



EVIDENCE-BASED PRACTICE // PROFESSIONALISM // OCCUPATIONAL NATURE OF HUMANS

Student Handbook

Master of Occupational Therapy

MOT Handbook

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MASTER OF OCCUPATIONAL THERAPY PROGRAM

Department of Rehabilitation Sciences

Student Handbook Purpose

The purpose of the Student Handbook is to provide you, the student, with a reference to the policies, rules and regulations of the Master of Occupational Therapy (MOT) program. You will receive a copy of the Student Handbook when you begin the MOT program. You will be expected to read it and ask questions prior to the end of the second week of Fall Semester classes. At the end of the second week, you must complete the form on the last page and give it to the Program Director. The student handbook is updated annually and posted Online **Here**. Keep this handbook in a safe place. You may need to refer to it throughout your time in the program. Take this with you on Level II Fieldwork. Please be sure to refer to the most current version of the Handbook as you progress through the program. It is *your* responsibility to be aware of the policies and abide by them.

Shawnee State University Online Catalog is located **here**

Mission Statement

The mission of occupational therapy is to develop compassionate and professional occupational therapists who will value occupation and evidence-based practice to meet the current and future occupational needs of society.

Program Vision

Shawnee State University's Master of Occupational Therapy program aims to provide a "flexible learning environment" to develop lifelong critical thinkers and problem solvers. "Learning by doing" facilitates the development of essential knowledge and skills to meet the current and future occupational needs of society. Graduates will value occupation and ethics and use evidence-based practice to holistically serve all people, populations, and communities, demonstrating respect for diversity and actions of inclusion within the profession and the populations served. This unique approach of "learning by doing" is cultivated from the occupational therapy profession's foundation that "places occupation at the center of all learning" (Hooper et al., 2015).

Program Philosophy Statement

The philosophy of the Master of Occupational Therapy program at Shawnee State University is derived from the core values and beliefs of the university and of the profession. The congruency between the program, institution, and profession is based upon valuing individuals, groups, and communities and enabling them to participate in society through the engagement in occupations (AOTA, 2018b). Unique to occupational therapy is the innate drive for humans to engage in occupations (Laliberte-Rudman, 2002). Occupations are essential to being and doing and are the core of the occupational therapy profession as they allow human beings to express who they are to themselves and others (AOTA, 2021; Laliberte-Rudman, 2002). As educators, it is essential to view students as occupational beings and purposefully integrate occupation into the educational curriculum to promote competence through experience and application of knowledge (AOTA, 2017; AOTA, 2021). Learning by doing is a foundational component of the occupational therapy profession and allows occupation to be at the core of teaching, learning, and professional development (AOTA, 2021; Hooper et al., 2015). Our philosophy statement revolves around this foundational component to facilitate a collaborative teaching-learning process that promotes the "development of new knowledge supporting the use of occupation, the application of clinical reasoning based on evidence, the necessity for lifelong learning, and the improvement of professional knowledge and skills" (Hays & Jones, 2007, p. 678).

Curricular Design, Curricular Themes and Program Educational Goals

The curriculum design of the Shawnee State University (SSU) MOT program is derived from the mission, vision, and philosophy of the university, SSU MOT program, the occupational therapy profession, along with core concepts of occupational therapy and established educational learning theories. The program philosophy and curriculum design, along with all aspects of occupational therapy education as defined in the Accreditation Standards for Occupational Therapy Education (ACOTE), help guide faculty in the development of course content, course planning, instructional methods, student and program evaluation. To aid in the sequencing of courses and development, three curricular themes are identified and threaded throughout the curriculum to reflect knowledge acquisition, application of knowledge, and knowledge integration (AOTA, 2018). The three themes of the SSU Master of Occupational Therapy curriculum are: 1) Occupational Nature of Humans, 2) Evidence-Based Practice, and 3) Professionalism, which are identified within the “Cornerstones of Occupational Therapy Practice” (AOTA, 2020, p. 6). These three themes are embedded within the coursework, fieldwork, advising, and research-based activities that occur within the community, classroom, and online learning environments. For example, the occupational nature of humans is the core of occupational therapy practice and is emphasized across foundational content in all courses and experiences. Evidence-based practice is heavily defined and explored in research methods and woven into core content courses to guide the clinical decision-making process during lab activities, analysis of case examples, and clinical practice experiences. Further, professionalism, including ethical decision making, is explored and applied throughout the curriculum to aid in the acquisition of entry level competencies that facilitate the development of compassionate and professional occupational therapists who will value occupation and evidence-based practice to meet the current and future occupational needs of society.

Accreditation Statement

The Master of Occupational Therapy (MOT) Program has been accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 7501 Wisconsin Ave. Suite 510E Bethesda, MD 20814-6519. AOTA’s phone number is 1-800-729-2682 (members); 1-301-652-6611 (nonmembers). ACOTE’s phone number is 1-301-652-2682. Click **here** to explore ACOTE’s website.

Graduates are able to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT), located at 1 Bank St., Suite 300, Gaithersburg, MD 20878. NBCOT sets its own criteria for taking the exam, which may include questions on the applicant’s criminal history. A felony conviction may affect a graduate’s ability to sit for the NBCOT Certification examination or attain state licensure.

For more information on these limitations, you can contact NBCOT at (301) 990-7979 or e-mail info@nbcot.org. After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). Most states require license in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination.

To learn more about NBCOT certification and eligibility requirements, visit the NBCOT website, **Here**

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Program Continuation and Completion Requirements

Academic Requirements

For a student to remain enrolled in the Occupational Therapy Program, he/she must meet the following criteria:

1. An A through B- in any course with a MOT prefix is expected throughout the curriculum. One C+/C will be permitted in an MOT course while in the program; student will be placed on probation during the following semester. If a student received a second grade below B-, the student will be dismissed from the program.
2. Maintain an overall GPA of 3.00 or better in subsequent semesters.

If any one of these criteria is not met, the student will be dismissed from the MOT Program. Conditions for readmission to the MOT Program will be detailed by the program director at the time of dismissal. Readmission is not guaranteed and is granted at the discretion of the department director and the department Student Affairs Committee.

Academic Requirements – Fieldwork

Fieldwork I

Students must have an overall GPA of 3.00 or better to participate in Fieldwork I courses. No portion of Fieldwork I courses are permitted to count toward Fieldwork II hours.

Fieldwork II

Students are required to have successfully completed all MOT and any other required courses in the curriculum as indicated by a minimum 3.00 GPA prior to participating in Fieldwork II courses.

Fieldwork II must be completed within 12 months following completion of required MOT courses *and* six weeks prior to taking the NBCOT exam.

Grading Scale

All MOT instructors will use the following grading scale unless otherwise noted in syllabus:

A	=	93 - 100
A-	=	90 - 92.99
B+	=	88 - 89.99
B	=	82 - 87.99
B-	=	80 - 81.99
C+	=	78 - 79.99
C	=	75 - 77.99
F	=	Below 75

Student Success Center

The Student Success Center is the hub of learning for all students across campus. Within the Student Success Center, you can find a table to study alone or with a group, use a computer, see an Advisor or Accessibility Services Coordinator, get tutoring or attend supplemental instruction, attend a College Success Workshop, get your questions answered, and much more. Additionally, the Writing Center, located in the Clark Memorial Library, is available for assistance with writing. riting Center information is located **Here**.

Cheating - Academic Integrity

All academic and clinical (Fieldwork) work within the Occupational Therapy Program will be governed by the university policy, on Student Conduct Code, found online (link below) and the MOT/OTA Student Code of Ethics found on page 43 and 44 of this handbook. Furthermore, students will also abide by the current (2020) Occupational Therapy Code of Ethics as adopted by the 2020 Representative Assembly of AOTA.

Students may appeal decisions that are made regarding their conduct by following the appeal process. Students are responsible for obtaining and reviewing any updates or changes to the OT Code of Ethics that may occur during their time in the MOT program. Student Code of Conduct is located **Here**.

Academic rights and responsibilities as a Shawnee State University student are located **Here**

EXXAT

EXXAT is an education management system for health sciences programs and one that we have adopted to use in the MOT Program. This system will enable us to be more efficient in processing placements while helping to optimize clinical education management. You will be introduced to EXXAT at Orientation and updated prior to your first field assignment where you are on your own with a supervisor at an approved facility. This is the system we will use for making your placement and you will use for submitting evaluations of your fieldwork experience. You will be given training and password protected access prior to fieldwork experiences where you need to use EXXAT. EXXAT will also be used to upload required documentation, i.e.; medical records and background checks. Students will have access to fieldwork site information and prior student feedback on their experience prior to their letter of request for fieldwork II experiences.

FIELDWORK II

Fieldwork II – MOT 6690 and 6695

The MOT Program will assign each student two FWII placements. Students ***must*** prepare to live outside the Portsmouth area during the two twelve-week placements. Students who refuse their assigned placements forfeit their place in the MOT Program. **Students may not have outside employment during Level II fieldwork, as all attention must be focused on MOT studies.** Students will normally not be permitted to attend Level II fieldwork at the same clinical settings as their Level I fieldwork placements. **No hours from Level I fieldwork are permitted to count toward Level II hours.**

Dismissal from affiliation: In the event a student is dismissed from, elects to terminate, or receives a failing grade in Level II Fieldwork, the student receives a failing grade for the course and is dismissed from the program. If a student fails their first affiliation, the second affiliation will be cancelled. Due to the complexities of providing Level II Fieldwork experiences, students should make every possible effort to successfully complete affiliations as assigned. (Also, see Academic Requirements - Fieldwork and Absences - Fieldwork II).

University ADA Statement for Course Syllabi (2025-2026)

Any student who believes they may need an accommodation based on a documented disability should first contact the Coordinator of Accessibility Services at [redacted] or [redacted] Shawnee. The Student Success Center assists students and schedules a meeting to identify potential reasonable accommodations. Students are strongly encouraged to initiate the accommodation process in the early part of the semester or as soon as the need is recognized.

The Coordinator of Accessibility Services will gather relevant information and determine whether an accommodation is warranted. When an accommodation is determined to be warranted, an accommodation letter will be sent to the instructor and student via secure email prior to the semester start date, when possible, or as soon as is feasible. The Coordinator of Accessibility Services will not disclose the nature of any disability with instructors if the student wishes to discuss the disability with one or more instructors, they may do so.

Any questions regarding the academic accommodation on the letter should be addressed to the Coordinator of Accessibility Services. If a student does not make a timely request for an academic accommodation and/or fails to meet with the Coordinator of Accessibility Services, a reasonable accommodation may be denied or delayed.

At the Shawnee State University, the Coordinator of Accessibility Services is [redacted] Shawnee.

Level II Fieldwork Evaluation

Prior to the start of Fieldwork II (MOT 6690, 6695), each student will be given access to an electronic copy of the Student Evaluation of Fieldwork Experience through EXXAT. It is the student's responsibility to complete this evaluation prior to the last day of each Level II experience and obtain their Fieldwork Educator's signature.

Failure to complete the Student Evaluation of Fieldwork Experience and obtain the supervisor's signature will result in a grade of "F" for the Fieldwork experience. Diplomas will not be awarded until all grades are received by the Registrar's Office.

The Fieldwork Facility should complete the AOTA Fieldwork Evaluation Form in EXXAT.

Policy for Standard C.1.12 Length of Level II FW

Require a minimum of 24 weeks' full-time Level II fieldwork. If part-time completion is available as agreed upon by the site and the program. The length of the part-time program must be equivalent in length to a minimum of 24 weeks full-time. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.

The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings

Medical Requirements

Students are required to have a current physical exam (w/CBC and urinalysis), up-to-date shot records, current TB test (2-step), First Aid, CPR Certificate, Hepatitis B vaccine, and criminal background checks, prior to starting the Program. **(Please use code NCPA/VCA for criminal background checks)** Some fieldwork sites require additional medical information, which will be communicated to students prior to placement. CPR and First Aid may be completed at Red Cross, or other local agencies. The student must keep all of his/her medical information personally and have it ready for each fieldwork site.

Medical and background information for fieldwork is the student's responsibility.

APPROVE thru EXXAT

All MOT students must upload proper documentation in EXXAT for verification. If documents are rejected, students must follow instructions provided by EXXAT to correct the matter. If students need clarification regarding why a document was rejected, they may contact Kelley Frantz (kfrantz@shawnee.edu). Prior to all lab and fieldwork experiences, faculty will complete a compliance report. If students are out of compliance for any enumerated requirement, they will not be permitted to participate in the lab or fieldwork experience. This could result in dismissal from the program.

Timesheets and Attendance Policy- Fieldwork

Weekly timesheets must be submitted via EXXAT, with timesheets documenting the entire placement completed by the last day of the fieldwork experience.

Absences - Fieldwork I - experiences.

1. When you are assigned to a Fieldwork I experience, you **must** notify your on-site fieldwork educator **prior** to the assigned starting time if you will be tardy or absent. Failure to

do this is considered unprofessional and will result in dismissal from the Fieldwork experience and from the MOT Program.

2. All Fieldwork I experiences absent time **MUST** be made up by the student in coordination with their Fieldwork Educator and course instructor. If time cannot be made up, you will be dismissed from the Fieldwork experience and the MOT Program.
3. Problems with transportation are unexcused absences/tardiness. It is the student's responsibility to resolve these problems.

When you are assigned to a Fieldwork II experience, you will be responsible for notifying your immediate fieldwork educator prior to the assigned starting time if you will be tardy or absent. Failure to do this **will** result in dismissal from **all** assigned Fieldwork II experiences.

1. If you are absent more than 8 hours on any Fieldwork II experience, you must arrange to make up the time missed. If time cannot be made up, you will be dismissed from the Fieldwork with a failing grade. These 8 hours are not a personal day and should only be used in extreme circumstances. If the fieldwork site does not feel the reason for absence is appropriate or otherwise deems it necessary, **all** time missed must be made up.
2. If you are dismissed from a Fieldwork II placement due to failure to report an absence, missing more than 8 hours, or inability to make-up missed time, you will be dismissed from the MOT Program. Students may appeal dismissal using the process described in the Catalog.
3. Problems with transportation are unexcused absences/tardiness. It is the student's responsibility to resolve these problems.

Probationary Policy

Students in the Master of Occupational Therapy Program are expected to maintain the highest standards of professionalism in their performance and their attitudes while in the classroom, laboratories, and/or clinical affiliates.

Professionalism includes behavior, appearance, and attitude. It is the goal of the MOT program at SSU to facilitate the development of a high degree of professionalism in all students. Furthermore, it is the belief of the faculty that the classroom represents a microcosm of the clinical setting. For this reason, all student behaviors are considered potential professional behaviors. While debate and differing opinions are encouraged, students are expected to communicate with all faculty and fellow class members in a respectful, tolerant, and considerate manner. This includes verbal, written, and e-mail communications. **Cell phones MUST be turned off or silenced during all class sessions; furthermore, NO texting is allowed during class or lab time.** Lap top computers and other electronic devices may be used in class for note taking with permission of the instructor. Internet activities must be related to course assignments and may only occur at faculty approved times during classes. Checking or using social media sites (Facebook, Instagram, Twitter) or non-class related e-mail are NOT approved internet activities during class, and may result in loss of privilege to use electronic devices during class.

Students are encouraged to resolve conflicts directly with peers and/or faculty, and to use appropriate chain of command (outlined below) when conflict resolution is not satisfactory.

Course Instructor > Program Director > Department Chair > Dean > Provost

(Refer to current SSU Catalog and Student Handbook for Policy on Academic Appeals) Students may also be placed on "Professional Probation" for behaviors that conflict with those standards established in the Student Code of Ethics, as detailed in Appendix B of the MOT Student Handbook. Incidents will be addressed on an individual basis based upon the severity of the behavior. "Severity," will be determined by the SSU Master Department of Occupational Therapy

Student Affairs Committee in conjunction with the involved parties. The Committee will determine the nature of disciplinary action and will assist, if deemed necessary, in developing an improvement plan. Should the student fail to show satisfactory improvement, as outlined in the improvement plan, the student will be dismissed from the MOT program. Probationary status will remain in effect for the duration of the program.

Attendance Policy See appendix M.

Disciplinary Policy In order to aid in developing professional attitudes and behaviors, the following policy has been established to deal with discipline problems within the Master's in Occupational Therapy program: Category I Offenses: Any student committing any of the following acts will be subject to immediate dismissal from the program.

1. Attendance on University or Clinical properties while under the influence or while in possession of any mind altering substances (alcohol, non-prescription drugs, etc.).
2. Verbal or physical acts of aggression against another person while on university or clinical properties.
3. Deliberate destruction or damage to university, clinical, student or faculty property.
4. Theft of university, clinical, student, or faculty property.
5. Deliberate falsification of any Program, clinical, or patient documentation or record by either omission or addition.
6. Plagiarism (to steal another's ideas or words and to pass them off as your own) or cheating on any type of program evaluation.
7. Any type of inappropriate Face Book behavior (or other social media) that crosses the line of confidentiality in their class, fieldwork, research, and other confidential areas.
8. Non-adherence to SSU or ANY of SSU's clinical affiliations policies regarding use of tobacco products. It is the student's responsibility to be aware of any policy the clinical affiliation may have.

Category II Offenses: Any student committing any of the following acts will be subject to the following disciplinary procedures:

First Offense: Probation (To be in effect for the duration of the program).

Second Offense: Dismissal from the program (This offense may be from either Category I or Category II).

1. Causing damage to university, clinical, patient, student, or faculty property through negligence.
2. Causing injury or potential harm to a patient, student, or faculty member through negligence.
3. Inappropriate use of social media which results in potential or actual harm to any patient, student, faculty, or clinician.
4. Insubordination or refusal to obey an order relating to hospital function or patientcare; except where the student is not qualified to perform a task; or, proper supervision is lacking.
5. Any form of sexual harassment against another person associated with the program or clinical settings.
6. Misuse/abuse of copier and /or computer privileges result in the student's loss of his/her copier privileges.
7. Misuse/abuse of any program materials, including but not limited to, assessments, testing equipment, adaptive equipment, and/or supplies found in OT lab. Failure to follow stated procedures for signing out equipment and supplies.

Dismissal Policy

A student may be dismissed from the MOT program by the Director for any of the following reasons:

- 1). Inability of the student to maintain a grade point average of 3.000 or greater.
- 2) Excessive absence and/or tardiness for lecture, laboratory, and/or clinical course.
- 3) Deficiencies as described in the “Professional Probation Policy” of this handbook.
- 4) Plagiarism (to steal another’s ideas or words and to pass them off as your own) or cheating on any type of program evaluation.
- 5) Falsification of patient or therapeutic records.
- 6) Appearing in classes or clinical experiences while under the influence of mind-altering substances, including drug, alcohol or e-cigarettes.
- 7) Patient abuse of any type (i.e. physical, verbal or mental) 8) Theft of University, facility, or patient property.
- 8) Inappropriate use of Face Book or other social media concerning SSU’s Occupational Therapy Program.

Appeal of Program Dismissal

Any student desiring to appeal dismissal from this program should follow the “Guidelines for Appealing a Dismissal from a Health Science Program” as outlined in the University catalog (via SSU website). That process is as follows:

1. Within three (3) working days following a student’s notification of dismissal from a Health Science program, the student must request in writing a meeting with the program director to appeal the dismissal decision. The student shall be notified of the results of this appeal within two (2) working days following the meeting. If the student is not satisfied with the decision, he/she may request (in writing) within three working days a second appeal hearing as further described.
2. Upon the student’s written request for the next level of appeal, the program director shall arrange a joint meeting with the student, the program director (or his/her designee), the Chair, Dept. of Rehabilitation Sciences (or his/her designee), the Dean of the College of Health and Human Services (or his/her designee), and the Provost (or his/her designee). The student shall be notified of the results of this appeal hearing within two (2) working days following the meeting.

Criteria to be used in ruling on a student’s dismissal appeal include the student’s past academic achievement, the student’s rationale for current grade status, and the prediction of future performance in the program.

Dismissal from this program is not the same as dismissal from the University. University dismissal policies are outlined in the Shawnee State University Catalog section on academics.

Readmission Policy

Any student who is dismissed from the Master of Occupational Therapy Program or elects to withdraw for personal reasons may apply for readmission. Because of the limited class space, students may only be considered for readmission if space is available in the current class.

Procedures for requesting readmission are as follows:

1. A formal written request for readmission must be submitted to the program director of the Master of Occupational Therapy Program.
2. All requests for readmission will be presented to the Admissions Committee for review and action.
3. Applicants requesting readmission will be considered for readmission based on a review of the applicant's folder and space availability.
4. The applicant will be notified in writing of the Admission Committee's decision. Specific recommendations and/or requirements based on the student's transcript evaluation and the time lapse involved since the student's last enrollment will be communicated in writing by the program director at the recommendation of the Admission's Committee.

For those students who are out of sequence and are requesting readmission to the program, testing for MOT courses which were completed more than one year (12 months) from the scheduled date of entry into the Master's in Occupational Therapy Program is required. Readmission testing must be taken as scheduled by the Student Affairs Committee in conjunction with individual class instructors. If the student fails to obtain a grade of "B" or better on the examination, they will not be readmitted to the program.

MOT PROGRAM HONOR CODE:

I pledge to conduct myself with honest and integrity in meeting all academic and professional requirements in the MOT program at Shawnee State University.

I agree to report any, observed or suspicious, acts of academic or professional misconduct, including but not limited:

- Plagiarism
- Cheating
- Lying
- Stealing
- Falsifying documents
- Abuse of equipment and supplies.
- Facilitating others engagement in any of the above
- Confidentiality abuse through social media

Furthermore, I will abide by the profession's Standards of Practice and Code of Ethics.

Course Policies and Practices:

1. Attendance is expected for all class sessions and service learning sessions. Tardiness will affect participation grade. Students may be awarded 0-10 points for participation in a course session if the designated faculty member has it in their syllabus. Please seek feedback about participation grade with instructor at any time during the semester; remember, asking for feedback and participating in supervision is part of your professional development.

Students are expected to be prepared to participate in all sessions; therefore, it is essential that assigned readings be completed as scheduled. The student must report absences to the instructor PRIOR to the time they will occur. This is especially important for ALL visits at service learning sessions, and students are required to contact the Instructor AND facility staff as appropriate to the session which will be missed. Instructor will determine the status (excused or unexcused) of the absence after discussion with the student. Any unexcused,

undocumented absence on the day of any quiz, assignment, or exam will result in no points for the assigned work. Students must MAKE UP missed time at service learning setting in order to ensure that minimum hours are achieved. All assignments are due at the beginning of class. NO credit will be given for late assignments unless other arrangements have been made with the instructor PRIOR to the due date.

Attendance for hybrid courses and intensive learning 3x/semester is required. Grading will be managed just as if you were in the classroom. When joining classes on line, students are expected to have their computer camera on at all times, dressed appropriately, and engage. It is strongly recommended that a computer or iPad is used for joining online classes. A cell phone screen can cause challenges with size of material presented. Ensure you are joining with a strong internet connection to limited dropped calls or delayed sound.

2. Student must use current APA style to cite references used in **any** assignment. Be discerning about all materials used for referencing; professional literature and resources are expected to be used, unless otherwise specified on the assignment. Plagiarism will not be tolerated; please refer to program handbook for policy addressing Academic Misconduct.
3. Students are expected to abide by departmental policies for signing learning resources (project materials, equipment, etc.) out of the storage room. Hours for sign-in and sign-out are available from the graduate assistants. Unless otherwise specified on an assignment, the instructor will not be signing equipment, etc. in or out of the storage room for student use. Be sure to plan ahead!
4. Presentations may be graded using the MOT Presentation Rubric and be provided to students at the beginning of semesters if the designated faculty member uses the rubric for his/her class.
5. Professionalism includes behavior, appearance, and attitude. It is the goal of the MOT program at SSU to facilitate the development of a high degree of professionalism in all students. Furthermore, it is the belief of the faculty that the classroom represents a microcosm of the clinical setting. For this reason, all student behaviors are considered potential professional behaviors. While debate and differing opinions are encouraged, students are expected to communicate with all faculty and fellow class members in a respectful, tolerant, and considerate manner. This includes verbal, written, and e-mail communications. Cell phones MUST be turned off or silenced during all class sessions; furthermore, NO texting is allowed during class or lab time. Lap top computers and other electronic devices may be used in class for note taking with permission of the instructor. Internet activities must be related to course assignments and may only occur at faculty approved times during classes. Checking or using social media sites (Facebook, Instagram, Twitter) or non-class related e-mail are NOT approved internet activities during class, and may result in loss of privilege to use electronic devices during class. **See Addendum for faculty/student self-evaluation of professional behaviors.**
6. Use appropriate chain of command (outlined below) to address any course or program concerns or issues. Refer to current SSU Catalog and Student Handbook for Policy on Academic Appeals.

Course Instructor > Program Director > Department Chair > Dean > Provost

7. It is a privilege to participate in learning activities that involve clients. When assigned to a clinical facility, it is important to respect the privacy of the patients, clients, students, staff, or residents. At no time should you discuss any patient, client, student, or resident with anyone outside of the facility, except in the context of planning with appropriate others (i.e., instructor, team members, and co-leaders in groups). Confidentiality violations will not be tolerated and are subject to disciplinary actions, such as dismissal from the program. Only initials of patient/client/student/resident should be used on any written assignment, including

chart reviews/personal notes. This data must be maintained in a file box stored in a nonpublic area. Any assignment turned in with a patient/client/student/resident name will be given a grade of zero (0).

Equipment and Lab Safety Policies

Students will use a range of media MOT courses, and therefore are responsible for familiarizing themselves with the MSDS and other safety information about all supplies and equipment used their courses. Additionally, each student is responsible for maintaining safe work areas in all labs and follows all posted safety procedures. Students will follow safety standards at all times while in labs to secure the utmost safety for themselves and all those around them.

Students may use labs at different times during the course of a day when they are “open” for additional practice. During these times, an instructor must be present or special permission given by instructor to allow use of lab materials. However, due to risk of injury, visitors and children must have special permission to be in the lab from the Director of the Program.

First Aid Kits

First aid kits are located in both OT labs, room 157 and 158 where the equipment is located. These kits are to be used for the immediate response to minor injuries, such as cuts or minor burns. All injury victims have the option of obtaining medical treatment or consultation.

Minor injuries requiring first aid must be reported to the course instructor who will fill out an incident report. This report will be kept on file in the OT areas and a copy given to SSU The Department of Public Safety (security).

Security may be called at 3232 for emergencies
Security may be called at 3243 for non-emergencies

MSDS Laboratory Safety Information

Safety information (e.g. contents, manufacture, precautions, cleaning requirements) regarding all supplies and equipment is located in the clearly labeled MSDS manual in the RED fire cabinet in the storage room. Information is kept updated regarding any new supplies or equipment brought into the labs.

Emergency evacuations/ Classroom emergency procedures/Fire procedures

This information can be found under the SSU emergency procedures

Shawnee State University Emergency Resources (SSU Alert) is located **Here**
Additionally, fire signs, and emergency evacuation directions are in front of the department of occupational therapy as well as at door exits.

Bloodborne Pathogens information, including SSU's response plan, is located **Here**

Universal Precautions for All Clinical Settings

“Universal precautions, as defined by CDC, are a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other blood borne pathogens when providing first aid of health care. Under universal precautions , blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other blood borne pathogens” (CDC,1996).

Universal precautions refer to the usual and ordinary steps all school staff and students need to take in order to reduce their risk of infection with HIV, the virus that causes AIDS, as well as all other blood-borne organisms (such as of Hepatitis B virus). They are universal because they refer to steps that need to be taken in all cases, not only when a staff member or a student is known to be HIV-infected. They are precautions because they require foresight and planning and should be integrated into existing safety guidelines. Appropriate equipment (mops, bucket, bleach, hot water, hand soap, disposable towels, and gloves) are readily available to the staff member (the instructor) who is responsible for the clean-up of body fluid spills.

- Treat human blood spills with caution (make instructor aware immediately).
- Blood spill should be properly cleaned up by the designated staff member (the instructor).
- Inspect the intactness of skin on all exposed body parts, especially the hands. Cover any and all open cuts or broken skin, and contact instructor to clean up spills.
- Clean up blood spills with a solution of one-part household bleach to ten parts water, pouring the solution around the periphery of the spill. Disinfect mops, buckets and other cleaning equipment with fresh bleach solution.
- Always wash hands after any contact with bodily fluids. This should be done immediately in order to avoid contaminating other surfaces or parts of the body. Be especially careful not to touch your eyes before washing up. Soap and water will kill HIV.
- Clean up other body fluid spills (urine, vomit, feces) unless grossly contaminated, in the usual manner. They do not pose a significant risk of HIV infection.

Student will receive annual blood borne pathogens (BBP) training to obtain knowledge and skills necessary to adhere to Universal/Standard Precautions. The Centers for Disease Control and Prevention (CDC) is a resource to learn more **here**

[Note: Precautions for COVID-19 are required to be followed by MOT student for all SSU University experiences \(on campus, labs, and fieldwork\) as stated by the Ohio Health Department and SSU.](#)

Dress Code

During ALL clinical and community service learning activities, students are to wear the following:

- a. Navy blue, black, or charcoal gray polo shirt (must have a collar and buttoned placket, long or short sleeved, but not sleeveless). Polo shirts must have SSU Occupational Therapy embroidered logo, purchased from Student Occupational Therapy Association ONLY. Shirts may be pique, jersey knit type,

or polyester (DriFit type material), with banded or hemmed sleeves. **NO other types of shirts may be worn. If an under-layer is worn, it must be tucked in, and not showing beyond hem of the polo, and must be white.** Shirts may be worn tucked in, or not tucked in. If shirt is not tucked in, the length must be sufficient to cover the body fully when moving (reaching, bending, lifting, and/or squatting). Fit of polo's must also be modest at the neckline and cover bust/chest when moving (bending, reaching, leaning forward).

b. If more warmth is needed, a long sleeved, solid color (navy blue, black, or gray ONLY) cardigan type sweater, may be worn. SSU MOT fleece jackets or quarter zip pullovers, purchased from SOTA ONLY, can be worn as part of the uniform. ANY outer layer purchased from SOTA MUST have SSU MOT logo; no other logos are allowed (i.e., occupational therapy only, or SSU only). **No other types of jackets or sweaters are permitted to be worn during clinical experiences.**

c. Tan or Navy Khaki pants: pleated or un-pleated; neatly hemmed or cuffed, full length (hem breaks at top of shoe). **No crop, capri, or ankle length pants, pencil leg, jeggings, leggings or very close fitting style pants, cargo type pants, unhemmed or frayed hem pant legs or denim type material of any color, are permitted.** Fit of pants must ensure that body remain covered during movement (reaching, bending, lifting, and squatting). See photo examples below of acceptable pant style. If a student prefers or requires a skirt, it must be tan or navy khaki, below knee length, and worn with stockings, hose or tights. If a belt is worn, the belt must be a solid color (leather, or navy blue, black or gray fabric), clean, neat, without excess trim and without large (more than 2" diameter) belt buckles.



d. White, black, or navy blue socks or stockings only; no-show/low cut socks permitted. **Socks or hosiery MUST be worn at all times; no bare legs allowed at any time.**

e. Shoes must be oxford or loafer type (tie style), closed heel and closed toe, with FLAT NONSKID soles; sole and/or heel height may not exceed 1" (no platform type soles or heels of any type). Clean athletic shoes of any color permitted as long as they are not excessively colored/trimmed so as to call more attention to the shoes than the overall uniform. NO open-heeled shoes, clogs, sandals, or open toed shoes are permitted.

f. Name tag MUST be worn at all times on the left chest of shirt. The program provides the first name tag; students are responsible for paying for replacements. Replacements must be ordered through the program administrative assistant BEFORE a Fieldwork assignment begins, or as soon as possible if lost.

g. Grooming-During all Fieldwork experiences, follow these guidelines to ensure patient/client safety and effective infection control:

- Hair must be neatly styled. If longer than shoulder length, hair must be pulled or tied back in a style that ensures hair will not fall into face of student or clients (male and female)
- Nails must be neat, and trimmed short. Nail biting will not be tolerated. Excessive nail decorations are not permitted. Hands must be free of cuts, hangnails, etc. Cover any open areas with a Band-Aid.
- Jewelry may consist of one wedding ring, one watch OR fitness tracker, and small earrings
(Must be less than ½” in length or post type). Other finger rings are not to be worn because they interfere with sanitary hand washing. Due to the need for conservative dress in majority of health care settings, male students may not wear earrings in clinical placements. Any other visible body piercings must be removed or covered (both genders); ear gauges are not permitted.
- All visible tattoos must be fully covered by clothing or bandage.
- Never wear cologne, perfume, or after-shave, due to patient/client sensitivities and conditions that may be triggered by strong smells. Good personal hygiene is expected.
- Makeup (including nail polish) must be in neutral colors and understated in application. - Clothing must be clean, pressed and fit appropriately (see above for standards of fit).

While a strict dress code is not required in most classroom sessions, students should maintain a neat, clean appearance that is not distracting to the learning process. Other dress requirements will be outlined for specific courses (i.e., sleeveless tops for palpation activities, clothing for messy activities).

For **ALL required class presentations**, business casual attire is expected, or wear your uniform. For your research project defense and Research Day, as well as any internal or external conferences (attending or presenting), professional dress is expected. If you are in doubt or have any questions about attire that constitutes business casual and/or professional dress, please ask your professor **BEFORE** the presentation.

Additional OT Program Information

Graduation Requirements

In order to graduate with a Master of Occupational Therapy, students must successfully complete all courses listed in the MOT curriculum and 24 weeks of Level II Fieldwork with a minimum of 66 semester hours. MOT faculty must recommend all MOT students who have completed the requirements of the program for graduation. The Registrar's Office may withhold graduation if a student has outstanding financial obligations to the University or has not returned any University property, which has been borrowed. It is the Student's responsibility to petition for graduation during their last semester on campus.

Certification

After you have successfully graduated, you are eligible to sit for the Certification Examination for Certified Occupational Therapist, Registered given by the National Board for Certification in Occupational Therapy (NBCOT) through Professional Examination Service (PES). The exam is given throughout the country via computer dates are always subject to change. Once you pass the exam, you are certified as an OT and will have to meet the periodic recertification requirements. Some states may require you to retake the exam if you do not maintain your license or practice without a license. You will need to become licensed to practice O.T. in most states including Ohio, Kentucky, and West Virginia. (See licensure) Students must successfully complete all classroom and clinical experiences at least 12 months prior to the exam for which they expect to sit. Students are responsible for making application to the NBCOT and meeting their deadlines. Transcripts can be mailed to NBCOT, INC. 1 Bank St, Suite 200, Baltimore, MD 21201.

Licensure

Many states require that you have a license to practice OT. Most states accept the results of the exam given by the NBCOT. (See Certification) You must apply for a license in any state where you plan to work as an OTR (just as you must apply for a driver's license). You are also responsible for maintaining your license by paying annual fees or meeting other requirements.

Each state has different laws about the role of an OTR, the supervision of COTA's, temporary permits, etc. Some states allow you to put your license "in escrow" for a smaller fee if you do not plan to work as an OTR that year but want to keep your license. ***It is important that you know the law in the state where you work. It is your responsibility to contact the appropriate licensure board when seeking a license.***

States typically have an education verification form in the packet of materials you receive when applying. It is the student's responsibility to obtain the verification form, obtain the required signature and have it sent to the respective states.

In Ohio, you may not call yourself an OTR or any other title, which implies the practice of occupational therapy without a valid OT license from the state of Ohio.

- **Ohio OT, PT, AT Board 614-466-3774**
- **Kentucky OT Board 502-782-8807**
- **West Virginia Board 304-285-3150**

Health Insurance

All MOT students are required to carry personal health insurance. Verification of this should be uploaded in EXXAT by the first day of MOT classes. Failure to obtain personal health insurance may jeopardize attending fieldwork experiences that can lead to dismissal from the program. If you need assistance with securing health insurance, SSU's Bear Care Clinic provides access to an insurance navigator to identify health insurance options for your situation. Please contact the Bear Care Clinic at 740-355-7102 to learn more about insurance navigator services. SSU's Bear Care Clinic also provides health and wellness care for all students. Services include primary and first aid care, vaccinations, mental health and counseling services, medical testing (TB, strep, flu, pregnancy, etc.), as well as wellness education/events. The Bear Care Clinic is located on the southeast corner of campus near the Shawnee Turf soccer field. Counseling and medical appointments may be made by calling 740-355-7103. Services are available at the SSU Bear Care Clinic Monday-Friday 10am – 4pm during fall and spring semesters when classes are in session. During breaks and summer term, appointments can be made at Compass Community Health locations.

Advising – Academic Counseling

Advising is scheduled with your assigned advisor. Once in the MOT program, students must meet/talk with their advisor at least once during each semester and sign the designated advisor sheet [see appendix D]. This is to insure proper class schedules and to avoid any problems at graduation. Be sure to keep up with the most current catalog to make sure all required courses are complete prior to fieldwork affiliations.

Counselors are available in the Student Services Office to assist personal and financial problems. In addition to the designated counselors, the MOT faculty will gladly attempt to help with academic or personal problems. One faculty member is assigned as a faculty advisor to each student as he/she enters the MOT program. He/She will follow your academic progress. Please refer to the Advising-Academic Counseling Section.

SSU Campus Bear Care Clinic

Click here

SSU Financial Aid:

Click here

Infectious Diseases

As a member of the health care team, MOT students need to be aware of risks involved in working with patients who have infectious diseases. All MOT students are expected to follow Universal precautions in patient care and laboratory situations where potential exists for exposure to blood and body fluids.

Students ***must*** have a current TB skin test and a baseline 2-step in order to participate in Level I and II Fieldwork. This test must be updated annually.

Most clinical sites require certain vaccinations, such as the Hepatitis B vaccination, to help protect the students from any unforeseen exposure and to comply with OSHA regulations. When these vaccinations are required, it is the student's financial responsibility to obtain these from a health care provider of their choice.

Students are required to attend annual OSHA approved blood borne pathogens training. Students who miss the assigned sessions will be required to find their own approved training at their own expense.

Please be informed that clinical sites may require random urine drug screenings so they are in compliance with their policies regarding the Drug-Free Workplace Act.

Medical information is required at acceptance into the MOT program and must be provided and kept current independently by the STUDENT. The student takes this information to each level I and II fieldwork sites the first day of clinical experience. The responsibility is in the student's hands. Either the course faculty or Academic Fieldwork Coordinator will notify students if this process is changed due to EXXACT.

Liability Insurance

Students may purchase additional liability insurance through a private carrier. The coverage by the University will be explained to you prior to starting Fieldwork. Students must pay their student fees *prior* to the beginning of each semester in order to be covered under the University's policy.

Professional Organizations

Occupational therapists have the opportunity to join two major OT organizations. The American Occupational Therapy Association, Inc., (AOTA) is a national organization, which offers many services including several publications such as *the American Journal of Occupational Therapy* and the *OT Week*, current practice information, continuing education, and employment services. **All students are required to purchase an AOTA student membership EACH fall semester, which will be used throughout their academic program coursework.**

AOTA's Address:

American Occupational Therapy Association
7501 Wisconsin Ave. Suite 510E
Bethesda, MD 20814-6519
Members: 1-800-729- 2682 Non
Members:1-301-652-6611
Click **Here** to visit AOTA s website

Each state also has its own OT organization. The Ohio Occupational Therapy Association, Inc., (OOTA) represents the concerns of Ohio OT's. They produce a monthly newsletter, which keeps you informed of events in Ohio, issues important to Ohio OT's, and job openings. They sponsor a lobbyist who helps ensure that third party insurers pay for OT services and represents OT concerns to the Ohio Legislation. They also may have monthly district meetings and an annual conference.

Address: Ohio Occupational Therapy Association, Inc. 6795 Axtel Drive
Canal Winchester, OH 43110
614-920-9445
Click **here** to visit OOTA s website.

Student Occupational Therapy Association

The Student Occupational Therapy Association (MOTA) is an organization open to all students at SSU that are in the MOT Program as well as students on a track to be considered for admission to the MOT Program . Students applying to the program, as well as enrolled students, represent typical memberships. MOTA is a great way to get involved in the Occupational Therapy profession since your participation in MOTA builds skills and friendships outside of the classroom, which are very beneficial to beginning your professional career. Membership dues are nominal (usually, \$1.00), and meetings are scheduled each semester. The organization's general goals

- are:
- a) To provide a forum for occupational therapy students to promote occupational therapy in the community and the University;
 - b) To provide opportunities for students to network and develop professional skills which complement academic coursework; and
 - c) To provide access to resources which enhance personal and professional growth.

Each year, elections are held for President, Vice-President, Treasurer, and Secretary and are open to second year students. First year students may serve as Committee Chairs (fund raising, community development and outreach, service and organizational liaison) and work closely with the executive leadership in planning and implementing projects. Each co-hort will select a delegate to attend the AOTA student assembly of delegates. This group, in coordination with faculty advisors, and the membership, then determines goals and activities for the year. Some examples of MOTA activities are: occupational therapy promotional activities (such as a booth in the University Center during OT month), social activities (such as pizza sales), and organizing study groups. Meeting announcements will be posted in the lab. See MOTA President, or Faculty advisors, Mikel Stone and/or Ann Marie Allen for more information.

Problem Solving

In the rare event that a problem occurs regarding your participation in the program, please follow the appropriate chain of command.

First level - Instructor of the course in question

Second level - MOT Department Director

Third level – Chair, Department of Rehabilitation Sciences

Fourth level - Dean, College of Health and Human Services

Fifth level - Provost

Remember, when parents or significant others are involved in the problem solving process, the faculty are placed in a compromising position. The university and faculty are bound by law to keep information regarding your education confidential. As such, faculty are not free to discuss educational matters with anyone other than the individual.

Be advised that academic freedom dictates that no person other than the course instructor may change a grade.

Phone Calls

Students are not permitted to use the MOT/OTA instructors' or the secretary's phones for personal calls. Students are NOT to have cell phones set to ON while in any of the classes in the MOT curriculum. Students will NOT text friends or family while in any of the classes in the MOT curriculum.

When assigned to a fieldwork experience, students should not make or receive personal cell phone calls during regular working hours.

Bookstore

The Bookstore is located in the University Center. Books, supplies, graduation gowns, etc. can be ordered and bought through the Bookstore.

Bursar's Office

The Bursar's Office is located in the Student Business Center, University Center, 2nd floor. All fees, health insurance, and student financial matters will be handled through the Bursar's office. Failure to pay parking fines, tuition, etc., may result in holding grades. Tuition and fees must be paid prior to the first day of each semester in order for the student to be covered under the University's liability insurance. Students with unpaid fees will not be allowed to participate in laboratory or clinical experiences.

Cafeteria and Food Offerings

The on-campus restaurant (Bear's Den) is located in the University Center. During fall and spring semesters, the hours of operation will be Monday through Thursday, 7:30 a.m. - 7:00 p.m., Friday, 7:30 a.m. – 6:30 p.m., and Saturday-Sunday, 11:00a.m – 6:00 p.m. The restaurant has indoor dining facilities. Please consult with University schedules since hours are subject to change.

Vending machines are available at all times in the following locations: The Commons Building, Massie Hall, Vern Riffe Building, University Center, Health Sciences Building, and Business and Engineering Buildings.

Clark Memorial Library

The library is a place for the student to both study and research material. There are informative resource books and periodicals related to health sciences and occupational therapy. Learn to use the library and its resources, and you will have a powerful friend in your quest for knowledge. The library has easy access to inter-library loan and internet resources. *Reserved books* cannot be removed from the library. Each semester, assigned readings will be on closed reserve in the library and may be checked out for use in the library. Grades and diplomas ***are held*** if a book is not returned. Open Shawnee State University library web page **here**

Suzanne Johnson-Varney is our librarian, and can be contacted at: svarney@shawnee.edu Do not hesitate to use all the library resources available to assist your learning!

Student Parking

Please click **here** to see all the information regarding student parking and parking options.

2023 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide (effective July 31, 2025)

The Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide provides the required elements for educational programs and establishes critical competencies necessary to prepare students to become entry-level occupational therapists (OTs) or occupational therapy assistants (OTAs). The Standards review process is completed every 5 years to ensure that the entry-level educational standards reflect current occupational therapy practice. ACOTE uses a comprehensive review process to ensure participation by all stakeholders and communities of interest. For more information, please visit the ACOTE website at www.acoteonline.org.

FOR ALL STANDARDS, 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.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
SECTION A: GENERAL REQUIREMENTS				
A.1.0. SPONSORSHIP AND ACCREDITATION				
A.1.1. Institutional Accreditation				
A.1.1.	The sponsoring institution (s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). For programs in countries other than the United States, ACOTE will determine an equivalent external review process.	The sponsoring institution (s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). For programs in countries other than the United States, ACOTE will determine an equivalent external review process.	The sponsoring institution (s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). For programs in countries other than the United States, ACOTE will determine an equivalent external review process.	The sponsoring institution (s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE).
A.1.2. Institutional Authority and Setting				
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 degree-granting authority. Accredited occupational therapy educational programs must be established in senior colleges, universities, medical schools; or military institutions.	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. Accredited occupational therapy educational programs must be established in senior colleges, universities, medical schools; or military institutions.	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. Accredited occupational therapy assistant educational programs must be established in community, technical, junior, or senior colleges; universities; medical schools; or military institutions.	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. Accredited occupational therapy assistant educational programs must be established in community, technical, junior, or senior colleges; universities; medical schools; or military institutions.
A.1.3. Sponsoring Institution Responsibilities				
A.1.3.	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 includes course content, satisfactory completion of the educational 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 includes course content, satisfactory completion of the educational 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 includes course content, satisfactory completion of the educational 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 includes course content, satisfactory completion of the educational program,

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	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.	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.	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.	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.
A.1.4. Program Integrity and Policy Adherence				
A.1.4.	<p>The program must demonstrate honesty and integrity in all interactions with ACOTE and communities of interest.</p> <p>The program must adhere to all ACOTE Standards, policies and procedures, and all notification requirements.</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 time designated by 	<p>The program must demonstrate honesty and integrity in all interactions with ACOTE and communities of interest.</p> <p>The program must adhere to all ACOTE Standards, policies and procedures, and all notification requirements.</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 time designated by 	<p>The program must demonstrate honesty and integrity in all interactions with ACOTE and communities of interest.</p> <p>The program must adhere to all ACOTE Standards, policies and procedures, and all notification requirements.</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 time designated by 	<p>The program must demonstrate honesty and integrity in all interactions with ACOTE and communities of interest.</p> <p>The program must adhere to all ACOTE Standards, policies and procedures, and all notification requirements.</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 time designated by

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	<p>ACOTE. All reports must be complete and contain all requested information.</p> <ul style="list-style-type: none"> Agree to a site visit date before the end of the period for which accreditation was previously awarded. 	<p>ACOTE. All reports must be complete and contain all requested information.</p> <ul style="list-style-type: none"> Agree to a site visit date before the end of the period for which accreditation was previously awarded. 	<p>ACOTE. All reports must be complete and contain all requested information.</p> <ul style="list-style-type: none"> Agree to a site visit date before the end of the period for which accreditation was previously awarded. 	<p>ACOTE. All reports must be complete and contain all requested information.</p> <ul style="list-style-type: none"> Agree to a site visit date before the end of the period for which accreditation was previously awarded.
A.2.0. ACADEMIC RESOURCES				
A.2.1. Program Director				
A.2.1.	<p>The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for directing the program.</p> <p>The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.</p> <p>The director of the program must:</p> <ul style="list-style-type: none"> 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. Hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. 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. Have 8 years of documented experience in the field of occupational therapy. This experience must include: 	<p>The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for directing the program.</p> <p>The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.</p> <p>The director of the program must:</p> <ul style="list-style-type: none"> 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. Hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. 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. Have 8 years of documented experience in the field of occupational therapy. This experience must include: 	<p>The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for directing the program.</p> <p>The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.</p> <p>The director of the program must:</p> <ul style="list-style-type: none"> 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. Hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. 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. Have 5 years of documented experience in the field of occupational therapy. This experience must include: 	<p>The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for directing the program.</p> <p>The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.</p> <p>The director of the program must:</p> <ul style="list-style-type: none"> 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. Hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. 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. Have 5 years of documented experience in the field of occupational therapy. This experience must include:

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	<ul style="list-style-type: none"> o Clinical practice experience as an occupational therapist. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding the role of the occupational therapy assistant. o 4 years of experience as a faculty member with teaching responsibilities at the postbaccalaureate level. 	<ul style="list-style-type: none"> o Clinical practice experience as an occupational therapist. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding the role of the occupational therapy assistant. o 4 years of experience as a faculty member with teaching responsibilities at the postsecondary level. 	<ul style="list-style-type: none"> o Clinical practice experience as an occupational therapist or occupational therapy assistant. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding of and experience with occupational therapy assistants. o 3 years of experience as a faculty member with teaching responsibilities at the postsecondary level. 	<ul style="list-style-type: none"> o Clinical practice experience as an occupational therapist or occupational therapy assistant. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding of and experience with occupational therapy assistants. o 3 years of experience as a faculty member with teaching responsibilities at the postsecondary level.
A.2.2. Program Director and Faculty Qualifications				
A.2.2.	<p>The program director and faculty must demonstrate:</p> <ul style="list-style-type: none"> • The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. • Documented current expertise in their assigned area(s) of teaching responsibility and student advisement, including knowledge of resources for student well-being. • Effectiveness in teaching and evaluation of student learning. • Knowledge of the curriculum design, application of principles of diversity, equity, inclusion, and justice concepts and the content delivery method (e.g., in-person, distance learning). 	<p>The program director and faculty must demonstrate:</p> <ul style="list-style-type: none"> • The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. • Documented current expertise in their assigned area(s) of teaching responsibility and student advisement, including knowledge of resources for student well-being. • Effectiveness in teaching and evaluation of student learning. • Knowledge of the curriculum design, application of principles of diversity, equity, inclusion, and justice concepts and the content delivery method (e.g., in-person, distance learning). 	<p>The program director and faculty must demonstrate:</p> <ul style="list-style-type: none"> • The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. • Documented current expertise in their assigned area(s) of teaching responsibility and student advisement, including knowledge of resources for student well-being. • Effectiveness in teaching and evaluation of student learning. • Knowledge of the curriculum design, application of principles of diversity, equity, inclusion, and justice concepts and the content delivery method (e.g., in-person, distance learning). 	<p>The program director and faculty must demonstrate:</p> <ul style="list-style-type: none"> • The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. • Documented current expertise in their assigned area(s) of teaching responsibility and student advisement, including knowledge of resources for student well-being. • Effectiveness in teaching and evaluation of student learning. • Knowledge of the curriculum design, application of principles of diversity, equity, inclusion, and justice concepts and the content delivery method (e.g., in-person, distance learning).

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	Faculty responsible for content related to research methodology and mentoring students on scholarly projects must demonstrate ongoing scholarly achievement and research expertise.	Faculty responsible for content related to research methodology and mentoring students on scholarly projects must demonstrate ongoing scholarly achievement and research expertise.		
A.2.3. Academic Fieldwork Coordinator				
A.2.3.	<p>The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating academic fieldwork.</p> <p>The coordinator of academic fieldwork must:</p> <ul style="list-style-type: none"> Have documented release time and support that is sufficient to ensure that the needs of the fieldwork program are being met. Be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. Hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. Be responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0. Have 2 years of documented experience in the field of occupational therapy which must include: <ul style="list-style-type: none"> Clinical practice experience as an occupational therapist. Professional experience as a fieldwork educator or documentation of training in the roles and responsibilities of a fieldwork educator. 	<p>The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating academic fieldwork.</p> <p>The coordinator of academic fieldwork must:</p> <ul style="list-style-type: none"> Have documented release time and support that is sufficient to ensure that the needs of the fieldwork program are being met. Be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. Hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. Be responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0. Have 2 years of documented experience in the field of occupational therapy which must include: <ul style="list-style-type: none"> Clinical practice experience as an occupational therapist. Professional experience as a fieldwork educator or documentation of training in the roles and responsibilities of a fieldwork educator. 	<p>The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating academic fieldwork.</p> <p>The coordinator of academic fieldwork must:</p> <ul style="list-style-type: none"> Have documented release time and support that is sufficient to ensure that the needs of the fieldwork program are being met. Be an occupational therapist or an 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. Hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. Be responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0. Have 2 years of documented experience in the field of occupational therapy which must include: <ul style="list-style-type: none"> Clinical practice experience as an occupational therapist or as an occupational therapy assistant. Professional experience as a fieldwork educator or documentation of training in the 	<p>The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating academic fieldwork.</p> <p>The coordinator of academic fieldwork must:</p> <ul style="list-style-type: none"> Have documented release time and support that is sufficient to ensure that the needs of the fieldwork program are being met. Be an occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. Hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. Be responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0. Have 2 years of documented experience in the field of occupational therapy which must include: <ul style="list-style-type: none"> Clinical practice experience as an occupational therapist or as an occupational therapy assistant Professional experience as a fieldwork educator or documentation of training in the

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			roles and responsibilities of a fieldwork educator.	roles and responsibilities of a fieldwork educator.
A.2.4. Doctoral Capstone Coordinator				
A.2.4.	<p>The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating the doctoral capstone.</p> <p>The institution must document that this faculty member has sufficient release time and support to ensure that the needs of the capstone program are being met.</p> <p>The coordinator of the doctoral capstone must:</p> <ul style="list-style-type: none"> • Be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. • Hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. • Be responsible for the program's compliance with all capstone requirements as outlined in Section D.1.0. • Have 3 years of documented experience in the field of occupational therapy that must include: <ul style="list-style-type: none"> ○ Clinical practice experience as an occupational therapist. ○ Teaching responsibilities at the postsecondary level. ○ Scholarship (e.g., scholarship of application, scholarship of teaching and learning). 	(No related Standard)	(No related Standard)	(No related Standard)

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A.2.5. OT and OTA Faculty License and Faculty Degrees				
A.2.5.	<p>Faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant in the United States jurisdiction.</p> <p>The faculty must have a license in the state where the program is located if required by the state's jurisdiction or must be otherwise regulated in the jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty who are not occupational therapy practitioners and teaching in the occupational therapy program must be licensed or otherwise regulated as required by their profession.</p> <p>All full-time faculty who are occupational therapy practitioners teaching in the program must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. Doctoral degrees are not limited to a doctorate in occupational therapy.</p> <p>For programs outside of the United States or its jurisdictions, faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p>	<p>Faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant in the United States jurisdiction.</p> <p>The faculty must have a license in the state where the program is located if required by the state's jurisdiction or must be otherwise regulated in the jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty who are not occupational therapy practitioners and teaching in the occupational therapy program must be licensed or otherwise regulated as required by their profession.</p> <p>The majority of full-time faculty who are occupational therapy practitioners teaching in the program must hold a doctoral degree. All faculty must hold a minimum of a master's degree. All degrees must be awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The degrees are not limited to occupational therapy.</p> <p>For programs outside of the United States or its jurisdictions, faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p>	<p>Faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant in the United States jurisdiction.</p> <p>The faculty must have a license in the state where the program is located if required by the state's jurisdiction or must be otherwise regulated in the jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty who are not occupational therapy practitioners and teaching in the occupational therapy assistant program must be licensed or otherwise regulated as required by their profession.</p> <p>The majority of full-time faculty who are occupational therapy practitioners teaching in the program must hold a minimum of a master's degree. All faculty must hold a minimum of a baccalaureate degree. All degrees must be awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The degrees are not limited to occupational therapy.</p> <p>For programs outside of the United States or its jurisdictions, faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p>	<p>Faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant in the United States jurisdiction.</p> <p>The faculty must have a license in the state where the program is located if required by the state's jurisdiction or must be otherwise regulated in the jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty who are not occupational therapy practitioners and teaching in the occupational therapy assistant program must be licensed or otherwise regulated as required by their profession.</p> <p>All full-time faculty who are occupational therapy practitioners teaching in the program must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The degrees are not limited to occupational therapy.</p> <p>For programs outside of the United States or its jurisdictions, faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p>

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A.2.6. Site Coordinator				
A.2.6.	For programs with additional location(s), the program must identify a full-time 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 location(s), the program must identify a full-time 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 location(s), the program must identify a full-time faculty member who is an occupational therapy practitioner as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional location(s), the program must identify a full-time faculty member who is an occupational therapy practitioner as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.
A.2.7. Sufficient Faculty				
A.2.7.	<p>The faculty at each location where the program is offered must be sufficient in number and composition to ensure delivery of the curriculum, program evaluation, and oversight of the doctoral capstone.</p> <p>Faculty composition may include full time, part time, and adjunct faculty who, in total, have sufficient clinical expertise, documented scholarship and research, and knowledge of curriculum and instructional design to meet the mission and vision of the program and ensure successful delivery of the curriculum.</p> <p>The faculty must be reflective of institutional recruitment and hiring policies regarding diversity, equity, inclusion, and justice.</p>	<p>The faculty at each location where the program is offered must be sufficient in number and composition to ensure delivery of the curriculum and program evaluation.</p> <p>Faculty composition may include full time, part time, and adjunct faculty who, in total, have sufficient clinical expertise, documented scholarship and research, and knowledge of curriculum and instructional design to meet the mission and vision of the program and ensure successful delivery of the curriculum.</p> <p>The faculty must be reflective of institutional recruitment and hiring policies regarding diversity, equity, inclusion, and justice.</p>	<p>The faculty at each location where the program is offered must be sufficient in number and composition to ensure delivery of the curriculum, program evaluation, and oversight of the baccalaureate project.</p> <p>The program must have at least three full-time equivalent (FTE) faculty positions at each accredited location where the program is offered. The program must have a faculty member who is currently practicing (clinical practice or education) as an occupational therapy assistant and is involved in the curriculum design, strategic planning, teaching, and student advising.</p> <p>Faculty composition may include full time, part time, and adjunct faculty who, in total, have sufficient clinical expertise, and documented scholarship and knowledge of curriculum and instructional design to meet the mission and vision of the program and ensure successful delivery of the curriculum.</p> <p>The program must identify a faculty member who is appointed to the occupational therapy assistant degree level program and is responsible for oversight of the baccalaureate project. This faculty member is responsible for all baccalaureate project requirements as outlined in Section D.1.0.</p>	<p>The faculty at each location where the program is offered must be sufficient in number and composition to ensure delivery of the curriculum and program evaluation.</p> <p>The program must have at least two full-time equivalent (FTE) faculty positions at each accredited location where the program is offered. The program must have a faculty member who is currently practicing (clinical practice or education) as an occupational therapy assistant and is involved in the curriculum design, strategic planning, teaching, and student advising.</p> <p>Faculty composition may include full time, part time, and adjunct faculty who, in total, have sufficient clinical expertise, and documented scholarship and knowledge of curriculum and instructional design to meet the mission and vision of the program and ensure successful delivery of the curriculum.</p> <p>The faculty must be reflective of institutional recruitment and hiring policies regarding diversity, equity, inclusion, and justice.</p>

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			The faculty must be reflective of institutional recruitment and hiring policies regarding diversity, equity, inclusion, and justice.	
A.2.8. Clerical and Support Staff				
A.2.8.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, fieldwork, and doctoral capstone requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, and fieldwork requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, fieldwork, and baccalaureate project requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, and fieldwork requirements, including support for any portion of the program offered by distance education.
A.2.9. Budget				
A.2.9.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.
A.2.10. Adequate Space				
A.2.10.	<p>Adequate and accessible classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution, and assigned to the occupational therapy program on a priority basis.</p> <ul style="list-style-type: none"> The program director and faculty must have office space consistent with institutional practice. An adequate and accessible environment must be provided for the private advising of students. <p>If lecture or laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. The program must document how this</p>	<p>Adequate and accessible classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution, and assigned to the occupational therapy program on a priority basis.</p> <ul style="list-style-type: none"> The program director and faculty must have office space consistent with institutional practice. An adequate and accessible environment must be provided for the private advising of students. <p>If lecture or laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. The program must document how this</p>	<p>Adequate and accessible classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution, and assigned to the occupational therapy assistant program on a priority basis.</p> <ul style="list-style-type: none"> The program director and faculty must have office space consistent with institutional practice. An adequate and accessible environment must be provided for the private advising of students. <p>If lecture or laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. The program must document how this</p>	<p>Adequate and accessible classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution, and assigned to the occupational therapy assistant program on a priority basis.</p> <ul style="list-style-type: none"> The program director and faculty must have office space consistent with institutional practice. An adequate and accessible environment must be provided for the private advising of students. <p>If lecture or laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. The program must document how this</p>

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	space is adequate to meet the educational needs of the students.	space is adequate to meet the educational needs of the students.	space is adequate to meet the educational needs of the students.	space is adequate to meet the educational needs of the students.
A.2.11. Equipment, Supplies, and Evaluative and Treatment Methodologies				
A.2.11.	<p>The institution must provide the student with access to and use of sufficient equipment, supplies, and treatment methodologies at all locations where education is provided by the program.</p> <p>The equipment, supplies, and treatment methodologies must reflect current evidence-based practice in the geographic area served by the program during the didactic, fieldwork and capstone components of the curriculum.</p>	<p>The institution must provide the student with access to and use of sufficient equipment, supplies, and treatment methodologies at all locations where education is provided by the program.</p> <p>The equipment, supplies, and treatment methodologies must reflect current evidence-based practice in the geographic area served by the program during the didactic and fieldwork components of the curriculum.</p>	<p>The institution must provide the student with access to and use of sufficient equipment, supplies, and treatment methodologies at all locations where education is provided by the program.</p> <p>The equipment, supplies, and treatment methodologies must reflect current evidence-based practice in the geographic area served by the program during the didactic, fieldwork, and baccalaureate project components of the curriculum.</p>	<p>The institution must provide the student with access to and use of sufficient equipment, supplies, and treatment methodologies at all locations where education is provided by the program.</p> <p>The equipment, supplies, and treatment methodologies must reflect current evidence-based practice in the geographic area served by the program. during the didactic and fieldwork components of the curriculum.</p>
A.2.12. Resources, Reference Materials, Instructional Aids, and Technology				
A.2.12.	<p>Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, electronic resources, assistive technology, and other reference materials needed to meet the requirements of the curriculum at all locations where education is provided by the program.</p> <p>Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives, teaching methods, and student needs.</p>	<p>Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, electronic resources, assistive technology, and other reference materials needed to meet the requirements of the curriculum at all locations where education is provided by the program.</p> <p>Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives, teaching methods, and student needs.</p>	<p>Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, electronic resources, assistive technology, and other reference materials needed to meet the requirements of the curriculum at all locations where education is provided by the program.</p> <p>Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives, teaching methods, and student needs.</p>	<p>Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, electronic resources, assistive technology, and other reference materials needed to meet the requirements of the curriculum at all locations where education is provided by the program.</p> <p>Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives, teaching methods, and student needs.</p>
A.2.13. Distance Education Delivery Model				
A.2.13.	<p>If any portion of the program is offered through a distance education delivery model, the program must provide documentation of:</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. 	<p>If any portion of the program is offered through a distance education delivery model, the program must provide documentation of:</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. 	<p>If any portion of the program is offered through a distance education delivery model, the program must provide documentation of:</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. 	<p>If any portion of the program is offered through a distance education delivery model, the program must provide documentation of:</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.

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	<ul style="list-style-type: none"> • A process that protects student privacy. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. • A policy that notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment. 	<ul style="list-style-type: none"> • A process that protects student privacy. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. • A policy that notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment. 	<ul style="list-style-type: none"> • A process that protects student privacy. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. • A policy that notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment. 	<ul style="list-style-type: none"> • A process that protects student privacy. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. • A policy that notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.
A.3.0. STUDENTS				
A.3.1. Admission Criteria				
A.3.1.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.
A.3.2. Admission Policies				
A.3.2.	<p>The program must have documented admission policies and procedures for admission, advanced placement, transfer of credit, and prerequisite educational or work experience requirements. These policies must be readily accessible to prospective students and the public and be applied consistently and equitably.</p> <p>The admissions process must align with the institutional mission and vision and reflect efforts to recruit and admit a diverse student population as defined by the program.</p>	<p>The program must have documented admission policies and procedures for admission, advanced placement, transfer of credit, and prerequisite educational or work experience requirements. These policies must be readily accessible to prospective students and the public and be applied consistently and equitably.</p> <p>The admissions process must align with the institutional mission and vision and reflect efforts to recruit and admit a diverse student population as defined by the program.</p>	<p>The program must have documented admission policies and procedures for admission, advanced placement, transfer of credit, and prerequisite educational or work experience requirements. These policies must be readily accessible to prospective students and the public and be applied consistently and equitably.</p> <p>The admissions process must align with the institutional mission and vision and reflect efforts to recruit and admit a diverse student population as defined by the program.</p>	<p>The program must have documented admission policies and procedures for admission, advanced placement, transfer of credit, and prerequisite educational or work experience requirements. These policies must be readily accessible to prospective students and the public and be applied consistently and equitably.</p> <p>The admissions process must align with the institutional mission and vision and reflect efforts to recruit and admit a diverse student population as defined by the program.</p>

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A.3.3. Criteria for Successful Completion				
A.3.3.	<p>The program must have documented and published criteria for successful completion of each segment of the educational program to ensure that students complete all graduation requirements in a timely manner. Graduation requirements must be given in advance to each student.</p> <p>The published documents must include a statement that all Level II fieldwork and the doctoral capstone must be completed within a time frame established by the program.</p> <p>The program must describe how retention practices support the needs of its diverse student population to complete the program.</p>	<p>The program must have documented and published criteria for successful completion of each segment of the educational program to ensure that students complete all graduation requirements in a timely manner. Graduation requirements must be given in advance to each student.</p> <p>The published documents must include a statement that all Level II fieldwork must be completed within a time frame established by the program.</p> <p>The program must describe how retention practices support the needs of its diverse student population to complete the program.</p>	<p>The program must have documented and published criteria for successful completion of each segment of the educational program to ensure that students complete all graduation requirements in a timely manner. Graduation requirements must be given in advance to each student.</p> <p>The published documents must include a statement that all Level II fieldwork and the baccalaureate project must be completed within a time frame established by the program.</p> <p>The program must describe how retention practices support the needs of its diverse student population to complete the program.</p>	<p>The program must have documented and published criteria for successful completion of each segment of the educational program to ensure that students complete all graduation requirements in a timely manner. Graduation requirements must be given in advance to each student.</p> <p>The published documents must include a statement that all Level II fieldwork must be completed within a time frame established by the program.</p> <p>The program must describe how retention practices support the needs of its diverse student population to complete the program.</p>
	<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE DOCTORAL CAPSTONE WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>	<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>	<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE BACCALAUREATE PROJECT WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>	<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>
A.3.4. Student Support Services				
A.3.4.	<p>The program must demonstrate how it facilitates student access to appropriate health and well-being resources.</p> <p>The program must have documented policies and procedures which demonstrate how students are informed of and have equitable access to all support services throughout the didactic, fieldwork, and capstone experiences regardless of educational delivery model (e.g., in-person, hybrid, distance education).</p> <p>The program must document how reasonable accommodations are provided to students in the institution.</p>	<p>The program must demonstrate how it facilitates student access to appropriate health and well-being resources.</p> <p>The program must have documented policies and procedures which demonstrate how students are informed of and have equitable access to all support services throughout the didactic and fieldwork experiences regardless of educational delivery model (e.g., in-person, hybrid, distance education).</p> <p>The program must document how reasonable accommodations are provided to students in the institution.</p>	<p>The program must demonstrate how it facilitates student access to appropriate health and well-being resources.</p> <p>The program must have documented policies and procedures which demonstrate how students are informed of and have equitable access to all support services throughout the didactic, fieldwork, and the baccalaureate project experiences regardless of educational delivery model (e.g., in-person, hybrid, distance education).</p> <p>The program must document how reasonable accommodations are provided to students in the institution.</p>	<p>The program must demonstrate how it facilitates student access to appropriate health and well-being resources.</p> <p>The program must have documented policies and procedures which demonstrate how students are informed of and have equitable access to all support services, throughout the didactic and fieldwork experiences regardless of educational delivery model (e.g., in-person, hybrid, distance education).</p> <p>The program must document how reasonable accommodations are provided to students in the institution.</p>

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A.3.5. Student Advising by Faculty				
A.3.5.	<p>The program must have a process for student advisement by faculty who are occupational therapy practitioners in the program. Advisement must be documented and occur on a regular basis in the following areas:</p> <ul style="list-style-type: none"> • Conduct and responsibilities to enter the profession • Student progress and academic standing • Fieldwork education • Doctoral capstone 	<p>The program must have a process for student advisement by faculty who are occupational therapy practitioners in the program. Advisement must be documented and occur on a regular basis in the following areas:</p> <ul style="list-style-type: none"> • Conduct and responsibilities to enter the profession • Student progress and academic standing • Fieldwork education 	<p>The program must have a process for student advisement by faculty who are occupational therapy practitioners in the program. Advisement must be documented and occur on a regular basis in the following areas:</p> <ul style="list-style-type: none"> • Conduct and responsibilities to enter the profession • Student progress and academic standing • Fieldwork education • Baccalaureate project 	<p>The program must have a process for student advisement by faculty who are occupational therapy practitioners in the program. Advisement must be documented and occur on a regular basis in the following areas:</p> <ul style="list-style-type: none"> • Conduct and responsibilities to enter the profession • Student progress and academic standing • Fieldwork education
A.4.0. PUBLIC INFORMATION AND POLICIES				
A.4.1. Accurate Program Publications				
A.4.1.	<p>All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must be consistent and accurately reflect the program offered. This must include a description of the delivery model (e.g., in-person, hybrid, distance education). Students must be notified of technology requirements, location, and accessibility of learning environments.</p>	<p>All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must be consistent and accurately reflect the program offered. This must include a description of the delivery models (e.g., in-person, hybrid, distance education). Students must be notified of technology requirements, location, and accessibility of learning environments.</p>	<p>All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must be consistent and accurately reflect the program offered. This must include a description of the delivery models (e.g., in-person, hybrid, distance education). Students must be notified of technology requirements, location, and accessibility of learning environments.</p>	<p>All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must be consistent and accurately reflect the program offered. This must include a description of the delivery models (e.g., in-person, hybrid, distance education). Students must be notified of technology requirements, location, and accessibility of learning environments.</p>
A.4.2. Publication of Program Outcomes				
A.4.2.	<p>Accurate and current student and program outcomes must be available to the public. The data or a link to the data must be posted on the program's home page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> • Program graduates • Graduation rates <p>The program may use calendar year or academic year when publishing the total number of program graduates and</p>	<p>Accurate and current student and program outcomes must be available to the public. The data or a link to the data must be posted on the program's home page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> • Program graduates • Graduation rates <p>The program may use calendar year or academic year when publishing the total number of program graduates and</p>	<p>Accurate and current student and program outcomes must be available to the public. The data or a link to the data must be posted on the program's home page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> • Program graduates • Graduation rates <p>The program may use calendar year or academic year when publishing the total number of program graduates and</p>	<p>Accurate and current student and program outcomes must be available to the public. The data or a link to the data must be posted on the program's home page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> • Program graduates • Graduation rates <p>The program may use calendar year or academic year when publishing the total number of program graduates and</p>

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	graduation rates. The timeframe must be clearly delineated. The program must provide an active direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program’s home page.	graduation rates. The timeframe must be clearly delineated. The program must provide an active direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program’s home page.	graduation rates. The timeframe must be clearly delineated. The program must provide an active direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results. on the program’s home page.	graduation rates. The timeframe must be clearly delineated. The program must provide an active direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program’s home page.
A.4.3. Publication of ACOTE Information				
A.4.3.	The program’s accreditation status; the name, address, and telephone number for ACOTE; and an active link to www.acoteonline.org must be published on the home page and must be included in all printed and electronic materials used by the institution and available to prospective students.	The program’s accreditation status; the name, address, and telephone number for ACOTE; and an active link to www.acoteonline.org must be published on the home page and must be included in all printed and electronic materials used by the institution and available to prospective students.	The program’s accreditation status; the name, address, and telephone number for ACOTE; and an active link to www.acoteonline.org must be published on the home page and must be included in all printed and electronic materials used by the institution and available to prospective students.	The program’s accreditation status; the name, address, and telephone number for ACOTE; and an active link to www.acoteonline.org must be published on the home page and must be included in all printed and electronic materials used by the institution and available to prospective students.
	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 7501 WISCONSIN AVENUE, SUITE 510E, BETHESDA, MD 20814. ACOTE’S TELEPHONE NUMBER, C/O AOTA, IS (301) 652-AOTA, AND ITS WEB ADDRESS IS WWW.ACOTEONLINE.ORG .” (See ACOTE Policies .)			
A.4.4. Published Policies and Procedures				
A.4.4.	The program must have documented policies and procedures which are made available to students and ensure the consistent application of each of the following: <ul style="list-style-type: none">• Policy and procedures for processing and maintaining student grievances and other complaints against the program must be defined and published.• Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.• Student probation, suspension, and dismissal must be published and made known.• Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students,	The program must have documented policies and procedures which are made available to students and ensure the consistent application of each of the following: <ul style="list-style-type: none">• Policy and procedures for processing and maintaining student grievances and other complaints against the program must be defined and published.• Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.• Student probation, suspension, and dismissal must be published and made known.• Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students,	The program must have documented policies and procedures which are made available to students and ensure the consistent application of each of the following: <ul style="list-style-type: none">• Policy and procedures for processing and maintaining student grievances and other complaints against the program must be defined and published.• Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.• Student probation, suspension, and dismissal must be published and made known.• Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students,	The program must have documented policies and procedures which are made available to students and ensure the consistent application of each of the following: <ul style="list-style-type: none">• Policy and procedures for processing and maintaining student grievances and other complaints against the program must be defined and published.• Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.• Student probation, suspension, and dismissal must be published and made known.• Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students,

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	<p>and faculty (including infection control and evacuation procedures) must be documented and made known.</p> <ul style="list-style-type: none">• Graduation requirements must be posted on the program’s webpage.• The total cost of attendance, including current tuition and fees and the total cost of completing the program must be displayed on the program’s homepage or link to the information posted on the program’s homepage. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education.	<p>and faculty (including infection control and evacuation procedures) must be documented and made known.</p> <ul style="list-style-type: none">• Graduation requirements must be posted on the program’s webpage.• The total cost of attendance, including current tuition and fees and the total cost of completing the program must be displayed on the program’s homepage or link to the information posted on the program’s homepage. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education.	<p>and faculty (including infection control and evacuation procedures) must be documented and made known.</p> <ul style="list-style-type: none">• Graduation requirements must be posted on the program’s webpage.• The total cost of attendance, including current tuition and fees and the total cost of completing the program must be displayed on the program’s homepage or link to the information posted on the program’s homepage. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education.	<p>and faculty (including infection control and evacuation procedures) must be documented and made known.</p> <ul style="list-style-type: none">• Graduation requirements must be posted on the program’s webpage.• The total cost of attendance, including current tuition and fees and the total cost of completing the program must be displayed on the program’s homepage or link to the information posted on the program’s homepage. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education.
A.4.5. Progression, Retention, Graduation, Certification, and Credentialing Requirements				
A.4.5.	Progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program’s website about the potential impact of a felony conviction on a graduate’s eligibility for certification and credentialing must be provided.	Progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program’s website about the potential impact of a felony conviction on a graduate’s eligibility for certification and credentialing must be provided.	Progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program’s website about the potential impact of a felony conviction on a graduate’s eligibility for certification and credentialing must be provided.	Progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program’s website about the potential impact of a felony conviction on a graduate’s eligibility for certification and credentialing must be provided.
	SAMPLE WORDING: “GRADUATES OF THE 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, ALL STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE’S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE.”		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, ALL STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE’S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE.”	
A.4.6. Student Records				
A.4.6.	All student records must be maintained including student admission, enrollment, fieldwork, doctoral capstone, academic achievement, and student transcripts. These records must be kept in a secure setting consistent with Family Educational	All student records must be maintained including student admission, enrollment, fieldwork, academic achievement, and student transcripts. These records must be kept in a secure setting consistent with Family Educational Rights and Privacy Act	All student records must be maintained including student admission, enrollment, fieldwork, baccalaureate project, academic achievement, and student transcripts. These records must be kept in a secure setting consistent with Family Educational	All student records must be maintained including student admission, enrollment, fieldwork, academic achievement, and student transcripts. These records must be kept in a secure setting consistent with Family Educational Rights and Privacy Act

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	Rights and Privacy Act regulations and the sponsoring institutional policies.	regulations and the sponsoring institutional policies.	Rights and Privacy Act regulations and the sponsoring institutional policies.	regulations and the sponsoring institutional policies.
A.5.0. CURRICULUM FRAMEWORK The curriculum framework is a description of the program that includes the program's mission, philosophy, and curriculum design.				
A.5.1. Curriculum—Preparation to Practice as a Generalist				
A.5.1.	The curriculum must include preparation to practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.
A.5.2. Program Length				
A.5.2.	<p>The degree may be awarded after successful completion and a period of study including total time to the degree, and preprofessional and professional preparation which equals a minimum of 6 full-time equivalent academic years.</p> <p>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.</p> <p>The program must consider the requirements of institutional accreditation and policies, state agencies, and the program's curriculum design.</p>	<p>The degree may be awarded after successful completion and a period of study including total time to the degree, and preprofessional and professional preparation which equals 5 full-time equivalent academic years, but no more than 6 full-time equivalent academic years.</p> <p>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.</p> <p>The program must consider the requirements of institutional accreditation and policies, state agencies, and the program's curriculum design.</p>	<p>The degree may be awarded after successful completion and a period of study which requires 4 full-time equivalent academic years of college-level study.</p> <p>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.</p> <p>The program must consider the requirements of institutional accreditation and policies, state agencies, and the program's curriculum design.</p>	<p>The degree may be awarded after successful completion and a period of study which requires at least 2 full-time equivalent academic years of college-level study.</p> <p>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.</p> <p>The program must consider the requirements of institutional accreditation and policies, state agencies, and the program's curriculum design.</p>

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A.5.3. Program Mission and Philosophy				
A.5.3.	<p>The statement of the mission of the occupational therapy program must:</p> <ul style="list-style-type: none"> Be consistent with and supportive of the mission of the sponsoring institution. Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. <p>The statement of philosophy of the occupational therapy program must:</p> <ul style="list-style-type: none"> Reflect the current published philosophy of the profession. Include a statement of the program's fundamental beliefs about human beings and how they learn. 	<p>The statement of the mission of the occupational therapy program must:</p> <ul style="list-style-type: none"> Be consistent with and supportive of the mission of the sponsoring institution. Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. <p>The statement of philosophy of the occupational therapy program must:</p> <ul style="list-style-type: none"> Reflect the current published philosophy of the profession. Include a statement of the program's fundamental beliefs about human beings and how they learn. 	<p>The statement of the mission of the occupational therapy assistant program must:</p> <ul style="list-style-type: none"> Be consistent with and supportive of the mission of the sponsoring institution. Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. <p>The statement of philosophy of the occupational therapy assistant program must:</p> <ul style="list-style-type: none"> Reflect the current published philosophy of the profession. Include a statement of the program's fundamental beliefs about human beings and how they learn. 	<p>The statement of the mission of the occupational therapy assistant program must:</p> <ul style="list-style-type: none"> Be consistent with and supportive of the mission of the sponsoring institution. Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. <p>The statement of philosophy of the occupational therapy assistant program must:</p> <ul style="list-style-type: none"> Reflect the current published philosophy of the profession. Include a statement of the program's fundamental beliefs about human beings and how they learn.
A.5.4. Curriculum Design				
A.5.4.	<p>The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The instructional design must identify curricular threads, educational goals, and assessments that inform the selection of the content, scope, and sequence of coursework in the curriculum.</p> <p>The faculty must demonstrate an understanding of the courses they teach and how they relate to the program's curriculum design.</p> <p>The curriculum design must include course objectives and learning activities that distinguish this degree as a doctorate-level degree.</p>	<p>The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The instructional design must identify curricular threads, educational goals, and assessments that inform the selection of the content, scope, and sequence of coursework in the curriculum.</p> <p>The faculty must demonstrate an understanding of the courses they teach and how they relate to the program's curriculum design.</p>	<p>The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The instructional design must identify curricular threads, educational goals, and assessments that inform the selection of the content, scope, and sequence of coursework in the curriculum.</p> <p>The faculty must demonstrate an understanding of the courses they teach and how they relate to the program's curriculum design.</p> <p>The curriculum design must include course objectives and learning activities that distinguish this degree as a baccalaureate-level degree.</p>	<p>The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The instructional design must identify curricular threads, educational goals, and assessments that inform the selection of the content, scope, and sequence of coursework in the curriculum.</p> <p>The faculty must demonstrate an understanding of the courses they teach and how they relate to the program's curriculum design.</p>

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A.5.5. Written Syllabi and Assessment Strategies				
A.5.5.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Assessment strategies must complement the instructional design methods and support student progress in the program towards graduation. The program must also demonstrate the consistency between course syllabi and the curriculum design.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Assessment strategies must complement the instructional design methods and support student progress in the program towards graduation. The program must also demonstrate the consistency between course syllabi and the curriculum design.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Assessment strategies must complement the instructional design methods and support student progress in the program towards graduation. The program must also demonstrate the consistency between course syllabi and the curriculum design.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Assessment strategies must complement the instructional design methods and support student progress in the program towards graduation. The program must also demonstrate the consistency between course syllabi and the curriculum design.
A.6.0. 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.6.1. Strategic Plan				
A.6.1.	<p>The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth; scholarship; changes in the curriculum design; priorities in academic resources; procurement of fieldwork and doctoral capstone sites; vision for diversity, equity, inclusion, and justice). A program strategic plan must reflect a minimum of a 3-year period and include:</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. 	<p>The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth; scholarship; changes in the curriculum design; priorities in academic resources; procurement of fieldwork sites; vision for diversity, equity, inclusion, and justice). A program strategic plan must reflect a minimum of a 3-year period and include:</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. 	<p>The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth; scholarship; changes in the curriculum design; priorities in academic resources; procurement of fieldwork sites and baccalaureate project; vision for diversity, equity, inclusion, and justice). A program strategic plan must reflect a minimum of a 3-year period and include:</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. 	<p>The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth; scholarship; changes in the curriculum design; priorities in academic resources; procurement of fieldwork sites; vision for diversity, equity, inclusion, and justice). A program strategic plan must reflect a minimum of a 3-year period and include:</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.

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	<ul style="list-style-type: none">Specific measurable action steps with expected timelines which must include a date when the program expects to reach each action step.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.	<ul style="list-style-type: none">Specific measurable action steps with expected timelines which must include a date when the program expects to reach each action step.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.	<ul style="list-style-type: none">Specific measurable action steps with expected timelines which must include a date when the program expects to reach each action step.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.	<ul style="list-style-type: none">Specific measurable action steps with expected timelines which must include a date when the program expects to reach each action step.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.
	THE TIMELINE SHOULD REFLECT THE ACTUAL DUE DATE WHEN THE PROGRAM EXPECTS TO REACH EACH LONG-TERM GOAL. "ANNUALLY" AND "ONGOING" ARE NOT ACCEPTABLE TIMELINES, WHEREAS "DECEMBER 20XX" WOULD BE AN ACCEPTABLE TIMELINE.			
A.6.2. Professional Development Plans				
A.6.2.	<p>The program director and faculty members who teach two or more distinct courses must have a current written professional development plan. The plan must demonstrate a relationship to the program's strategic plan and include outcomes. Each plan must contain the signature of the faculty member and supervisor. The goals to enhance the faculty member's ability to fulfill designated responsibilities must include:</p> <ul style="list-style-type: none">Teaching effectiveness and use of educational technology.Scholarship and scholarly activity.Service or leadership roles in the program, institution, or within the profession.Specific measurable action steps with expected timelines and specific dates in which the faculty member will achieve each action step.Evidence of annual updates of action steps and goals as they are met or as circumstances change.	<p>The program director and faculty members who teach two or more distinct courses must have a current written professional development plan. The plan must demonstrate a relationship to the program's strategic plan and include outcomes. Each plan must contain the signature of the faculty member and supervisor. The goals to enhance the faculty member's ability to fulfill designated responsibilities must include:</p> <ul style="list-style-type: none">Teaching effectiveness and use of educational technology.Scholarship and scholarly activity.Service or leadership roles in the program, institution, or within the profession.Specific measurable action steps with expected timelines and specific dates in which the faculty member will achieve each action step.Evidence of annual updates of action steps and goals as they are met or as circumstances change.	<p>The program director and faculty members who teach two or more distinct courses must have a current written professional development plan. The plan must demonstrate a relationship to the program's strategic plan and include outcomes. Each plan must contain the signature of the faculty member and supervisor. The goals to enhance the faculty member's ability to fulfill designated responsibilities must include:</p> <ul style="list-style-type: none">Teaching effectiveness and use of educational technology.Incorporation of teaching scholarship.Service or leadership roles in the program, institution, or within the profession.Specific measurable action steps with expected timelines and specific dates in which the faculty member will achieve each action step.Evidence of annual updates of action steps and goals as they are met or as circumstances change.	<p>The program director and faculty members who teach two or more distinct courses must have a current written professional development plan. The plan must demonstrate a relationship to the program's strategic plan and include outcomes. Each plan must contain the signature of the faculty member and supervisor. The goals to enhance the faculty member's ability to fulfill designated responsibilities must include:</p> <ul style="list-style-type: none">Teaching effectiveness and use of educational technology.Incorporation of teaching scholarship.Service or leadership roles in the program, institution, or within the profession.Specific measurable action steps with expected timelines and specific dates in which the faculty member will achieve each action step.Evidence of annual updates of action steps and goals as they are met or as circumstances change.

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A.6.3. Program Evaluation				
A.6.3.	<p>The program must routinely secure and document formative and summative data which will assure the program is meeting its stated goals and objectives. The program must demonstrate how data analysis informed program growth and strategic changes each academic year. Program evaluation must include:</p> <p>Student Data:</p> <ul style="list-style-type: none"> • Retention rates • Academic and fieldwork performance <p>Faculty Data:</p> <ul style="list-style-type: none"> • Effectiveness in assigned teaching responsibilities <p>Program Data:</p> <ul style="list-style-type: none"> • Student satisfaction with the program • Student evaluation of fieldwork experience • Student evaluation of doctoral capstone • Evaluation of doctoral capstone outcomes. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement • Employer satisfaction with graduates' performance • Graduates' scholarly activity (e.g., presentations, publications, grants obtained, state and national leadership positions, awards) <p>A report summarizing analysis of data and planned action responses must be maintained annually.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p>	<p>The program must routinely secure and document formative and summative data which will assure the program is meeting its stated goals and objectives. The program must demonstrate how data analysis informed program growth and strategic changes each academic year. Program evaluation must include:</p> <p>Student Data:</p> <ul style="list-style-type: none"> • Retention rates • Academic and fieldwork performance <p>Faculty Data:</p> <ul style="list-style-type: none"> • Effectiveness in assigned teaching responsibilities <p>Program Data:</p> <ul style="list-style-type: none"> • Student satisfaction with the program • Student evaluation of fieldwork experience • Graduates' performance on the NBCOT certification exam • Graduates' job placement • Employer satisfaction with graduates' performance <p>A report summarizing analysis of data and planned action responses must be maintained annually.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p>	<p>The program must routinely secure and document formative and summative data which will assure the program is meeting its stated goals and objectives. The program must demonstrate how data analysis informed program growth and strategic changes each academic year. Program evaluation must include:</p> <p>Student Data:</p> <ul style="list-style-type: none"> • Retention rates • Academic and fieldwork performance <p>Faculty Data:</p> <ul style="list-style-type: none"> • Effectiveness in assigned teaching responsibilities <p>Program Data:</p> <ul style="list-style-type: none"> • Student satisfaction with the program • Student evaluation of fieldwork experience • Student evaluation of baccalaureate project experience • Evaluation of baccalaureate project • Graduates' performance on the NBCOT certification exam • Graduates' job placement • Employer satisfaction with graduates' performance • Graduates' scholarly activity (e.g., presentations, publications, grants obtained, state and national leadership positions, awards) <p>A report summarizing analysis of data and planned action responses must be maintained annually.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p>	<p>The program must routinely secure and document formative and summative data which will assure the program is meeting its stated goals and objectives. The program must demonstrate how data analysis informed program growth and strategic changes each academic year. Program evaluation must include:</p> <p>Student Data:</p> <ul style="list-style-type: none"> • Retention rates • Academic and fieldwork performance <p>Faculty Data:</p> <ul style="list-style-type: none"> • Effectiveness in assigned teaching responsibilities <p>Program Data</p> <ul style="list-style-type: none"> • Student satisfaction with the program • Student evaluation of fieldwork experience • Graduates' performance on the NBCOT certification exam • Graduates' job placement • Employer satisfaction with graduates' performance. <p>A report summarizing analysis of data and planned action responses must be maintained annually.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p>

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A.6.4. Certification Exam Pass Rate				
A.6.4.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.
A.6.5. Graduation Rates				
A.6.5.	The average program graduation rate over the 3 most recent calendar years for the percentage of students who are enrolled in the institution's official enrollment date (10-day census date) at the start of the student's program and complete the program within the published program length must be 80% or higher.	The average program graduation rate over the 3 most recent calendar years for the percentage of students who are enrolled in the institution's official enrollment date (10-day census date) at the start of the student's program and complete the program within the published program length must be 80% or higher.	The average program graduation rate over the 3 most recent calendar years for 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 must be 80% or higher.	The average program graduation rate over the 3 most recent calendar years for 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 must be 80% or higher.
	<u>GRADUATION RATE CALCULATION:</u> THE NUMBER OF STUDENTS WHO GRADUATE ON TIME (G1) DIVIDED BY THE NUMBER OF STUDENTS ADMITTED IN THE ORIGINAL COHORT (G2) MINUS THE NUMBER OF STUDENTS WHO WITHDREW DUE TO MILITARY, HEALTH, FAMILY ISSUES, DEATH AND OTHER REASONS NOT RELATED TO ACADEMIC AND CLINICAL PERFORMANCE (G3). CALCULATION PER CALENDAR YEAR IS = $(G1 / (G2 - G3))$.		<u>GRADUATION RATE CALCULATION:</u> THE NUMBER OF STUDENTS WHO GRADUATE ON TIME (G1) PLUS THE NUMBER OF STUDENTS WHO GRADUATE WITHIN 150% OF EXPECTED TIME (G2) DIVIDED BY THE NUMBER OF STUDENTS ADMITTED IN THE ORIGINAL COHORT (G3) MINUS THE NUMBER OF STUDENTS WHO WITHDREW DUE TO MILITARY, HEALTH, FAMILY ISSUES, DEATH, AND OTHER REASONS NOT RELATED TO ACADEMIC AND CLINICAL PERFORMANCE (G4). CALCULATION PER CALENDAR YEAR IS = $(G1 + G2) / (G3 - G4)$.	

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SECTION B: CONTENT REQUIREMENTS The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and assessment methods to document that students meet these outcomes. Level II fieldwork, the baccalaureate project, or the doctoral capstone experience and project syllabi may not be used to document compliance with a Section B Content Standard.				
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 the sciences must also be evident in professional coursework. The student will be able to:				
B.1.1. Human Body, Development, and Behavior				
B.1.1.	Demonstrate knowledge of: <ul style="list-style-type: none"> The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior that must include the behavioral sciences, social sciences, and science of occupation. 	Demonstrate knowledge of: <ul style="list-style-type: none"> The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior that must include the behavioral sciences, social sciences, and science of occupation. 	Demonstrate knowledge of: <ul style="list-style-type: none"> The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior that must include the behavioral sciences, social sciences, and science of occupation. 	Demonstrate knowledge of: <ul style="list-style-type: none"> The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. Concepts of human behavior that must include the behavioral sciences, social sciences, and science of occupation.
B.1.2. Sociocultural, Socioeconomic, and Diversity Factors; and Lifestyles				
B.1.2.	Apply and analyze the role of sociocultural, socioeconomic, and diversity, equity, and inclusion factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Apply and analyze the role of sociocultural, socioeconomic, and diversity, equity, and inclusion factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Apply and analyze the role of sociocultural, socioeconomic, and diversity, equity, and inclusion factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Apply and analyze the role of sociocultural, socioeconomic, and diversity, equity, and inclusion factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.
B.1.3. Social Determinants of Health				
B.1.3.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions

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	and distinguishes the epidemiological factors that impact the public health and welfare of populations.	and distinguishes the epidemiological factors that impact the public health and welfare of populations.	and distinguishes the epidemiological factors that impact the public health and welfare of populations.	and distinguishes the epidemiological factors that impact the public health and welfare of populations.
B.1.4. Quantitative Statistics and Qualitative Analysis				
B.1.4.	Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice.	Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice.	(No related Standard)	(No related Standard)
B.2.0. THEORETICAL PERSPECTIVES AND TENETS OF OCCUPATIONAL THERAPY Professional ethics, values, and responsibilities include an understanding and appreciation of the basic tenets and theories of the profession of occupational therapy. Professional identity includes the ability to advocate for social responsibility and equitable services to support health including addressing social determinants; and commitment to engaging in lifelong learning and leadership. Foundational concepts of occupational therapy practice include the distinct nature and value of occupational engagement, the pursuit of health and well-being, and the promotion of safety. Coursework must facilitate development of the performance criteria listed below. The student will be able to:				
B.2.1. Scientific Evidence, Theories, Models of Practice, and Frames of Reference				
B.2.1.	Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.
B.2.2. OT History, Philosophical Base, Theory, and Sociopolitical Climate				
B.2.2.	Analyze and evaluate occupational therapy history, philosophical base, theory , and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Analyze and evaluate occupational therapy history, philosophical base, theory , and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Apply knowledge of occupational therapy history, philosophical base, theory , and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Apply knowledge of occupational therapy history, philosophical base, theory , and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.
B.2.3. Interaction of Occupation and Activity				
B.2.3.	Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation , performance skills, performance patterns, context, and client factors.	Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation , performance skills, performance patterns, context, and client factors.	Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation , performance skills, performance patterns, context, and client factors.	Demonstrate knowledge of and apply-the interaction of occupation and activity, including areas of occupation , performance skills, performance patterns, context, and client factors.

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B.2.4 Communicate the Distinct Nature of Occupation				
B.2.4.	Explain to the community of interest (e.g., consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the public) the distinct nature of occupation and the evidence that occupation supports performance, participation, health, wellness, and well-being.	Explain to the community of interest (e.g., consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the public) the distinct nature of occupation and the evidence that occupation supports performance, participation, health, wellness, and well-being.	Explain to the community of interest (e.g., consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the public) the distinct nature of occupation and the evidence that occupation supports performance, participation, health, wellness, and well-being.	Explain to the community of interest (e.g., consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the public) the distinct nature of occupation and the evidence that occupation supports performance, participation, health, wellness, and well-being.
B.2.5. Role in Promotion of Health and Prevention				
B.2.5.	<p>Apply and analyze scientific evidence to explain the importance of:</p> <ul style="list-style-type: none"> Balancing areas of occupation. The role of occupation in the promotion of health and wellness. The prevention of disease, illness, and dysfunction for persons, groups, and populations. 	<p>Apply and analyze scientific evidence to explain the importance of:</p> <ul style="list-style-type: none"> Balancing areas of occupation. The role of occupation in the promotion of health and wellness. The prevention of disease, illness, and dysfunction for persons, groups, and populations. 	<p>Apply and analyze scientific evidence to explain the importance of:</p> <ul style="list-style-type: none"> Balancing areas of occupation. The role of occupation in the promotion of health and wellness. The prevention of disease, illness, and dysfunction for persons, groups, and populations. 	<p>Apply and analyze scientific evidence to explain the importance of:</p> <ul style="list-style-type: none"> Balancing areas of occupation. The role of occupation in the promotion of health and wellness. The prevention of disease, illness, and dysfunction for persons, groups, and populations.
B.2.6. Effects of Disease Processes				
B.2.6.	Analyze occupational performance aspects that are affected by diagnoses including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury.	Analyze occupational performance aspects that are affected by diagnoses including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury.	Analyze how occupational performance is affected by diagnoses including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury.	Understand how occupational performance is affected by the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury.
B.2.7. Activity Analysis				
B.2.7.	Demonstrate activity analysis in areas of occupation , performance skills, performance patterns, context, and client factors to formulate the intervention plan.	Demonstrate activity analysis in areas of occupation , performance skills, performance patterns, context, and client factors to formulate the intervention plan.	Demonstrate activity analysis in areas of occupation , performance skills, performance patterns, context, and client factors to implement the intervention plan.	Demonstrate activity analysis in areas of occupation , performance skills, performance patterns, context, and client factors to implement the intervention plan.
B.2.8. Safety of Self and Others				
B.2.8.	Demonstrate sound judgment regarding safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice . This must include the ability to assess and monitor vital signs (e.g., blood	Demonstrate sound judgment regarding safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice . This must include the ability to assess and monitor vital signs (e.g., blood	Demonstrate sound judgment regarding safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice . This must include the ability to assess and monitor vital signs (e.g., blood	Demonstrate sound judgment regarding safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice . This must include the ability to assess and monitor vital signs (e.g., blood

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	pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.
B.2.9. Personal and Professional Responsibilities				
B.2.9.	<p>Create and implement a plan to address individualized personal and professional responsibilities that are consistent with current accepted standards and long-term professional goals.</p> <p>The plan must address the following:</p> <ul style="list-style-type: none"> • Personal well-being. • Alignment with current accepted norms in occupational therapy practice. • Advocacy related to clients, occupational therapy, or the role of the occupational therapist or occupational therapy assistant. • Long-term career objectives. • A strategy to evaluate, refine, and update the plan over time. 	<p>Create and implement a plan to address individualized personal and professional responsibilities that are consistent with current accepted standards and long-term professional goals.</p> <p>The plan must address the following:</p> <ul style="list-style-type: none"> • Personal well-being. • Alignment with current accepted norms in occupational therapy practice. • Advocacy related to clients, occupational therapy, or the role of the occupational therapist or occupational therapy assistant. • Long-term career objectives. • A strategy to evaluate, refine, and update the plan over time. 	<p>Create and implement a plan to address individualized personal and professional responsibilities that are consistent with current accepted standards and long-term professional goals.</p> <p>The plan must address the following:</p> <ul style="list-style-type: none"> • Personal well-being. • Alignment with current accepted norms in occupational therapy practice. • Advocacy related to clients, occupational therapy, or the role of the occupational therapist or occupational therapy assistant. • Long-term career objectives. • A strategy to evaluate, refine, and update the plan over time. 	<p>Create and implement a plan to address individualized personal and professional responsibilities that are consistent with current accepted standards and long-term professional goals.</p> <p>The plan must address the following:</p> <ul style="list-style-type: none"> • Personal well-being. • Alignment with current accepted norms in occupational therapy practice. • Advocacy related to clients, occupational therapy, or the role of the occupational therapist or occupational therapy assistant. • Long-term career objectives. • A strategy to evaluate, refine, and update the plan over time.
B.2.10. Ethics and Professional Interactions				
B.2.10.	Demonstrate knowledge of the current published American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Demonstrate knowledge of the current published American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Demonstrate knowledge of the current published American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Demonstrate knowledge of the current published American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.
B.2.11. Leadership				
B.2.11.	<p>Demonstrate knowledge of effective leadership styles.</p> <p>Identify personal and professional strengths and areas for growth to become an effective leader.</p>	<p>Demonstrates knowledge of effective leadership styles.</p> <p>Identify personal and professional strengths and areas for growth to become an effective leader.</p>	<p>Demonstrate knowledge of effective leadership styles.</p> <p>Identify personal and professional strengths and areas for growth to become an effective leader.</p>	<p>Demonstrate knowledge of effective leadership styles.</p> <p>Identify personal and professional strengths and areas for growth to become an effective leader.</p>

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B.2.12. Principles of Instructional Design				
B.2.12	Demonstrate the application of principles of instructional design and teaching and learning in content related to occupational therapy which includes at minimum: <ul style="list-style-type: none">• Development of learning objectives.• Design of material.• Development of learning assessment.• Delivery of professional presentation.• Self-reflection of process.	Demonstrate the application of principles of instructional design and teaching and learning in content related to occupational therapy which includes at minimum: <ul style="list-style-type: none">• Development of learning objectives.• Design of material.• Development of learning assessment.• Delivery of professional presentation.• Self-reflection of process.	Demonstrate the application of principles of instructional design and teaching and learning in content related to occupational therapy which includes at minimum: <ul style="list-style-type: none">• Development of learning objectives.• Design of material.• Development of learning assessment.• Delivery of professional presentation.• Self-reflection of process.	Demonstrate the application of principles of instructional design and teaching and learning in content related to occupational therapy which includes at minimum: <ul style="list-style-type: none">• Development of learning objectives.• Design of material.• Development of learning assessment.• Delivery of professional presentation.• Self-reflection of process.
B.3.0.	SCREENING, EVALUATION, AND INTERVENTION PLAN The process of screening and evaluation as related to occupational performance and participation must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence. These processes must consider the needs of persons, groups, and populations. INTERVENTION AND IMPLEMENTATION The process of intervention to facilitate occupational performance and participation must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. The occupational therapy process is enhanced, and outcomes are improved when intraprofessional collaboration takes place. The program must facilitate development of the performance criteria listed below. The student will be able to:		SCREENING, EVALUATION, AND INTERVENTION PLAN The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in partnership with the occupational therapist and must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence. These processes must consider the needs of persons, groups, and populations. INTERVENTION AND IMPLEMENTATION The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational therapist and must be client centered, 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:	
B.3.1. Therapeutic Use of Self				
B.3.1.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.
B.3.2. Professional Reasoning				
B.3.2.	Demonstrate professional reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions that: <ul style="list-style-type: none">• Address client factors, performance patterns, and performance skills.• Focus on creation, promotion, establishment, restoration,	Demonstrate professional reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions that: <ul style="list-style-type: none">• Address client factors, performance patterns, and performance skills.• Focus on creation, promotion, establishment, restoration,	Demonstrate professional reasoning to inform occupation-based interventions that focus on: <ul style="list-style-type: none">• Client factors, performance patterns, and performance skills.	Demonstrate professional reasoning to inform occupation-based interventions that focus on: <ul style="list-style-type: none">• Client factors, performance patterns, and performance skills.

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	maintenance, modification, and prevention .	maintenance, modification, and prevention .	<ul style="list-style-type: none"> Creation, promotion, establishment, restoration, maintenance, modification, and prevention. 	<ul style="list-style-type: none"> Creation, promotion, establishment, restoration, maintenance, modification, and prevention.
B.3.3. Standardized and Nonstandardized Screening and Assessment Tools				
B.3.3.	<p>Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.</p> <p>Identify and appropriately delegate components of the evaluation to an occupational therapy assistant.</p> <p>Demonstrate intraprofessional collaboration to establish and document an occupational therapy assistant's competence regarding screening and assessment tools.</p>	<p>Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client.</p> <p>Identify and appropriately delegate components of the evaluation to an occupational therapy assistant.</p> <p>Demonstrate intraprofessional collaboration to establish and document an occupational therapy assistant's competence regarding screening and assessment tools.</p>	<p>Contribute to the evaluation process of client(s)' occupational performance by completing an occupational profile and administering standardized and nonstandardized screenings and assessment tools as delegated by the occupational therapist.</p> <p>Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors.</p>	<p>Contribute to the evaluation process of client(s)' occupational performance by completing an occupational profile and administering standardized and nonstandardized screenings and assessment tools as delegated by the occupational therapist.</p> <p>Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors.</p>
B.3.4. Application of Assessment Tools and Interpretation of Results				
B.3.4.	<p>Interpret evaluation findings including:</p> <ul style="list-style-type: none"> Occupational performance and participation deficits. Results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context). Criterion-referenced and norm-referenced standardized test scores on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity. 	<p>Interpret evaluation findings including:</p> <ul style="list-style-type: none"> Occupational performance and participation deficits. Results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context). Criterion-referenced and norm-referenced standardized test scores on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity. 	(No related Standard)	(No related Standard)

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B.3.5. Reporting Data				
B.3.5.	<p>Based on interpretation of evaluation findings, develop occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p> <p>Report all evaluation findings and intervention plan to the client, interprofessional team, and payors.</p>	<p>Based on interpretation of evaluation findings, develop occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p> <p>Report all evaluation findings and intervention plan to the client, interprofessional team, and payors.</p>	<p>Collaborating in the development of occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p> <p>Under the direction of an occupational therapist, report on data for evaluation of client outcomes.</p>	<p>Collaborating in the development of occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p> <p>Under the direction of an occupational therapist, report on data for evaluation of client outcomes.</p>
B.3.6. Provide Interventions and Procedures				
B.3.6.	<p>Recommend and provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations.</p> <p>This must include the ability to collaborate with the occupational therapy assistant related to interventions and selecting and delivering occupations and activities:</p> <ul style="list-style-type: none"> • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to persons, groups, or populations • Virtual interventions 	<p>Recommend and provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations.</p> <p>This must include the ability to collaborate with the occupational therapy assistant related to interventions and selecting and delivering occupations and activities:</p> <ul style="list-style-type: none"> • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to the person, groups, or populations. • Virtual interventions 	<p>Provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations.</p> <p>This must include the ability to collaborate with the occupational therapist related to interventions and selecting and delivering occupations and activities:</p> <ul style="list-style-type: none"> • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to the person, groups, or populations • Virtual interventions 	<p>Provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations.</p> <p>This must include the ability to collaborate with the occupational therapist related to interventions and selecting and delivering occupations and activities:</p> <ul style="list-style-type: none"> • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to the person, groups, or populations • Virtual interventions
B.3.7. Need for Continued or Modified Intervention				
B.3.7.	<p>Monitor and reevaluate, in collaboration with the client, care partner and occupational therapy assistant, the effect of occupational therapy intervention and the need for continued or modified intervention.</p>	<p>Monitor and reevaluate, in collaboration with the client, care partner, and occupational therapy assistant, the effect of occupational therapy intervention and the need for continued or modified intervention.</p>	<p>Monitor and reassess, in collaboration with the client and care partner, the effect of occupational therapy intervention and the need for continued or modified intervention and communicate the identified needs to the occupational therapist.</p>	<p>Monitor and reassess, in collaboration with the client and care partner, the effect of occupational therapy intervention and the need for continued or modified intervention and communicate the identified needs to the occupational therapist.</p>

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<i>B.3.8. Grade and Adapt Processes or Environments</i>				
B.3.8.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, implementing assistive technology or adaptive equipment, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, implementing assistive technology or adaptive equipment, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, implementing assistive technology or adaptive equipment, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, implementing assistive technology or adaptive equipment, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.
<i>B.3.9. Establish, Restore, and Modify</i>				
B.3.9.	Select, design, and implement occupation-based interventions using the strategies of establish, restore, and modify approaches to address deficits in performance skills.	Select, design, and implement occupation-based interventions using the strategies of establish, restore, and modify approaches to address deficits in performance skills.	Design and implement occupation-based interventions using the strategies of establish, restore, and modify approaches to address deficits in performance skills.	Design and implement occupation-based interventions using the strategies of establish, restore, and modify approaches to address deficits in performance skills.
<i>B.3.10. Plan for Discharge</i>				
B.3.10.	Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the intraprofessional and interprofessional teams by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the intraprofessional and interprofessional teams by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional teams by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional teams by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.
<i>B.3.11. Community Mobility</i>				
B.3.11.	Evaluate the needs of persons, groups, or populations to design programs that enhance community mobility, and determine alternative means of transportation in community settings, including driver rehabilitation and other community access options.	Evaluate the needs of persons, groups, or populations to design programs that enhance community mobility, and determine alternative means of transportation in community settings, including driver rehabilitation and other community access options.	Provide training in techniques to enhance community mobility, and address alternative means of transportation in community settings, including driver rehabilitation and other community access options.	Provide training in techniques to enhance community mobility, and address alternative means of transportation in community settings, including driver rehabilitation and other community access options.
<i>B.3.12. Functional Mobility</i>				
B.3.12.	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.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.

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B.3.13. Dysphagia and Feeding				
B.3.13.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.
B.3.14. Superficial Thermal, Deep Thermal, and Electrotherapeutic Agents and Mechanical Devices				
B.3.14.	Demonstrate use and knowledge of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Demonstrate use and knowledge of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.
B.3.15. Assistive Technologies and Devices				
B.3.15.	<p>Apply the principles of assessment to identify appropriate features of assistive technologies and durable medical equipment to support the client's participation.</p> <p>Demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., aids for communication, mobility, sensory loss, computer access, seating, and positioning systems) used to enhance occupational performance.</p> <p>Document a justification to secure funding.</p>	<p>Apply the principles of assessment to identify appropriate features of assistive technologies and durable medical equipment to support the client's participation.</p> <p>Demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., aids for communication, mobility, sensory loss, computer access, seating, and positioning systems) used to enhance occupational performance.</p> <p>Document a justification to secure funding.</p>	<p>Describe the collaboration process with the occupational therapist to identify appropriate features of assistive technologies and durable medical equipment to support the client's participation.</p> <p>Demonstrate strategies with assistive technologies and devices (e.g., aids for communication, mobility, sensory loss, computer access, seating, and positioning systems) used to enhance occupational performance.</p>	<p>Describe the collaboration process with the occupational therapist to identify appropriate features of assistive technologies and durable medical equipment to support the client's participation.</p> <p>Demonstrate strategies with assistive technologies and devices (e.g., aids for communication, mobility, sensory loss, computer access, seating, and positioning systems) used to enhance occupational performance.</p>
B.3.16. Orthoses and Prosthetic Devices				
B.3.16.	<p>Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.</p> <p>Train in the safe and effective use of prosthetic devices used to enhance occupational performance.</p>	<p>Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.</p> <p>Train in the safe and effective use of prosthetic devices used to enhance occupational performance.</p>	<p>Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.</p> <p>Train in the safe and effective use of prosthetic devices used to enhance occupational performance.</p>	<p>Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.</p> <p>Train in the safe and effective use of prosthetic devices used to enhance occupational performance.</p>

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B.3.17. Referral to Specialists				
B.3.17.	Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies.	Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies.	Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.	Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.
B.3.18. Technology in Practice				
B.3.18.	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> Electronic documentation systems Virtual environments Telehealth technology 	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> Electronic documentation systems Virtual environments Telehealth technology 	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> Electronic documentation systems Virtual environments Telehealth technology 	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> Electronic documentation systems Virtual environments Telehealth technology
B.3.19. Teaching–Learning Process and Health Literacy				
B.3.19.	Demonstrate and evaluate the principles of the teaching–learning process using educational methods and health literacy education approaches: <ul style="list-style-type: none"> To design activities and clinical training for persons, groups, and populations. To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. 	Demonstrate and evaluate the principles of the teaching–learning process using educational methods and health literacy education approaches: <ul style="list-style-type: none"> To design activities and clinical training for persons, groups, and populations. To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. 	Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: <ul style="list-style-type: none"> To design activities and clinical training for persons, groups, and populations. To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience. 	Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: <ul style="list-style-type: none"> To design activities and clinical training for persons, groups, and populations. To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.
B.3.20. Community and Primary Care Programs				
B.3.20.	Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, or populations.	Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, or populations.	Identify and communicate to the occupational therapist the need to design community programs to support occupational performance for persons, groups, or populations.	Identify and communicate to the occupational therapist the need to design community programs to support occupational performance for persons, groups, or populations.
B.3.21. Effective Communication				
B.3.21.	Demonstrate effective communication with clients, care partners , communities, and members of the intraprofessional and interprofessional teams in a responsive and responsible manner that supports a team approach to promote client outcomes.	Demonstrate effective communication with clients, care partners , communities, and members of the intraprofessional and interprofessional teams in a responsive and responsible manner that supports a team approach to promote client outcomes.	Demonstrate effective communication with clients, care partners , communities, and members of the intraprofessional and interprofessional teams in a responsive and responsible manner that supports a team approach to promote client outcomes.	Demonstrate effective communication with clients, care partners , communities, and members of the intraprofessional and interprofessional teams in a responsive and responsible manner that supports a team approach to promote client outcomes.

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B.3.22. Principles of Interprofessional Team Dynamics				
B.3.22.	Demonstrate knowledge of the principles of intraprofessional and interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate knowledge of the principles of intraprofessional and interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate awareness of the principles of intraprofessional and interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate awareness of the principles of intraprofessional and interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.
B.4.0.	CONTEXT OF SERVICE DELIVERY AND MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES Context of service delivery includes knowledge and understanding of the various contexts, such as professional, social, cultural, governmental, economical, and ecological, in which occupational therapy services are provided. Management skills of occupational therapy services include the application of principles of management and systems in the provision of occupational therapy services to persons, groups, populations, and organizations. The program must facilitate development of the performance criteria listed below. The student will:			
B.4.1. Factors, Policy Issues, and Social Systems				
B.4.1.	Identify, analyze, and evaluate the influence of contextual factors and current federal, state, and local policy issues and structures on the delivery of occupational therapy services for persons, groups, or populations to promote and advocate for policy development and social systems as they relate to the practice of occupational therapy.	Identify, analyze, and evaluate the influence of contextual factors and current federal, state, and local policy issues and structures on the delivery of occupational therapy services for persons, groups, or populations to promote and advocate for policy development and social systems as they relate to the practice of occupational therapy.	Identify and analyze the influence of contextual factors and current federal, state, and local policy issues and structures on the delivery of occupational therapy services for persons, groups, or populations to promote and advocate for policy development and social systems as they relate to the practice of occupational therapy.	Identify and analyze the influence of contextual factors and current federal, state, and local policy issues and structures on the delivery of occupational therapy services for persons, groups, or populations and social systems as they relate to the practice of occupational therapy.
B.4.2. Advocacy				
B.4.2.	Identify and analyze evolving service delivery models; changing federal, state, and local laws and regulations; and payment reform to advocate for occupational therapy. Articulate the distinct knowledge and skills of occupational therapy practitioners to the community of interest.	Identify and analyze evolving service delivery models; changing federal, state, and local laws and regulations; and payment reform to advocate for occupational therapy. Articulate the distinct knowledge and skills of occupational therapy practitioners to the community of interest.	Explain the role and responsibility of the practitioner to advocate for occupational therapy including changes in service delivery policies, effecting changes in the system, recognizing opportunities in emerging practice areas, and advocating for opportunities to expand the occupational therapy assistant’s role. Articulate the distinct knowledge and skills of occupational therapy practitioners to the community of interest.	Explain the role and responsibility of the practitioner to advocate for occupational therapy including changes in service delivery policies, effecting changes in the system, recognizing opportunities in emerging practice areas, and advocating for opportunities to expand the occupational therapy assistant’s role. Articulate the distinct knowledge and skills of occupational therapy practitioners to the community of interest.

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B.4.3. Documentation of Services				
B.4.3.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, local, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and durable medical equipment coding (e.g., HCPCS) and documentation requirements (e.g., equipment justifications) that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, local, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and durable medical equipment coding (e.g., HCPCS) and documentation requirements (e.g., equipment justifications) that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, local, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and durable medical equipment coding (e.g., HCPCS) and documentation requirements (e.g., equipment justifications) that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, local, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and durable medical equipment coding (e.g., HCPCS) and documentation requirements (e.g., equipment justifications) that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.
B.4.4. Business Aspects of Practice				
B.4.4.	Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans , financial management, reimbursement, program evaluation models, strategic planning, and liability issues under current models of service provision including providing services on a contractual basis.	Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans , financial management, reimbursement, program evaluation models, strategic planning, and liability issues under current models of service provision including providing services on a contractual basis.	Explain the business aspects of practice including, but not limited to, the development of business plans , financial management, reimbursement, program evaluation models, strategic planning, and liability issues under current models of service provision including providing services on a contractual basis.	Understand the business aspects of practice including, but not limited to, the development of business plans , financial management, reimbursement, program evaluation models, strategic planning, and liability issues under current models of service provision including providing services on a contractual basis.
B.4.5. Requirements for Credentialing and Licensure				
B.4.5.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.
B.4.6. Care Coordination, Case Management and Consultation				
B.4.6.	Demonstrate knowledge of: <ul style="list-style-type: none"> Care coordination, case management, and transition services in traditional and emerging practice environments. The consultative process with persons, groups, programs, organizations, or 	Demonstrate knowledge of: <ul style="list-style-type: none"> Care coordination, case management, and transition services in traditional and emerging practice environments. The consultative process with persons, groups, programs, organizations, or 	Demonstrate knowledge of: <ul style="list-style-type: none"> Care coordination, case management, and transition services in traditional and emerging practice environments. The consultative process with persons, groups, programs, organizations, or 	Demonstrate knowledge of: <ul style="list-style-type: none"> Care coordination, case management, and transition services in traditional and emerging practice environments. The consultative process with persons, groups, programs, organizations, or

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	communities in collaboration with inter- and intraprofessional colleagues.	communities in collaboration with inter- and intraprofessional colleagues.	communities in collaboration with inter- and intraprofessional colleagues.	communities in collaboration with inter- and intraprofessional colleagues.
B.4.7. Evolving Service Delivery Models				
B.4.7.	<p>Demonstrate the ability to plan, develop, organize, promote, and support the delivery of services to include the determination of programmatic needs and service delivery options, and the formulation and management of staffing for effective service provision.</p> <p>Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for evolving service delivery models, professional development, and practice.</p> <p>Create a grant proposal to support program development.</p>	<p>Demonstrate the ability to plan, develop, organize, promote, and support the delivery of services to include the determination of programmatic needs and service delivery options, and the formulation and management of staffing for effective service provision.</p> <p>Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for evolving service delivery models, professional development, and practice.</p>	Identify the need and demonstrate the ability to participate in the development, support, promotion, and management of service delivery options.	Identify the need and demonstrate the ability to participate in the development, support, promotion, and management of service delivery options.
B.4.8. Quality Management and Improvement				
B.4.8.	Demonstrate the ability to identify needs, design, and develop ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes.	Identify the need for and evaluate ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes.	Understand the need for and participate in ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services and direct administrative changes.	Participate in ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services.
B.4.9. Supervision of Personnel				
B.4.9.	<p>Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy practitioners and non-occupational therapy personnel.</p> <p>Analyze staff development and professional abilities and competencies of supervised staff as they relate to job responsibilities.</p>	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy practitioners and non-occupational therapy personnel.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.	Define effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.

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B.5.0. EVIDENCE-BASED PRACTICE Promotion of evidence-based practice will serve to develop occupational therapy practitioners who are advanced consumers of research. The program must facilitate development of professional reasoning, including evidence-based decision-making skills to support practice and scholarly endeavors, describe and interpret the scope of the profession, and build research capacity. The student will be able to:				
B.5.1. Evidence Synthesis			B.5.1. Professional Literature and Scholarly Activities	
B.5.1.	Locate, select, critique, and synthesize quantitative and qualitative research that contributes to the development of a body of knowledge and evidence-based decision making. This includes the: <ul style="list-style-type: none"> • Level of evidence • Validity of research studies • Strength of the methodology • Relevance to the profession of occupational therapy 	Locate, select, and critique quantitative and qualitative research to analyze and evaluate scholarly activities that contribute to the development of a body of knowledge and evidence-based decision making. This includes the: <ul style="list-style-type: none"> • Level of evidence • Validity of research studies • Strength of the methodology • Relevance to the profession of occupational therapy 	Explain how scholarly activities and literature contribute to the development of the profession. Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.	Explain how scholarly activities and literature contribute to the development of the profession. Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.
B.5.2. Scholarly Study				
B.5.2.	Design, implement, and disseminate a scholarly study (e.g., systematic reviews, secondary data analysis, observational, case study, qualitative) that advances knowledge translation, professional practice, service delivery, or professional issues (e.g., scholarship of discovery , scholarship of integration , scholarship of application , scholarship of teaching and learning).	Participate in scholarly activities that align with current research priorities and advance knowledge translation, professional practice, service delivery, or professional issues (e.g., scholarship of discovery , scholarship of integration , scholarship of application , scholarship of teaching and learning). At a minimum, this could include a literature review that requires analysis and synthesis of data.	(No related Standard)	(No related Standard)
B.5.3. Quantitative and Qualitative Methods				
B.5.3.	Select, apply, and interpret quantitative and qualitative methods for analyzing evidence to inform occupational therapy practice to include: <ul style="list-style-type: none"> • Basic descriptive, correlational, and inferential quantitative statistics. • Analysis and synthesis of qualitative data. 	Demonstrate the use of quantitative and qualitative methods for analyzing evidence to inform occupational therapy practice.	Understand the use of quantitative and qualitative methods for analyzing evidence to inform occupational therapy practice.	Understand how quantitative and qualitative research studies inform occupational therapy practice.

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B.5.4. Ethical Policies and Procedures for Research				
B.5.4.	Demonstrate an understanding of the ethical policies and procedures necessary to conduct human-subject research, educational research, or research related to population health .	Demonstrate an understanding of the ethical policies and procedures necessary to conduct human-subject research, educational research, or research related to population health .	(No related Standard)	(No related Standard)
SECTION C: FIELDWORK EDUCATION				
C.1.0. FIELDWORK EDUCATION Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. The fieldwork experience is designed to promote professional reasoning and reflective practice , transmit the values and beliefs that enable ethical practice, and develop professionalism and competence in career responsibilities. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under the supervision of qualified personnel serving as a role model. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will:				
C.1.1. Fieldwork Program Reflects the Curriculum Design				
C.1.1.	Ensure that the fieldwork experience reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork strengthens the ties between didactic and fieldwork education.	Ensure that the fieldwork experience reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork strengthens the ties between didactic and fieldwork education.	Ensure that the fieldwork experience reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork strengthens the ties between didactic and fieldwork education.	Ensure that the fieldwork experience reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork strengthens the ties between didactic and fieldwork education.
C.1.2. Student Access to Fieldwork Site Information				
C.1.2.	Document a process that ensures all students have access to site information and requirements, objectives, and performance expectations prior to the start of the fieldwork experience.	Document a process that ensures all students have access to site information and requirements, objectives, and performance expectations prior to the start of the fieldwork experience.	Document a process that ensures all students have access to site information and requirements, objectives, and performance expectations prior to the start of the fieldwork experience.	Document a process that ensures all students have access to site information and requirements, objectives, and performance expectations prior to the start of the fieldwork experience.
C.1.3. Fieldwork Objectives				
C.1.3.	Document that academic and fieldwork educators agree on fieldwork objectives prior to the start of the fieldwork experience. Document that all fieldwork experiences include an objective with a focus on the occupational therapy practitioner's role in addressing the psychosocial aspects of the client's engagement in occupation.	Document that academic and fieldwork educators agree on fieldwork objectives prior to the start of the fieldwork experience. Document that all fieldwork experiences include an objective with a focus on the occupational therapy practitioner's role in addressing the psychosocial aspects of the client's engagement in occupation.	Document that academic and fieldwork educators agree on fieldwork objectives prior to the start of the fieldwork experience. Document that all fieldwork experiences include an objective with a focus on the occupational therapy practitioner's role in addressing the psychosocial aspects of the client's engagement in occupation.	Document that academic and fieldwork educators agree on fieldwork objectives prior to the start of the fieldwork experience. Document that all fieldwork experiences include an objective with a focus on the occupational therapy practitioner's role in addressing the psychosocial aspects of the client's engagement in occupation.

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C.1.4. Sufficient Fieldwork Written Agreements				
C.1.4.	Ensure that fieldwork written agreements are sufficient in number and provide varied practice experiences to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.3.3.	Ensure that fieldwork written agreements are sufficient in number and provide varied practice experiences to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.3.3.	Ensure that fieldwork written agreements are sufficient in number and provide varied practice experiences to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.3.3.	Ensure that fieldwork written agreements are sufficient in number and provide varied practice experiences to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.3.3.
C.1.5. Level I and II Fieldwork Selection Process and Written Agreements				
C.1.5.	<p>Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the written agreement (electronic agreements and signatures are acceptable).</p> <p>Document the process and criteria for:</p> <ul style="list-style-type: none"> • Selecting fieldwork sites. • Ensuring valid written agreements are signed by both parties and in effect prior to the onset and through the duration of Level I (e.g., field trip, observation, service-learning activities) and Level II fieldwork experience for all entities outside of the academic program. 	<p>Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the written agreement (electronic agreements and signatures are acceptable).</p> <p>Document the process and criteria for:</p> <ul style="list-style-type: none"> • Selecting fieldwork sites. • Ensuring valid written agreements are signed by both parties and in effect prior to the onset and through the duration of Level I (e.g., field trip, observation, service-learning activities) and Level II fieldwork experience for all entities outside of the academic program. 	<p>Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the written agreement (electronic agreements and signatures are acceptable).</p> <p>Document the process and criteria for:</p> <ul style="list-style-type: none"> • Selecting fieldwork sites. • Ensuring valid written agreements are signed by both parties and in effect prior to the onset and through the duration of Level I (e.g., field trip, observation, service-learning activities) and Level II fieldwork experience for all entities outside of the academic program. 	<p>Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the written agreement (electronic agreements and signatures are acceptable).</p> <p>Document the process and criteria for:</p> <ul style="list-style-type: none"> • Selecting fieldwork sites. • Ensuring valid written agreements are signed by both parties and in effect prior to the onset and through the duration of Level I (e.g., field trip, observation, service-learning activities) and Level II fieldwork experience for all entities outside of the academic program.
C.1.6. Fieldwork in Mental Health, Behavioral Health, or Psychosocial Factors				
C.1.6.	Ensure at least one fieldwork experience (either Level I or Level II) has a primary focus on the role of occupational therapy practitioners addressing mental health , behavioral health , or psychosocial aspects of client performance to support their engagement in occupations.	Ensure at least one fieldwork experience (either Level I or Level II) has a primary focus on the role of occupational therapy practitioners addressing mental health , behavioral health , or psychosocial aspects of client performance to support their engagement in occupations.	Ensure at least one fieldwork experience (either Level I or Level II) has a primary focus on the role of occupational therapy practitioners addressing mental health , behavioral health , or psychosocial aspects of client performance to support their engagement in occupations.	Ensure at least one fieldwork experience (either Level I or Level II) has a primary focus on the role of occupational therapy practitioners addressing mental health , behavioral health , or psychosocial aspects of client performance to support their engagement in occupations.

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C.1.7. Ratio of Fieldwork Educators to Students				
C.1.7.	Ensure that the ratio of fieldwork educators to students enables proper supervision and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to conduct frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to conduct frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to conduct frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to conduct frequent assessment of student progress in achieving stated fieldwork objectives.
C.1.8. Evaluating the Effectiveness of Supervision				
C.1.8.	Document a mechanism for evaluating the effectiveness of supervision (Level I and Level II fieldwork). Demonstrate support for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, student well-being , cultural humility , and articles on theory and practice).	Document a mechanism for evaluating the effectiveness of supervision (Level I and Level II fieldwork). Demonstrate support for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, student well-being , cultural humility , and articles on theory and practice).	Document a mechanism for evaluating the effectiveness of supervision (Level I and Level II fieldwork). Demonstrate support for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, student well-being , cultural humility , and articles on theory and practice).	Document a mechanism for evaluating the effectiveness of supervision (Level I and Level II fieldwork). Demonstrate support for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, student well-being , cultural humility , and articles on theory and practice).
C.1.9. Communication of Student Progress				
C.1.9.	Document a process for communication with the student and fieldwork educator throughout the fieldwork experience. Ensure all aspects of the student's progress and performance are addressed and the fieldwork educator is aware of resources that support student well-being.	Document a process for communication with the student and fieldwork educator throughout the fieldwork experience. Ensure all aspects of the student's progress and performance are addressed and the fieldwork educator is aware of resources that support student well-being.	Document a process for communication with the student and fieldwork educator throughout the fieldwork experience. Ensure all aspects of the student's progress and performance are addressed and the fieldwork educator is aware of resources that support student well-being.	Document a process for communication with the student and fieldwork educator throughout the fieldwork experience. Ensure all aspects of the student's progress and performance are addressed and the fieldwork educator is aware of resources that support student well-being.
The goal of Level I fieldwork is to introduce students to fieldwork, apply knowledge to practice, and develop understanding of the needs of clients. The academic fieldwork coordinator will:				
C.1.10. Qualified Level I Fieldwork Educators				
C.1.10.	Ensure that fieldwork educators who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician	Ensure that fieldwork educators who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician	Ensure that fieldwork educators who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician	Ensure that fieldwork educators who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician

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	assistants, teachers, social workers, physicians, speech-language pathologists, nurses, and physical therapists.	assistants, teachers, social workers, physicians, speech-language pathologists, nurses, and physical therapists.	assistants, teachers, social workers, physicians, speech-language pathologists, nurses, and physical therapists.	assistants, teachers, social workers, physicians, speech-language pathologists, nurses, and physical therapists.
C.1.11. Level I Fieldwork				
C.1.11.	<p>Demonstrate that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Document mechanisms for formal evaluation of student performance.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none">• Virtual environments• Simulated environments• Standardized patients• Faculty practice• Faculty-led site visits• Supervision by a fieldwork educator in a practice environment <p>Document that all students have similar Level I fieldwork experiences (e.g., learning activities, objectives, assignments, and outcome measures).</p>	<p>Demonstrate that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Document mechanisms for formal evaluation of student performance.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none">• Virtual environments• Simulated environments• Standardized patients• Faculty practice• Faculty-led site visits• Supervision by a fieldwork educator in a practice environment <p>Document that all students have similar Level I fieldwork experiences (e.g., learning activities, objectives, assignments, and outcome measures).</p>	<p>Demonstrate that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Document mechanisms for formal evaluation of student performance.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none">• Virtual environments• Simulated environments• Standardized patients• Faculty practice• Faculty-led site visits• Supervision by a fieldwork educator in a practice environment <p>Document that all students have similar Level I fieldwork experiences (e.g., learning activities, objectives, assignments, and outcome measures).</p>	<p>Demonstrate that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Document mechanisms for formal evaluation of student performance.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none">• Virtual environments• Simulated environments• Standardized patients• Faculty practice• Faculty-led site visits• Supervision by a fieldwork educator in a practice environment <p>Document that all students have similar Level I fieldwork experiences (e.g., learning activities, objectives, assignments, and outcome measures).</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 academic fieldwork coordinator will:			The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program’s curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The academic fieldwork coordinator will:	
C.1.12. Length of Level II Fieldwork				
C.1.12.	Document a required minimum of 24 weeks’ full-time Level II fieldwork. Documentation must specify if part-time completion is available as agreed upon by the site and the program. The length of the part-time program must be equivalent in length to a minimum of 24 weeks full-time.	Document a required minimum of 24 weeks’ full-time Level II fieldwork. Documentation must specify if part-time completion is available as agreed upon by the site and the program. The length of the part-time program must be equivalent in length to a minimum of 24 weeks full-time.	Document a required minimum of 16 weeks’ full-time Level II fieldwork. Documentation must specify if part-time completion is available as agreed upon by the site and the program. The length of the part-time program must be equivalent in length to a minimum of 16 weeks full-time.	Document a required minimum of 16 weeks’ full-time Level II fieldwork. Documentation must specify if part-time completion is available as agreed upon by the site and the program. The length of the part-time program must be equivalent in length to a minimum of 16 weeks full-time.

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	Ensure that 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.	Ensure that 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.	Ensure that 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.	Ensure that 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. Qualified Level II Fieldwork Educators				
C.1.13.	<p>Document and verify prior to the start of the Level II fieldwork that the student is supervised by an occupational therapy practitioner who is:</p> <ul style="list-style-type: none"> • Adequately prepared to serve as a fieldwork educator. • Currently a licensed or otherwise regulated occupational therapist. • Has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork. <p>The fieldwork educator may be engaged by the fieldwork site or by the educational program.</p> <p>Document and verify that students completing Level II fieldwork outside of the United States are supervised by an occupational therapist (regardless of title) who graduated from a program accredited by ACOTE, approved by WFOT, or otherwise regulated in the country in which the students are completing fieldwork. The fieldwork educator must have at least 1 year of experience in practice prior to the onset of Level II fieldwork.</p>	<p>Document and verify prior to the start of the Level II fieldwork that the student is supervised by an occupational therapy practitioner who is:</p> <ul style="list-style-type: none"> • Adequately prepared to serve as a fieldwork educator. • Currently a licensed or otherwise regulated occupational therapist. • Has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork. <p>The fieldwork educator may be engaged by the fieldwork site or by the educational program.</p> <p>Document and verify that students completing Level II fieldwork outside of the United States are supervised by an occupational therapist (regardless of title) who graduated from a program accredited by ACOTE, approved by WFOT, or otherwise regulated in the country in which the students are completing fieldwork. The fieldwork educator must have at least 1 year of experience in practice prior to the onset of Level II fieldwork.</p>	<p>Document and verify prior to the start of the Level II fieldwork that the student is supervised by an occupational therapy practitioner who is:</p> <ul style="list-style-type: none"> • Adequately prepared to serve as a fieldwork educator. • Currently a licensed or otherwise regulated occupational therapy practitioner. • Has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapy practitioner prior to the onset of the Level II fieldwork. <p>The fieldwork educator may be engaged by the fieldwork site or by the educational program.</p> <p>Document and verify that students completing Level II fieldwork outside of the United States are supervised by an occupational therapist (regardless of title) who graduated from a program accredited by ACOTE, approved by WFOT, or otherwise regulated in the country in which the students are completing fieldwork. The fieldwork educator must have at least 1 year of experience in practice prior to the onset of Level II fieldwork.</p>	<p>Document and verify prior to the start of the Level II fieldwork that the student is supervised by an occupational therapy practitioner who is:</p> <ul style="list-style-type: none"> • Adequately prepared to serve as a fieldwork educator. • Currently a licensed or otherwise regulated occupational therapy practitioner. • Has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapy practitioner prior to the onset of the Level II fieldwork. <p>The fieldwork educator may be engaged by the fieldwork site or by the educational program.</p> <p>Document and verify that students completing Level II fieldwork outside of the United States are supervised by an occupational therapist (regardless of title) who graduated from a program accredited by ACOTE, approved by WFOT, or otherwise regulated in the country in which the students are completing fieldwork. The fieldwork educator must have at least 1 year of experience in practice prior to the onset of Level II fieldwork.</p>

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<i>C.1.14. Level II Fieldwork Supervision</i>				
C.1.14.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.
<i>C.1.15. Evaluation of Student Performance on Level II Fieldwork</i>				
C.1.15.	Document a mechanism for requiring formal evaluation of student performance on Level II fieldwork.	Document a mechanism for requiring formal evaluation of student performance on Level II fieldwork.	Document a mechanism for requiring formal evaluation of student performance on Level II fieldwork.	Document a mechanism for requiring formal evaluation of student performance on Level II fieldwork.
<i>C.1.16. Fieldwork Supervision Where No OT Services Exist</i>				
C.1.16.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

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D.1.0. DOCTORAL CAPSTONE The goal of the doctoral capstone is to provide an in-depth exposure to one or more of the following areas in occupational therapy: <ul style="list-style-type: none"> • Clinical skills • Research skills • Administration • Program development and evaluation • Policy development • Advocacy • Education • Leadership The doctoral capstone consists of two parts: <ul style="list-style-type: none"> • Capstone experience • Capstone project The student will complete a 14-week capstone experience and an individual related capstone project to demonstrate synthesis and application of knowledge gained. The doctoral capstone coordinator will:			D.1.0. BACCALAUREATE PROJECT The goal of the baccalaureate project is to provide an opportunity to develop advanced knowledge in one or more of the following areas in occupational therapy: <ul style="list-style-type: none"> • Clinical skills • Administration • Advocacy • Education • Leadership The student will complete an individual or group project to demonstrate the application of knowledge gained. The program faculty will:	
D.1.1. Collaboration for Designing the Doctoral Capstone			D.1.1. Collaboration for Designing the Baccalaureate Project	
D.1.1.	Ensure that the doctoral capstone is designed through collaboration with the student, a faculty member in the occupational therapy educational program who holds a doctoral degree, and an individual with documented expertise in the content area of the capstone.	(No related Standard)	Ensure that the baccalaureate project is designed through collaboration of a faculty member in the occupational therapy educational program, the student(s), and an individual with documented expertise in the content area of the baccalaureate project.	(No related Standard)
D.1.2. Content Expert for Doctoral Capstone			D.1.2. Content Expert for Baccalaureate Project	
D.1.2.	Document that the content expert is informed of the plan for and purpose of the doctoral capstone and has content expertise in the focus area.		Document that the content expert is informed of the plan for and purpose of the project and has content expertise in the focus area.	
D.1.3. Design and Preparation of Doctoral Capstone			D.1.3. Design and Preparation of Baccalaureate Project	
D.1.3.	Document that the doctoral capstone is an integral part of the program's curriculum design and:	(No related Standard)	Document that the baccalaureate project is an integral part of the program's curriculum design and:	(No related Standard)

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	<ul style="list-style-type: none"> Reflects the mission and philosophy of the program. Contributes to the development of in-depth knowledge in the designated area of interest. Includes preparation consisting of a literature review, needs assessment, goals/objectives, and a plan to evaluate project outcomes. This must be completed prior to the commencement of the 14-week doctoral capstone experience. <p>The doctoral capstone must be started after completion of all coursework and Level II fieldwork.</p>		<ul style="list-style-type: none"> Reflects the mission and philosophy of the program. Contributes to the development of advanced knowledge in the designated area of interest. Includes individualized specific objectives and plans for evaluation of the project. Includes preparation consisting of, but not limited to, a literature review. 	
D.1.4. Experiential Plan and Written Agreements for Doctoral Capstone				
D.1.4.	<p>Document that the process for ensuring valid written agreements between the organization and the program are in effect prior to and for the duration of the capstone experience.</p> <p>Ensure that there is a valid plan for the individual doctoral capstone experience that, at a minimum, includes:</p> <ul style="list-style-type: none"> Individualized specific doctoral capstone experience objectives Plans for evaluation, supervision, and mentoring Responsibilities of all parties <p>The agreement must be signed by all parties.</p>	(No related Standard)	(No related Standard)	(No related Standard)
D.1.5. Length of Doctoral Capstone Experience				
D.1.5.	Require that the length of the doctoral capstone experience be a minimum of 14 weeks' full-time, and a minimum of 32 hours per week. This may be completed on a part-time basis as agreed upon by the organization and must be consistent	(No related Standard)	(No related Standard)	(No related Standard)

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	with the individualized specific objectives and capstone project. This must be equivalent in length to 14 full-time weeks of at least 32 hours per week. The program must have a mechanism to document that the students meet the requirements for capstone length. Prior fieldwork or work experience may not be substituted for this doctoral capstone experience.			
D.1.6. Doctoral Capstone Project			D.1.6. Baccalaureate Project	
D.1.6.	Ensure completion and dissemination of an individual doctoral capstone project that relates to the doctoral capstone experience and demonstrates synthesis of in-depth knowledge in the focused area of study.	<i>(No related Standard)</i>	Ensure completion and dissemination of the project that demonstrates advanced knowledge in the focused area of study.	<i>(No related Standard)</i>
D.1.7. Evaluation of Doctoral Capstone			D.1.7. Evaluation of Baccalaureate Project	
D.1.7.	Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the doctoral capstone.	<i>(No related Standard)</i>	Document a formal evaluation mechanism for objective assessment of the individual student's performance during and at the completion of the baccalaureate project.	<i>(No related Standard)</i>

GLOSSARY

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

Definitions given below are for the purposes of this document.

ACADEMIC FIELDWORK COORDINATOR: Faculty member of record who is responsible for the development, implementation, management, and evaluation of fieldwork education. The term is intentionally generic; programs are free to use any appropriate title (i.e., academic fieldwork coordinator, director of clinical education, etc.). Requirements can be met through professional experience as a fieldwork educator, completion of the Fieldwork Educator's Certificate Workshop, documented continued education related to fieldwork, or formal mentorship with faculty who has experience in coordination of academic fieldwork.

ACADEMIC YEAR: An academic year is a minimum of 30 weeks of instruction time for credit hours and a minimum of 26 weeks of instruction time for clock hours. Full-time equivalent is determined by the institutional policies (U.S. Department of Education, 2021).

ADVISEMENT: Advisement is the process used to provide holistic support to students throughout enrollment in the occupational therapy program. A faculty advisor must be up to date and knowledgeable on university/college policies that impact a student's successful progression in the program and be aware of resources that support student well-being. Advisement must be documented and occur on a regular basis.

ADJUNCT FACULTY: Faculty who are responsible for teaching and instruction in an occupational therapy educational program as defined by the institution.

ADVOCACY: Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations. Efforts undertaken by the practitioner are considered advocacy, and those undertaken by the client are considered self-advocacy and can be promoted and supported by the practitioner (American Occupational Therapy Association [AOTA], 2020b).

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

ASSESSMENTS: "Specific tools, instrument, or systematic interaction used to understand a client's occupational profile, client factors, performance skills, performance patterns, and contextual and environmental factors, as well as activity demands that influence occupational performance" (Hinojosa et al., 2014, p. 3; as cited in AOTA, 2020b).

BACCALAUREATE PROJECT: An individual or group project led by bachelor-level student(s) that demonstrates the ability to develop and apply advanced knowledge and integrate best evidence in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, or education.

BEHAVIORAL HEALTH: Refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions (American Medical Association, 2022).

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

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

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

CARE PARTNERS: Caregivers are broadly defined as family members, friends, or neighbors, who provide unpaid assistance to a person with a chronic illness or disabling condition.

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

CLIENT: Person (including one involved in the care of a client), group (collection of individuals having shared characteristics or common or shared purpose, e.g., families, workers, students, and those with similar interests or occupational challenges), or population (aggregate of people with common attributes such as contexts, characteristics, or concerns including health risks) (Scaffa & Reitz, 2014; as cited in AOTA, 2020b).

CLIENT FACTORS: Specific capacities, characteristics, or beliefs that reside within the person and that influence performance in occupations. Client factors include values, beliefs, and spirituality; body functions; and body structures (AOTA, 2020b).

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

COMMONLY ACCEPTED ACADEMIC STANDARDS: Program length must be reflective of commonly accepted standards for degree level as informed by the National Center for Education Standards (<https://nces.ed.gov/programs/coe/glossary>). Specific to occupational therapy entry-level education for the occupational therapist and occupational therapy assistant, ACOTE defines the following:

- *Doctoral degree:* An entry-level professional degree awarded for successful completion of a program of study as an occupational therapist, including both preprofessional and professional preparation, equaling at least 6 full-time-equivalent academic years to provide the knowledge and skills for the recognition, credential, or license required for professional practice.
- *Master's degree:* An entry-level professional degree awarded for successful completion of a program of study as an occupational therapist, including both preprofessional and professional preparation, generally requiring at least 5 full-time-equivalent academic years, but no more than 6 full-time-equivalent academic years. One or two years must be full-time college-level study beyond the bachelor's degree to provide the knowledge and skills for the recognition, credential, or license required for professional practice.
- *Bachelor's degree:* An entry-level occupational therapy assistant degree granted for the successful completion of a baccalaureate program of study, usually requiring at least 4 years (or equivalent) of full-time college-level study.
- *Associate degree:* An entry-level occupational therapy assistant degree granted for the successful completion of an associate's program of study, usually requiring at least 2 years (or equivalent) of full-time college-level study.

COMPETENCE: An individual's capacity "to perform a task, function, or role at a level that meets or exceeds prescribed standards" (Institute for Credentialing Excellence [ICE], 2020, p. 4).

COMPLEMENTARY HEALTH AND INTEGRATIVE HEALTH: Non-pharmacological options commonly used for preventing or managing chronic conditions; managing symptoms such as pain; and improving or enhancing one's personal emotional wellness, mental health, and well-being (Farmer et al., 2021; Russell et al., 2020; World Health Organization [WHO], 2019).

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.

CONTENT EXPERT: Expertise in the content area of the project.

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.

COST OF ATTENDANCE: Current tuition and fees, and the total cost of completing the program.

CRITERION REFERENCED TESTS: Tests that compare an individual's performance to a specific content domain, standard of performance, or level of mastery rather than to other groups of people.

CULTURAL HUMILITY: Emphasizes humble and empathetic communication with clients and reduces reliance on bias or implicit assumptions, and instead encourages intentional listening and openness to various cultures (AOTA, 2020a).

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: 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). Curriculum threads add cohesion to the selection and sequencing of courses and should be reflected in course objectives, assignments, and teaching and learning strategies (AOTA, 2021b).

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

DIRECT SUPERVISION: The occupational therapy practitioner is immediately available to furnish assistance and direction throughout the performance of the client interaction (Dancza et al., 2022).

DISTANCE EDUCATION: A delivery method used in whole or in part within an academic program regardless of whether face-to-face, on ground, or residential option. Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the faculty and to support regular and substantive interaction (as informed by the Higher Learning Commission <https://www.hlcommission.org/General/glossary.html>) between the students and the faculty, either synchronously or asynchronously. Technologies that may be used to offer distance education include:

- the internet
- satellite, or wireless communications
- audio conference
- other media used in a course in conjunction with any of the technologies listed in items 1 through 3 above.

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

DIVERSE STUDENT POPULATION: Reflective of a variety of cultural, ethnic, racial, socio-economic, identity, linguistic, educational, and gender backgrounds. Race and ethnicity are one way, but not the only way diversity can be reflected within a group. Furthermore, a person cannot be "diverse" (as in "diverse candidate"). A diverse student population is an outcome of justice, equity, and inclusion efforts (AOTA DEI Toolkit, 2021).

DIVERSITY: Broadly defined as the unique attributes, values, and beliefs that make up an individual (Taff & Blash, 2017) when compared with the context of a group or population. Diversity comes in many forms, including, but not limited to, socioeconomic status, race, sex, ethnicity, age, disability, sexual orientation, gender identity, and religious beliefs (Taff & Blash, 2017; as cited in AOTA DEI Toolkit, 2021).

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

CAPSTONE EXPERIENCE: An in-depth exposure in a concentrated area that includes activities in a mentored practice setting and may also include activities in non-mentored practice setting that meets developed goals/objectives of the doctoral capstone. The mentored practice setting may be in person, virtual, or hybrid and includes learning experiences.

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

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.

DURABLE MEDICAL EQUIPMENT (DME): Equipment that meets these criteria: durable (can withstand repeated use), used for a medical reason, typically only useful to someone who is sick or injured, used in the home, and expected to last at least 3 years. DME commonly used in occupational therapy practice includes mobility aids (e.g., wheelchair, crutches), hospital beds, oxygen equipment, traction devices, continuous passive motion devices, etc. <https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage>

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

EATING AND SWALLOWING: "...keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach)" (AOTA, 2020b, p. 30).

FEEDING: "Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others)" (AOTA, 2020b, p. 30).

EDUCATIONAL GOALS: Educational goals “reflect broad abilities of graduates” and include descriptions of students’ characteristics upon graduation (AOTA, 2021b).

EDUCATIONAL TECHNOLOGY: The use of instructional technology or a learning management system (LMS) to support delivery of the curriculum. Examples may include educational software, gamification, podcasting, virtual reality, and artificial intelligence to support learning activities and environments.

EMPATHY: Emotional exchange between occupational therapy practitioners and clients that allows more open communication, ensuring that practitioners connect with clients at an emotional level to assist them with their current life situation (AOTA, 2020b).

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

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

EVALUATION: “The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation... Evaluation requires synthesis of all data obtained, analytic interpretation of that data, reflective clinical reasoning, and reconsideration of occupational performance and contextual factors” (Hinojosa et al, 2014, as cited in AOTA, 2020b, p. 76).

FORMATIVE EVALUATION: Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program.

SUMMATIVE EVALUATION: Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

EQUITABLE: Showing or characterized by equity; just and fair (AOTA, 2020a).

EQUITY: An approach that ensures everyone is given an equal opportunity; this means that resources may be divided and shared unequally to make sure that each person can access an opportunity. Equity considers that people have different access to resources because of a system of oppression and privilege. Equity seeks to balance that disparity. "Equity is often confused with equality; however, they are significantly different. Equality ensures that everyone receives the same benefit or consequence" (AOTA, 2020a, p. 1).

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

FACULTY: A generic term; programs may use any appropriate title for individuals who are appointed to and are employed by the degree-level program, regardless of the position title (e.g., full-time instructional staff; clinical instructors can be considered faculty if supported by institutional policy). Faculty may be considered full-time, part-time, or adjunct as designated by institutional policy and may have specific roles and responsibilities as designated by the program.

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

FACULTY MENTOR: Person who meets the qualifications to support the objectives of the project and is familiar with the program’s curriculum design.

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

FRAMES 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.

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

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

FUNCTIONAL MOBILITY: Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair, floor); includes functional ambulation and transportation of objects (AOTA, 2020b).

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

GRADUATION RATE CALCULATION:

OT PROGRAMS: The number of students who graduate on time (G1) divided by the number of students admitted in the original cohort (G2) minus the number of students who withdrew due to military, health, family issues, death and other reasons not related to academic and clinical performance (G3). Calculation per calendar year is = $(G1 / (G2 - G3))$.

OTA PROGRAMS: The number of students who graduate on time (G1) plus the number of students who graduate within 150% of expected time (G2) divided by the number of students admitted in the original cohort (G3) minus the number of students who withdrew due to military, health, family issues, death, and other reasons not related to academic and clinical performance (G4). Calculation per calendar year is = $(G1 + G2) / (G3 - G4)$.

HEALTH LITERACY: “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Gillen & Brown, 2024).

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

INCLUSION: “Inclusion is not simply tolerance..... [It] inherently embraces the value of all individuals. ...[It] is the active response to diversity—fostering acceptance, respect, belonging, and value for each individual. To support diversity, inclusion must be actively pursued” (AOTA, 2020a, pp. 1–2).

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

INTEGRATIVE HEALTH: Refers to health care that incorporates both complementary health approaches and allopathic medicine in a coordinated way (National Center for Complementary and Integrative Health [NCCIH], 2021). NCCIH recently expanded their concept of integrative health to include whole person health, showing their focus on the interconnectedness of biological, behavioral, social, and environmental domains for empowering individuals, families, communities, and populations to improve and restore their health (NCCIH, 2022).

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

INTRAPROFESSIONAL EDUCATION: Occupational therapist and occupational therapy assistant students participate in collaborative educational experiences to develop the knowledge, skills, and teamwork necessary for current-day practice (AOTA, 2018).

JUSTICE: Fair and equal treatment; it deals with the proper distribution of benefits, burdens, and resources (Gillen & Brown, 2024).

LEARNING ACTIVITIES: Carefully planned activities used by faculty as a means to promote the acquisition, organization, and integration of new knowledge (AOTA, 2021b).

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

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

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

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

NORM REFERENCED TESTS: Tests that compare the performance of an individual to that of another group, known as the *norm group* or *normative sample*.

OCCUPATION: Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes (AOTA, 2020b).

OCCUPATIONAL PROFILE: Summary of the client’s occupational history and experiences, patterns of daily living, interests, values, and needs (AOTA, 2020b).

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

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

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

ORGANIZATION: Entity composed of individuals with a common purpose or enterprise, such as a business, industry, or agency (AOTA, 2020b).

PARTICIPATION: Active engagement in occupations.

PERFORMANCE PATTERNS: Habits, routines, roles, and rituals that may be associated with different lifestyles and used in the processes of engaging in occupations or activities (AOTA, 2020b).

PERFORMANCE SKILLS: Observable, goal-directed actions that consist of motor skills, process skills, and social interaction skills (Fisher & Griswold, 2019, as cited in AOTA, 2020b).

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

PHYSICAL AGENT AND MECHANICAL MODALITIES: The systematic application of various forms of energy or force to effect therapeutic changes in the physiology of tissues (AOTA, 2018c). 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 facilitate their knowledge and expertise with the modalities in preparation for the NBCOT certification examination and for practice outside of the state in which the educational institution resides.

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

ELECTROTHERAPEUTIC AGENTS: Modalities that use electrotherapeutic currents and waveforms to facilitate physiologic changes in tissues to increase circulation, facilitate tissue healing, and modulate pain. Examples include, but are not limited to, high-voltage galvanic stimulation for tissue and wound repair (ESTR) and high voltage pulsed current (HVPC). They also facilitate neuromuscular or sensory activity to improve muscle strength, reeducate muscle function, or modulate pain response. Examples include, but are not limited to, neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), and interferential current (Bracciano, 2019, as cited in AOTA, 2018c).

MECHANICAL MODALITIES: The therapeutic use of mechanical devices to apply force, such as compression, distraction, vibration, or controlled mobilization, to modify biomechanical properties and functions of tissues.

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

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

POPULATION HEALTH: Health outcomes of a group of individuals, including the distribution of such outcomes within the group; an approach to health that aims to improve the health of an entire human population (Gillen & Brown, 2024).

POPULATIONS: Collective of groups of individuals living in a similar locale (e.g., city, state, country) or sharing the same or like characteristics or concerns (AOTA, 2020b).

PREVENTION: Education or health promotion efforts designed to prevent the onset and reduce the incidence of unhealthy conditions, diseases, or injuries (AOTA, 2018b).

PRIMARY CARE: The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (AOTA, 2020c).

PROFESSIONAL PRACTICE: Professional practice includes all potential roles of an occupational therapy practitioner such as clinician, educator, researcher, consultant, administrator, etc.

PROFESSIONAL REASONING: The process that practitioners use to plan, direct, perform and reflect on client care (AOTA, 2020b).

PROGRAM: A legally authorized postsecondary program of organized instruction or study that leads to a recognized educational credential. An entry-level occupational therapy educational program may include doctoral, master's, baccalaureate, or associate degree level education.

PROGRAM DIRECTOR: A generic term; programs may use any appropriate title for a faculty member who is 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. and is responsible for the management and administration of the program, including planning, evaluation, budgeting, selecting faculty and staff, maintaining accreditation, and committing to strategies for professional development.

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.

FORMATIVE EVALUATION: Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program.

SUMMATIVE EVALUATION: Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

PSYCHOSOCIAL: General mental functions, as they develop over the life span, required to understand, and constructively integrate the mental functions that lead to the formation of the personal and interpersonal skills needed to establish reciprocal social interactions, in terms of both meaning and purpose (AOTA, 2020b; AOTA, 2021).

RECOGNIZED INSTITUTIONAL ACCREDITING AGENCY: Institutional accrediting agencies recognized by the U.S. Department of Education to accredit postsecondary educational institutions.

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" (Protection of Human Subjects, 2009). Scholarship is made public, subject to review, and part of the discipline or professional knowledge base (Glassick et al., 1997). It allows others to build on it and further advance the field (AOTA, 2022).

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

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

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

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

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

SCOPE OF PRACTICE: "Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction" (AOTA, 2021b, p 4).

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

SOCIAL DETERMINANTS OF HEALTH: Five broad categories—economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context—that are the fundamental social causes of health. The conditions in the places where people grow, live, work, age, learn, and play affect a wide range of health and quality-of-life outcomes. They are the nonmedical factors that impact health (Gillen & Brown, 2024).

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

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

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

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

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

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

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

TELEHEALTH: The application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Occupational therapy services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, using store-and-forward technologies. Occupational therapy practitioners can use telehealth as a mechanism to provide services at a location that is physically distant from the client, thereby allowing for services to occur where the client lives, works, and plays, if that is needed or desired (AOTA, 2018d).

TOTAL TIME TO DEGREE: The total length of the program in weeks, only including the weeks that classes are in session, or the students are on fieldwork or completing the capstone experience.

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

WELL-BEING: A holistic concept referring to both physical and mental health (Scherer & Leshner, 2021).

WELLNESS: The individual’s perception of and responsibility for psychological and physical well-being, as these contribute to overall satisfaction with one’s life situation (Gillen & Brown, 2024).

WRITTEN AGREEMENT: A document outlining the terms and details of an agreement between the academic program and an external site, including each party’s requirements and responsibilities. When an affiliation agreement is established with a multisite service provider (e.g., contract agency, corporate entity), the ACOTE Standards do not require a separate affiliation agreement with each practice site.

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Appendix B: Student Code of Ethic

STUDENT CODE OF ETHICS

Students shall:

1. Use their own knowledge and skill to complete examinations without referring to others' answers, old examinations, class notes or other references, unless specifically permitted by the instructor. They shall not cheat.
2. Use their own knowledge to write major papers or compile research information. They shall not plagiarize, quote or copy other persons' (including classmates) work without giving proper recognition as stated in a standard style manual. (e.g. A.P.A)
3. Respect opinions of instructor and other learners. They shall not insult, slur or degrade instructors, other health professionals or students. This respect extends to use of social media. (This ethics statement does not infringe upon a student's right to raise questions and request clarification but does modify the manner in which the question or clarification is brought forth.)
4. Respect the limited resources of textbooks, library books, reprints, and journals. They shall not mutilate, deface, damage or withhold resources for their own use.
5. Conserve limited resources by using only supplies needed for completion of assignments and maintain equipment in good working order. They shall not waste supplies or misuse equipment.
6. Assist in maintaining class and laboratory rooms in good order. They shall not leave these rooms dirty or in disarray or disorder upon completion of their assignments in each room.
7. Complete all assignments by the scheduled date and time or make satisfactory arrangements with the course instructor for an extension. They shall not expect to receive equal consideration in grading unless such arrangements are made.
8. Observe all safety procedures when working with patients and equipment whether in class, clinic, or patient's home. They shall not endanger the safety and welfare of patients, other students or faculty and staff.
9. Observe all policies and procedures established by the Department of Occupational Therapy and all fieldwork facilities. They shall not exempt themselves without specific permission by a faculty member or clinical supervisor.
10. Respect the confidentiality of patient information regardless of source (patient, therapist, records, charts). They shall not repeat information outside of the classroom, clinic or facility. They shall not make written reports outside of the clinic or facility in which any part of the patient's name appears except initials. They shall not engage in inappropriate relationships with patients.
11. Work in cooperation with and with respect for other health care team members. They shall not interfere with or obstruct the rendering of the services provided by other health care members.

12. Protect the property and property rights of the facility, clinic and patient. They shall not remove or borrow any property without permission and shall not damage or misuse property while in the facility, clinic or home.
13. Respect other students' projects. They shall not handle, steal, alter, deface, or otherwise harm another student's project, especially in a manner, which might cause the project to receive a lower grade by the instructor.
14. Abide by the AOTA Code of Ethics (see Addendum)

Appendix C: 2020 AOTA Code of Ethic

2020 AOTA CODE OF ETHICS

Principle 1. Beneficence Occupational therapy personnel shall demonstrate a concern for the well-being and safety of persons. The Principle of Beneficence includes all forms of action intended to benefit other persons. The term beneficence has historically indicated acts of mercy, kindness, and charity (Beauchamp & Childress, 2019). Beneficence requires taking action to benefit others—in other words, to promote good, to prevent harm, and to remove harm (Doherty & Purtilo, 2016). 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, offering services that benefit persons with disabilities, and acting to protect and remove persons from dangerous situations (Beauchamp & Childress, 2019).

Principle 2. Nonmaleficence Occupational therapy personnel shall refrain from actions that cause harm. The Principle of Nonmaleficence indicates that occupational therapy personnel must refrain from causing harm, injury, or wrongdoing to recipients of service. Whereas Beneficence requires taking action to incur benefit, Nonmaleficence requires avoiding actions that cause harm (Beauchamp & Childress, 2019). The Principle of Nonmaleficence also includes an obligation not to impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle often is examined in the context of due care, which requires that the benefits of care outweigh and justify the risks undertaken to achieve the goals of care (Beauchamp & Childress, 2019). For example, an occupational therapy intervention might require the service recipient to be published in American Journal of Occupational Therapy, 74(Suppl. 3) 26 invest a great deal of time and perhaps even discomfort; however, the time and discomfort are justified by potential long-term, evidence-based benefits of the treatment.

Principle 3. Autonomy Occupational therapy personnel shall respect the right of the person to self-determination, privacy, confidentiality, and consent. The Principle of Autonomy expresses the concept that occupational therapy personnel have a duty to treat the client or service recipient according to their desires, within the bounds of accepted standards of care, and to protect their confidential information. Often, respect for Autonomy is referred to as the self-determination principle. Respecting the Autonomy of service recipients acknowledges their agency, including their right to their own views and opinions and their right to make choices in regard to their own care and based on their own values and beliefs (Beauchamp & Childress, 2019). For example, persons have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, their Autonomy should be respected through the involvement of an authorized agent or surrogate decision maker.

Principle 4. Justice Occupational therapy personnel shall promote equity, inclusion, and objectivity in the provision of occupational therapy services. The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2019). Occupational therapy personnel demonstrate attitudes and actions of respect, inclusion, and impartiality toward persons, groups, and populations with whom they interact, regardless of age, gender identity, sexual orientation, race, religion, origin, socio-economic status, degree of ability, or any other status or attributes. Occupational therapy personnel also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent observance of policies to generate unbiased decisions. For example, occupational therapy personnel work to create

and uphold a society in which all persons have equitable opportunity for full inclusion in meaningful occupational engagement as an essential component of their lives.

Principle 5. Veracity Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession. The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information. Veracity is based on the virtues of truthfulness, candor, honesty, and respect owed to others (Beauchamp & Childress, 2019). In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. For example, when entering into a therapeutic or research relationship, the service recipient or research participant has a right to accurate information. In addition, transmission of information must include means to ensure that the recipient or participant understands the information provided.

Principle 6. Fidelity Occupational therapy personnel shall treat clients (persons, groups, or populations), colleagues, and other professionals with respect, fairness, discretion, and integrity. The Principle of Fidelity refers to the duty one has to keep a commitment once it is made (Veatch et al., 2015). This commitment refers to promises made between a provider and a client, as well as maintenance of respectful collegial and organizational relationships (Doherty & Purtilo, 2016). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. For example, occupational therapy personnel should 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.

Appendix D:
Review of Online Social Networking & Ethical
Behavior

Shawnee State University
Master of Occupational Therapy Program

Review of Appropriate Online Social Networking & Ethical Behavior

I _____ SSU ID _____

received education on appropriate **Online Social Networking** (OSN). I have been advised as to what is appropriate and what is inappropriate & unethical with patients, clinical sites, faculty, MOT program, other clinicians and other professionals that I may come in contact. As a result of this education on OSN, I am fully aware that any breach of conduct regarding OSN is grounds for immediate dismissal from the Master of Occupational Therapy Program.

The MOT Program promotes a zero tolerance for any inappropriate & unethical behavior of any type that has the potential to harm the program, clinical sites, faculty, clinical instructors, or other professionals of multiple disciplines.

By signing below, I acknowledge that if I instigate or participate in such behavior that I will be immediately dismissed from the MOT Program. I further acknowledge that it is my ethical duty to report any evidence of inappropriate use of OSN by my peers. I have also been advised to refer to my Master of Occupational Therapy Program Handbook.

Student: _____

Program Director: _____

Date: _____



Appendix E

Student Copyright Permission

Student Copyright Permission

I give permission to **Clark Memorial Library, Shawnee State University**, to retain and catalog a copy of the following:

Title of paper or work: _____

Prepared for (name of class): _____

Date class was completed: _____

- In granting this permission, I understand that I am not surrendering my intellectual property rights with regard to this material. Such permission will continue indefinitely unless I specifically revoke in writing.
- I understand that this material will be used to promote scholarship, personal study, and not for profit education use.
- I also understand that Clark Memorial Library, Shawnee State University, reserves the right to convert my material, without changing the content, to any format or medium for the purpose of preservation.
- I state that to the best of my knowledge this material does not infringe upon any third- party copyright.

Student Name (please print) _____

Student ID # _____

Student Address

Student Signature _____

Date _____

SSU Library Director Signature _____

Date _____



Appendix F:

Consent Form

SHAWNEE STATE UNIVERSITY

MASTER'S IN OCCUPATIONAL THERAPY PROGRAM

CONSENT FORM

I _____ do hereby grant my
(print student name here)
permission for the Shawnee State University MOT program to contact my employer(s),
following my graduation, in order to obtain information regarding my job performance. I
understand that the information is to be used for program evaluation and that I will remain
ANONYMOUS and that the results will not affect my employment status or my standing
with the educational program.

Agreed to by: _____ Date: _____
(Student Signature)



Appendix G: SSU OT Program

Student Statement of Understanding

STATEMENT OF UNDERSTANDING

I have read and understand my responsibilities as outline in the 2025 Entering Class, Shawnee State University Master of Occupational Therapy, MOT Program Student Handbook.

I agree to abide by all policies set forth in this handbook.

Signature

SSU ID

Date

Witness (friend or family member)

Date

Relationship to Student

RECEIVED BY THE DEPARTMENT OF OCCUPATIONAL THERAPY

Appendix H: SSU OT Program

Student and Advisor Responsibilities

Student Handbook

MOT Advisor/Student responsibilities

1. Advisors have a responsibility to meet with their students one time during each semester of the student's participation in the Master of Occupational Therapy Program. At one of these meetings, degree audits will be prepared and discussed with the students for career planning.
2. Students have a responsibility to meet with their advisors one time during each semester of their participation in the Master of Occupational Therapy Program. At one of these meetings, they will be made aware of their degree audit and consequences occurring (if any).
3. All student/advisor meetings will be recorded and placed in the students file. A copy of the degree audit will also be placed in the students file. Any developmental plans that have been developed with student and advisee will be kept in the students file for follow up and future reference.
4. Students and Advisors have responsibilities to one another and to faculty to make sure all are aware of any problems that arise that may affect the student's success in any coursework in the Master of Occupational Therapy Program.

Student: _____

Advisor: _____

Date: _____

APPENDIX I:

SSU OT Program Dress Code

Physical Contact and Dress Policy Classes in the program:

As an Occupational Therapist you will be required to work with individuals (children, adults, and elderly) who have a variety of conditions. In some cases, they may have orthopedic conditions like Rheumatoid Arthritis that will limit their ability to move in a typical way because of joint deterioration and contracture formation. In other cases, they may have neurological problems that can lead to full paralysis of certain muscles and/or muscular weakness. And in some cases they may just have an orthopedic problem like Osteoarthritis which may occur following the onset of menopause.

In these cases, it is necessary for you to be able to determine how well they may be able to move, how strong they are, and whether the movement or strength limitation they have could be interfering with normal function in their daily lives. You may also need to know how to treat the condition. In order to do this you need a sound foundation in anatomy, manual muscle testing, range of motion testing, movement analysis, and exposure to various manual treatment techniques.

In order to learn some assessments and insure you have the foundation you need to treat your patients it is necessary that you be able to identify:

1. The appropriate bony landmarks so you can accurately place your goniometer for testing.
2. Know generally how muscles attach so that you understand what muscles may move what parts of the body, identify an antigravity and gravity eliminated position for testing and perform an appropriate test for normal, good, poor, and fair contractile levels.
3. Understand whether a muscle is palpable. So you can test a trace or no contraction of that muscle.
4. What activities an individual may be capable of performing when they may have impairments to the neuro-muscular-skeletal system.
5. How to treat certain conditions that require manual manipulation, transfer, strengthening, and/or improvements in range of motion for your clients.

In order to train you adequately for these tasks you will be required to touch your classmates, have your classmates touch you, and have your instructor touch your body.

Note, at no time will this require you be touched in an inappropriate manner {or a sexual manner} by your instructor or your classmates. In order for you to learn what you need to know for the clinic it may be necessary for male students to occasionally work with female students and female students to work with male students. You will also be required to switch partners, so that you are exposed to different individuals who have different body types. In the clinics you may be required to use these techniques with infants and elderly.

You may also be required to wear appropriate laboratory clothes to class and to labs. This may require that female students wear a sports bra, shorts with sports briefs and/or stretch pants. This may require male students take off their T shirts and expose their upper extremities and trunk and wear shorts with sports briefs. Students are encouraged to wear T shirts when they are not being tested.

During a laboratory or class session it may come up that a student has a particular impairment in muscle function and/or range of motion or manipulative ability. You r instructor may ask if they can demonstrate these impairments to the rest of the class. This is done as an instructional tool and is not meant to belittle a student in any fashion. We all have certain motor impairments and they may be used to educate other students.

All students will be required to demonstrate a professional attitude during laboratory and classroom activities. All students should respect the dignity of each of the other students in the class. The instructor is responsible for insuring that all activities in the laboratories and in the class conform to this requirement.

1. Physical contact will be limited to that necessary and appropriate for completion of the class sessions.
2. This section identifies the need and provides a justification for the physical contact between faculty and students and students and faculty.
3. Physical contact should only occur when there is a third person i n the room of the same gender of the participant.
4. If an individual feels uncomfortable during the training session because they believe they have been touched inappropriately they have the right to terminate that physical contact. They should report the occurrence of said contact to the class instructor and appropriate authorities on campus.
5. All students should insure an appropriate environment be maintained so that no student feels they are being belittled or treated in a demeaning fashion during any class or laboratory session.

It is necessary if you are going to continue in the program that you are aware of this and agree to participate in these activities.

Please review this section and read and sign the next page of this document.



Consent to Participation in Laboratory and Class Activities Involving Physical Contact and Dress Requirements.

I _____ understand that in certain classes I will have to conform to a dress code

that requires as a female I wear a sports bra and shorts with sports briefs or a pair of stretch pants that do not interfere with movement of my lower extremity and as a male that requires I expose my upper body and wear shorts with sports briefs. This is done so that I understand how the body moves and how to properly assess an individual's ability to move.

I also understand that in class and laboratories, I may have the instructor touch me, and need to touch other students both male and female and have these students touch me in a professional and clinical manner. This is done in order for me to learn how to assess movements and treat individuals with movement disorder.

In all cases I understand that if I feel that I have been touched in an inappropriate manner I have the right to terminate the contact and report such contact to the appropriate third parties on campus.

I also understand that I must treat my classmates in a professional manner and that my classmates are required to treat me with the respect and dignity that I deserve.

Signed: _____

Printed Name: _____

Date: _____

APPENDIX J:
MOT Student Self-Assessment of Professional Behaviors

Shawnee State University

Master of Occupational Therapy Program

MOT Student Self-Assessment of Professional Behaviors

Student: _____

SITES: _____

Supervisor: _____ Semester & Year: _____

RATING SCALE: Exceeds: I do this >95% of the time; Meets: I do this >85% of the time; Needs Improvement: I do this >50% of the time, but would like to do better

PROFESSIONAL BEHAVIORS	RATING AND EXAMPLE
<ul style="list-style-type: none">Dependable: arrived on time, followed through with assigned tasks	
<ul style="list-style-type: none">Adheres to SSU OT Dress Code	
<ul style="list-style-type: none">Effective student-participant in groups; supports group objectives when not leading groups	
<ul style="list-style-type: none">Responds to resident needs appropriately (including limit setting & giving praise)	
<ul style="list-style-type: none">Effectively interacts with residents/consumers to meet needs in a safe and timely manner	
<ul style="list-style-type: none">Displays initiative during clinical experience; asks questions and seeks assistance when needed	
<ul style="list-style-type: none">Is prepared & organized for day's assignments	
<ul style="list-style-type: none">Follows stated safety procedure/policies, including hand washing/Universal precautions when appropriate, transporting guidelines of site, adheres to safety precautions during activities	
<ul style="list-style-type: none">Demonstrates respectful and professional communication skills<ul style="list-style-type: none">with residents during interaction/groupswith peerswith staff at assigned site(s)	
<ul style="list-style-type: none">Uses occupation effectively with residents/consumers to support positive engagement	

APPENDIX K

LEVEL 1 SERVICE LEARNING FEEDBACK



Department of Occupational Therapy

Level I Service Learning Feedback

Semester: _____

Student: _____ Facility: _____

RATING SCALE (Supervisor: please circle one rating per item, on each date, and initial at

bottom) **SAT= Satisfactory** indicates that the student demonstrates these behaviors a minimum of 90% of the time.

NI= Need improvement indicates that the student demonstrates these behaviors 50-89% of the time.

NO=No, indicates that the student demonstrates these behaviors less than 50% of the time.

N/A indicates that there was no opportunity to evaluate these affective behaviors.

DATE:

OBSERVED PROFESSIONAL BEHAVIORS <i>**PLEASE ADD any Comments on back</i>							COMMENTS (optional)
<u>ETHICS</u> Student complies with the facility policies and procedures.	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	
<u>FLEXIBILITY</u> Adjusts to change and modifies own behavior according to the demands of the situation.	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	
<u>INDIVIDUAL and GROUP LEADERSHIP SKILLS</u> Student demonstrates ability to effectively lead planned program with participants, and uses effective and appropriate therapeutic skills when interacting with clients	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	
<u>APPEARANCE</u> The student follows dress code and is well-groomed, clean, neat, and professional in appearance.	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	
<u>DEPENDABILITY</u> The student arrives on time and follows through with responsibilities.	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	
<u>COMMUNICATION</u> Student uses appropriate verbal and nonverbal communication. The student discusses assignments and relates to staff and participants in a clear, concise, and understandable manner.	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	
<u>RESPECTFUL</u>	SAT	SAT	SAT	SAT	SAT	SAT	

Student respects diversity, other viewpoints, and feedback from supervisor.	NI NO NA	NI NO NA	NI NO NA	NI NO NA	NI NO NA	NI NO NA	
<u>INITIATIVE</u> Student seeks and participates in learning experiences for full utilization of time on site, including additional learning opportunities beyond assignments.	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	SAT NI NO NA	
SUPERVISOR: please initial here ----- ⑦							



Technical Standards for Occupational Therapy Students
MOT Program

It is the mission of the Shawnee State University MOT program to develop graduates who become occupational therapists who think critically, act ethically, and communicate effectively. Occupational therapists are health professionals possessing expertise in evaluating and treating individuals across the lifespan in order to support them in “achieving health, wellbeing, and participation in life through engagement in occupation” (AOTA, 2020, p. 4). In order to acquire the knowledge, skills, competencies, and values needed to practice as an occupational therapist, students must possess identified cognitive, physical, emotional, interpersonal, and critical thinking attributes that are necessary to deliver occupational therapy services to the individuals they are serve.

As such, throughout the curriculum and all fieldwork experiences, students must be able to meet, with or without reasonable accommodations, the technical standards presented in this document. Please review the technical standards and submit the Acknowledgement of Technical Standards document by stated deadline. If at any time in the program a student is unable to meet technical standard(s), with or without reasonable accommodations, the student cannot enroll or remain enrolled in the program. Students who believe they can meet the technical standards with accommodation need to contact Accessibility Services to initiate this process. The MOT program will work with Accessibility Services to determine if reasonable accommodation can made, taking into account patient/client safety as well as essential elements of course(s), learning experiences and/or fieldwork.

References:

American Occupational Therapy Association (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74 (Supplement 2).

Occupational therapy students must be able to:

1. Use effective and appropriate spoken, written and nonverbal communication with patients/clients, care partners, and other professionals from a variety of cultural backgrounds.
2. Understand and speak the English language at level consistent with professional practice.
3. Possess intellectual, physical, emotional, and ethical capabilities to participate in the full curriculum.
4. Have cognitive ability to learn complex information, use information for effective problem-solving, and apply occupational therapy and relevant information to clinical judgements throughout the occupational therapy process.

5. Demonstrate ability to assimilate, analyze, synthesize, integrate and apply information for effective clinical reasoning.

6. Conduct complete evaluation and develop intervention plan, which may include but are not limited to assessing strength, range of motion, pain, endurance level, balance, transfers, functional cognition, sensory skills, functional mobility, activities of daily living and home management skills, school, work and leisure skills.
7. Possess sensory, motor, memory, and gross/fine motor coordination to safely carry out evaluation process, assessment tools, and routine patient/client care.
8. Demonstrate ability to analyze, select, grade, and adapt intervention activities to support optimal performance for patients/clients.
9. Demonstrate ability to retrieve information and record evaluation findings, intervention plans, and patient documentation and outcomes accurately and clearly.
10. Have capacity to maintain composure and emotional stability in high stress and unpredictable situations.
11. Demonstrate flexibility and ability to adapt to changing situations and uncertainty in classroom and clinical environments.
12. Possess appropriate demeanor and affective skills that promote rapport within professional education experiences and quality patient/client care.
13. Demonstrate ability to reliably and critically self-evaluate technical, professional, and personal skills that support positive patient/client outcomes.
14. Have the capacity to accept constructive feedback and use feedback to modify behavior accordingly.

Acknowledgment of Technical Standard Requirements

Technical standards are foundational skills essential for meeting the academic and fieldwork demands. If a student requires accommodations to meet technical standards at any point in the program, request reasonable accommodation per the stated process outlined in the University's ADA Statement.

University's ADA Statement : Any student who believes they may need an accommodation based on a documented disability should first contact the Coordinator of Accessibility Services at (740) 351-3163, or mboldman@shawnee.edu (Student Success Center, Massie Hall) and schedule a meeting to identify potential reasonable accommodation(s). Students are strongly encouraged to initiate the accommodation process in the early part of the semester or as soon as the need is recognized.

The Office of Accessibility Services will gather relevant information and determine whether an accommodation is warranted. When an accommodation is determined to be warranted, an accommodation letter will be sent to the instructor(s) and student via secure e-mail prior to the semester start date, when possible, or as soon as is feasible. The Office of Accessibility Services will not disclose the nature of any disability with instructor(s); if the student wishes to discuss the disability with one or more instructors, they may do so.

Any questions regarding the academic accommodation on the letter should be addressed to the Coordinator of Accessibility Services. If a student does not make a timely request for academic accommodation and/or fails to meet with the Coordinator of Accessibility Services, a reasonable accommodation may be denied or delayed.

Michelle Boldman, MS
 Accessibility Services Coordinator
 () - 6
mboldman@shawnee.edu

Student Acknowledgement: Technical Standards

By signing below, the student acknowledges he/she has received and reviewed the provided technical standards.

Student Name: _____

Signature: _____ **Date:** _____

Appendix M:
Master of Occupational Therapy Course Sequence
by Semester

Semester	Course #	Credit	Course Description
Fall 1	MOT 5550	3	Analysis of Human Occupation <i>Course description: Introduction to the foundation of the science of occupation. Introduces activity analysis and the interaction of human occupation and activity across the lifespan.</i>
Fall 1	MOT 5555	2	Foundation of Occupational Therapy Practice <i>Course description: Introduction to the foundation of theory and how it guides the OT process from referral to discharge. Students learn to select and analyze evaluation tools and apply intervention strategies across the lifespan using evidence-based theory and conceptual practice models.</i>
Fall 1	MOT 5560	2	Health Conditions and Occupation <i>Course description: Introduction to common health conditions evaluated and treated in occupational therapy. Included is an in-depth analysis of health conditions, health promotion, and disease prevention and the impact on engagement in occupations throughout the life span.</i>
Fall I	MOT 5565	3	Functional Movement and Occupation <i>Course description: Introduction to the analysis of human movement patterns and its impact on occupational performance. Students assess and analyze how movement is related to function and its impact on human occupation.</i>
Fall 1	MOT 6601	2	Research Concepts in OT Practice <i>Course description: Introduction to research concepts in OT practice. Students will select and analyze scholarly activities, and critique quantitative and qualitative research designs and methodologies. Students will develop an understanding of the relevance of scholarly activities to the profession of occupational therapy.</i>
Total		12 hrs.	

pring 1	MOT 5570	3	Level I: Therapeutic Process and Occupation <i>Course description: Understand therapeutic use of self and ethical issues throughout the therapeutic process and understand the value of occupations across individuals and groups.</i>
Spring1	MOT 5575	1	Systems, Issues, and Trends <i>Course description: Introduction to healthcare trends, ethical issues, and reimbursement models across OT practice settings.</i>
Spring1	MOT 5580	3	OT Process in Early Childhood & Adolescence <i>Course description: Students will understand occupational therapy's domain and process for the early childhood and adolescent population. Students will select and apply theory and evidence-based practice principles in the early childhood and adolescent population to promote engagement in occupation. Students will assess and analyze occupation, context, and client factors to develop occupation-based intervention plans specific to this population.</i>
Spring1	STAT5130	3	Statistics for Health Care Professionals (3 hrs.) <i>Course description: This course provides learners with an understanding of statistical methods commonly used in healthcare research with an emphasis on statistical literacy. Key statistical concepts include a review of descriptive and inferential statistics, one- and two-sample tests, analysis of variance, multiple regression, and logistic regression. Prerequisite: Admission to graduate program in health-related field.</i>
Spring1	MOT 6602	2	Evidence-Based Practice in OT <i>Course description: Students will select and analyze professional literature and evaluate how it informs occupational therapy practice to make evidence-based decisions. Students will understand and demonstrate how participation in scholarly activities</i>

			<i>advances translation of knowledge and contributes to the development of the OT profession.</i>
Total		12 hrs.	
Fall 2	MOT 6650	3	OT Process in Early and Middle Adulthood Hybrid/14-weeks/Three weeks on campus <i>Course Description: Students will understand occupational therapy's domain and process for the early and middle adult population. Students will select and apply theory and evidence-based practice principles in the early and middle adulthood population to promote engagement in occupation. Students will assess and analyze occupation, context, and client factors to develop occupation-based intervention plans specific to this population.</i>
Fall 2	MOT 6655	3	Level I: OT Process in Mental Health <i>Course Description: Students will understand occupational therapy's domain and process for mental- and behavioral-health disorders. Students will select and apply theory and evidence-based practice principles in the promotion and prevention of mental health disorders. Students will assess and analyze occupation, context, and client factors to develop occupation-based intervention plans specific to this population.</i>
Fall 2	MOT 6660	2	Leadership and Management in OT Practice <i>Course Description: Students will learn how to articulate the distinct nature of occupational therapy to consumers, payers, and policymakers, and incorporate advocacy into occupational therapy practice. Students will apply leadership and management principles to identify and evaluate contextual factors and current policy issues impacting the delivery of occupational therapy services across persons, groups, and populations.</i>
Fall 2	MOT 6603	2	Scholarly Research in OT Practice <i>Course description: Students will select and analyze professional literature and evaluate how it informs occupational therapy practice to make evidence-based decisions. Students will understand and demonstrate how participation in scholarly activities advances translation of knowledge and contributes to the development of the OT profession.</i>
Fall2	MOT 6665	2	Technology and Occupation <i>Course description: Provides foundational knowledge of applying the OT process to the selection of assistive technologies, and how it supports engagement in human occupation. Students will explore various high tech, low tech, and emerging technology to support participation in occupation.</i>
Total		12 hrs.	
Spring2	MOT 6685	2	Therapeutic Modalities and Occupation <i>Course description: Students will apply safety and ethical standards to recommend and provide therapeutic procedures and interventions to support engagement in occupation, safety, and health and wellness across persons, populations, and groups. Students will select and analyze therapeutic modalities as preparatory methods based on client factors, indications, contraindications, and precautions to improve occupational performance and participation in occupation.</i>
Spring2	MOT 6670	3	OT Process in Older Adulthood <i>Course Description: Students will understand occupational therapy's domain and process for the older adult population. Students will select and apply theory and evidence-based practice principles in the older adult population to promote engagement in occupation. Students will assess and analyze occupation, context, and client factors to develop occupation-based intervention plans specific to this population.</i>
Spring2	MOT 6675	2	Program Development and Advocacy in OT Practice <i>Course Description: Students will consider social determinants of health and occupational needs of society to support program development for persons, groups, and populations. Students will understand advocacy and business management principles to identify and evaluate contextual factors, fiscal resources, and current policy issues</i>

			<i>impacting the delivery of occupational therapy services and identify opportunities to address societal needs through program development.</i>
Spring2	MOT 6680	3	Level I: OT Process in Rehabilitation and Disability <i>Course Description: Students will engage in directed observation and participation in selected aspects of the occupational therapy domain and process for persons, groups, and populations across rehabilitation and disability practice settings. Students will select and apply theory and evidence-based practice principles within rehabilitation settings under the supervision of a registered occupational therapy practitioner. Students will assess and analyze occupation, context, and client factors to develop occupation-based intervention plans specific to this population.</i>
Spring2	MOT 6604	2	Dissemination of Research in OT Practice <i>Course description: Students will analyze and discuss findings from faculty-led scholarship project and discuss how the findings inform occupational therapy practice. Students will understand and demonstrate how participation in, and dissemination of scholarly activities advances translation of knowledge and contributes to the development of the OT profession.</i>
		12 hrs.	
Summer	MOT 6690	9	Level II Fieldwork-A <i>Course Description: Students will engage in an in-depth experience to deliver occupational therapy services to people, groups, and populations across the lifespan in a selected occupational therapy practice setting. Students will select and apply theory and evidence-based practice principles within practice settings supervised by a registered occupational therapy practitioner. Students will assess and analyze occupation, context, and client factors to develop and implement occupation-based intervention plans specific to the population and practice setting. Students will demonstrate competence in professionalism, ethical principles, and reflective practice to support professional preparation.</i>
Fall	MOT 6695	9	Level II Fieldwork-B <i>Course Description: Students will engage in an in-depth experience to deliver occupational therapy services to people, groups, and populations across the lifespan in a selected occupational therapy practice setting. Students will select and apply theory and evidence-based practice principles within practice settings supervised by a registered occupational therapy practitioner. Students will assess and analyze occupation, context, and client factors to develop and implement occupation-based intervention plans specific to the population and practice setting. Students will demonstrate competence in professionalism, ethical principles, and reflective practice to support professional preparation.</i>
		18 hrs.	
Total Program Credit Hours		66 hrs.	Hybrid Format: Combined face-to-face and web-based learning.
MOT 6700		1-9	Special Topics in Occupational Therapy (Optional) <i>Course Description (same as prior catalogue): Provides individual or small-group study, under the supervision of instructor, of topics not otherwise available to students. Repeatable by special arrangement.</i>

Appendix N:
SHAWNEE STATE UNIVERSITY
EQUAL OPPORTUNITY POLICY

Shawnee State University

POLICY TITLE:	EQUAL OPPORTUNITY POLICY
POLICY NO. :	5.38
ADMIN CODE:	3362-5-38
PAGE NO.:	1 OF 1
EFFECTIVE DATE:	04/22/2022
NEXT REVIEW DATE:	04/22/2025
RESPONSIBLE OFFICERS:	VPF&A/HR/ODEI
APPROVED BY:	PRESIDENT

POLICY STATEMENT

Shawnee State University is committed to providing a campus environment free from discrimination and harassment. The University prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, religion, age, national origin, ethnicity, national ancestry, sex, pregnancy, gender, gender identity or expression, sexual orientation, military service or veteran status, mental or physical disability, or genetic information.

- 1.0 This policy serves to ensure that employment actions and access to university-sponsored programs will be administered in accordance with applicable federal, state, and/or local laws, ordinances, regulations, or orders.
- 2.0 The President will ensure the establishment of procedures necessary to implement this policy effectively.

History

Effective: 4/22/2022