explanations for why seemingly unrelated events occur or are utilized together.
5. Individuals must use ingenuity and imagination in solving novel, ill-defined problems in complex, real-world settings.

PsychoMotor

1. Students must possess the motor functions needed to manipulate tools or handle clients in a variety of settings, under a variety of conditions.
2. Individuals must demonstrate the physical strength and coordination to safely handle and move clients; perform medical procedures, or direct clients in various practice settings according to the needs of their discipline.
3. Individuals must perform physical activities that require considerable use of arms and legs and moving one's whole body, such as climbing, lifting, getting up and down from the floor, balancing, walking, bending, stooping and handling of material and people. Standing and sitting for long periods of time are also necessary. This includes being able to apply physical restraints, and to lift, push and pull at least 50 pounds for routine transfers from varying surfaces, and be able to manually adjust equipment found in the occupational therapy clinical setting.
4. Individuals must possess adequate fine motor skills to be able to manipulate small objects, manage scissors, fabricate splints, and utilize tools /activities.
5. Individuals must tolerate being in close physical proximity and in physical contact with others.

Behavioral & Social Skills

1. Students must demonstrate emotional stability and acceptable communication skills, and be capable of developing mature and effective interpersonal relationships with other students, health care workers, clients and their significant others that inspire trust and respect and exceptional therapeutic use of self.
2. Individuals must be able to tolerate the physical, mental, and emotional academic and clinical workloads and to function effectively under stress.
3. Individuals will be able to adapt to changing environments, display flexibility, and function in the face of the uncertainties inherent in the clinical and academic setting.
4. Individuals must demonstrate the ability to self-reflect and understand why they respond/think/feel in the way that they do and then self-correct, if necessary. Openness and responsive to feedback is considered essential for success.
5. Individuals will safely perceive and navigate varied environments and communities.
6. Individuals must exhibit the ability and commitment to work collaboratively and professionally with individuals and groups in an intense setting to meet the needs of people of diverse cultures, age groups, socioeconomic groups and challenges without bias and in a harmonious manner.
7. Individuals must support and promote the activities of peers and health care professionals by sharing knowledge, eliciting input, and acting with empathy toward others.
8. Individuals must demonstrate compassion; integrity, concern for others, interpersonal skills; interest and motivation are all personal qualities that are critical.

Professional Responsibilities

1. Students must exhibit the ability to meet the challenges of any academic, medical or clinical situation that requires a readiness for immediate and appropriate response without interference of personal or medical problems.
2. Students have the responsibility to attend and be able to travel to and from classes and clinical assignments on time, and possess the organizational skills and stamina for performing required tasks and assignments within allotted time frames.
3. Individuals must have the ability to perform problem-solving tasks in a timely manner and prioritize and organize multiple workload needs, completing required work within the specified due dates.
4. Students will take initiative to direct their own learning as evidenced by the ability to prepare in advance, utilize resources before asking for help and independently explore additional information. Students must be able to take responsibility for their actions and outcomes.

5. Students need to work cooperatively and collaboratively with other students on assigned projects, and participate willingly in a supervisory process involving evaluation of other students and their own abilities and reasoning skills via giving and receiving feedback, as well as looking for ways to improve.
6. Students must adhere to policies of the university, their program, and clinical sites. This includes matters ranging from professional dress and behavior, to attending to their program's academic schedule.
7. Students must demonstrate knowledge of and commitment to the code of ethics of their profession and behavior that reflects a sense of right and wrong in the helping environment.

I understand that as a student in the Master of Occupational Therapy Program at Louisiana State University Health Sciences Center, I will be expected to participate in activities that will prepare me to perform all of the technical standards required of an occupational therapist.

Signature

Date

POLICIES AND PROCEDURES

Graduate Professional Scholastic Requirements

1. A minimum cumulative GPA of 3.0 is required for graduation.
2. The minimum scholastic requirement for course work is a grade of C. However, no more than 6 credit hours of C grades may be counted toward a degree unless otherwise established by the department. In courses designed Pass/Fail or Satisfactory/Unsatisfactory a grade of Pass or Satisfactory is required.

Provisions for Academic Progression

1. If an unacceptable grade is recorded in a non-prerequisite course the student must satisfactorily complete the course when next regularly offered.
2. If an unacceptable grade is recorded in a course designated as a prerequisite course the student will receive a warning to the effect that he/she must satisfactorily complete the prerequisite course before continuing the program sequence.
3. Students may not participate in clinical fieldwork or preceptorship courses until all prerequisite course work has been completed successfully.
4. Student who earns a grade of Unsatisfactory or Failing a clinical fieldwork or preceptorship course will be placed on scholastic probation.
5. Students who fall from 1-10 quality points below a 3.0 cumulative GPA will be placed on scholastic probation.
6. Students placed on scholastic probation must repeat those courses in which an unacceptable grade was earned when next regularly offered and earn a satisfactory grade. Students will remain on scholastic probation until this requirement is met and the minimum scholastic requirement for cumulative GPA is achieved. Failure to meet this requirement will result in dismissal from the School.
7. A course, including those designated clinical fieldwork and preceptorship, may be repeated one time only. Students who repeat a course but earn an unacceptable grade will be dismissed from the school.
8. Students who fall more than 10 quality points below a 3.0 cumulative GPA will be dismissed from the School.
9. Students on scholastic probation are not eligible for graduation.
10. Students must complete the program in a specified period of time. (Time frame to be determined by each department).
11. Grades recorded in repeated course work do not replace the original grade. Both the original grade and repeated grade will appear on the academic transcript and both grades will be used in the composition of the academic grade point average.
12. Students dismissed from the School for academic reasons must reapply to the program to be considered for readmission.

Louisiana State University Health Sciences Center
School of Allied Health Professions

POLICY AND PROCEDURES RELATED TO ACADEMIC CONDUCT

Introduction

Universities have a responsibility to protect: their educational purposes, the academic environment of the campus, and all members of the University community. To meet these responsibilities, a University must establish and enforce standards of conduct for its students. A University is obliged to establish reasonable standards for student conduct, for membership and continued membership in the University community, to deny membership to those applicants who do not meet these standards, and to impose reasonable disciplinary sanctions on students who are found guilty of violating these standards.

Policy

It is the prerogative of the School of Allied Health Professions, through the faculty, administrators, and other employees, to make decisions on the correct application of general policy statements and procedures to specific students under specific sets of circumstances. In making these decisions, both the rights of the student and the needs of the School in accomplishing its mission and educational goals must be considered. To this end, acts of academic or other misconduct, e.g., cheating, plagiarism, code of professional conduct violations, commission of a crime, etc., may subject the offending student to disciplinary action. To insure the consistent observance of due process, the following policy and procedures apply.

Definitions

1. "University" refers to the Louisiana State University (LSU) system.
2. "Health Sciences Center" refers to the Louisiana State University Health Sciences Center, including both the New Orleans and Shreveport campuses.
3. "School" refers to the School of Allied Health Professions, including both the New Orleans and Shreveport campuses.
4. "Department" refers to the specific department within the School of Allied Health Professions in which a given student is enrolled.
5. "Days" refers to official LSU Health Sciences Center working days.
6. Any reference herein to the singular shall also include the plural.

General Provisions

1. Equal treatment guaranteed to students by the 14th Amendment to the Constitution of the United States of America requires that the same policies, procedures, and practices be used to consider all allegations of misconduct and also requires the imposing of "like sanctions for like violations" on all students found guilty of misconduct. This obligation of the School can be fulfilled only if

each instructor reports suspected misconduct to the designated office in accordance with the provisions of this document. Consistent with this obligation, no disciplinary sanction shall be imposed upon a student except in accordance with the provisions of this document. Thus, it is contrary to School policy for an instructor to assign a disciplinary grade, such as an "F" or zero on an assignment, test, examination, or course as a sanction for admitted or suspected academic dishonesty, in lieu of formally charging the student with academic misconduct under the provisions described herein.

2. Any time limit set forth in this procedure may be extended by mutual written agreement of the Dean and the student.
3. This policy applies to the School of Allied Health Professions, New Orleans and Shreveport campuses. Infractions shall be reported as follows:
 - New Orleans campus - Associate Dean for Academic Affairs
 - Shreveport campus - Executive Associate Dean for Shreveport
4. Infractions will be resolved on the campus where the student is enrolled.
5. The Associate Dean for Academic Affairs shall chair the hearing panel of the Committee on Student Conduct on the New Orleans campus. The Executive Associate Dean for Shreveport shall chair the hearing panel of the Committee on Student Conduct on the Shreveport campus.
6. Under exceptional circumstances, the Dean may appoint someone other than either the Associate Dean for Academic Affairs or the Executive Associate Dean for Shreveport to serve in his/her place.

Academic and Professional Conduct

Students are expected to:

- Exhibit the highest standard of personal, academic, professional and ethical behavior.
- Treat faculty, staff, peers, clients, patients, and others with dignity and respect.
- Abide by the Code of Conduct that applies to their specific Allied Health discipline.
- Comply with rules, codes, policies, technical standards set by the Department, School, campus and University.

Students who violate any of the above when involved in any School or School related activity/function whether on or off campus will be subject to disciplinary action as prescribed in this document.

Academic Misconduct

Academic misconduct, includes, but is not limited to, the following:

1. Copying from another student's test paper
2. Using the course textbook or other materials such as a notebook normally brought to a class meeting but not authorized for use during a test by the person giving the test. Having such forbidden material open and in sight of the student will be considered prima facie evidence of use

3. Attempting to commit, or to be an accessory to the commission of, an offense listed above
4. Collaborating during a test with any other person by giving or receiving information without authority
5. Using specially prepared materials, e.g., notes, formula lists, notes written on the student's clothing or body, during a test. Bringing such forbidden material to a test will be considered prima facie evidence of use or attempted use
6. Stealing, buying or otherwise obtaining, all or part of an unadministered test, including answers to an unadministered test
7. Possession/distribution of all or part of an unadministered test
8. Bribing any other person to obtain an unadministered test or information about a test
9. Substituting for another student, or permitting any other person to substitute for oneself, to take a test
10. Submitting as one's own, in fulfillment of academic requirements, any theme, report, term paper, essay, other written work, drawing, or other scholastic work prepared totally or in part by another
11. Selling, giving or otherwise supplying to another student for use in fulfilling academic requirements any theme, report, term paper, or other work
12. Changing, altering or being an accessory to the changing and/or altering a grade in a grade book, on a test paper, on other work for which a grade is given, on a "drop slip" or other official academic records
13. Proposing and/or entering into an arrangement with an instructor to receive a grade of "F" or any other reduced grade in a course, on a test or any other assigned work in lieu of being charged with academic misconduct under the provisions of this policy
14. Plagiarizing is the unacknowledged inclusion, in work submitted for credit, of someone else's words, ideas or data. When a student submits work for credit that includes the words, ideas or data of others, the source of this information must be acknowledged through complete, accurate and specific references, and, if verbatim statements are included, through quotation marks. Failure to identify any source, published or unpublished, copyrighted or uncopyrighted, from which information, terms, phrases or concepts have been taken, constitutes plagiarism. By placing his or her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgments through appropriate referencing.
15. Falsification, fabrication or dishonesty in reporting clinical, laboratory and research reports
16. Submitting substantially the same work for credit in more than one course
17. Violation of course rules as established by the School, Department or course instructor
18. Attempting to commit, or to be an accessory to, the commission of an offense listed above
19. Violation of any other LSU Health Sciences Center academic rules or regulations

Students who violate any of the above when involved in any School or School related activity/function whether on or off campus will be subject to disciplinary action as prescribed in this document.

Professional Misconduct

To protect the University's educational purposes and the University community, a student may be formally charged with a violation of this policy and be subject to the sanctions herein when:

1. Strong and convincing evidence that the student's continued presence at the University is potentially dangerous to the health and safety of the University community.
2. The student is convicted of a felony.
3. The student is formally charged by civil authorities with the commission of a felony of such nature that the student's continued presence at the University is potentially dangerous to the health and safety of the University community.
4. The student is in possession of dangerous weapons/devices including but not limited to firearms, explosives, toxic substances, etc. on school property or other property e.g. clinical site where a school activity/function is conducted.
5. The student engages in acts of sexual misconduct including but not limited to sexual harassment, lewd, indecent, and/or obscene behavior.
6. The student engages in behavior that disrupts the learning environment including but not limited to refusing to comply with instructions, course requirements, behaving in a physically threatening manner, making oral/written threats, etc.
7. The student violates any other LSU Health Sciences Center rules or regulations pertaining to Professional Conduct.

Procedure

Reporting Student Misconduct

1. An instructor, employee or student who has evidence to justify a charge of misconduct, shall present the evidence to the Office of the appropriate Associate Dean within 5 days of the alleged misconduct.
2. An allegation of misconduct must be in writing and signed by the individual making the allegation in order to proceed to the next step.
3. The appropriate Associate Dean/the Dean or his/her designee will discuss the circumstances and evidence surrounding the alleged violation with the person bringing the charge.

Charging a Student with Misconduct

1. After reviewing the evidence pertaining to the alleged violation, the appropriate Associate Dean will then discuss the charge with the student involved. If the evidence is sufficient to justify such action, the student will be informed that the School of Allied Health Professions will bring formal charges against him or her.
2. The student will be provided with a written statement of the formal charge against him/her. The allegation will be referred to the Committee on Student Conduct. If the student meets the criteria noted under the section entitled "The Administrative Hearing", he/she may request that the Dean accept administrative jurisdiction.

Referral to a Hearing Panel

After being informed of the formal charge, if the student does not request that the charge be resolved administratively, or the Dean does not accept jurisdiction, the appropriate Associate Dean will refer the charge to a hearing panel of the Committee on Student Conduct within 5 days.

Interim Grade

A grade of "I" (incomplete) will be assigned, if necessary, until the Dean has rendered his/her final decision.

Committee on Student Conduct

1. An Ad Hoc Committee, which shall be advisory to the Dean and consist of the appropriate Associate Dean, three faculty members, and two students shall meet to consider the case within 10 days of referral to the hearing panel of the Committee on Student Conduct.
2. Faculty members of the Committee on Student Conduct shall be selected by the appropriate associate dean on each campus, by lot from the pool of full time faculty members within the School of Allied Health Professions. No more than one faculty member of the Committee may be a member of the accused student's department.
3. Student members shall be appointed by an officer of the Student Government Association of the School of Allied Health Professions. Students serving on the hearing panel may not be from the accused student's Department. Graduate students will review allegations of misconduct against graduate students and undergraduate students will review allegations of misconduct against undergraduates.
4. The appropriate Associate Dean shall serve as chairperson of the Committee and be responsible for setting up the hearing, informing concerned parties and

- the Committee member of the time and place of the hearing. The chairperson will insure that the hearing is audio taped, a mechanical malfunction, however, will not invalidate the procedure.
5. The accused student may be accompanied by an advisor at the hearing. The advisor may speak to his/her advisee during the hearing but may not speak for the accused student or question committee members or those offering evidence.
 6. At the hearing, evidence of alleged misconduct will be presented. The accused student may present evidence in his/her defense; question those who present evidence against him/her and; refute evidence against himself/herself. The Committee may question all those who offer evidence. The Chairperson will insure that the scope of the hearing and evidence presented relate to the charge of misconduct.
 7. After all evidence has been presented the Committee will meet in executive session to deliberate and formulate its recommendation to the Dean. The Committee may choose one or more sanctions listed in this document as its recommendation.
 8. The Committee Chairperson shall submit a written report to the Dean including: the Committee's finding; recommendation; summary of the evidence presented; and dissenting opinions within five days of the hearing.

The Administrative Hearing

1. As noted earlier under the section titled "Charging a Student with Misconduct", after the student is formally charged with academic misconduct, a request for an administrative hearing before the Dean can be made. This request must be made within two days of receipt of the formal charge.
2. The following specific conditions must be met before the Dean can accept jurisdiction.
3. The student must:
 - a) Request in writing that the Dean take jurisdiction; and the Dean must be willing to accept the case as being appropriate for administrative resolution
 - b) Officially plead guilty in writing to the specific charge as prepared by the Office of the Associate Dean
 - c) Waive his or her right in writing to have the charge considered by a hearing panel of the Committee on Student Conduct

Action by the Dean

1. Independent of the method used, i.e., hearing panel or administrative jurisdiction, the Dean will render a final decision consistent with the following schedule: 1) within five days of receipt of the hearing panel's report, or 2) within 10 days of accepting administrative jurisdiction.
2. The Dean has the authority to impose sanctions other than those recommended by the Committee on Student Conduct, and determine when sanctions will be

imposed, e.g., immediately, at the end of the semester.

3. The Dean's final decision, plus a copy of the Committee's findings and recommendations, shall be distributed to the student involved, the appropriate Associate Dean, and other appropriate administrators.

Appeal

As a matter of right a student may appeal the decision of the Dean. An appeal must be made to the Vice-Chancellor for Academic Affairs of the LSU Health Sciences Center within 15 days of the decision of the Dean.

The written appeal must include:

- 1) A justification for the appeal, e.g. evidence of abuse of process, evidence of procedural error, etc.
- 2) The Dean's final decision plus a copy of the committee's finding and recommendations

The Vice-Chancellor for Academic Affairs shall decide within two weeks after receipt of appeal whether further action should be taken. In reaching this decision, this official may ask other parties to the appeal to make written reply to the request for a review or these parties, on their own, may make a written reply. If the decision is reached that a review is not justified, the student and all other parties will be so notified. If the Vice Chancellor for Academic Affairs decides to respond favorably to the petition for review, this official will hold a formal meeting with all parties and their advisors, if desired, and reach a decision based on discussions at this meeting, as well as on all written materials furnished. Once a decision is reached, the Vice Chancellor for Academic Affairs will notify all parties, plus the Dean, of the decision. The decision of the Vice Chancellor for Academic Affairs shall conclude the matter, subject to the right of the Chancellor to review the case. The Chancellor will consider the case only on the basis of a petition for review following the procedure outlined above.

Sanctions for Academic Misconduct

Sanctions imposed on the student may include one or more of the following disciplinary actions:

1. Be required to show active participation in the work of counseling
2. Retake test, or repeat work in question
3. Lower letter grade by one letter, e.g. A to B
4. Lower letter grade by two letters, e.g. A to C
5. Complete given activities/assignments consistent with the Dean's decision
6. Receive a failing grade for the course in which the infraction occurred. If this sanction is imposed and the policy of the Department stipulates that when "a student receives a less than satisfactory grade in a course he or she may not continue in the program sequence", then the Department policy shall also apply
7. Suspension from the School of Allied Health Professions. Period of suspension

- to be determined by the Dean
8. Dismissal from the School of Allied Health Professions.

Sanctions for Professional Misconduct

Sanctions imposed on the student may include one or more of the following disciplinary actions:

1. Be required to show active participation in the work of counseling
2. Disciplinary Warning: verbal or written notification that the student has not met the School's standards of conduct, and that a repeat offense will result in more serious disciplinary action. It is not the case that first offenses automatically receive a warning; most first offenses receive a stricter response, with warnings reserved for cases with unusual mitigating circumstances
3. Reprimand: a written statement censuring a student for violating School regulations, and stating that another offense will result in more serious action. This is normally considered a lenient response, even for first offenses
4. Restitution: requirement that the student compensate the School or other persons for damages, injuries, or losses. Failure to comply results in canceled registration and a hold on future registration
5. Disciplinary Probation: an action that places conditions on the student's continued enrollment in the School, including the statement that further violation of School policies will likely result in dismissal. The Committee fixes the term and conditions of academic probation. First offenses often result in probation
6. Suspension from the School of Allied Health Professions. Period of time to be determined by the Dean
7. Dismissal from the School of Allied Health Professions

Louisiana State University Health Sciences Center
School of Allied Health Professions

POLICY AND PROCEDURES RELATED TO STUDENT CONDUCT

I have received a copy of the document entitled LSUHSC School of Allied Health Professions Policy and Procedures Relating to Student Conduct.

Print Name

Signature

Date

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER (LSUHSC),
NEW ORLEANS
School of Allied Health Professions
DEPARTMENT OF OCCUPATIONAL THERAPY

PROFESSIONAL BEHAVIORS, POLICIES, AND GUIDELINES

The faculty at LSUHSC – New Orleans, School of Allied Health Professions, Department of Occupational Therapy, welcomes you to the professional portion of your academic education. As a professional program, expectations of students are somewhat different from those you may have experienced in the pre-professional portion of your education. The following policies and guidelines are provided to assist you in understanding our expectations for your professional behavior.

Professional Behavior

1. **Class attendance is required.** Students are expected to provide advanced notice of absences or a reasonable explanation to the faculty member whose class is missed *as soon as possible* (and not later than 24 hours) after the missed class. In case of serious illness, or other emergencies, the student will need to directly inform his/her instructor via personal email or phone. If the faculty member is not available, the student will need to leave a message with the office staff of the Occupational Therapy Department for that faculty member at (504)569-4302. If the serious illness or emergency occurs on a day the student is scheduled for fieldwork or observations, it is the student's responsibility to inform the fieldwork supervisor at the facility as well as the course instructor. Timelines for notification referred to above should be followed. Missed fieldwork may be required to be made-up. In the event of serious illness or emergency, the student and instructor will develop a written plan for making up missed fieldwork.
2. **E-mail requirements.** Upon registration in the program, each student is assigned an e-mail account through LSUHSC. Students will be required to use their e-mail accounts for registration purposes, and to receive messages from the School and the Department. It is expected that the student correspond with faculty members through the LSUHSC e-mail account. Students are expected to check their e-mail at least daily. Please refer to the information provided by the Information Technology Department in the School of Allied Health Professions (SAHP) for the “Guidelines for the Development of Passwords”.
3. **in class-computer use.** Courses may require the use of laptops for classroom activities, including exams, quizzes, or other classroom activities. *Please refer to course syllabi for specific policies for laptop use and communicate with the course coordinator/instructor for answers to specific questions.* When laptops are used in class, it is expected to be for school classroom activities **only**. Any student using a computer during class for non-school related activities will be excused from the classroom. Students failing to comply with this policy will be reported to the Dean’s office, Department Head, and/or

appropriate designee for disciplinary action and may be subject to dismissal from the program.

4. **Student purchase of textbooks is required.** Each semester, students are provided with a book list needed for each course for the upcoming semester. Textbooks are indicated as being required or recommended. Students must obtain all required books for each semester, as assigned readings must be completed before coming to the class session. The majority of the books purchased will be used over multiple semesters and will be excellent resources for fieldwork and clinical practice.
5. **Cell phones are to be turned off during all classes and during all meetings with faculty.** In the rare case of an emergency, the student is to ask for permission from the faculty member in charge of a given class or meeting to keep a cell phone turned on in order to receive the emergency call.
6. **Proper attire is required for all classroom, laboratory, and clinic sessions.** Patients/clients frequent the LSU Health Sciences Center daily. Therefore, students are required to dress in attire suitable for the professional environment in which their classes are held, not just during visits to clinical sites away from campus. Bare feet, short shorts, sleeveless tops, spaghetti straps, tube tops, short skirts, athletic wear, yoga pants, and other revealing outfits are not considered professional or acceptable attire. Faculty will give instructions for laboratory and fieldwork dress as indicated. Long hair should be pulled back when in situations where clients are involved. **Artificial fingernails** cannot be worn when providing hands-on patient care or during fieldwork.
7. **Students MUST respect the confidentiality of their clients/patients, colleagues and faculty.** The student is required to respect the dignity, individuality, privacy and personality of each and every individual. Information about a client should be shared on a “need to know” basis only, and not for reasons of personal interest. In other words, in order to provide services, it is necessary for various professional personnel to know personal information about a client. If a client's information is discussed related to official class business (e.g., during seminars, classes), the client's identity must remain anonymous; and information about the client that is not necessary to the learning situation must not be shared, (e.g., identity of known relatives, legal or moral issues not related to OT services being rendered). This is also true about personal discussions that students participate in during class time. Students are expected to respect the confidentiality and privacy of your classmates. Health Insurance Portability and Accountability Act (HIPAA) guidelines must be adhered to at all times.
8. **Unprofessional, unethical, and illegal conduct** of any kind, including cheating on examinations or classroom assignments, plagiarism, and theft, etc., will subject the offending student to appropriate disciplinary measures that can include expulsion. (See the Student Handbook under LSUHSC School of Allied Health Professions Policy and Procedures Relating to Academic Misconduct.)

9. **Professional membership.** Being part of a profession required that one displays various professional behaviors.
 - a. Students are expected to treat fellow students and other colleagues in a professional manner, meaning with respect and dignity. Disrespectful behaviors are not tolerated.
 - b. Professionals are expected to be life-long learners. They are also expected to participate in their respective professional organizations. All students are required to become members of the American Occupational Therapy Association (AOTA). It is strongly encouraged that students become members of the Louisiana Occupational Therapy Association (LOTA), and the Student Occupational Therapy Association (SOTA).
10. **Hall conduct.** Students need to be cognizant when talking and gathering in the halls, that noise travels easily. We ask that they make an effort to keep the noise at a minimum, particularly since we share the floor with another department.
11. **Classrooms.** Students are expected to demonstrate respect for the School and courtesy to others. Students are expected to take adult responsibility for keeping the classrooms free of trash and debris, i.e., soft drink cans, papers, etc. Bulletin boards are intended for the display of instructional and professional materials, not personal or social items.
12. **Waiting Room/Student Lounge.** Students may occupy the room off the elevators that is a combined client waiting room/student lounge. The microwave and refrigerator in that room are for student use on the condition that students keep them clean at all times. Any food that is left in the refrigerator or in that room must be marked with the student's name. **Food items that are left in the refrigerator or in the waiting room/student lounge without a name attached are to be discarded by students.** The student refrigerator and microwave are to be emptied and cleaned at the end of each semester and cleared at the end of each week during hurricane season (June 1 to November 30). It is the responsibility of the students to see that these tasks are performed on a regular basis. Failure to keep both items clean may result in the termination of the use of these items.
13. **The use of alcohol is prohibited** in classroom buildings, laboratories, auditoriums, library buildings, faculty and administrative offices, athletic facilities, and all other public campus areas. Alcohol may be served for special events on campus with written authorization from the Dean, Chancellor, or their authorized designee.
14. The unauthorized **use of, possession of, or being under the influence of alcohol** and the illegal use, abuse, possession, manufacture, dispensation, distribution of, or being under the influence of controlled **or illegal drugs is prohibited** while at work, on call, on duty, at school, or engaged in LSU Health Sciences Center – New Orleans campus business on or off LSUHSC-NO premises.
15. We are committed to a **Violence Free Workplace.** Consistent with this policy, it is illegal and expressly prohibited to engage in the unauthorized carrying of a firearm or a

dangerous weapon, by a student or non-student on University property at anytime. This includes, but is not necessarily limited to, school sponsored functions or in a firearm-free zone. Violators will be arrested and prosecuted to the fullest extent of the law.

16. As of January 1, 2012, LSUHSC – New Orleans will be 100% tobacco-free, both indoors and out. Full enforcement of this policy will begin March 1, 2012.

General Policies and Guidelines:

1. Faculty

- a. Appointments with a faculty member out of class:
 - 1) It is preferred that students make non-emergency appointments with faculty members in advance.
 - 2) Faculty members are available on an as-needed basis (rather than at designated office times). Students or faculty may initiate a meeting.
 - 3) The student or faculty member will need to make an appointment at a time that is convenient to both parties. There are several ways in which one can make an appointment:
 - i. A telephone call can be made.
 - ii. An e-mail can be sent.
 - iii. A student can leave a message in writing in the faculty member's box (located in the OT Office); faculty can leave messages in the student's box.
 - iv. The student or faculty member can ask for an appointment before class, during a class break, or after class. (Keep in mind that faculty often does not take their calendars to class, so the student may need to accompany the faculty member to his or her office after class to actually set the appointment.
 - v. If a message is left (either over the phone, via email, or in writing), indicate two to four possible meeting times in order to expedite the process of establishing an appointment, along with a phone number.
- b. When a faculty member's door is closed, it is often because he or she is addressing job related responsibilities requiring privacy or time away from the office. In such situations, office staff or the student is to call the faculty member from a telephone to request permission to speak with the faculty member. If a faculty member's door is open, it is expected that students knock before entering and requesting to speak with the faculty member.
- c. Students are not permitted in faculty offices unsupervised.
- d. Students should meet with the faculty member(s) responsible for a course to discuss course-specific policies and procedures. Students may elect to have their advisor present at such meetings. If a student is not satisfied with the results of a meeting with a faculty member, he or she may then discuss the issue with the Department Head. For information about academic appeals, students can refer to that section under the School of Allied Health Professions in the LSUHSC Catalog/Bulletin also available in Student Handbook.

2. **Written reports** are required to be written in APA style according to the *Publication Manual of the American Psychological Association*, 6th Edition, unless otherwise indicated by the course instructor. Students are required to purchase a personal copy.
3. **Building access.** Students have access to the computer lab 24-7. All other areas of the Department are off-limits after 4:30 and on weekends, unless faculty approval has been obtained.
4. **Campus emergency phone numbers** are placed in all classrooms and on all telephones
5. **Mail boxes** are provided for students. Please check your boxes regularly. Faculty mailboxes are located in the Main OT Office.
6. **Computer access.** Computers are available for student use in the LSUHSC library and in the OT Student Computer Lab. Other Department equipment is off-limits to students unless faculty or staff permission is received.
7. **Photocopy use.** Photocopies for student use must be made on the 6th floor or in the LSUHSC Library.
8. **Fieldwork expenses.** Expenses may be incurred by students enrolled in Fieldwork Experiences in off-campus or out-of-state health care facilities. These expenses are the responsibility of the individual student and should be anticipated.
9. **Employment** during academic sessions is not recommended.
10. **SAFTY TIPS. Theft is common in and around the LSU Health Sciences Center.** The illusion of security is just that, an illusion. Therefore, keep your property secure at all times, even when moving between classrooms. Do not leave your backpacks, purses, or bags in one classroom while in another. Lockers are available in the restrooms, but you need to supply your own combination lock. When walking to and from your vehicle, be vigilant of your surroundings. Attacks on persons are infrequent, but they do happen. If possible, do not walk alone, especially at night. The University Police will escort you if you request the service. **Look out for each other, and BE SAFE!!!!**

Occupational Therapy Code of Ethics and Ethics Standards (2010)

PREAMBLE

The American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics and Ethics Standards (2010)* (“Code and Ethics Standards”) is a public statement of principles used to promote and maintain high standards of conduct within the profession. Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

Fundamental to the mission of the occupational therapy profession is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings.

“Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well being, and quality of life” AOTA, 2004). Occupational therapy personnel have an ethical responsibility primarily to recipients of service and secondarily to society.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* was tailored to address the most prevalent ethical concerns of the profession in education, research, and practice. The concerns of stakeholders including the public, consumers, students, colleagues, employers, research participants, researchers, educators, and practitioners were addressed in the creation of this document. A review of issues raised in ethics cases, member questions related to ethics, and content of other professional codes of ethics were utilized to ensure that the revised document is applicable to occupational therapists, occupational therapy assistants, and students in all roles.

The historical foundation of this Code and Ethics Standards is based on ethical reasoning surrounding practice and professional issues, as well as on empathic reflection regarding these interactions with others (see e.g., AOTA, 2005, 2006). This reflection resulted in the establishment of principles that guide ethical action, which goes beyond rote following of rules or application of principles. Rather, *ethical action* is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage.

While much has changed over the course of the profession’s history, more has remained the same. The profession of occupational therapy remains grounded in seven core concepts, as identified in the *Core Values and Attitudes of Occupational Therapy Practice* (AOTA, 1993): *altruism, equality, freedom, justice, dignity, truth, and prudence*. *Altruism* is the individual’s ability to place the needs of others before their own. *Equality* refers to the desire to promote fairness in interactions with others. The concept of *freedom* and personal choice is paramount in a profession in which the desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (*justice*). Inherent in the practice of

occupational therapy is the promotion and preservation of the individuality and *dignity* of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (*truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (*prudence*). These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* is a guide to professional conduct when ethical issues arise. Ethical decision making is a process that includes awareness of how the outcome will impact occupational therapy clients in all spheres. Applications of Code and Ethics Standards Principles are considered situation-specific, and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution. These Principles apply to occupational therapy personnel engaged in any professional role, including elected and volunteer leadership positions.

The specific purposes of the *Occupational Therapy Code of Ethics and Ethics Standards (2010)* are to

1. Identify and describe the principles supported by the occupational therapy profession.
2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable.
3. Socialize occupational therapy personnel to expected standards of conduct.
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas.

The *Occupational Therapy Code of Ethics and Ethics Standards (2010)* define the set of principles that apply to occupational therapy personnel at all levels:

DEFINITIONS

- **Recipient of service:** Individuals or groups receiving occupational therapy.
- **Student:** A person who is enrolled in an accredited occupational therapy education program.
- **Research participant:** A prospective participant or one who has agreed to participate in an approved research project.
- **Employee:** A person who is hired by a business (facility or organization) to provide occupational therapy services.
- **Colleague:** A person who provides services in the same or different business (facility or organization) to which a professional relationship exists or may exist.
- **Public:** The community of people at large.

BENEFICENCE

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

Beneficence includes all forms of action intended to benefit other persons. The term *beneficence* connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2009). Forms of beneficence typically include altruism, love, and humanity. Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2009).

Occupational therapy personnel shall

- A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.
- B. Provide appropriate evaluation and a plan of intervention for all recipients of occupational therapy services specific to their needs.
- C. Reevaluate and reassess recipients of service in a timely manner to determine if goals are being achieved and whether intervention plans should be revised.
- D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such tests in making intervention decisions or recommendations.
- E. Provide occupational therapy services that are within each practitioner's level of competence and scope of practice (e.g., qualifications, experience, the law).
- F. Use, to the extent possible, evaluation, planning, intervention techniques, and therapeutic equipment that are evidence-based and within the recognized scope of occupational therapy practice.
- G. Take responsible steps (e.g., continuing education, research, supervision, training) and use careful judgment to ensure their own competence and weigh potential for client harm when generally recognized standards do not exist in emerging technology or areas of practice.
- H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the needs and goals of the recipient have been met or when services no longer produce a measurable change or outcome.
- I. Refer to other health care specialists solely on the basis of the needs of the client.
- J. Provide occupational therapy education, continuing education, instruction, and training that are within the instructor's subject area of expertise and level of competence.
- K. Provide students and employees with information about the Code and Ethics Standards, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts.
- L. Ensure that occupational therapy research is conducted in accordance with currently accepted ethical guidelines and standards for the protection of research participants and the dissemination of results.
- M. Report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.

- N. Take responsibility for promoting and practicing occupational therapy on the basis of current knowledge and research and for further developing the profession's body of knowledge.

NONMALEFICENCE

Principle 2. Occupational therapy personnel shall intentionally refrain from actions that cause harm.

Nonmaleficence imparts an obligation to refrain from harming others (Beauchamp & Childress, 2009). The principle of nonmaleficence is grounded in the practitioner's responsibility to refrain from causing harm, inflicting injury, or wronging others. While beneficence requires action to incur benefit, nonmaleficence requires non-action to avoid harm (Beauchamp & Childress, 2009). Nonmaleficence also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This principle often is examined under the context of *due care*. If the standard of due care outweighs the benefit of treatment, then refraining from treatment provision would be ethically indicated (Beauchamp & Childress, 2009).

Occupational therapy personnel shall

- A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.
- B. Make every effort to ensure continuity of services or options for transition to appropriate services to avoid abandoning the service recipient if the current provider is unavailable due to medical or other absence or loss of employment.
- C. Avoid relationships that exploit the recipient of services, students, research participants, or employees physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
- D. Avoid engaging in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient of service, including family or significant other, student, research participant, or employee, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.
- E. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.
- F. Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.
- G. Avoid situations in which a practitioner, educator, researcher, or employer is unable to maintain clear professional boundaries or objectivity to ensure the safety and well-being of recipients of service, students, research participants, and employees.
- H. Maintain awareness of and adherence to the Code and Ethics Standards when participating in volunteer roles.
- I. Avoid compromising client rights or well-being based on arbitrary administrative directives by exercising professional judgment and critical analysis.

- J. Avoid exploiting any relationship established as an occupational therapist or occupational therapy assistant to further one's own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services, students, research participants, employees, or colleagues.
- K. Avoid participating in bartering for services because of the potential for exploitation and conflict of interest unless there are clearly no contraindications or bartering is a culturally appropriate custom.
- L. Determine the proportion of risk to benefit for participants in research prior to implementing a study.

AUTONOMY AND CONFIDENTIALITY

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.

The principle of autonomy and confidentiality expresses the concept that practitioners have a duty to treat the client according to the client's desires, within the bounds of accepted standards of care and to protect the client's confidential information. Often *autonomy* is referred to as the *self-determination* principle. However, respect for autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a "person's right to hold views, to make choices, and to take actions based on personal values and beliefs" (Beauchamp & Childress, 2009, p. 103). Autonomy has become a prominent principle in health care ethics; the right to make a determination regarding care decisions that directly impact the life of the service recipient should reside with that individual. The principle of autonomy and confidentiality also applies to students in an educational program, to participants in research studies, and to the public who seek information about occupational therapy services.

Occupational therapy personnel shall

- A. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
- B. Obtain consent before administering any occupational therapy service, including evaluation, and ensure that recipients of service (or their legal representatives) are kept informed of the progress in meeting goals specified in the plan of intervention/care. If the service recipient cannot give consent, the practitioner must be sure that consent has been obtained from the person who is legally responsible for that recipient.
- C. Respect the recipient of service's right to refuse occupational therapy services temporarily or permanently without negative consequences.
- D. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program/educational institution.
- E. Obtain informed consent from participants involved in research activities, and ensure that they understand the benefits, risks, and potential outcomes as a result of their participation as research subjects.

- F. Respect research participant's right to withdraw from a research study without consequences.
- G. Ensure that confidentiality and the right to privacy are respected and maintained regarding all information obtained about recipients of service, students, research participants, colleagues, or employees. The only exceptions are when a practitioner or staff member believes that an individual is in serious foreseeable or imminent harm. Laws and regulations may require disclosure to appropriate authorities without consent.
- H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and non-verbal communications, including compliance with HIPAA regulations.
- I. Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of service, student, or research participant has limited ability to communicate (e.g., aphasia or differences in language, literacy, culture).
- J. Make every effort to facilitate open and collaborative dialogue with clients and/or responsible parties to facilitate comprehension of services and their potential risks/benefits.

SOCIAL JUSTICE

Principle 4. Occupational therapy personnel shall provide services in a fair and equitable manner.

Social justice, also called *distributive justice*, refers to the fair, equitable, and appropriate distribution of resources. The principle of social justice refers broadly to the distribution of all rights and responsibilities in society (Beauchamp & Childress, 2009). In general, the principle of social justice supports the concept of achieving justice in every aspect of society rather than merely the administration of law. The general idea is that individuals and groups should receive fair treatment and an impartial share of the benefits of society. Occupational therapy personnel have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009). While opinions differ regarding the most ethical approach to addressing distribution of health care resources and reduction of health disparities, the issue of social justice continues to focus on limiting the impact of social inequality on health outcomes.

Occupational therapy personnel shall

- A. Uphold the profession's altruistic responsibilities to help ensure the common good.
- B. Take responsibility for educating the public and society about the value of occupational therapy services in promoting health and wellness and reducing the impact of disease and disability.
- C. Make every effort to promote activities that benefit the health status of the community.
- D. Advocate for just and fair treatment for all patients, clients, employees, and colleagues, and encourage employers and colleagues to abide by the highest standards of social justice and the ethical standards set forth by the occupational therapy profession.
- E. Make efforts to advocate for recipients of occupational therapy services to obtain needed services through available means.

- F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, marital status, sexual orientation, gender, gender identity, religion, culture, and political affiliation.
- G. Consider offering *pro bono* (“for the good”) or reduced-fee occupational therapy services for selected individuals when consistent with guidelines of the employer, third-party payer, and/or government agency.

PROCEDURAL JUSTICE

Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.

Procedural justice is concerned with making and implementing decisions according to fair processes that ensure “fair treatment” (Maiese, 2004). Rules must be impartially followed and consistently applied to generate an unbiased decision. The principle of procedural justice is based on the concept that procedures and processes are organized in a fair manner and that policies, regulations, and laws are followed. While *the law* and *ethics* are not synonymous terms, occupational therapy personnel have an ethical responsibility to uphold current reimbursement regulations and state/territorial laws governing the profession. In addition, occupational therapy personnel are ethically bound to be aware of organizational policies and practice guidelines set forth by regulatory agencies established to protect recipients of service, research participants, and the public.

Occupational therapy personnel shall

- A. Be familiar with and apply the Code and Ethics Standards to the work setting, and share them with employers, other employees, colleagues, students, and researchers.
- B. Be familiar with and seek to understand and abide by institutional rules, and when those rules conflict with ethical practice, take steps to resolve the conflict.
- C. Be familiar with revisions in those laws and AOTA policies that apply to the profession of occupational therapy and inform employers, employees, colleagues, students, and researchers of those changes.
- D. Be familiar with established policies and procedures for handling concerns about the Code and Ethics Standards, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints as well as policies and procedures created by AOTA and certification, licensing, and regulatory agencies.
- E. Hold appropriate national, state, or other requisite credentials for the occupational therapy services they provide.
- F. Take responsibility for maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.
- G. Ensure that all duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.
- H. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with AOTA official documents and local, state, and federal or national laws, rules, regulations, policies, procedures, standards, and guidelines.

- I. Obtain all necessary approvals prior to initiating research activities.
- J. Report all gifts and remuneration from individuals, agencies, or companies in accordance with employer policies as well as state and federal guidelines.
- K. Use funds for intended purposes, and avoid misappropriation of funds.
- L. Take reasonable steps to ensure that employers are aware of occupational therapy's ethical obligations as set forth in this Code and Ethics Standards and of the implications of those obligations for occupational therapy practice, education, and research.
- M. Actively work with employers to prevent discrimination and unfair labor practices, and advocate for employees with disabilities to ensure the provision of reasonable accommodations.
- N. Actively participate with employers in the formulation of policies and procedures to ensure legal, regulatory, and ethical compliance.
- O. Collect fees legally. Fees shall be fair, reasonable, and commensurate with services delivered. Fee schedules must be available and equitable regardless of actual payer reimbursements/contracts.
- P. Maintain the ethical principles and standards of the profession when participating in a business arrangement as owner, stockholder, partner, or employee, and refrain from working for or doing business with organizations that engage in illegal or unethical business practices (e.g., fraudulent billing, providing occupational therapy services beyond the scope of occupational therapy practice).

VERACITY

Principle 6. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The principle of *veracity* in health care refers to comprehensive, accurate, and objective transmission of information and includes fostering the client's understanding of such information (Beauchamp & Childress, 2009). Veracity is based on respect owed to others. In communicating with others, occupational therapy personnel implicitly promise to speak truthfully and not deceive the listener. By entering into a relationship in care or research, the recipient of service or research participant enters into a contract that includes a right to truthful information (Beauchamp & Childress, 2009). In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided. Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle also requires thoughtful analysis of how full disclosure of information may impact outcomes.

Occupational therapy personnel shall

- A. Represent the credentials, qualifications, education, experience, training, roles, duties, competence, views, contributions, and findings accurately in all forms of communication about recipients of service, students, employees, research participants, and colleagues.
- B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.

- C. Record and report in an accurate and timely manner, and in accordance with applicable regulations, all information related to professional activities.
- D. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.
- E. Accept responsibility for any action that reduces the public's trust in occupational therapy.
- F. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, students, research participants, or the public.
- G. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.
- H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.
- I. Give credit and recognition when using the work of others in written, oral, or electronic media.
- J. Not plagiarize the work of others.

FIDELITY

Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.

The principle of fidelity comes from the Latin root *fidelis* meaning loyal. *Fidelity* refers to being faithful, which includes obligations of loyalty and the keeping of promises and commitments (Veatch & Flack, 1997). In the health professions, fidelity refers to maintaining good-faith relationships between various service providers and recipients. While respecting fidelity requires occupational therapy personnel to meet the client's reasonable expectations (Purtillo, 2005), Principle 7 specifically addresses fidelity as it relates to maintaining collegial and organizational relationships. Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision-making and professional practice.

Occupational therapy personnel shall

- A. Respect the traditions, practices, competencies, and responsibilities of their own and other professions, as well as those of the institutions and agencies that constitute the working environment.
- B. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated by national, state, or local laws or permission to disclose is given by the individual.
- C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and Ethics Standards and report any breaches of the former to the appropriate authorities.
- D. Attempt to resolve perceived institutional violations of the Code and Ethics Standards by utilizing internal resources first.
- E. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.

- F. Avoid using one's position (employee or volunteer) or knowledge gained from that position in such a manner that gives rise to real or perceived conflict of interest among the person, the employer, other Association members, and/or other organizations.
- G. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
- H. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

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Authors

Ethics Commission (EC):

Kathlyn Reed, PhD, OTR, FAOTA, MLIS, Chairperson

Barbara Hemphill, DMin, OTR, FAOTA, FMOTA, Chair-Elect

Ann Moodey Ashe, MHS, OTR/L

Lea C. Brandt, OTD, MA, OTR/L

Joanne Estes, MS, OTR/L

Loretta Jean Foster, MS, COTA/L

Donna F. Homenko, RDH, PhD

Craig R. Jackson, JD, MSW

Deborah Yarett Slater, MS, OT/L, FAOTA, Staff Liaison

Adopted by the Representative Assembly 2010CApr17.

Note. This document replaces the following rescinded Ethics documents 2010CApril18: the Occupational Therapy Code of Ethics (2005) (American Journal of Occupational Therapy, 59, 639–642); the Guidelines to the Occupational Therapy Code of Ethics (American Journal of Occupational Therapy, 60, 652–658); and the Core Values and Attitudes of Occupational Therapy Practice (American Journal of Occupational Therapy, 47, 1085–1086).

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LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
School of Allied Health Professions
DEPARTMENT OF OCCUPATIONAL THERAPY
1900 Gravier Street
New Orleans, LA 70112
(504) 568-4302
FAX (504) 568-4306

HONOR CODE

The Department of Occupational Therapy at Louisiana State University Health Sciences Center (LSUHSC) regards honesty and integrity as qualities essential to the practice of occupational therapy. The Honor Code governs student conduct during all academic activities. Upon admission to the program, students must agree to abide by the Honor Code. Students who violate the code violate this agreement, and incur the sanction imposed by the LSUHSC School of Allied Health Professions Policy and Procedures Related to Student Conduct (See Student Handbook on the Department's website). Examples of conduct that are regarded as being in violation of the Honor Code include, but are not limited to:

- a) Copying from another's examination paper or allowing another to copy from one's own paper, or using unauthorized aids (e.g., electronic, printed, or hand written materials) during an examination.
- b) Unauthorized collaboration, e.g., working together on an assignment after the instructor has stated that work should be completed independently, without assistance
- c) Plagiarism; representing as one's own work the work of another
- d) Revising and resubmitting graded work for regrading without the instructor's knowledge and consent
- e) Giving or receiving unauthorized aid on a take-home or make-up examination, i.e., talking about examination answers with a classmate
- f) Giving or receiving aid on an academic assignment under circumstances in which a reasonable person would consider as not permitted

EACH STUDENT AGREES TO:

1. Not seek an unfair advantage over other students, including but not limited to giving or receiving unauthorized aid during completion of academic requirements.
2. Prior to starting an assignment, consult with faculty and other sources to clarify the meaning of plagiarism. Learn the standard techniques of proper reference to sources used in the preparation of written work.
3. Clarify with an instructor, when in doubt, as to what is considered unauthorized aid, e.g., receiving assistance when writing an independent (versus group) paper; using other than authorized resources when taking an open-book test.

4. Truthfully represent fact and self at all times.
5. Respect the personal rights and property of others.
6. Actively see that he or she, and other students, uphold the spirit and letter of the Honor Code.
7. Read and familiarize oneself with the LSUHSC School of Allied Health Professions Policy and Procedures Related to Student Conduct.
8. Sign a pledge on all graded academic work certifying that no unauthorized assistance has been received or given in the completion of the work. Specifically, on each assignment and examination that is submitted for a grade, the student shall write, "Pledge", then sign his or her name. This will signify that the work has been completed in adherence with the Honor Code. It is at the discretion of each instructor whether or not to grade unsigned work.
9. Abide by the American Occupational Therapy Association's (AOTA) Code of Ethics.

EACH FACULTY MEMBER AGREES TO:

1. Adhere to the Honor Code in every course, with all students, at all times.
2. Abide by the LSUHSC School of Allied Health Professions Policy and Procedures Related to Student Conduct.
3. Identify in advance of any graded examination and assignment what is considered authorized materials for use in completing the required work.
4. Inform students of your requirement as to whether or not they will need to write "Pledge" and sign their names on every examination and assignment submitted for a grade.
5. Exercise reasonable security and precaution in preparing, disseminating, and collecting examinations (including make-up examinations) so as to insure the integrity of the examination.
6. Take reasonable steps when administering an examination that will minimize the possibility of cheating, i.e., space tables, remove unauthorized materials from the testing area prior to distribution of the test, authorized faculty proctor, etc.
7. Abide by the American Occupational Therapy Association's (AOTA) Code of Ethics.

I agree to abide by this Honor Code

Signature

6/17/09

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
School of Allied Health Professions
DEPARTMENT OF OCCUPATIONAL THERAPY

**GRADUATE SCHOLASTIC REQUIREMENTS
AND
PROVISIONS FOR ACADEMIC PROGRESSION**

My signature below indicates I have received and reviewed the information on the Graduate Scholastic Requirements and Provisions for Academic Progression, of the School of Allied Health Professions.

POLICY AND PROCEDURES RELATED TO ACADEMIC MISCONDUCT

I have received a copy of the document entitled LSUHSC School of Allied Health Professions Policy and Procedures Relating to Academic Misconduct.

PROFESSIONAL BEHAVIORS, POLICIES, AND GUIDELINES

The professional behaviors, policies, and guidelines of the Department of Occupational Therapy have been explained to me. I understand the expectations for my professional behavior and the listed policies, and guidelines.

OCCUPATIONAL THERAPY CODE OF ETHICS

I have received and read the Occupational Therapy Code of Ethics set forth by the profession. My signature below indicates that I agree to abide by it.

HONOR CODE

My signature below indicates that I agree to abide by the Honor Code issued to me by the Department of Occupational Therapy.

print name

signature

date

5/00et

Academic Calendar 2013 – 2014

Fall Semester 2013

August 2013

Tuesday 13	Registration ends
Wednesday 14	Classes begin
Wednesday 28	Last day for adding courses for credit and for dropping a course. Last day to convert "I" grades from previous term

September 2013

Monday 02	Labor Day holiday
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November 2013

Friday 08	Last day to drop or withdraw from term with a "W" grade
Friday 22	Last day to drop or withdraw from term
Thursday 28	Thanksgiving Holiday

December 2013

Monday 02	Classes resume
Friday 06	Semester ends
Thursday 12	Conferral of Degrees

Spring Semester 2014

January 2014

Tuesday 07	Registration ends
Wednesday 08	Classes begin
Monday 20	Martin Luther King Day holiday
Wednesday 22	Last day for adding courses for credit and for dropping a course. Last day to convert "I" grades from previous term

March 2014

Tuesday 04	Mardi Gras holiday
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April 2014

Friday 11	Last day to drop or withdraw from term with a "W" grade
Friday 18	Easter holiday
Monday 21	Classes resume
Friday 25	Last day to drop or withdraw from term

May 2014

Friday 09	Semester ends
Thursday 15	Conferral of Degrees

Summer Semester 2014

May 2014

Tuesday 20

Registration ends

Wednesday 21

Classes begin

June 2014

Wednesday 04

Last day for adding courses for credit and for dropping a course. Last day to convert "I" grades from previous term

July 2014

Wednesday 02

Last day to drop or withdraw from term with a "W" grade

Friday 04

Independence Day holiday

Wednesday 16

Last day to drop or withdraw from term

August 2014

Friday 01

Semester ends

Saturday 09

Conferral of Degrees