


AGENDA ITEM	ACTION DISCUSSION INFORMATION	RESPONSIBILITY
Call to Order	Jeff Sumpter Called meeting to order. Introductions of all who attended	Jeff Sumpter
Approval of Minutes	Minutes were approved with correction requested on Marcia Bentle's name and email.	1 st Erica Bass, 2 nd Regan Hall
Health Science Advisor Report	Javier stated he is busy helping incoming freshman and current students get enrolled. Making sure they have everything they need for the program requirements. Mentioned the new student enrollment program that sets the schedule for students in health science programs.	Javier
Instructor	Simone Buys thanked the committee members for attending. We have a new affiliation - Hailey Project. This is for adults with special needs. Allows them to be able to socialize and communicate. Continuing to work on contracts. We have two students in Pampa. Simone enjoys going to the evaluations. Gets to know staff and facilities. OTA program required 32 placements in spring.	Simone Buys
Director's Report	<ul style="list-style-type: none"> • Sheree talked about AC personnel changes – (see PowerPoint). • Sheree handed out Accreditation standards to the committee. A. is about AC. B. Student learning. We must be able to attach standards to courses. C. Fieldwork standards. State what entry level students should be able to do. New standards in draft mode at present. • Sheree handed out Educational goals (see handout) She asked if sites had anything to add. No additions. • Education and Training handout. (see handout) – Sheree asked for feedback. No additions. • OTA Faculty handout (see handout) No additions. • Sheree mentioned to the group that she needed a vote on the Educational Goals. Marcia 1st, Eric 2nd motion passed. • Sheree also talked about the AC Strategic Plan (PowerPoint), National Developments (PowerPoint) continued increase in employer/industry demand in OTA employees. • ACOTE and Accreditation (PowerPoint). Decision for AC to offer Bachelor Degree in OT has been referred to Dr. Lowery-Hart. ACOTE action on bachelor's degree is on hold at this time. • Local Trends (PowerPoint) few fulltime OTAs in Amarillo, most are PRN. Accreditation has moved from 7 to 10 years. • ACOTE Response to Survey (PowerPoint) Majority do not favor Bachelor degree level. Need OTA Assoc. degree is preferred nation wide. • Retention (PowerPoint) Fall to Fall: 100% Fall 2016, 81.25% Fall 2017 2018. May Matriculation 100% entered fall 2016, graduate 2018. 	Sheree Talkington

	<ul style="list-style-type: none"> • Institutional and Program News (PowerPoint) Computerized testing – about 50% now, adding lab fee, new text books adopted at curriculum retreat, Hailey Project, Ergonomics for Level I, Service Learning additions in elders for Level I, portfolio submissions, Ilos training and implementation, student initiated professional developmental goal sessions. • NBCOT Pass Rates (PowerPoint) 88% 2016, 85% 2017. • Community Involvement (PowerPoint). Presentations for facility staff available from Sherree includes Car Fit Certified (adult drivers), Framework and Domain presentation for staff, Generational Differences – multiple generations in workplace, Today's student. Sherree asked committee if there are other ideas or needs. • Program Needs (P.P.) Program revision suggestion needs from advisory committee. Curriculum committee revisions – changing catalogue to reflect reality (vote), Advisory members to suggest equipment and technique needs of program passed on clinical practice/developing practice. Sherree told committee they needed to vote to approve curriculum changes to catalogue to reflect reality. 1st Rena, Second Eric. Motion passed. 	
Affiliation Reports	<p>Eric – has been awhile since he had a student at the facility. Went smooth...student was good. They are very specialized so it is hard to give well rounded training. Marcia mentioned last spring had one student who was with her 9 weeks and one 7 weeks. Questioned if they had same opportunity for learning. Feel student got stuck in a rut...both students did well on Fieldwork. Rena asked why there was a difference in the time. Simone and Sherree mentioned it is due to spring break week off. Sherree mentioned if committee wants to change the weeks to let us know and we can adjust. Further conversation on changing weeks. Simone mentioned they could start Clinicals the week before spring break. A couple of committee members stated they don't think it affects students if it is 9 or 7 weeks. Ryan asked if the difference in weeks reflect on their grades. Conversation on students being ready when they go to their clinical site. Student needs to email the site person before they show up. Simone mentioned she will email the name of student to Rena. Simone will remind students to contact Rena if they have not heard anything from her. Sherree asked if any of the committee knows of new sites, please let her know.</p>	<p>Clinical Sites</p>
Continuing Healthcare Edu.	<p>CHCE offers CEs for different professions. Had seminar in May 2 day. Opportunity end of this month. Working on OT CEs, 2 day seminar. As soon as approved Melissa will send out information. July 30 and 31st. Working with PRA. Sherree asked Sites what they need or want. Question was asked on how far in advance are sites notified of seminars. Melissa stated normally a couple of months. Melissa also gave topics discussed Dementia, Acute Care, Feeding/Nutrition program. Melissa wrote her</p>	<p>Melissa Burns</p>

	email information on board for Sites.	
Assoc. Dean of Health Sciences	Sherrie Nunn spoke for Kim Crowley – Thanked the sites for attending the meeting. Reminded all that the purpose of the AB meetings is to find out what we can do for our clinical sites. It is our responsibility to educate students to be able to work when they graduate so we need to know what the sites need from us.	Sherrie
Dean of Health Sciences Report	Janet Barton – spoke for Mark Rowh – Mark also wanted to thank our clinical sites for attending the meeting. Also appreciative that they take our students and give them the hands on learning that will students in their education and when they graduate.	Janet
Adjournment	5:20 PM	Jeff Sumpter
Date:	9-14-18	Next Meeting: Spring 2019
	Executive Secretary Signature: 	

ADVISORY COMMITTEE MEMBERS

Program: Occupational Therapy Assistant

Year: SUMMER 2018

Program Director: Dr. Sheree Talkington

Committee Chair:

Name	Title	Company	Phone	E-Mail
Rena Hutchins	PTA, CCCF	BSA	212-2679	rena.hutchins@bsahs.org
Wade Olsen	EMSP Director	AC	354-6077	cwoleson@actx.edu
Javier Herrera Jr	Advisor	AC	354-6007	jfherrera@actx.edu
Ashley Benson	COTA	Hillside Heights Hudgins Crosier Sumpter PC	340-4516	ambenson82@gmail.com
Jeff Sumpter	CPA	Sumpter PC	433-8464	jsumpter@hcspr.com
Eric Bass	OTTL	ABC	433-0212	ebass@a5j.com
Sherrie Nunn	Admin	AC		snunn@actx.edu
Melissa Burns	CHCE	AC	356-3650	mdburns@actx.edu
Simone R. Buys, DTR	Instructor DTR	AC	354-6003	simone.buys@actx.edu
Regan Hall	Director of Therapy	TurnCenter	352-2596	regan@turncenter.org
Monica Thompson	COTA, ADJUNCT	AC	570-1793	monica.thompson@actx.edu
Marcia Dentle	COTA/ADUR	PROSTEP	468-7611	Marcia.dentle@GenesisHAC.com
Sandra Delarosa	Advisor	AC	371-5456	Smdelarosa@actx.edu
Ryan Gerber	Asst Dir PMR	NWTH	433-0767	ryan.gerber@nwths.com
Kristi Pringle	COTA/AIDO	Century Rehab	220 5017	kristipringle@hotmail.com

The image is a cover page for a report. It features a white background with abstract green geometric shapes on the left and right sides. The shapes are composed of overlapping triangles and polygons in various shades of green, from light to dark. The text is centered in a green, sans-serif font.

AC OTA Program Advisory Report 2018

AMARILLO COLLEGE

Personnel update

- President Dr. Russell Lowery-Hart
- Dean Mark Rowh retiring 1/19
- Kimberly Crowley appointed HS Dean 5/18
- Vice President Academic Affairs
Dr. Tamra Clunis
- HS Administrative Assistant
Janet Barton
- Health Sciences Advisor
Javier Herrera
- PTA 2nd faculty member
Search in progress



Accreditation Standards

Program Goals and Objectives

- ▶ AC's vision, mission and strategic plan guide the OTA program strategic plan. AC's strategic plan is found on the president's web page at <https://www.actx.edu/strategic/>
- ▶ Amarillo College's vision is to ensure a 70% completion rate by 2020. Amarillo College's mission is "enriching the lives of our students and community by helping learners identify and achieve their educational goals." AC's OTA program mission is to attract and retain a peak number of applicants who will progress through the program to graduate and then achieve national certification status so that they may enhance the lives of their patients or clients in their communities.
- ▶ The OTA program strategic plan is parallel to and articulates with the AC strategic plan in content and intent. AC's strategic plan includes goals of completion, align degrees and certificates with labor market demand, learning, equity, and financial effectiveness. AC's mission is being met through the implementation of OTA program's strategic plan for the present time through 2020. The OTA program seeks to have students complete the program, to align the OTA degree with labor market demand, to promote learning, equity and financial effectiveness.
- ▶ AC's strategic plan is supported by the OTA program strategic plan related to goal 1 of completion through a continued effort to promote fall to fall retention of over 95% which has been the trend in the program for over 10 years. Goal 2 of aligning degrees with market demand is being addressed through conversations with consumers and interested parties to promote a possible transition from an A.A.S. degree to a B.S. degree as well as expand the labor market to include cities within 200 miles of Amarillo. The OTA program strategic plan articulates with AC's goal 3 of learning in multiple ways. Both OTA faculty encourage active learning, are leaders in the division for implementing active learning, and seek to increase their own understanding as well as the use of active learning in an adult educational environment. For goal 4 of equity, the OTA strategic plan includes utilization of an online application process to match the health sciences division priorities. The last goal of financial effectiveness is addressed in the strategic plan of the department in multiple ways including placing testing online rather than being paper dependent. Lab fees are also being passed on to the student starting in fall 2016 versus using departmental funds for lab supplies.
- ▶ AC's strategic plan is further supported by the OTA faculty members as evidenced in the professional development plan goals from the most recent review (August 2016).

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The text is centered in the white space between these green elements.

National developments,

ACOTE news

Local trends

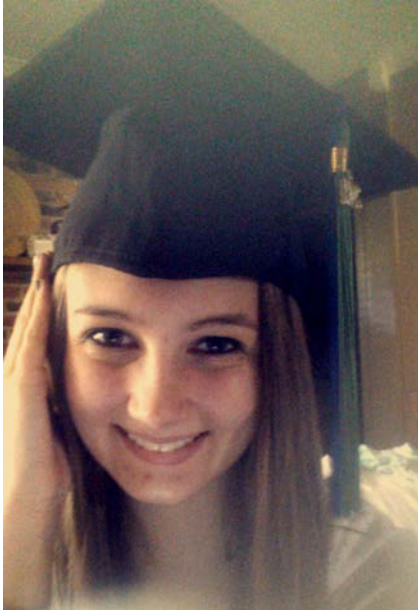
National developments



- ▶ Continued increase employer/industry demand in OTA employees



ACOTE developments



- **March 8, 2018:** Take the ACOTE® OTA survey by July 15, 2018.
- **December 6, 2017:** ACOTE responds to requests for an abeyance of the OTD mandate.
- **December 6, 2017:** ACOTE will continue to hold OTA mandate decision in abeyance, announces process for stakeholder feedback.
- **November 22, 2017:** ACOTE shares OTD mandate decision background materials.
- **October 17, 2017:** ACOTE holds the OTA mandate decision in abeyance, seeks feedback by Nov. 5.

Local trend

- Employment steady - PRN most likely in Amarillo, FT elsewhere



AC's OTA program

ACCREDITATION

Petitioned for change from 7 year accreditation to 10 year due to 1 AON and immediate correction.

Petition approved September 2017 for 10 year accreditation.

AC's OTA program

ACOTE

Responded to survey

Feedback at October Academic
Leadership Counsel Meeting

Continue to communicate with RLH

Majority OTA responses DO NOT favor
bachelor level degree

AC's OTA program

RETENTION

Fall to fall:

100% fall 2016 to 2016

81.25% fall 2017 to 2018

MATRICULATION

To end of program/graduation

100% entered fall 2016, graduated 2018

AC's OTA program

Institutional and program news

- ❖ ADDING \$80.00 lab fee to course to cover price of splinting labs = no longer out of OTA budget
- ❖ New text books
- ❖ Curriculum retreat linking standards more closely with content, ongoing revisions
- ❖ Hailey Project for Level I FW - adulthood
- ❖ Ergonomics for Level I FW - adulthood
- ❖ Service Learning additions in elders for Level I FW
- ❖ Computerized test
- ❖ Portfolio submissions
- ❖ Ilos training and implementation/Flipped Classroom
- ❖ Student initiated professional developmental goal session each semester with faculty

NBCOT

Number of first time test takers in total divided by number who passed first time.

Example:

10 first time test takers, 9 pass first attempt = 90%

Number of new grad test takers who passed regardless of number of attempts **IN THE CALENDAR YEAR**

10 new graduate test takers, 6 pass first attempt, 3 pass 2nd, 1 pass 3rd = 100% **IF ATTEMPTED** within same calendar year



AC's OTA program

NBCOT pass Rate

88% 2016

85% 2017

PROGRAM DIRECTOR OT COMMUNITY INVOLVEMENT

- ▶ Car Fit certified and will present to facilities, partner to conduct event
- ▶ Framework and Domain presentation for staff
- ▶ Generational differences - multiple generations in the workplace
- ▶ Today's student - who are they, what are they learning, what do we expect as an employer
- ▶ Other ideas/needs

Program needs

- ▶ Program revision suggestion needs from advisory committee
- ▶ Curriculum committee revisions - changing catalogue to reflect reality (vote to show committee OTA has advisory decision)
- ▶ Advisory members to suggest equipment and technique needs of program based on clinical practice/developing practice

THANK YOU!



Educational Goals

In contemplating the curriculum design, the OTA faculty determined an Amarillo College graduate should display

- Entry level clinical reasoning
- Flexibility
- Adaptability
- Strong self-knowledge
- Ability to use therapeutic self
- Professional behaviors or soft skills
- General practitioner skills

The program seeks to educate and train individuals to be successful COTA candidates advancing semester to semester from entry point to graduation with

- Validation that each has potential to meet program expectations
- Support in academics, social and personal aspects coordinated with learning
- Feedback early, frequent and effective in the form of directing, suggesting, advising, and guiding
- Involvement in training and learning process
- Learning as active beings through problem based, service and cooperative opportunities

Toward this goal, the Amarillo College OTA faculty specifically seek to

1. Produce generalist OTAs capable of successful employment in a variety of settings
2. Prepare OTAs with excellent professional behaviors including verbal and written communication, ethical decision making, therapeutic use of self, team work, appearance, flexibility and initiative.
3. Produce graduates able to successfully pass the certification exam on first attempt.

**2011 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide
(effective July 31, 2013)
December 2014 Interpretive Guide Version**

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

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

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	<ul style="list-style-type: none"> Develop in-depth experience in one or more of the following areas through completion of a doctoral experiential component: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development. 		
<p><i>FOR ALL STANDARDS LISTED BELOW, IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD IN ORDER FOR THE AREA OF NONCOMPLIANCE TO BE REMOVED.</i></p>			
<p>SECTION A: GENERAL REQUIREMENTS</p>			
<p>A.1.0. SPONSORSHIP AND ACCREDITATION</p>			
A.1.1.	The sponsoring institution(s) and affiliates, if any, must be accredited by the recognized regional accrediting authority. For programs in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	The sponsoring institution(s) and affiliates, if any, must be accredited by the recognized regional accrediting authority. For programs in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	The sponsoring institution(s) and affiliates, if any, must be accredited by a recognized regional or national accrediting authority.
A.1.2.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate doctoral degree-granting authority.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority, or the institution must be a program offered within the military services.
A.1.3.	Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.	Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.	Accredited occupational therapy assistant educational programs may be established only in community, technical, junior, and senior colleges; universities; medical schools; vocational schools or institutions; or military services.
A.1.4.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.
	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE OCCUPATIONAL THERAPY DOCTORATE (OTD) AND DOCTOR OF OCCUPATIONAL THERAPY (DrOT).</i></p>	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE MASTER OF OCCUPATIONAL THERAPY (MOT), MASTER OF SCIENCE IN OCCUPATIONAL THERAPY (MSOT), AND MASTER OF SCIENCE (MS). PROGRAMS OFFERING COMBINED BACCALAUREATE/MASTER'S (BS/MS OR BS/MOT) DEGREES ARE STRONGLY ENCOURAGED TO AVOID USING "BACCALAUREATE IN</i></p>	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE ASSOCIATE OF APPLIED SCIENCE (AAS) AND ASSOCIATE OF SCIENCE (AS).</i></p>

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

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
A.2.0. ACADEMIC RESOURCES			
A.2.1.	The program must identify an individual as the program director who is assigned to the occupational therapy educational program on a full-time basis. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.	The program must identify an individual as the program director who is assigned to the occupational therapy educational program on a full-time basis. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.	The program must identify an individual as the program director who is assigned to the occupational therapy educational program on a full-time basis. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.
<i>THE STANDARD DOES NOT ALLOW THE APPOINTMENT OF CO-DIRECTORS.</i>			
A.2.2.	The program director must be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a doctoral degree awarded by an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education (USDE). The doctoral degree is not limited to a doctorate in occupational therapy.	The program director must be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a doctoral degree awarded by an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education (USDE). The doctoral degree is not limited to a doctorate in occupational therapy.	The program director must be an initially certified occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a minimum of a master's degree awarded by an institution that is accredited by a regional or national accrediting body recognized by the U.S. Department of Education (USDE). The master's degree is not limited to a master's degree in occupational therapy.
<i>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</i> <i>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>		<i>A MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</i> <i>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>	
A.2.3.	The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include <ul style="list-style-type: none"> • Clinical practice as an occupational therapist; • Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting; • Scholarship (e.g., scholarship of application, scholarship of teaching and learning); and • At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postbaccalaureate level. 	The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include <ul style="list-style-type: none"> • Clinical practice as an occupational therapist; • Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting; • Scholarship (e.g., scholarship of application, scholarship of teaching and learning); and • At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level. 	The program director must have a minimum of 5 years of documented experience in the field of occupational therapy. This experience must include <ul style="list-style-type: none"> • Clinical practice as an occupational therapist or occupational therapy assistant; • Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting; • Understanding of and experience with occupational therapy assistants; and • At least 1 year of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level.

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<i>THE TEACHING COMPONENT OF THE FULL-TIME ACADEMIC APPOINTMENT MAY BE MET THROUGH COURSES IN AN AREA OUTSIDE OF OCCUPATIONAL THERAPY. THE ACADEMIC APPOINTMENT MUST BE FULL-TIME; THE TEACHING RESPONSIBILITIES REQUIREMENT MAY BE MET THROUGH ONE COURSE THAT IS NOT LIMITED TO THE OCCUPATIONAL THERAPY EDUCATIONAL PROGRAM.</i>			
A.2.4.	The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.	The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.	The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.
A.2.5.	<i>(No related Standard)</i>	<i>(No related Standard)</i>	In addition to the program director, the program must have at least one full-time equivalent (FTE) faculty position at each accredited location where the program is offered. This position may be shared by up to three individuals who teach as adjunct faculty. These individuals must have one or more additional responsibilities related to student advisement, supervision, committee work, program planning, evaluation, recruitment, and marketing activities.
A.2.6.	The program director and faculty must possess the academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.	The program director and faculty must possess the academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.	The program director and faculty must possess the academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.
A.2.7.	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be a licensed or otherwise regulated occupational therapist. Coordinators must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body.</p>	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be a licensed or otherwise regulated occupational therapist. Coordinators must hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body.</p>	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be a licensed or otherwise regulated occupational therapist or occupational therapy assistant. Coordinators must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized regional or national accrediting body.</p>

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	<p>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</p> <p>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</p>	<p>A MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</p> <p>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</p>	<p>A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</p> <p>FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</p>
A.2.8.	<p>Core faculty who are occupational therapists or occupational therapy assistants must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the program is located.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the additional location is located.</p>	<p>Core faculty who are occupational therapists or occupational therapy assistants must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the program is located.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the additional location is located.</p>	<p>Core faculty who are occupational therapists or occupational therapy assistants must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the program is located.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state or jurisdiction in which the additional location is located.</p>
A.2.9.	<i>(No related Standard)</i>	<i>(No related Standard)</i>	<p>In programs where the program director is an occupational therapy assistant, an occupational therapist must be included on faculty and contribute to the functioning of the program through a variety of mechanisms including, but not limited to, teaching, advising, and committee work. In a program where there are only occupational therapists on faculty who have never practiced as an occupational therapy assistant, the program must demonstrate that an individual who is an occupational therapy assistant or an occupational therapist who has previously practiced as an occupational therapy assistant is involved in the program as an adjunct faculty or teaching assistant.</p>
			<p>IN A PROGRAM WHERE THERE ARE ONLY OCCUPATIONAL THERAPISTS ON FACULTY WHO HAVE NEVER PRACTICED AS AN OCCUPATIONAL THERAPY ASSISTANT, THE PROGRAM MUST DEMONSTRATE THAT AN OCCUPATIONAL THERAPY ASSISTANT OR AN OCCUPATIONAL THERAPIST WHO HAS PREVIOUSLY PRACTICED AS AN OCCUPATIONAL THERAPY ASSISTANT HAS AN ONGOING INSTRUCTIONAL ROLE IN THE DELIVERY OF PROGRAMMATIC CONTENT THAT REFLECTS THE ROLE OF THE OCCUPATIONAL THERAPY ASSISTANT THROUGHOUT THE OCCUPATIONAL THERAPY PROCESS. THIS REQUIREMENT MAY BE FILLED BY ONE OR MORE PERSONS.</p>

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
A.2.10.	All full-time faculty teaching in the program must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body. The doctoral degree is not limited to a doctorate in occupational therapy.	The majority of full-time faculty who are occupational therapists or occupational therapy assistants must hold a doctoral degree. All full-time faculty must hold a minimum of a master's degree. All degrees must be awarded by an institution that is accredited by a USDE-recognized regional accrediting body. The degrees are not limited to occupational therapy. For an even number of full-time faculty, at least half must hold doctorates. The program director is counted as a faculty member.	All occupational therapy assistant faculty who are full-time must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized regional or national accrediting body.
	<i>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>	<i>A DOCTORAL OR MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>	<i>A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS.</i>
A.2.11.	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).
<i>EVIDENCE OF EXPERTISE IN TEACHING ASSIGNMENTS MIGHT INCLUDE DOCUMENTATION OF RECENT CONTINUING EDUCATION, RELEVANT EXPERIENCE, FACULTY DEVELOPMENT PLAN REFLECTING ACQUISITION OF NEW CONTENT, INCORPORATION OF FEEDBACK FROM COURSE EVALUATIONS, AND OTHER SOURCES.</i>			
A.2.12.	For programs with additional accredited location(s), the program must identify a faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional accredited location(s), the program must identify a faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional accredited location(s), the program must identify a faculty member who is an occupational therapist or occupational therapy assistant as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.
A.2.13.	The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number and must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal. Each accredited additional location must have at least one full-time equivalent (FTE) faculty member.	The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number and must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal. Each accredited additional location must have at least one full-time equivalent (FTE) faculty member.	The occupational therapy assistant faculty at each accredited location where the program is offered must be sufficient in number and must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation. The faculty must include individuals competent to ensure delivery of the broad scope of occupational therapy practice. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal. Each accredited additional location must have at least one full-time equivalent (FTE) faculty member.

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A.2.14.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.
A.2.15.	The faculty–student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.	The faculty–student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.	The faculty–student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.
A.2.16.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.
<i>CLERICAL SUPPORT MUST BE SUFFICIENT TO THE MEET THE NEEDS OF THE PROGRAM AND BE CONSISTENT WITH INSTITUTIONAL PRACTICE.</i>			
A.2.17.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program’s obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program’s obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program’s obligation to matriculated and entering students.
A.2.18.	Classrooms and laboratories must be provided that are consistent with the program’s educational objectives, teaching methods, number of students, and safety and health standards of the institution, and they must allow for efficient operation of the program.	Classrooms and laboratories must be provided that are consistent with the program’s educational objectives, teaching methods, number of students, and safety and health standards of the institution, and they must allow for efficient operation of the program.	Classrooms and laboratories must be provided that are consistent with the program’s educational objectives, teaching methods, number of students, and safety and health standards of the institution, and they must allow for efficient operation of the program.
A.2.19.	<p>If the program offers distance education, it must include</p> <ul style="list-style-type: none"> • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit, • Technology and resources that are adequate to support a distance-learning environment, and • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. 	<p>If the program offers distance education, it must include</p> <ul style="list-style-type: none"> • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit, • Technology and resources that are adequate to support a distance-learning environment, and • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. 	<p>If the program offers distance education, it must include</p> <ul style="list-style-type: none"> • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit, • Technology and resources that are adequate to support a distance-learning environment, and • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies.
A.2.20.	Laboratory space provided by the institution must be assigned to the occupational therapy program on a priority basis. If laboratory space for occupational therapy lab classes is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.	Laboratory space provided by the institution must be assigned to the occupational therapy program on a priority basis. If laboratory space for occupational therapy lab classes is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.	Laboratory space provided by the institution must be assigned to the occupational therapy assistant program on a priority basis. If laboratory space for occupational therapy assistant lab classes is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.

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A.2.21.	Adequate space must be provided to store and secure equipment and supplies.	Adequate space must be provided to store and secure equipment and supplies.	Adequate space must be provided to store and secure equipment and supplies.
A.2.22.	The program director and faculty must have office space consistent with institutional practice.	The program director and faculty must have office space consistent with institutional practice.	The program director and faculty must have office space consistent with institutional practice.
A.2.23.	Adequate space must be provided for the private advising of students.	Adequate space must be provided for the private advising of students.	Adequate space must be provided for the private advising of students.
A.2.24.	Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic, supervised fieldwork, and experiential components of the curriculum.	Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic and supervised fieldwork components of the curriculum.	Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic and supervised fieldwork components of the curriculum.
A.2.25.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.
A.2.26.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed for the practice areas and to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, and resource centers.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, and resource centers.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, and resource centers.
A.2.27.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.
A.3.0. STUDENTS			
A.3.1.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.
A.3.2.	Institutions must require that program applicants hold a baccalaureate degree or higher prior to admission to the program.	<i>(No related Standard)</i>	<i>(No related Standard)</i>

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A.3.3.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.
A.3.4.	Programs must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate doctoral Standards.	Programs must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate master's Standards.	Programs must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate occupational therapy assistant Standards.
A.3.5.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.
A.3.6.	Evaluation content and methods must be consistent with the curriculum design; objectives; and competencies of the didactic, fieldwork, and experiential components of the program.	Evaluation content and methods must be consistent with the curriculum design, objectives, and competencies of the didactic and fieldwork components of the program.	Evaluation content and methods must be consistent with the curriculum design, objectives, and competencies of the didactic and fieldwork components of the program.
A.3.7.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students' progress and academic standing.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students' progress and academic standing.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students' progress and academic standing.
A.3.8.	Students must be informed of and have access to the student support services that are provided to other students in the institution.	Students must be informed of and have access to the student support services that are provided to other students in the institution.	Students must be informed of and have access to the student support services that are provided to other students in the institution.
A.3.9.	Advising related to professional coursework, fieldwork education, and the experiential component of the program must be the responsibility of the occupational therapy faculty.	Advising related to professional coursework and fieldwork education must be the responsibility of the occupational therapy faculty.	Advising related to coursework in the occupational therapy assistant program and fieldwork education must be the responsibility of the occupational therapy assistant faculty.
A.4.0. OPERATIONAL POLICIES			
A.4.1.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.
A.4.2.	Accurate and current information regarding student and program outcomes must be readily available to the public on the program's Web page. At a minimum, the following data must be reported for the previous 3 years: <ul style="list-style-type: none"> • Total number of program graduates • Graduation rates. 	Accurate and current information regarding student and program outcomes must be readily available to the public on the program's Web page. At a minimum, the following data must be reported for the previous 3 years: <ul style="list-style-type: none"> • Total number of program graduates • Graduation rates. 	Accurate and current information regarding student and program outcomes must be readily available to the public on the program's Web page. At a minimum, the following data must be reported for the previous 3 years: <ul style="list-style-type: none"> • Total number of program graduates, • Graduation rates.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT) program data results on the program's home page.	The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT) program data results on the program's home page.	The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT) program data results on the program's home page.
<i>PROGRAMS MAY USE EITHER CALENDAR YEAR OR ACADEMIC YEAR WHEN PUBLISHING THE TOTAL NUMBER OF PROGRAM GRADUATES AND GRADUATION RATES FROM THE PREVIOUS 3 YEARS AS LONG AS THE TIME FRAME IS CLEARLY DELINEATED. THE PROGRAM MUST PROVIDE THE DIRECT LINK TO THE NBCOT PROGRAM DATA RESULTS ON THE PROGRAM'S HOME PAGE. THE ONLY ACCEPTABLE LINK IS: HTTPS://SECURE.NBCOT.ORG/DATA/SCHOOLSTATS.ASPX.</i>			
A.4.3.	The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, Web site, and program-related brochures or flyers available to prospective students. A link to www.acoteonline.org must be provided on the program's home page.	The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, Web site, and program-related brochures or flyers available to prospective students. A link to www.acoteonline.org must be provided on the program's home page.	The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, Web site, and program-related brochures or flyers available to prospective students. A link to www.acoteonline.org must be provided on the program's home page.
<i>SAMPLE WORDING: "THE OCCUPATIONAL THERAPY/OCCUPATIONAL THERAPY ASSISTANT PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA), LOCATED AT 4720 MONTGOMERY LANE, SUITE 200, BETHESDA, MD 20814-3449. ACOTE'S TELEPHONE NUMBER, C/O AOTA, IS (301) 652-AOTA AND ITS WEB ADDRESS IS WWW.ACOTEONLINE.ORG."</i>			
A.4.4.	All practices within the institution related to faculty, staff, applicants, and students must be nondiscriminatory.	All practices within the institution related to faculty, staff, applicants, and students must be nondiscriminatory.	All practices within the institution related to faculty, staff, applicants, and students must be nondiscriminatory.
<i>COMPLIANCE WITH STANDARD A.4.4 IS DEMONSTRATED BY THE PRESENCE OF A POLICY ENSURING NONDISCRIMINATORY PRACTICES.</i>			
A.4.5.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.
A.4.6.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.
A.4.7.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.
A.4.8.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.
A.4.9.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.
A.4.10.	Policies and procedures for human-subject research protocol must be published and made known.	Policies and procedures for human-subject research protocol must be published and made known.	Policies and procedures for human-subject research protocol must be published and made known (if

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			applicable to the program).
A.4.11.	Programs must make available to students written policies and procedures regarding appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).	Programs must make available to students written policies and procedures regarding appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).	Programs must make available to students written policies and procedures regarding appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).
A.4.12.	A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit.	A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit.	A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit.
A.4.13.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's Web site about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's Web site about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's Web site about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.
	<i>SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPIST, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE AN OCCUPATIONAL THERAPIST, REGISTERED (OTR). IN ADDITION, MOST STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."</i>		<i>SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPY ASSISTANT, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE A CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA). IN ADDITION, MOST STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."</i>
A.4.14.	The program must have a documented and published policy to ensure that students complete all graduation, fieldwork, and experiential component requirements in a timely manner. This policy must include a statement that all Level II fieldwork and the experiential component of the program must be completed within a time frame established by the program.	The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program.	The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program.

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

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	<p>responsibility, teaching effectiveness, research, scholarly activity).</p> <ul style="list-style-type: none"> • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change. • Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. 	<p>responsibility, teaching effectiveness, research, scholarly activity).</p> <ul style="list-style-type: none"> • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change. • Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. 	<p>responsibility, teaching effectiveness, research, scholarly activity).</p> <ul style="list-style-type: none"> • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change. • Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals.
<p><i>THE PLAN SHOULD REFLECT THE INDIVIDUAL FACULTY MEMBER'S DESIGNATED RESPONSIBILITIES (E.G., EVERY PLAN DOES NOT NEED TO INCLUDE SCHOLARLY ACTIVITY IF THIS IS NOT PART OF THE FACULTY MEMBER'S RESPONSIBILITIES. SIMILARLY, IF THE FACULTY MEMBER'S PRIMARY ROLE IS RESEARCH, HE OR SHE MAY NOT NEED A GOAL RELATED TO TEACHING EFFECTIVENESS).</i></p>			
A.5.3.	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to,</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Students' progression through the program. • Student retention rates. • Fieldwork and experiential component performance evaluation. • Student evaluation of fieldwork and the experiential component experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. • Graduates' scholarly activity (e.g., presentations, publications, grants obtained, state and national leadership positions, awards). 	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to,</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Students' progression through the program. • Student retention rates. • Fieldwork performance evaluation. • Student evaluation of fieldwork experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. 	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and objectives. This must include, but need not be limited to,</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Students' progression through the program. • Student retention rates. • Fieldwork performance evaluation. • Student evaluation of fieldwork experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction.
A.5.4.	<p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p>	<p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p>	<p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p>
<p><i>THE INTENT OF STANDARD A.5.4 IS THAT PROGRAMS PREPARE AN ANNUAL REPORT THAT SUMMARIZES AN ANALYSIS OF DATA COLLECTED ABOUT THE EXTENT TO WHICH THE PROGRAM IS MEETING ITS STATED GOALS AND OBJECTIVES AS REQUIRED BY STANDARD A.5.3 (E.G., FACULTY EFFECTIVENESS IN THEIR ASSIGNED TEACHING RESPONSIBILITIES; STUDENTS' PROGRESSION THROUGH THE PROGRAM, STUDENT RETENTION RATES, FIELDWORK PERFORMANCE EVALUATION, STUDENT</i></p>			

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<i>EVALUATION OF FIELDWORK EXPERIENCE, STUDENT SATISFACTION WITH THE PROGRAM, GRADUATES' PERFORMANCE ON THE NBCOT CERTIFICATION EXAM, GRADUATES' JOB PLACEMENT, AND PERFORMANCE AS DETERMINED BY EMPLOYER SATISFACTION).</i>			
A.5.5.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.
A.5.6.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has less than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has less than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has less than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total.
<i>PROGRAMS THAT DID NOT HAVE CANDIDATES WHO SAT FOR THE EXAM IN EACH OF THE 3 MOST RECENT CALENDAR YEARS MUST MEET THE REQUIRED 80% PASS RATE EACH YEAR UNTIL DATA FOR 3 CALENDAR YEARS ARE AVAILABLE.</i>			
A.6.0. CURRICULUM FRAMEWORK The curriculum framework is a description of the program that includes the program's mission, philosophy, and curriculum design.			
A.6.1.	The curriculum must ensure preparation to practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.
A.6.2.	The curriculum must include course objectives and learning activities demonstrating preparation beyond a generalist level in, but not limited to, practice skills, research skills, administration, professional development, leadership, advocacy, and theory.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
A.6.3.	The occupational therapy doctoral degree must be awarded after a period of study such that the total time to the degree, including both preprofessional and professional preparation, equals at least 6 FTE academic years. The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.	The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.	The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.

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A.6.4.	The curriculum must include application of advanced knowledge to practice through a combination of experiential activities and a culminating project.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
A.6.5.	The statement of philosophy of the occupational therapy program must reflect the current published philosophy of the profession and must include a statement of the program's fundamental beliefs about human beings and how they learn.	The statement of philosophy of the occupational therapy program must reflect the current published philosophy of the profession and must include a statement of the program's fundamental beliefs about human beings and how they learn.	The statement of philosophy of the occupational therapy assistant program must reflect the current published philosophy of the profession and must include a statement of the program's fundamental beliefs about human beings and how they learn.
A.6.6.	The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution. The program's mission statement should explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.	The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution. The program's mission statement should explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.	The statement of the mission of the occupational therapy assistant program must be consistent with and supportive of the mission of the sponsoring institution. The program's mission statement should explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.
A.6.7.	The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content, scope, and sequencing of coursework.	The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content, scope, and sequencing of coursework.	The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content, scope, and sequencing of coursework.
A.6.8.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.
A.6.9.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
SECTION B: CONTENT REQUIREMENTS The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes.			
B.1.0.	FOUNDATIONAL CONTENT REQUIREMENTS Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in sciences must also be evident in professional coursework. The student will be able to		FOUNDATIONAL CONTENT REQUIREMENTS Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in sciences must also be evident in professional coursework. The student will be able to
B.1.1.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.
B.1.2.	Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.	Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.	Demonstrate knowledge and understanding of human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.
B.1.3.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral sciences, social sciences, and occupational science. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral sciences, social sciences, and occupational science. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, abnormal psychology) and occupational science.
B.1.4.	Apply knowledge of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society to meet the needs of individuals and communities. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
B.1.5.	Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.	Demonstrate an understanding of the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.	Articulate the ethical and practical considerations that affect the health and wellness needs of those who are experiencing or are at risk for social injustice, occupational deprivation, and disparity in the receipt of services.

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

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

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B.3.5.	Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments, including population-based approaches, to analyze and effect meaningful occupation outcomes.	Apply theoretical constructs to evaluation and intervention with various types of clients in a variety of practice contexts and environments to analyze and effect meaningful occupation outcomes.	<i>(No related Standard)</i>
B.3.6.	Articulate the process of theory development in occupational therapy and its desired impact and influence on society.	Discuss the process of theory development and its importance to occupational therapy.	<i>(No related Standard)</i>
B.4.0.	SCREENING, EVALUATION, AND REFERRAL The process of screening, evaluation, referral, and diagnosis as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to	SCREENING, EVALUATION, AND REFERRAL The process of screening, evaluation, and referral as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to	SCREENING AND EVALUATION The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in cooperation with the occupational therapist and must be culturally relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. The program must facilitate development of the performance criteria listed below. The student will be able to
B.4.1.	Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community.	Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These tools include, but are not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, significant others, and community.	Gather and share data for the purpose of screening and evaluation using methods including, but not limited to, specified screening tools; assessments; skilled observations; occupational histories; consultations with other professionals; and interviews with the client, family, and significant others.
B.4.2.	Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.	Select appropriate assessment tools on the basis of client needs, contextual factors, and psychometric properties of tests. These must be culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.	Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
B.4.3.	Use appropriate procedures and protocols (including standardized formats) when administering assessments.	Use appropriate procedures and protocols (including standardized formats) when administering assessments.	<i>(No related Standard)</i>
B.4.4.	Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes <ul style="list-style-type: none"> The occupational profile, including participation in activities that are meaningful and necessary for 	Evaluate client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes <ul style="list-style-type: none"> The occupational profile, including participation in activities that are meaningful and necessary for 	Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, rest, sleep, leisure, and social participation. Evaluation of occupational performance includes <ul style="list-style-type: none"> The occupational profile, including participation in activities that are meaningful and necessary for

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	<p>the client to carry out roles in home, work, and community environments.</p> <ul style="list-style-type: none"> • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills. 	<p>the client to carry out roles in home, work, and community environments.</p> <ul style="list-style-type: none"> • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills. 	<p>the client to carry out roles in home, work, and community environments.</p> <ul style="list-style-type: none"> • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills.
B.4.5.	Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.	Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.	Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
B.4.6.	Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.	Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.	<i>(No related Standard)</i>
B.4.7.	Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.	Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.	<i>(No related Standard)</i>
B.4.8.	Interpret the evaluation data in relation to accepted terminology of the profession, relevant theoretical frameworks, and interdisciplinary knowledge.	Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.	<i>(No related Standard)</i>
B.4.9.	Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.	Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.	Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
B.4.10.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to the requirements of applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.

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B.4.11.	Articulate screening and evaluation processes for all practice areas. Use evidence-based reasoning to analyze, synthesize, evaluate, and diagnose problems related to occupational performance and participation.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
B.5.0.	INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current and emerging occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. In addition, this process must consider the continuum of need from individual- to population-based interventions. The program must facilitate development of the performance criteria listed below. The student will be able to	INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. The program must facilitate development of the performance criteria listed below. The student will be able to	INTERVENTION AND IMPLEMENTATION The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational therapist and must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. The program must facilitate development of the performance criteria listed below. The student will be able to
B.5.1.	Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components: <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). 	Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components: <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional 	Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) on the basis of the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components: <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including values, beliefs, spirituality, body functions (e.g., neuromuscular, sensory and pain, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, nervous, genitourinary, integumentary systems). • Performance patterns (e.g., habits, routines, rituals, roles). • Context (e.g., cultural, personal, temporal, virtual) and environment (e.g., physical, social). • Performance skills, including motor and praxis skills, sensory–perceptual skills, emotional regulation skills, cognitive skills, and

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	<ul style="list-style-type: none"> Performance skills, including motor and praxis skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills. 	regulation skills, cognitive skills, and communication and social skills.	communication and social skills.
B.5.2.	Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.	Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.	Select and provide direct occupational therapy interventions and procedures to enhance safety, health and wellness, and performance in ADLs, IADLs, education, work, play, rest, sleep, leisure, and social participation.
B.5.3.	Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).	Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).	Provide therapeutic use of occupation, exercises, and activities (e.g., occupation-based intervention, purposeful activity, preparatory methods).
B.5.4.	Design and implement group interventions based on principles of group development and group dynamics across the lifespan.	Design and implement group interventions based on principles of group development and group dynamics across the lifespan.	Implement group interventions based on principles of group development and group dynamics across the lifespan.
B.5.5.	Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.	Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.	Provide training in self-care, self-management, health management and maintenance, home management, and community and work integration.
B.5.6.	Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).	Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).	Provide development, remediation, and compensation for physical, mental, cognitive, perceptual, neuromuscular, behavioral skills, and sensory functions (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception).
B.5.7.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.
B.5.8.	Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.	Develop and implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.	Implement intervention strategies to remediate and/or compensate for cognitive deficits that affect occupational performance.
B.5.9.	Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification.	Evaluate and adapt processes or environments (e.g., home, work, school, community) applying ergonomic principles and principles of environmental modification.	Adapt environments (e.g., home, work, school, community) and processes, including the application of ergonomic principles.
B.5.10.	Articulate principles of and be able to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Articulate principles of and be able to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.

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

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

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

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

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

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

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	Scholarship of Application, Scholarship of Teaching and Learning).	Scholarship of Application, Scholarship of Teaching and Learning).	Integration, Scholarship of Application, Scholarship of Teaching and Learning).
		<p><i>THE INTENT OF STANDARD B.8.7 IS TO EMPHASIZE THE "DOING" PART OF THE RESEARCH PROCESS THAT CAN SUPPORT BEGINNING RESEARCH SKILLS IN A PRACTICE SETTING. SYSTEMATIC REVIEWS THAT REQUIRE ANALYSIS AND SYNTHESIS OF DATA MEET THE REQUIREMENT FOR THIS STANDARD. NARRATIVE REVIEWS DO NOT MEET THIS STANDARD.</i></p> <p><i>A CULMINATING PROJECT RELATED TO RESEARCH IS NOT REQUIRED FOR THE MASTER'S LEVEL. IF IT IS CONSISTENT WITH THE PROGRAM'S CURRICULUM DESIGN AND GOALS, THE PROGRAM MAY CHOOSE TO REQUIRE A CULMINATING RESEARCH LEARNING ACTIVITY (E.G., SYSTEMATIC REVIEW OF LITERATURE, FACULTY-LED RESEARCH ACTIVITY, STUDENT RESEARCH PROJECT).</i></p>	
B.8.8.	Write scholarly reports appropriate for presentation or for publication in a peer-reviewed journal. Examples of scholarly reports would include position papers, white papers, and persuasive discussion papers.	Demonstrate skills necessary to write a scholarly report in a format for presentation or publication.	Demonstrate the skills to read and understand a scholarly report.
B.8.9.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities.	<i>(No related Standard)</i>
B.8.10.	Complete a culminating project that relates theory to practice and demonstrates synthesis of advanced knowledge in a practice area.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
	<p><i>STANDARD C.2.0 REQUIRES THAT "THE STUDENT MUST SUCCESSFULLY COMPLETE ALL COURSEWORK AND LEVEL II FIELDWORK AND PASS A COMPETENCY REQUIREMENT PRIOR TO THE COMMENCEMENT OF THE DOCTORAL EXPERIENTIAL COMPONENT."</i></p> <p><i>HOWEVER, THE OTD CULMINATING PROJECT AND EXPERIENTIAL COMPONENT MAY OCCUR AT THE SAME TIME.</i></p>		

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B.9.0. PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. The program must facilitate development of the performance criteria listed below. The student will be able to			
B.9.1.	Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics and Ethics Standards</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.	Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics and Ethics Standards</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.	Demonstrate knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics and Ethics Standards</i> and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
B.9.2.	Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.	Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.	Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
B.9.3.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.
B.9.4.	Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.	Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.	Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
B.9.5.	Discuss professional responsibilities related to liability issues under current models of service provision.	Discuss professional responsibilities related to liability issues under current models of service provision.	Identify professional responsibilities related to liability issues under current models of service provision.
B.9.6.	Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.	Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.	Identify personal and professional abilities and competencies as they relate to job responsibilities.
B.9.7.	Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, policy developer, program developer, advocate, administrator, consultant, and entrepreneur.	Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur.	Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.
B.9.8.	Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.	Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.	Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
B.9.9.	Describe and discuss professional responsibilities and issues when providing service on a contractual basis.	Describe and discuss professional responsibilities and issues when providing service on a contractual basis.	Identify professional responsibilities and issues when providing service on a contractual basis.
B.9.10.	Demonstrate strategies for analyzing issues and making decisions to resolve personal and	Demonstrate strategies for analyzing issues and making decisions to resolve personal and	Identify strategies for analyzing issues and making decisions to resolve personal and organizational

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	organizational ethical conflicts.	organizational ethical conflicts.	ethical conflicts.
B.9.11.	Demonstrate a variety of informal and formal strategies for resolving ethics disputes in varying practice areas.	Explain the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice.	Identify the variety of informal and formal systems for resolving ethics disputes that have jurisdiction over occupational therapy practice.
B.9.12.	Describe and implement strategies to assist the consumer in gaining access to occupational therapy and other health and social services.	Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services.	Identify strategies to assist the consumer in gaining access to occupational therapy services.
B.9.13.	Demonstrate advocacy by participating in and exploring leadership positions in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, World Federation of Occupational Therapists, advocacy organizations), consumer access and services, and the welfare of the community.	Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations).	Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., AOTA, state occupational therapy associations, advocacy organizations).

SECTION C: FIELDWORK EDUCATION AND DOCTORAL EXPERIENTIAL COMPONENT

C.1.0: FIELDWORK EDUCATION

Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision of a qualified occupational therapy practitioner serving as a role model. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will

C.1.1.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design in collaboration with faculty so that fieldwork experiences strengthen the ties between didactic and fieldwork education.
C.1.2.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students.
<i>THE PROGRAM MUST HAVE EVIDENCE OF THE TIMELY IMPLEMENTATION OF THE DOCUMENTED CRITERIA AND PROCESS.</i>			
C.1.3.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives and communicate with the student and fieldwork educator about progress and performance during fieldwork.
<i>ACADEMIC AND FIELDWORK EDUCATORS ARE EXPECTED TO COLLABORATE IN ESTABLISHING FIELDWORK OBJECTIVES PRIOR TO THE FIELDWORK EXPERIENCE. THEY ARE ALSO EXPECTED TO COMMUNICATE WITH THE STUDENT ABOUT PROGRESS AND PERFORMANCE THROUGHOUT THE FIELDWORK PERIOD.</i>			

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
C.1.4.	Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
C.1.5.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program as required by Standard A.4.14.
C.1.6.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties at the time the student is completing the Level I or Level II fieldwork experience. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.
<p><i>IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN A MEMORANDUM OF UNDERSTANDING IS REQUIRED. IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS NOT USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN NO MEMORANDUM OF UNDERSTANDING IS REQUIRED.</i></p> <p><i>WHEN A MEMORANDUM OF UNDERSTANDING IS ESTABLISHED WITH A MULTISITE SERVICE PROVIDER (E.G., CONTRACT AGENCY, CORPORATE ENTITY), THE ACOTE STANDARDS DO NOT REQUIRE A SEPARATE MEMORANDUM OF UNDERSTANDING WITH EACH PRACTICE SITE.</i></p>			
C.1.7.	Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.	Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.	Ensure that at least one fieldwork experience (either Level I or Level II) has as its focus psychological and social factors that influence engagement in occupation.
<p><i>IF STANDARD C.1.7 IS MET THROUGH A LEVEL I FIELDWORK EXPERIENCE, THE EXPERIENCE MUST BE COMPARABLE IN DURATION AND ASSESSMENT METHODS TO OTHER LEVEL I FIELDWORK EXPERIENCES OFFERED BY THE PROGRAM. FOR EXAMPLE, A 2-HOUR FIELDTRIP IS NOT EQUIVALENT TO A 3-DAY EXPERIENCE. THE EXPERIENCE MUST BE CONSISTENT WITH THE CURRICULUM DESIGN.</i></p> <p><i>THE STANDARDS DO NOT STATE THAT THE PSYCHOLOGICAL AND SOCIAL FACTORS COMPONENT OF FIELDWORK HAS TO BE A PART OF A COURSE. LEVEL I FIELDWORK MAY BE A SEPARATE ENTITY AND NOT ATTACHED TO A COURSE. THE PROGRAM SHOULD HAVE APPROPRIATE AND SPECIFIC OBJECTIVES TO MEET THE INTENT OF STANDARD C.1.7.</i></p>			
<p>The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will</p>			
C.1.8.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.
C.1.9.	Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy	Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants,	Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy

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	assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.	psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.	assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.
C.1.10.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.
The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will			The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will
C.1.11.	Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.	Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.	Ensure that the fieldwork experience is designed to promote clinical reasoning appropriate to the occupational therapy assistant role, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
C.1.12.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of three different settings.
C.1.13.	Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.	Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.	Require a minimum of 16 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.

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C.1.14.	Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.	Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.	Ensure that the student is supervised by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) who has a minimum of 1 year full-time (or its equivalent) of practice experience subsequent to initial certification and who is adequately prepared to serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.
C.1.15.	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).
C.1.16.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student.
C.1.17.	Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

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C.1.18.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student</i> or equivalent).
C.1.19.	Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice.	Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice.	Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice.
<p>C.2.0. DOCTORAL EXPERIENTIAL COMPONENT</p> <p>The goal of the doctoral experiential component is to develop occupational therapists with advanced skills (those that are beyond a generalist level). The doctoral experiential component shall be an integral part of the program's curriculum design and shall include an in-depth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development.</p> <p>The student must successfully complete all coursework and Level II fieldwork and pass a competency requirement prior to the commencement of the doctoral experiential component. The specific content and format of the competency requirement is determined by the program. Examples include a written comprehensive exam, oral exam, NBCOT certification exam readiness tool, and the NBCOT practice exams.</p>			
C.2.1.	Ensure that the doctoral experiential component is designed and administered by faculty and provided in setting(s) consistent with the program's curriculum design, including individualized specific objectives and plans for supervision.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
C.2.2.	Ensure that there is a memorandum of understanding that, at a minimum, includes individualized specific objectives, plans for supervision or mentoring, and responsibilities of all parties.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
C.2.3.	Require that the length of this doctoral experiential component be a minimum of 16 weeks (640 hours). This may be completed on a part-time basis and must be consistent with the individualized specific objectives and culminating project. No more than 20% of the 640 hours can be completed outside of	<i>(No related Standard)</i>	<i>(No related Standard)</i>

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	the mentored practice setting(s). Prior fieldwork or work experience may not be substituted for this experiential component.		
C.2.4.	Ensure that the student is mentored by an individual with expertise consistent with the student's area of focus. The mentor does not have to be an occupational therapist.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
	<i>MENTORING IS DEFINED AS A RELATIONSHIP BETWEEN TWO PEOPLE IN WHICH ONE PERSON (THE MENTOR) IS DEDICATED TO THE PERSONAL AND PROFESSIONAL GROWTH OF THE OTHER (THE MENTEE). A MENTOR HAS MORE EXPERIENCE AND KNOWLEDGE THAN THE MENTEE. THE PROGRAM MUST HAVE A SYSTEM TO ENSURE THAT MENTOR HAS DEMONSTRATED EXPERTISE IN ONE OR MORE OF THE FOLLOWING AREAS IDENTIFIED AS THE STUDENT'S FOCUSED AREA OF STUDY: CLINICAL PRACTICE SKILLS, RESEARCH SKILLS, ADMINISTRATION, LEADERSHIP, PROGRAM AND POLICY DEVELOPMENT, ADVOCACY, EDUCATION, OR THEORY DEVELOPMENT.</i>		
C.2.5.	Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the doctoral experiential component.	<i>(No related Standard)</i>	<i>(No related Standard)</i>

GLOSSARY

Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist, Masters-Degree-Level Educational Program for the Occupational Therapist, and Associate-Degree-Level Educational Program for the Occupational Therapy Assistant

Definitions given below are for the purposes of these documents.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CONTEXT/CONTEXTUAL FACTORS AND ENVIRONMENT:

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

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

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

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

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

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

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

CURRICULUM THREADS: Curriculum threads, or *themes*, are identified by the program as areas of study and development that follow a path through the curriculum and represent the unique qualities of the program, as demonstrated by the program's graduates. Curriculum threads are typically based on the profession's and program's vision, mission, and philosophy (e.g., occupational needs of society, critical thinking/professional reasoning, diversity/globalization). (AOTA, 2008a).

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

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

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

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

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

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

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

FACULTY:

FACULTY, CORE: Persons who are resident faculty, including the program director and academic fieldwork coordinator, appointed to and employed primarily in the occupational therapy educational program.

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

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

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

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

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

FULL-TIME EQUIVALENT (FTE): An equivalent position for a full-time faculty member (as defined by the institution). A full-time equivalent can be made up of no more than 3 individuals.

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

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

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

INTERPROFESSIONAL COLLABORATIVE PRACTICE: "Multiple health workers from different professional backgrounds working together with patients, families, careers, and communities to deliver the highest quality of care"(World Health Organization, 2010).

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

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

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

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

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

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

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

SUPERFICIAL THERMAL MODALITIES: Modalities such as hydrotherapy, whirlpool, cryotherapy, fluidotherapy, hot packs, paraffin, water, and infrared.

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

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

OCCUPATIONAL PROFILE: An analysis of a client’s occupational history, routines, interests, values, and needs to engage in occupations and occupational roles.

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

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

PARTICIPATION: Active engagement in occupations.

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

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

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

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

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

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

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

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

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

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

RECOGNIZED REGIONAL OR NATIONAL ACCREDITING AUTHORITY: Regional and national accrediting agencies recognized by the USDE and/or the Council for Higher Education Accreditation (CHEA) to accredit postsecondary educational programs/institutions. The purpose of recognition is to ensure that the accrediting agencies are reliable authorities for evaluating quality education or training programs in the institutions they accredit.

Regional accrediting bodies recognized by USDE:

- Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC)
- Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges (ACSCU/WASC)
- Commission on Colleges, Southern Association of Colleges and Schools (SACS)

- Commission on Institutions of Higher Education, New England Association of Schools and Colleges (CIHE/NEASC)
- Higher Learning Commission, North Central Association of Colleges and Schools (HLC)
- Middle States Commission on Higher Education, Middle States Association of Colleges and Schools (MSCHE)
- Northwest Commission on Colleges and Universities (NWCCU)

National accrediting bodies recognized by USDE:

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

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

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

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

SCHOLARSHIP: “A systematic investigation . . . designed to develop or to contribute to generalizable knowledge” (45 CFR § 46). Scholarship is made public, subject to review, and part of the discipline or professional knowledge base (Glassick, Huber, & Maeroff, 1997). It allows others to build on it and further advance the field (AOTA, 2009).

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

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

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

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

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

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

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

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

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

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

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

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

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

TELEHEALTH: The application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Occupational therapy services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, using store-and-forward technologies. Occupational therapy practitioners can use telehealth as a mechanism to provide services at a location that is physically distant from the client, thereby allowing for services to occur where the client lives, works, and plays, if that is needed or desired (AOTA, 2010).

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

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