



Advisory Board
on
Occupational
Therapy

Virginia Board of Medicine

May 24, 2022

10:00 a.m.

Advisory Board on Occupational Therapy

Board of Medicine

Tuesday, May 24, 2022 @ 10:00 a.m.

9960 Mayland Drive, Suite 201

Henrico, VA

	Page
Call to Order – Dwayne Pitre, OTR, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – ShaRon Clanton	
Approval of Minutes of October 5, 2021	1 - 4
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. Legislative Update from the 2022 General Assembly Erin Barrett	5
2. Update on Compact Implementation Erin Barrett	6 - 14
3. Discuss Amendment to Guidance Document 85-17 Erin Barrett	15 - 18
4. Consider Amendment to Bylaws for the Advisory Board	19 - 21

Announcements:

Next Scheduled Meeting: September 20, 2022 @ 10:00 a.m.

Adjournment

**PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS**

Training Room 2

Exit the room using one of the doors at the back of the room. (**Point**) Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

<<DRAFT>>

ADVISORY BOARD ON OCCUPATIONAL THERAPY

Minutes

October 5, 2021

The Advisory Board on Occupational Therapy met on Tuesday, October 5, 2021 at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Breshae Bedward, Chair
Dwayne Pitre OT, Vice-Chair
Kathryn Skibek, OT

MEMBERS ABSENT: Raziuddin Ali, MD
Karen Lebo, Citizen

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, Deputy Executive Director, Licensure
Elaine Yeatts, DHP Senior Policy Analyst
ShaRon Clanton, Licensing Specialist

GUESTS PRESENT: Kendall R. Michalofski - Macaulay & Jamerson & VOTA

Call to Order

Breshae Breward, OTR, Chair called the meeting to order at 10:02 a.m.

Emergency Egress Procedures

Dr. Harp announced the emergency egress instructions.

Roll Call

Roll was called, and a quorum was declared.

Approval of Minutes

Ms. Skibek moved to approve the minutes of the January 26, 2021 meeting. The motion was seconded by Mr. Pitre. By unanimous vote, the minutes were approved as presented.

Adoption of Agenda

Mr. Pitre moved to approve the adoption of the agenda. The motion was seconded by Ms. Skibek. By unanimous vote, the agenda was adopted as presented.

Public Comments

Ms. Michalofski introduced herself to the Board. She expressed that she was present at the meeting on behalf of the Virginia Occupational Therapy Association (VOTA) to hear more about any concern for implementation of the Occupational Therapy Interjurisdictional Licensure Compact that she can report back to members.

New Business

1. 2021 Legislative Update and 2022 Proposals

In Elaine Yeatts' absence, Dr. Harp provided an update on legislative actions from the 2021 General Assembly of interest to the Advisory Board members and 2022 legislative proposals. No action was required.

2. Report of Regulatory Actions

Dr. Harp gave a brief report of the laws from the 2021 General Assembly that will require regulatory action by the Board of Medicine. He made special mention of the emergency regulations for Board adoption for the occupational therapy interjurisdictional compact. The emergency regulations must be in place by December 23, 2021.

3. Update on Occupational Therapy Interjurisdictional Compact Implementation

Elaine Yeatts provided an update on implementation of the OT compact, which came with a requirement for emergency regulations. They are currently with the Secretary of HHR for review, and they should be in effect by December 23, 2021. The law passed by the General Assembly, which provided the authorization to join the compact, does not become effective until January 1, 2022. The occupational therapy criminal background check requirement will only be for those applying for a privilege under the Compact, not to all OT applicants.

4. Review of Licensure Requirements

Michael Sobowale provided a brief overview. This topic was placed on the Advisory Board's agenda pursuant to the request of the Credentials Committee for each Advisory Board overseeing each profession at the Board of Medicine to review their licensing

requirements and application questions to determine if they are in line with current practice. The Committee first met on September 20, 2021 to review and recommend which documents required in the licensing process must be primary-source verified, ones that may be submitted as copies, and those that may no longer be useful in the licensing process. The Committee will be making recommendations on how the licensing process at the Board of Medicine could be further streamlined. The Committee asked that any recommendation made by the Advisory Board should be reported back to the Committee at its next meeting.

Members reviewed current licensure requirements for occupational therapists and occupational therapy assistants and it was the consensus of members that the application process could be simplified for applicants while still protecting the public.

After discussion, and upon a motion by Kathryn Skibek, seconded by Mr. Pitre, the Advisory Board voted to recommend that a license applicant should submit primary source verification of the following documents: professional education/ school transcripts, National Board for Certification in Occupational Therapy (NBCOT) Certificate, Test of English as a Foreign Language (TOEFL) result and Program Director's letter verifying completion of professional education for an internationally-trained applicant, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

5. Approval of 2022 Meeting Calendar

Kathryn Skibek moved to approve the proposed meeting dates for the Advisory Board on the 2022 Board calendar. Mr. Pitre seconded. The schedule of meetings was unanimously approved.

6. Election of Officers

Ms. Breward nominated Mr. Pitre as Chair. Ms. Skibek seconded. Mr. Pitre nominated Kathryn Skibek as Vice-Chair. Ms. Breward seconded. By unanimous vote, members approved the slate of officers nominated.

Announcements:

Ms. Clanton provided the licensing statistics report. The number of current active licensed occupational therapists is 4,079. There are 1,732 occupational therapy assistants. The total number of new occupational therapists licensed from January 1, 2021 to present was 181. There have been 71 occupational therapy assistants licensed this year.

Next Meeting date:

February 1, 2022 @ 10:00 a.m.

Adjournment:

With no other business to conduct, the meeting adjourned at 11:24 a.m.

Breshae Breward, Chair

William L. Harp, MD, Executive Director

ShaRon Clanton, Licensing Specialist

VIRGINIA ACTS OF ASSEMBLY -- 2022 SESSION

CHAPTER 464

An Act to amend the Code of Virginia by adding a section numbered 54.1-2408.4, relating to out-of-state health care practitioners; temporary authorization to practice pending licensure; licensure by reciprocity for physicians; emergency.

[S 317]

Approved April 11, 2022

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 54.1-2408.4 as follows:

§ 54.1-2408.4. Temporary authorization to practice.

A. A health care practitioner licensed, certified, or registered in another state or the District of Columbia may temporarily practice for one 90-day period, provided that the following conditions are met:

1. The practitioner is contracted by or has received an offer of employment in the Commonwealth from a licensed hospital, a nursing home, a dialysis facility, the Department of Health, or a local health department;

2. The employer or contractor verifies that the out-of-state health care provider possesses an active and unencumbered license, certification, or registration for the profession in which he will be employed or contracted in another state or the District of Columbia;

3. The employer or contractor obtains a report from the National Practitioner Data Bank if the applicant is subject to reporting; and

4. Prior to the out-of-state health care practitioner's practicing, the employer or contractor notifies the appropriate health regulatory board that the out-of-state health care practitioner is employed or under contract and will practice under the temporary authorization. This notice shall include the out-of-state health care practitioner's out-of-state license, certification, or registration number and a statement that such practitioner meets all of the requirements set forth in this section.

B. If the health care practitioner practicing with a temporary authorization has submitted an application for licensure, certification, or registration, the applicable health regulatory board shall expedite such applications for out-of-state health care practitioners practicing pursuant to this section. If licensure, certification, or registration remains pending after the initial 90-day temporary authorization, the authorization may be extended for an additional 60 days, provided that the employer or contractor submits notice to the applicable health regulatory board.

C. Out-of-state health care practitioners practicing pursuant to this section shall be subject to the laws and regulations of the Commonwealth and shall be subject to disciplinary action by the applicable health regulatory board.

2. That the Board of Medicine shall pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. Such agreements shall include a provision that, as a requirement for reciprocal licensure, the applicant shall not be the subject of any pending disciplinary actions in the reciprocal jurisdiction. The Board of Medicine shall grant a license by reciprocity to a physician who meets the requirements for licensure by reciprocity within 20 days of receipt of an application that complies with the criteria established in the applicable reciprocity agreement and in an expedited manner consistent with the Commonwealth's reciprocal agreements with each surrounding jurisdiction.

3. That the Department of Health Professions shall, beginning July 1, 2023, annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure.

4. That an emergency exists and this act is in force from its passage.



Agency Department of Health Professions

Board Board of Medicine

Chapter Regulations for Licensure of Occupational Therapists [18 VAC 85 - 80]

Action: Implementation of the OT Compact

Proposed Stage Action 5797 / Stage 9593

- [Edit Stage](#)
 [Withdraw Stage](#)
 [Go to RIS Project](#)

Documents		
<input checked="" type="radio"/> Proposed Text	4/12/2022 9:29 am	Sync Text with RIS
<input checked="" type="checkbox"/> Agency Background Document	4/12/2022	Upload / Replace
AG memo can be uploaded when ready.		

Status	
Changes to Text	The proposed text has changed from that of the emergency stage .
Incorporation by Reference	No
Exempt from APA	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
Attorney General Review	Submitted to OAG: 4/12/2022 Attorney General review in progress. [Day 25]
DPB Review	Not yet submitted
Secretary Review	Not yet submitted to Secretary of Health and Human Resources
Governor's Review	Not yet submitted
Virginia Registrar	Not yet submitted
Comment Period	<p>You may comment on this stage in a Town Hall comment forum as soon as it is published in <i>The Virginia Register of Regulations</i>.</p> <p>If you sign up for the Town Hall email notification service, you will be notified when the comment forum opens.</p> <p>The regulatory information regarding this stage is subject to change until 5 days before it is published in the Register.</p>

Contact Information	
Name / Title:	William L. Harp, M.D. / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233

5/7/22, 11:07 AM

Email Address:	william.harp@dhp.virginia.gov
Telephone:	(804)367-4558 FAX: (804)527-4429 TDD: (-)

This person is the primary contact for this board.

*This stage was created by Erin Barrett on 04/12/2022 at 9:28am
This stage was last edited by Erin Barrett on 04/12/2022 at 9:29am*



Agency Department of Health Professions

Board Board of Medicine

Chapter Regulations for Licensure of Occupational Therapists [18 VAC 85 - 80]

Action: Implementation of the OT Compact

General Information	
Action Summary	Chapter 242 of the 2021 Acts of the Assembly mandates membership of the Commonwealth of Virginia in the Occupational Therapy Interjurisdictional Compact and requires the Board to promulgate regulations to implement the provisions of the act to be effective within 280 days of enactment. Amendments to regulations add definitions consistent with the Compact, set the fee for a Compact privilege to practice in Virginia, and specify that renewal of the privilege is based on adherence to Compact rules for continued competency.
Chapters Affected	Only affects this chapter.
Exempt from APA	No, this action is subject to Article 2 of the Administrative Process Act.
RIS Project	Yes [6878]
Associated Mandates	<u>OT Compact</u>
New Periodic Review	This action will not be used to conduct a new periodic review.

Stages		
Stages associated with this regulatory action.		
Stage ID	Stage Type	Status
<u>9367</u>	Emergency/NOIRA	Stage complete. This regulation became effective on 01/01/2022 and expires on 06/30/2023.

Contact Information	
Name / Title:	William L. Harp, M.D. / <i>Executive Director</i>
Address:	9960 Mayland Drive Suite 300 Richmond, VA 23233
Email Address:	<u>william.harp@dhp.virginia.gov</u>
Phone:	(804)367-4558 FAX: (804)527-4429 TDD: (-)

This person is the primary contact for this board.

Emergency Regulations – effective 1/1/22 to 6/30/23

Board of Medicine

Interjurisdictional Compact

18VAC85-80-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

"Board"

"Compact"

"Compact privilege"

"Occupational therapy assistant"

"Practice of occupational therapy"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"ACOTE" means the Accreditation Council for Occupational Therapy Education.

"Active practice" means a minimum of 160 hours of professional practice as an occupational therapist or an occupational therapy assistant within the 24-month period immediately preceding renewal or application for licensure, if previously licensed or certified in another jurisdiction. The active practice of occupational therapy may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Advisory board" means the Advisory Board of Occupational Therapy.

"Contact hour" means 60 minutes of time spent in continued learning activity.

"NBCOT" means the National Board for Certification in Occupational Therapy, under which the national examination for certification is developed and implemented.

"National examination" means the examination prescribed by NBCOT for certification as an occupational therapist or an occupational therapy assistant and approved for licensure in Virginia.

"Occupational therapy personnel" means appropriately trained individuals who provide occupational therapy services under the supervision of a licensed occupational therapist.

"Practitioner" means an occupational therapist or occupational therapy assistant licensed in Virginia or an occupational therapist or occupational therapy assistant practicing in Virginia with a compact privilege.

18VAC85-80-26. Fees.

A. The following fees have been established by the board:

1. The initial fee for the occupational therapist license shall be \$130; for the occupational therapy assistant, it shall be \$70.
2. The fee for reinstatement of the occupational therapist license that has been lapsed for two years or more shall be \$180; for the occupational therapy assistant, it shall be \$90.
3. The fee for active license renewal for an occupational therapist shall be \$135; for an occupational therapy assistant, it shall be \$70. The fees for inactive license renewal shall be \$70 for an occupational therapist and \$35 for an occupational therapy assistant. Renewals shall be due in the birth month of the licensee in each even-numbered year. For 2020, the fee for renewal of an active license as an occupational therapist shall be \$108; for an occupational therapy assistant, it shall be \$54. For renewal of an inactive license in 2020, the fees shall be \$54 for an occupational therapist and \$28 for an occupational therapy assistant.

4. The additional fee for processing a late renewal application within one renewal cycle shall be \$50 for an occupational therapist and \$30 for an occupational therapy assistant.
5. The fee for a letter of good standing or verification to another jurisdiction for a license shall be \$10.
6. The fee for reinstatement of licensure pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.
7. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
8. The fee for a duplicate license shall be \$5.00, and the fee for a duplicate wall certificate shall be \$15.
9. The fee for an application or for the biennial renewal of a restricted volunteer license shall be \$35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be \$15 for each renewal cycle.
10. The fee for issuance of a compact privilege or the biennial renewal of such privilege shall be \$75 for an occupational therapist and \$40 for an occupational therapy assistant.

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC85-80-70. Biennial renewal of licensure.

A. An occupational therapist or an occupational therapy assistant shall renew his license biennially during his birth month in each even-numbered year by:

1. Paying to the board the renewal fee prescribed in 18VAC85-80-26;
2. Indicating that he has been engaged in the active practice of occupational therapy as defined in 18VAC85-80-10; and

3. Attesting to completion of continued competency requirements as prescribed in 18VAC85-80-71.

B. An occupational therapist or an occupational therapy assistant whose license has not been renewed by the first day of the month following the month in which renewal is required shall pay an additional fee as prescribed in 18VAC85-80-26.

C. In order to renew a compact privilege to practice in Virginia, the holder shall comply with the rules adopted by the Occupational Therapy Compact Commission in effect at the time of the renewal.

18VAC85-80-71. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, ~~a practitioner~~ a licensee shall complete at least 20 contact hours of continuing learning activities as follows:

1. A minimum of 10 of the 20 hours shall be in Type 1 activities, which shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organizations or any of its components:

- a. Virginia Occupational Therapy Association;
- b. American Occupational Therapy Association;
- c. National Board for Certification in Occupational Therapy;
- d. Local, state, or federal government agency;
- e. Regionally accredited college or university;

f. Health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation; or

g. An American Medical Association Category 1 Continuing Medical Education program.

2. No more than 10 of the 20 hours may be Type 2 activities, which may include consultation with another therapist, independent reading or research, preparation for a presentation, or other such experiences that promote continued learning. Up to two of the Type 2 continuing education hours may be satisfied through delivery of occupational therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services as documented by the health department or free clinic.

B. ~~A practitioner~~ ~~a practitioner~~ A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The ~~practitioner~~ licensee shall retain in his records all supporting documentation for a period of six years following the renewal of an active license.

D. The board shall periodically conduct a representative random audit of its active licensees to determine compliance. The ~~practitioners~~ licensees selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Agenda Items: Recommend full Board amend Guidance Document 85-17

Included in your agenda package are:

Suggested amendments to Guidance Document 85-17

Action needed:

- Consider any additional changes needed
- Motion to recommend full Board amend Guidance Document 85-17 as presented or amended

Board of Medicine

Guidance on Supervisory Responsibilities of an Occupational Therapist

Question 1: If an occupational therapist supervises occupational therapy assistants and other unlicensed personnel, who is responsible for the patient care and outcome?

Answer 1: The occupational therapist is responsible for the care and treatment provided to the patient by any licensed or unlicensed health-care providers under the supervision of the occupational therapist. 18VAC85-80-110(A)(1).

Question 2: What can an occupational therapist delegate to an occupational therapy assistant or any unlicensed health care provider?

Answer 2: There is not a list of procedures that may or may not be delegated. An occupational therapist may not delegate any task that requires a clinical decision or the knowledge, skills and judgment of a licensed occupational therapist. Occupational therapists may only delegate those tasks that do not require professional judgment and can be properly and safely performed by an appropriately trained occupational therapy assistant. 18VAC85-80-110(A)(3).

Question 3: How many personnel may an occupational therapist supervise at any one time?

Answer 3: An occupational therapist may supervise up to six occupational therapy personnel, including no more than three occupational therapy assistants, at any one time. 18VAC85-80-110(C).

Question 4: How often must the occupational therapist meet with the occupational therapy assistant to review and evaluate treatment and progress of the individual patients?

Answer 4: At a minimum, the occupational therapist must meet with the occupational therapy assistant at least once every 10th treatment session or 30 calendar days, whichever occurs first. However, this is a minimum requirement. The frequency of these meetings should be determined by the complexity of patient needs, number and diversity of patients, demonstrated competency and experience of the assistant. Check with your chief medical officer or other personnel to determine if there is a hospital policy on frequency of meetings, methods of delegation, and content of supervision. 18VAC85-80-110(B).

Question 5: Who must sign patient treatment notes?

Answer 5: Occupational therapy assistants shall document all treatment notes in the patient record performed by the assistant. Those notes must be countersigned by the supervising occupational therapist at the time of review and evaluation. 18VAC85-80-110(D).

Question 6: Who can supervise unlicensed personnel?

Answer 6: An occupational therapist or an occupational therapy assistant may supervise unlicensed personnel. 18VAC85-80-111(A).

Question 7: What procedures may unlicensed personnel perform?

Answer 7: Unlicensed personnel may perform nonclient-related tasks such as clerical duties or room preparation. They may perform client-related tasks that, in the judgment of the supervising occupational therapist, have no potential to adversely impact the patient or the patient's treatment plan. 18VAC85-80-111(B).

Board of Medicine

Guidance on Supervisory Responsibilities of an Occupational Therapist

Question 1: As if an Occupational Therapist supervises who supervised Occupational Therapy Assistants and other unlicensed personnel, who is responsible for the patient care and outcome?

Formatted: Underline

Formatted: Justified

Answer 1: -The Occupational Therapist is responsible for the care and treatment provided to the patient by any licensed or unlicensed health-care providers under the supervision of the Occupational Therapist. 18VAC85-80-110(A)(1). (18VAC85-80-110(1)) Supervisory responsibilities of an occupational therapist.

Formatted: Underline

Formatted: Justified, Indent: Left: 0.5", Right: 0.5"

Question 2: What can an occupational therapist delegate to an occupational therapy assistant or any unlicensed health care provider?

Formatted: Underline

Formatted: Justified

Answer 2: -There is not a list of procedures that may or may not be delegated. -An occupational therapist may not delegate any task that requires a clinical decision or the knowledge, skills and judgment of a licensed occupational therapist. Occupational therapists may only delegate those tasks that do not require professional judgment and can be properly and safely performed by an appropriately trained occupational therapy assistant. 18VAC85-80-110(A)(3). (18VAC85-80-110(3)) Supervisory responsibilities of an occupational therapist.

Formatted: Underline

Formatted: Justified, Indent: Left: 0.5", Right: 0.5"

Question 3: -How many personnel may an occupational therapist supervise at any one time?

Formatted: Underline

Formatted: Justified

Answer 3: -An occupational therapist may supervise up to six occupational therapy personnel, including no more than three occupational therapy assistants, at any one time. 18VAC85-80-110(C). (18VAC85-80-110(C)) Supervisory responsibilities of an occupational therapist.

Formatted: Underline

Formatted: Justified, Indent: Left: 0.5", Right: 0.5"

Question 4: How often must the occupational therapist meet with the occupational therapy assistant to review and evaluate treatment and progress of the individual patients?

Formatted: Underline

Formatted: Justified

Answer 4: -At a minimum, the occupational therapist must meet with the occupational therapy assistant at least once every 10th treatment session or 30 calendar days, whichever occurs first. -However, this is a minimum requirement. and The frequency of these meetings should be determined by the complexity of patient needs, number and diversity of patients, demonstrated competency and experience of the assistant. -Check with your chief medical officer or other personnel to determine if there is a hospital policy on frequency of meetings, methods of delegation, and content of supervision. 18VAC85-80-110(B). (18VAC85-80-110(B)) Supervisory responsibilities of an occupational therapist.

Formatted: Underline

Formatted: Justified, Indent: Left: 0.5", Right: 0.5"

Question 5: -Who must sign patient treatment notes?

Formatted: Underline

Formatted: Justified

Guidance document: 85-17

Adopted Revised: February 15, 2018 June 16, 2022*

Formatted: Tab stops: 3.13", Centered + Not at 3.25"

Answer 5: -Occupational therapy assistants shall document all treatment notes in the patient record performed by the assistant. Those notes must—and be countersigned by the supervising occupational therapist at the time of review and evaluation. 18VAC85-80-110(D).

Formatted: Underline

Formatted: Justified, Indent: Left: 0.5", Right: 0.5"

~~(18VAC85-80-110(D)) Supervisory responsibilities of an occupational therapist~~

Question 6: -Who can supervise unlicensed personnel?

Formatted: Underline

Formatted: Justified

Answer 6: -An occupational therapist or an occupational therapy assistant may supervise unlicensed personnel. 18VAC85-80-111(A).

Formatted: Underline

Formatted: Justified, Indent: Left: 0.5", Right: 0.5"

~~(18VAC85-80-111(A)) Supervision of unlicensed occupational therapy personnel.~~

Question 7: -What procedures may unlicensed personnel perform?

Formatted: Underline

Formatted: Justified

Answer 7: -Unlicensed personnel may perform nonclient-related tasks such as clerical duties or room preparation. -They may perform client-related tasks that, in the judgment of the supervising occupational therapist, have no potential to adversely impact the patient or the patient's treatment plan. 18VAC85-80-111(B).

Formatted: Underline

Formatted: Justified, Indent: Left: 0.5", Right: 0.5"

~~(18VAC85-80-111(B)(1) and (2)) Supervision of unlicensed occupational therapy personnel.~~

Agenda Item: Recommend full Board amend Bylaws for Advisory Board on Occupational Therapy

Included in your agenda package are:

Suggested amendments to Bylaws for the Advisory Board on Occupational Therapy

Action needed:

- Consider any additional changes needed
- Motion to recommend full Board amend Bylaws as presented or amended

BYLAWS



Virginia Board of Medicine



Advisory Board on Occupational Therapy



Virginia Department of

Health Professions

Revised: May 24, 2022

BYLAWS FOR
THE ADVISORY BOARD ON OCCUPATIONAL THERAPY

Article I - Members of the Advisory Board

The appointments and limitations of service of the members shall be in accordance with Section 54.1-2956.3. and 54.1-2956.4. of the Code of Virginia.

Article II - Officers

Section 1. Titles of Officers - The officers of the advisory board shall consist of a chairman and vice-chairman elected by the advisory board. The Executive Director of the Board of Medicine shall serve in an advisory capacity.

Section 2. Terms of Office - The chairman and vice-chairman shall serve for a one-year term and may not serve for more than two consecutive terms in each office. The election of officers shall take place at the first meeting after July 1, and officers shall assume their duties immediately thereafter.

Section 3. Duties of Officers.

- (a) The chairman shall preside at all meetings when present, make such suggestions as may deem calculated to promote and facilitate its work, and discharge all other duties pertaining by law or by resolution of the advisory board. The chairman shall preserve order and conduct all proceedings according to and by parliamentary rules and demand conformity thereto on the part of the members. The chairman shall appoint all committees as needed.

The chairman shall act as liaison between the advisory board and the Board of Medicine on matters pertaining to licensing, discipline, legislation and regulation of occupational therapists and occupational therapy assistants.

When a committee is appointed for any purpose, the chairman shall notify each member of the appointment and furnish any essential documents or information necessary.

- (b) The vice-chairman shall preside at meetings in the absence of the chairman and shall take over the other duties of the chairman as may be made necessary by the absence of the chairman.

Revised May 24, 2022

Article III - Meetings

Section 1. There shall be at least one meeting each year in order to elect the chairman and vice-chairman and to conduct such business as may be deemed necessary by the advisory board.

Section 2. Quorum - Three members shall constitute a quorum for transacting business.

Section 3. Order of Business - The order of business shall be as follows:

- (a) Calling roll and recording names of members present
- (b) Approval of minutes of preceding regular and special meetings
- (c) Adoption of Agenda
- (d) Public Comment Period
- (e) Report of Officers
- (f) Old Business
- (g) New Business

The order of business may be changed at any meeting by a majority vote.

Article IV - Amendments

Amendments to these bylaws may be proposed by presenting the amendments in writing to all advisory board members prior to any scheduled advisory board meeting. If the proposed amendment receives a majority vote of the members present at that regular meeting, it shall be presented as a recommendation for consideration to the Board of Medicine at its next regular meeting.