



Advisory Board on Occupational Therapy

Virginia Board of Medicine

October 2, 2018

10:00 a.m.

Advisory Board on Occupational Therapy

Board of Medicine

Tuesday, October 2, 2018, 10:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, Virginia

Training Room 2

Call to Order – Kathryn Skibek, OT, Chair

Emergency Egress Procedures - William Harp, MD

i

Roll Call – ShaRon Clanton

Approval of Minutes of January 30, 2018

1

Adoption of the Agenda

Public Comment on Agenda Items (15 minutes)

New Business

1. Periodic review of regulations

3

2. New ACOTE Accreditation Standards Adopted

18

3. NBCOT Report of Results on Licensure Processing Times

20

4. OT license credit for student supervision

36

5. AOTA's Commission on Practice Seeks Input on OT Practice Framework
by August 31

43

6. Board member badges

7. 2019 Meeting calendar

45

8. Election of Officers

Announcements

Adjournment

Next Meeting Date: January 22, 2019

**PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS**
(Script to be read at the beginning of each meeting.)

**PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING
THESE PREMISES IN THE EVENT OF AN EMERGENCY.**

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

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.

ADVISORY BOARD ON OCCUPATIONAL THERAPY**Minutes****January 30, 2018**

The Advisory Board on Occupational Therapy met on Tuesday, January 30, 2018 at 10:00 a.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Kathryn Skibek, OT, Chair
Breshae Bedward, OT, Vice Chair
Raziuddin Ali, M.D.
Dwayne Pitre, OT
Karen Lebo, JD

MEMBERS ABSENT: None

STAFF PRESENT: William L. Harp, M.D., Executive Director
Alan Heaberlin, Deputy Director, Licensure
Elaine Yeatts, DHP Senior Regulatory Analyst
ShaRon Clanton, Licensing Specialist
Colanthia Morton Opher, Operations Manager

GUESTS PRESENT: None

CALL TO ORDER

Kathryn Skibek called the meeting to order at 10:02 a.m.

EMERGENCY EGRESS PROCEDURES

Mr. Heaberlin announced the Emergency Egress Instructions.

ROLL CALL

Roll was called, and a quorum declared.

APPROVAL OF MINUTES OF October 3, 2017

1-3

Karen Lebo moved to adopt the minutes as written. The motion was seconded and carried.

ADOPTION OF AGENDA

Breshae Bedward moved to adopt the amended agenda. The motion was seconded and carried.

PUBLIC COMMENT ON AGENDA ITEMS

None

NEW BUSINESS**1. Legislative Update-Elaine Yeatts**

Mrs. Yeatts gave a brief description of the 8 bills submitted by DHP and others that were of interest to the Advisory Board.

2. Review of Draft Guidance Document for Supervisory Responsibilities

Mr. Heaberlin described the purpose of guidance documents. Breshae Bedward moved to submit the proposed guidance document on supervision by OT's to the Full Board for approval on February 15, 2018. The motion was seconded and carried.

ANNOUNCEMENTS:

Mr. Heaberlin informed the Advisory Board that there are currently 4,152 Occupational Therapists and 1,587 Occupational Therapy Assistants who hold licenses with the Virginia Board of Medicine. The members were advised of the new mileage rates and the \$50.00 per diem for attendance at meetings, if not a state employee.

NEXT MEETING DATE

January 5, 2018, 10:00 a.m.

ADJOURNMENT

The meeting of the Advisory Board was adjourned at 11:04 a.m.

Kathryn Skibek, OT, Chair

William L. Harp, M.D.
Executive Director

ShaRon Clanton, Licensing Specialist

Commonwealth of Virginia



REGULATIONS

**GOVERNING THE LICENSURE OF
OCCUPATIONAL THERAPISTS**

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-80-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia***

Revised Date: December 27, 2017

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Part I. General Provisions.

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"

"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.

18VAC85-80-20. Public participation.

A separate regulation, 18VAC85-10-10 et seq., Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine

18VAC85-80-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter given by the board to any such licensee shall be validly given when mailed to the latest address of record provided or served to the licensee. Any change of name or address of

record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

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 2018, 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 2018, 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 state 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 fee for a returned check shall be \$35.
8. The fee for a duplicate license shall be \$5, 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.

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

Part II. Requirements of Licensure as an Occupational Therapist.

18VAC85-80-30. (Repealed)

18VAC85-80-35. Application requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-80-26.

2. Verification of professional education in occupational therapy as required in 18VAC85-80-40.
3. Verification of practice as required in 18VAC85-80-60 and as specified on the application form.
4. Documentation of passage of the national examination as required in 18VAC85-80-50.
5. If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that jurisdiction.

18VAC85-80-40. Educational requirements.

- A. An applicant who has received his professional education in the United States, its possessions or territories, shall successfully complete all academic and fieldwork requirements of an accredited educational program as verified by the ACOTE.
- B. An applicant who has received his professional education outside the United States, its possessions or territories, shall successfully complete all academic and clinical fieldwork requirements of a program approved by a member association of the World Federation of Occupational Therapists as verified by the candidate's occupational therapy program director and as required by the NBCOT and submit proof of proficiency in the English language by passing the Test of English as a Foreign Language (TOEFL) with a score acceptable to the board. TOEFL may be waived upon evidence of English proficiency.
- C. An applicant who does not meet the educational requirements as prescribed in subsection A or B of this section but who has received certification by the NBCOT as an occupational therapist or an occupational therapy assistant shall be eligible for licensure in Virginia and shall provide the board verification of his education, training and work experience acceptable to the board.

18VAC85-80-45. Practice by a graduate awaiting examination results.

- A. A graduate of an accredited occupational therapy educational program may practice with the designated title of "Occupational Therapist, License Applicant" or "O.T.L.-Applicant" until he has received a failing score on the licensure examination from NBCOT or for six months from the date of graduation, whichever occurs sooner. The graduate shall use one of the designated titles on any identification or signature in the course of his practice.
- B. A graduate of an accredited occupational therapy assistant educational program may practice with the designated title of "Occupational Therapy Assistant-License Applicant" or "O.T.A.-Applicant" until he has received a failing score on the licensure examination from NBCOT or for six months from the date of graduation, whichever occurs sooner. The graduate shall use one of the designated titles on any identification or signature in the course of his practice.

18VAC85-80-50. Examination requirements.

- A. An applicant for licensure to practice as an occupational therapist shall submit evidence to the board that he has passed the certification examination for an occupational therapist and any other examination required for initial certification from the NBCOT.

B. An applicant for licensure to practice as an occupational therapy assistant shall submit evidence to the board that he has passed the certification examination for an occupational therapy assistant and any other examination required for initial certification from the NBCOT.

18VAC85-80-60. Practice requirements.

An applicant who has been practicing occupational therapy in another jurisdiction and has met the requirements for licensure in Virginia shall provide evidence that he has engaged in the active practice of occupational therapy as defined in 18VAC85-80-10. If the applicant has not engaged in active practice as defined in 18VAC85-80-10, he shall serve a board-approved practice of 160 hours, which is to be completed within 60 consecutive days, under the supervision of a licensed occupational therapist.

18VAC85-80-61. (Repealed.)

18VAC85-80-65. Registration for voluntary practice by out-of-state licensees.

Any occupational therapist or an occupational therapy assistant who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of §54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

Part III. Renewal of Licensure; Reinstatement.

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.

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

A. In order to renew an active license biennially, a practitioner 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 shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner 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 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.

18VAC85-80-72. Inactive licensure.

A. A licensed occupational therapist or an occupational therapy assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain hours of active practice or meet the continued competency requirements of 18VAC85-80-71 and shall not be entitled to perform any act requiring a license to practice occupational therapy in Virginia.

B. An inactive licensee may reactivate his license upon submission of the following:

1. An application as required by the board;
2. A payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure;
3. If the license has been inactive for two to six years, documentation of having engaged in the active practice of occupational therapy or having completed a board-approved practice of 160 hours within 60 consecutive days under the supervision of a licensed occupational therapist; and
4. Documentation of completed continued competency hours equal to the requirement for the number of years, not to exceed four years, in which the license has been inactive.

C. An occupational therapist or an occupational therapy assistant who has had an inactive license for six years or more and who has not engaged in active practice, as defined in 18VAC85-80-10, shall serve a board-approved practice of 320 hours to be completed in four consecutive months under the supervision of a licensed occupational therapist.

D. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of §54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-80-73. Restricted volunteer license.

A. An occupational therapist or an occupational therapy assistant who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with §54.1-106 of the Code of Virginia.

B. To be issued a restricted volunteer license, an occupational therapist or occupational therapy assistant shall submit an application to the board that documents compliance with requirements of §54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-80-26.

C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-80-26.

D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, the licensee shall attest to obtaining 10 hours of continuing education during the biennial renewal period with at least five hours of Type 1 and no more than five hours of Type 2 as specified in 18VAC85-80-71.

18VAC85-80-80. Reinstatement.

A. An occupational therapist or an occupational therapy assistant who allows his license to lapse for a period of two years or more and chooses to resume his practice shall submit a reinstatement application to the board and information on any practice and licensure or certification in other jurisdictions during the period in which the license was lapsed, and shall pay the fee for reinstatement of his licensure as prescribed in 18VAC85-80-26.

B. An occupational therapist or an occupational therapy assistant who has allowed his license to lapse for two years but less than six years, and who has not engaged in active practice as defined in 18VAC85-80-10, shall serve a board-approved practice of 160 hours to be completed in two consecutive months under the supervision of a licensed occupational therapist.

C. An occupational therapist or an occupational therapy assistant who has allowed his license to lapse for six years or more, and who has not engaged in active practice, shall serve a board-approved practice of 320 hours to be completed in four consecutive months under the supervision of a licensed occupational therapist.

D. An applicant for reinstatement shall meet the continuing competency requirements of 18VAC85-80-71 for the number of years the license has been lapsed, not to exceed four years.

E. An occupational therapist or an occupational therapy assistant whose license has been revoked by the board and who wishes to be reinstated shall make a new application to the board and payment of the fee for reinstatement of his license as prescribed in 18VAC85-80-26 pursuant to §54.1-2408.2 of the Code of Virginia.

Part IV. Practice of Occupational Therapy.

18VAC85-80-90. General responsibilities.

A. An occupational therapist renders services of assessment, program planning, and therapeutic treatment upon request for such service. The practice of occupational therapy includes therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning. The practice of occupational therapy may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

B. An occupational therapy assistant renders services under the supervision of an occupational therapist that do not require the clinical decision or specific knowledge, skills and judgment of a licensed occupational therapist and do not include the discretionary aspects of the initial assessment, evaluation or development of a treatment plan for a patient.

18VAC85-80-100. Individual responsibilities.

A. An occupational therapist provides assessment by determining the need for, the appropriate areas of, and the estimated extent and time of treatment. His responsibilities include an initial screening of the patient to determine need for services and the collection, evaluation and interpretation of data necessary for treatment.

B. An occupational therapist provides program planning by identifying treatment goals and the methods necessary to achieve those goals for the patient. The therapist analyzes the tasks and activities of the program, documents the progress, and coordinates the plan with other health, community or educational services, the family and the patient. The services may include but are not limited to education and training in basic and instrumental activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.

C. An occupational therapist provides the specific activities or therapeutic methods to improve or restore optimum functioning, to compensate for dysfunction, or to minimize disability of patients impaired by physical illness or injury, emotional, congenital or developmental disorders, or by the aging process.

D. An occupational therapy assistant is responsible for the safe and effective delivery of those services or tasks delegated by and under the direction of the occupational therapist. Individual responsibilities of an occupational therapy assistant may include:

1. Participation in the evaluation or assessment of a patient by gathering data, administering tests, and reporting observations and client capacities to the occupational therapist;
2. Participation in intervention planning, implementation, and review;
3. Implementation of interventions as determined and assigned by the occupational therapist;

4. Documentation of patient responses to interventions and consultation with the occupational therapist about patient functionality;
5. Assistance in the formulation of the discharge summary and follow-up plans; and
6. Implementation of outcome measurements and provision of needed patient discharge resources.

18VAC85-80-110. Supervisory responsibilities of an occupational therapist.

A. Delegation to an occupational therapy assistant.

1. An occupational therapist shall be ultimately responsible and accountable for patient care and occupational therapy outcomes under his clinical supervision.
2. An occupational therapist shall not delegate the discretionary aspects of the initial assessment, evaluation or development of a treatment plan for a patient nor shall he delegate any task requiring a clinical decision or the knowledge, skills, and judgment of a licensed occupational therapist.
3. Delegation shall only be made if, in the judgment of the occupational therapist, the task or procedures do not require the exercise of professional judgment, can be properly and safely performed by an appropriately trained occupational therapy assistant, and the delegation does not jeopardize the health or safety of the patient.
4. Delegated tasks or procedures shall be communicated to an occupational therapy assistant on a patient-specific basis with clear, specific instructions for performance of activities, potential complications, and expected results.

B. The frequency, methods, and content of supervision are dependent on the complexity of patient needs, number and diversity of patients, demonstrated competency and experience of the assistant, and the type and requirements of the practice setting. The occupational therapist providing clinical supervision shall meet with the occupational therapy assistant to review and evaluate treatment and progress of the individual patients at least once every tenth treatment session or 30 calendar days, whichever occurs first. For the purposes of this subsection, group treatment sessions shall be counted the same as individual treatment sessions.

C. An occupational therapist may provide clinical supervision for up to six occupational therapy personnel, to include no more than three occupational therapy assistants at any one time.

D. The occupational therapy assistant shall document in the patient record any aspects of the initial evaluation, treatment plan, discharge summary, or other notes on patient care performed by the assistant. The supervising occupational therapist shall countersign such documentation in the patient record at the time of the review and evaluation required in subsection B of this section.

18VAC85-80-111. Supervision of unlicensed occupational therapy personnel.

A. Unlicensed occupational therapy personnel may be supervised by an occupational therapist or an occupational therapy assistant.

B. Unlicensed occupational therapy personnel may be utilized to perform:

1. Nonclient-related tasks including, but not limited to, clerical and maintenance activities and the preparation of the work area and equipment; and
2. Certain routine patient-related tasks that, in the opinion of and under the supervision of an occupational therapist, have no potential to adversely impact the patient or the patient's treatment plan.

Part V. Standards of Professional Conduct.

18VAC85-80-120. (Repealed.)

18VAC85-80-130. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-80-140. Patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible and complete patient records;

D. Practitioners who are employed by a health care institution, school system or other entity, in which the individual practitioner does not own or maintain his own records, shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. From October 19, 2005, post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

F. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC85-80-150. Practitioner-patient communication; termination of relationship.

A. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner in the treatment of any disease or condition.

3. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-80-160. Practitioner responsibility.

A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or their area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

18VAC85-80-170. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the

professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-80-180. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

New ACOTE Accreditation Standards Adopted

After an extensive 2 ½-year process, multiple surveys to the communities of interest, and several open hearings, the Accreditation Council for Occupational Therapy Education (ACOTE®) has adopted new accreditation standards for doctoral-degree-level occupational therapy programs, master's-degree-level occupational therapy programs, baccalaureate-degree-level occupational therapy assistant programs, and associate-degree-level occupational therapy assistant programs. The new Standards are available on the ACOTE accreditation section of the AOTA Web site (www.acoteonline.org). Programs will be required to comply with the new 2018 Standards by July 31, 2020.

In addition, ACOTE voted to allow early implementation of two doctoral-level Standards as programs would like to develop their curricula to reflect the new Standards to better address the needs of their faculty and students and for strategic planning purposes. Specifically,

1. Allow programs to waive the requirement in 2011 Standard A.3.2 for program applicants to hold a baccalaureate degree or higher prior to admission to the program.
2. Allow OTD programs to have a 14-week Capstone Experience (2018 Standard D.1.3) versus a 16-week Capstone Experience (2011 Standard C.2.3).

ACOTE will host information sessions on the new Standards at the October 2018 Academic Leadership Council (ALC) meeting in Louisville, Kentucky and at the April 2019 AOTA Annual Conference and Expo in New Orleans. In the spring and fall of 2019, ACOTE will provide regional workshops for interested faculty. The workshops will focus on the changes in the new Standards and strategies that programs could use to ensure compliance.

Update on Entry-Level Education

At the August 2018 meeting, ACOTE took the following actions:

ACOTE ACTION:

Lift the abeyance on the OTA mandate decision and rescind the mandate for a single point of entry for the occupational therapy assistant at the baccalaureate degree level.

ACOTE ACTION:

Reaffirm the decision from August 2017 to require a single point of entry for the occupational therapist at the doctoral level.

ACOTE has acted in the best interests of all parties with the decision for a single point of entry for the occupational therapist and the dual point of entry for the occupational therapy assistant. ACOTE will continue to support educational programs to meet the growing needs of society and fulfill its potential in the 21st century. We look forward to working with educational programs to ensure quality occupational therapy education by supporting the preparation of competent occupational therapists and occupational therapy assistants. ACOTE will notify our stakeholders as these decisions impact their work and transition processes.

Any questions may be e-mailed to accred@aota.org.

Angelica Grigsby

Accreditation Program Manager, Logistics Support

American Occupational Therapy Association, Inc.

[4720 Montgomery Ln. Ste 200](#)

[Bethesda, MD 20814](#)-3449

301-652-2682 x2915

240-762-5140 (Fax)

Colanthia Opher

From: Clanton, Sharon
Sent: Thursday, August 2, 2018 11:09 AM
To: Harp, William; Colanthia Opher
Subject: Fwd: Report of Results on Licensure Processing Times

----- Forwarded message -----

From: NBCOT <info@nbcot.org>
Date: Wed, Aug 1, 2018 at 3:30 PM
Subject: Report of Results on Licensure Processing Times
To: sharon.clanton@dhp.virginia.gov



August 1, 2018

Dear Colleague:

The National Board for Certification in Occupational Therapy (NBCOT®) conducted a survey in June 2018 to determine the timelines associated with processing occupational therapy license applications as well as factors that result in processing delays. Fifty-two jurisdictions participated in this research, resulting in a response rate of 90%.

We are pleased to provide the enclosed report of this survey, which includes information on occupational therapy (OT) licensure processing times for individuals seeking initial licensure as well as those who already have a license to practice OT in another jurisdiction.

As previously indicated, NBCOT embarked on a state regulatory research initiative to gather evidence-based data about current occupational therapy regulation. This report includes the results of our most recent endeavor to gather data and monitor trends related to licensure. If you have a question that you would like us to consider, please let us know.

Thank you for your cooperative efforts to assist NBCOT in gathering evidentiary data regarding occupational therapy regulation.

[View Report](#)

Sincerely,

Paul Grace, MS, CAE
 President/CEO
 National Board for Certification in Occupational Therapy, Inc.

www.nbcot.org

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State Regulatory Research Survey of Licensure Processing Times

The National Board for Certification in Occupational Therapy, Inc. (NBCOT®) conducted a survey to determine the timelines associated with processing occupational therapy license applications as well as factors that result in processing delays. Occupational Therapy Regulatory Board Administrators from 52 jurisdictions received the survey June 21, 2018, and were given seven business days to complete the survey. Forty-seven participants responded to the survey resulting in a total response rate of 90%.

States that did not complete the survey are as follows: Connecticut, Illinois, Massachusetts, New Jersey, and Vermont.

The survey required each jurisdiction to answer questions regarding the following aspects related to issuing a license to practice occupational therapy (OT):

- The average OT licensure processing time for individuals seeking initial licensure
- The top three factors that delay initial applications for OT licensure
- The average OT licensure processing time for an individual who already has a license to practice OT in another jurisdiction(s)
- The top three factors that delay applications for OT licensure for individuals already licensed in another jurisdiction(s)
- The average amount of time it takes to send an OT licensure verification for an individual to another jurisdiction

Average OT Licensure Processing Time for Individuals Seeking Initial Licensure

Four to six weeks was indicated as the most frequent response for the average time required to process an OT license for individuals seeking initial licensure. Sixteen jurisdictions selected this time range followed by seven participants who indicated *four to seven days* and six participants who indicated *one to three days*. Jurisdictions that indicated the quickest response time of *one to three days* include Alabama, Nevada, New Hampshire, Ohio, Texas, and West Virginia. Responses reported in the *Other* category are as follows: *5 – 10 days; 30 – 60 days; 7 – 14 days; 3 – 5 days; No “average” time can be indicated; and within hours*. Please see the table below for additional information.

Time	Number of Responses
4-6 weeks	16
4-7 days	7
1-3 days	6
8-13 days	5
2-3 weeks	4
7-8 weeks	1
Other	8

Top Three Factors that Delay Initial Applications for OT Licensure

Participants were asked to identify the top three factors that delay applications for individuals seeking initial OT licensure. *Delay in submission of required documentation* was the most frequent response with 42 respondents selecting this factor. *Incomplete application* was selected by 40 participants, followed by *Failure to pass the NBCOT certification exam* selected by 16 respondents. Responses in the *Other* category included the following: *Waiting for monthly board meeting so board can approve; Criminal history check; Lack of staff; Failure to complete required jurisprudence exam; Delay of finger print results; and Failure to submit official transcripts.*

Factor	Number of Responses
Delay in submission of required documentation	42
Incomplete application	40
Failure to pass the NBCOT certification exam	16
Failure to have the NBCOT exam score report sent to the jurisdiction	15
Previous disciplinary actions	12
Lack of payment	5
Other	11

Average OT Licensure Processing Time for an Individual Who Already has a License to Practice OT in Another Jurisdiction(s)

For the question regarding average time needed to process OT license applications for individuals already licensed to practice OT in other jurisdictions, *four to five weeks* was the most frequent response followed by *one to three days* and *eight to thirteen days*. Jurisdictions indicating the quickest application processing time of *one to three days* include Alabama, Indiana, Nevada, New Hampshire, Ohio, Texas, West Virginia, and Wyoming. Kansas and Wisconsin indicated *greater than 8 weeks* to process these applications. The sole response of *Other* was reported as *within hours*.

Time	Number of responses
4-5 weeks	13
1-3 days	8
8-13 days	8
2-3 weeks	7
4-7 days	6
6-7 weeks	2
>8 weeks	2
Other	1

Top Three Factors that Delay Applications for OT Licensure for Individuals Already Licensed in Another Jurisdiction(s)

Respondents were next asked to identify the top three factors that delay OT licensure applications for individuals already licensed to practice OT in other jurisdictions. *Delay in submission of required documentation* was the most frequent response with 46 individuals selecting this factor. Forty-two participants selected *Incomplete application*, and 23 indicated *Previous disciplinary actions*. Other factors included the following: *Waiting for monthly board meeting so board can approve*; *Criminal history check*; *Lack of staff*; *Failure to complete required jurisprudence exam*; *Delay of finger print results*; *Verifications from other states*; *Failure to have NBCOT send verification of certification to the board*; and *Delay in receipt of official state license verification*.

Factors	Number of Responses
Delay in submission of required documentation	46
Incomplete application	42
Previous disciplinary actions	23
Lack of payment	5
Other	14

Average Amount of Time It Takes to Send an OT Licensure Verification for an Individual to Another Jurisdiction

Nineteen jurisdictions indicated it takes *one to three days* to send an OT licensure verification for an individual to another jurisdiction. Respondents indicated the next most frequent time frame was *four to seven days* followed by *eight to thirteen days*.

Time	Number of Responses
1-3 days	19
4-7 days	11
8-13 days	8
2-3 weeks	4
4-5 weeks	4
6-7 weeks	1
>8 weeks	0

Individual Jurisdiction Responses

Individual responses of each jurisdiction for each survey question is provided in the following tables.

The Average OT Licensure Processing Time for an Individual Seeking Initial Licensure

Jurisdiction	Time
Alabama	1-3 days
Alaska	4-6 weeks
Arizona	4-6 weeks
Arkansas	4-6 weeks
California	4-6 weeks
Colorado	4-6 weeks
Delaware	8-13 days
District of Columbia	4-6 weeks
Florida	Other: 5-10 days
Georgia	Other: Processing time varies as it is based on the accuracy and completeness of the application and supporting documents. If the application and documents are complete and no other factors need consideration (arrests, substance abuse hx, actions in other jurisdictions, etc.) the license is issued within 4 - 7 days of receipt of a complete application. (changed to be included in the 4-7 days response)
Hawaii	4-6 weeks
Idaho	Other: The Board recently completed research on processing times for Idaho OT/OTA licenses. Please note the following which relates to the time period stated in the last sentence: For the State Occupational Therapy Licensure Board, the shortest time from complete application to issuing a license was the same day. The longest time from complete application to issuing a license was 21 days. The average time to licensure was 0.35 days. Of all licenses, 96.5 percent were issued the same day. The Board issued 115 licenses between May 19, 2017 and May 19, 2018.
Indiana	If all requirements are met, then the license is issued within 24-48 hours.
Iowa	4-6 weeks
Kansas	7-8 weeks
Kentucky	4-7 days

State Regulatory Research Survey of Licensure Processing Times

Louisiana	Other: 30-60 days
Maine	2-3 weeks
Maryland	8-13 days
Michigan	8-13 days
Minnesota	4-6 weeks
Mississippi	Other: 7-14 days
Missouri	4-7 days
Montana	8-13 days
Nebraska	2-3 weeks
Nevada	1-3 days
New Hampshire	1-3 days
New Mexico	Other: Approval takes 3-5 business days from the time the application is complete.
New York	4-6 weeks
North Carolina	4-7 days
North Dakota	4-7 days
Ohio	1-3 days
Oklahoma	4-6 weeks
Oregon	4-7 days
Pennsylvania	4-6 weeks
Puerto Rico	4-6 weeks
Rhode Island	4-6 weeks
South Carolina	4-6 weeks
South Dakota	Other: We took a look at the survey and we cannot provide you answers and here is the reasoning: In South Dakota by law, the applicant has 120 days to get their items in or the application file is closed. We have no control over how long the applicants take to get items in so keeping these stats are not particularly useful. What is useful is the timeline we do control and that is once the applicant has provided all items and is still within that 120-day window, our final review is a matter of hours – the license is issued that day or the next available business day.

State Regulatory Research Survey of Licensure Processing Times

Tennessee	2-3 weeks
Texas	1-3 days
Utah	8-13 days
Virginia	4-6 weeks
Washington	2-3 weeks
West Virginia	1-3 days
Wisconsin	Other: There is no "average" time. It depends how quickly and accurately we receive required documentation back.
Wyoming	4-7 days

The Top 3 Factors that Delay Initial Applications for OT Licensure

Jurisdiction	Factors
Alabama	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Alaska	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Incomplete application • Delay in submission of required documentation
Arizona	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Delay in submission of required documentation • Other: Waiting for monthly board meeting so board can approve
Arkansas	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Incomplete application • Delay in submission of required documentation
California	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Incomplete application • Delay in submission of required documentation
Colorado	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Incomplete application • Other: Must have achieved a passing score on the NBCOT examination within two (2) years immediately preceding submission of an application (changed to be included in Failure to pass the NBCOT exam category)
Delaware	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
District of Columbia	<ul style="list-style-type: none"> • Incomplete application • Previous disciplinary actions • Other: Criminal background check history
Florida	<ul style="list-style-type: none"> • Incomplete application

State Regulatory Research Survey of Licensure Processing Times

	<ul style="list-style-type: none"> • Delay in submission of required documentation • Lack of payment
Georgia	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Previous disciplinary actions, arrests/convictions or substance abuse history (change from other to be included in previous disciplinary action category)
Hawaii	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Lack of staff
Idaho	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Indiana	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Lack of payment
Iowa	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Incomplete application • Delay in submission of required documentation
Kansas	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Lack of payment
Kentucky	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Not completing KY jurisprudence exam requirement
Louisiana	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Maine	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Maryland	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Previous disciplinary actions • Other: Waiting for fingerprint results
Michigan	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Incomplete application • Delay in submission of required documentation
Minnesota	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Criminal background check processing through the BCA
Mississippi	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Incomplete application • Delay in submission of required documentation
Missouri	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Failure to have the NBCOT exam score report sent to the state

State Regulatory Research Survey of Licensure Processing Times

	<ul style="list-style-type: none"> • Incomplete application
Montana	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Nebraska	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Nevada	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Lack of payment
New Hampshire	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Criminal background checks
New Mexico	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Incomplete application • Delay in submission of required documentation
New York	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Incomplete application • Delay in submission of required documentation
North Carolina	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Incomplete application • Delay in submission of required documentation
North Dakota	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Incomplete application • Delay in submission of required documentation
Ohio	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Delay in submission of required documentation • Other: Background check
Oklahoma	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Incomplete application • Delay in submission of required documentation
Oregon	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Incomplete application • Other: Official transcripts
Pennsylvania	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Incomplete application • Delay in submission of required documentation
Puerto Rico	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Failure to have the NBCOT exam score report sent to the state • Delay in submission of required documentation
Rhode Island	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Incomplete application • Delay in submission of required documentation
South Carolina	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Failure to have the NBCOT exam score report sent to the state

State Regulatory Research Survey of Licensure Processing Times

	<ul style="list-style-type: none"> • Delay in submission of required documentation
South Dakota	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification examination • Failure to have NBCOT examination score report sent to state • Incomplete application • Delay in the submission of required documentation
Tennessee	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Incomplete application • Delay in submission of required documentation
Texas	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Incomplete application • Delay in submission of required documentation
Utah	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Not receiving transcripts timely
Virginia	<ul style="list-style-type: none"> • Failure to pass the NBCOT certification exam • Incomplete application • Delay in submission of required documentation
Washington	<ul style="list-style-type: none"> • Failure to have the NBCOT exam score report sent to the state • Delay in submission of required documentation • Previous disciplinary actions
West Virginia	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
Wisconsin	<ul style="list-style-type: none"> • Delay in submission of required documentation • Previous disciplinary actions
Wyoming	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Lack of payment

The Average OT Licensure Processing Time for an Individual Who Already Has a License to Practice OT in another Jurisdiction(s)

Jurisdiction	Time	Jurisdiction	Time	Jurisdiction	Time
Alabama	1-3 days	Louisiana	6-7 weeks	Oklahoma	4-5 weeks
Alaska	4-5 weeks	Maine	2-3 weeks	Oregon	4-7 days
Arizona	4-5 weeks	Maryland	8-13 days	Pennsylvania	4-5 weeks
Arkansas	4-5 weeks	Michigan	2-3 weeks	Puerto Rico	6-7 weeks
California	4-5 weeks	Minnesota	4-5 weeks	Rhode Island	4-5 weeks
Colorado	2-3 weeks	Mississippi	8-13 days	South Carolina	4-5 weeks
Delaware	8-13 days	Missouri	4-7 days	South Dakota	*See below

State Regulatory Research Survey of Licensure Processing Times

District of Columbia	4-5 weeks	Montana	8-13 days	Tennessee	2-3 weeks
Florida	8-13 days	Nebraska	2-3 weeks	Texas	1-3 days
Georgia	4-7 days	Nevada	1-3 days	Utah	8-13 days
Hawaii	4-5 weeks	New Hampshire	1-3 days	Virginia	4-5 weeks
Idaho	8-13 days	New Mexico	4-7 days	Washington	2-3 weeks
Indiana	1-3 days	New York	4-5 weeks	West Virginia	1-3 days
Iowa	2-3 weeks	North Carolina	4-7 days	Wisconsin	>8 weeks
Kansas	>8 weeks	North Dakota	8-13 days	Wyoming	1-3 days
Kentucky	4-7 days	Ohio	1-3 days		

*Narrative response provided as follows: In South Dakota by law, the applicant has 120 days to get their items in or the application file is closed. We have no control over how long the applicants take to get items in so keeping these stats are not particularly useful. What is useful is the timeline we do control and that is once the applicant has provided all items and is still within that 120-day window, our final review is a matter of hours – the license is issued that day or the next available business day.

The Top 3 Factors that Delay Applications for OT Licensure for Individuals Already Licensed to Practice OT in Another Jurisdiction

Jurisdiction	Factors
Alabama	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Alaska	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Lack of payment
Arizona	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Waiting for monthly board meeting so board can approve
Arkansas	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
California	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Colorado	<ul style="list-style-type: none"> • Delay in submission of required documentation • Other: Provide verification that the applicant has actively practiced occupational therapy for at least 400 hours over or in a twelve (12) month period during the two (2) years immediately preceding the application
Delaware	<ul style="list-style-type: none"> • Incomplete application

State Regulatory Research Survey of Licensure Processing Times

	<ul style="list-style-type: none"> • Delay in submission of required documentation
District of Columbia	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Criminal background check history
Florida	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Lack of payment
Georgia	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Previous disciplinary actions, arrests/convictions or substance abuse history (changed to be included in Previous disciplinary actions category indicated above)
Hawaii	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Lack of staff
Idaho	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Indiana	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Iowa	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Kansas	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Kentucky	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Not completing KY jurisprudence exam requirement
Louisiana	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Maine	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Maryland	<ul style="list-style-type: none"> • Delay in submission of required documentation • Previous disciplinary actions • Other: Waiting for fingerprint results
Michigan	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
Minnesota	<ul style="list-style-type: none"> • Delay in submission of required documentation • Other: Criminal background check processing through the BCA
Mississippi	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation

State Regulatory Research Survey of Licensure Processing Times

	<ul style="list-style-type: none"> • Previous disciplinary actions
Missouri	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
Montana	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Nebraska	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Nevada	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Lack of payment
New Hampshire	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Criminal background checks
New Mexico	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
New York	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Forwarding NBCOT passing scores
North Carolina	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
North Dakota	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Lack of payment
Ohio	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
Oklahoma	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
Oregon	<ul style="list-style-type: none"> • Delay in submission of required documentation • Previous disciplinary actions • Other: Verifications from other states
Pennsylvania	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Failure to have NBCOT send Verification of Certification to the board
Puerto Rico	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
Rhode Island	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
South Carolina	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions

State Regulatory Research Survey of Licensure Processing Times

South Dakota	<ul style="list-style-type: none"> • Incomplete application • Delay in the submission of required documentation • Previous disciplinary actions
Tennessee	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Texas	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Other: Delay in receipt of official state license verification
Utah	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
Virginia	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
Washington	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation • Previous disciplinary actions
West Virginia	<ul style="list-style-type: none"> • Incomplete application • Delay in submission of required documentation
Wisconsin	<ul style="list-style-type: none"> • Delay in submission of required documentation • Previous disciplinary actions
Wyoming	<ul style="list-style-type: none"> • Incomplete application • Lack of payment • Other: No delay

The Average Amount of Time It Takes for a Jurisdiction to Send an OT Licensure Verification for an Individual to Another Jurisdiction

Jurisdiction	Time	Jurisdiction	Time	Jurisdiction	Time
Alabama	1-3 days	Louisiana	8-13 days	Oklahoma	8-13 days
Alaska	2-3 weeks	Maine	1-3 days	Oregon	1-3 days
Arizona	4-5 weeks	Maryland	1-3 days	Pennsylvania	1-3 days
Arkansas	1-3 days	Michigan	4-7 days	Puerto Rico	6-7 weeks
California	4-7 days	Minnesota	1-3 days	Rhode Island	4-5 weeks
Colorado	1-3 days	Mississippi	8-13 days	South Carolina	4-5 weeks
Delaware	4-7 days	Missouri	1-3 days	South Dakota	*See below
District of Columbia	2-3 weeks	Montana	4-7 days	Tennessee	8-13 days
Florida	8-13 days	Nebraska	8-13 days	Texas	1-3 days

State Regulatory Research Survey of Licensure Processing Times

Georgia	4-7 days	Nevada	1-3 days	Utah	8-13 days
Hawaii	4-5 weeks	New Hampshire	1-3 days	Virginia	1-3 days
Idaho	1-3 days	New Mexico	4-7 days	Washington	2-3 weeks
Indiana	1-3 days	New York	2-3 weeks	West Virginia	1-3 days
Iowa	4-7 days	North Carolina	4-7 days	Wisconsin	4-7 days
Kansas	8-13 days	North Dakota	4-7 days	Wyoming	1-3 days
Kentucky	1-3 days	Ohio	1-3 days		

* Narrative response provided as follows: In South Dakota by law, the applicant has 120 days to get their items in or the application file is closed. We have no control over how long the applicants take to get items in so keeping these stats are not particularly useful. What is useful is the timeline we do control and that is once the applicant has provided all items and is still within that 120-day window, our final review is a matter of hours – the license is issued that day or the next available business day.

Colanthia Opher

From: Harp, William
Sent: Wednesday, August 1, 2018 3:13 PM
To: Colanthia D. Morton
Subject: Fwd: FW: OT license credit for student supervision
Attachments: Renewal_Activity_Chart.pdf

for the October OT meeting.

----- Forwarded message -----

From: Pitre, Dwayne K *HS <DP7H@hscmail.mcc.virginia.edu>
Date: Wed, Aug 1, 2018 at 3:00 PM
Subject: RE: FW: OT license credit for student supervision
To: "Harp, William" <william.harp@dhp.virginia.gov>

The PDF I attached from NBCOT may help staff members at the State Board answer general questions as to what qualifies as a Type 2 CEU credit for OT licensure renewal.

Thanks

Dwayne

From: Harp, William [mailto:william.harp@dhp.virginia.gov]
Sent: Wednesday, August 01, 2018 10:14 AM
To: Pitre, Dwayne K *HS <DP7H@hscmail.mcc.virginia.edu>
Subject: Re: FW: OT license credit for student supervision

Dwayne:

Thanks.

I think we will reflect to Ms. Howard that 9 weeks of supervision could count for 9 hours of Type 2 credit.

WLH

On Wed, Aug 1, 2018 at 10:01 AM, Pitre, Dwayne K *HS <DP7H@hscmail.mcc.virginia.edu> wrote:

In the case of a Level 1 Fieldwork student it is typically 40 hours of supervision.

From: Harp, William [mailto:william.harp@dhp.virginia.gov]
Sent: Wednesday, August 01, 2018 9:43 AM
To: Pitre, Dwayne K *HS <DP7H@hscmail.mcc.virginia.edu>
Subject: Re: FW: OT license credit for student supervision

So what are the number of hours involved in a "unit?"

Thanks

On Wed, Aug 1, 2018 at 9:30 AM, Pitre, Dwayne K *HS <DP7H@hscmail.mcc.virginia.edu> wrote:

Apparently NBCOT grants therapists *Professional Development Units* (PDU) for supervising Level 1 (and I assume Level 2 as well) Fieldwork students. The PDU value for supervising a Level 1 Fieldwork student is 1 unit per student supervised, up to a maximum of 18 units allowed per 3-year cycle.

Hope this all helps.

Thanks

Dwayne

From: Harp, William [mailto:william.harp@dhp.virginia.gov]
Sent: Wednesday, August 01, 2018 8:32 AM
To: dp7h@virginia.edu; Colanthia D. Morton <CoCo.Morton@dhp.virginia.gov>
Subject: Fwd: FW: OT license credit for student supervision

Good morning, Dwayne:

Below is a question about Type 2 CE hours for OT's.

The regs say that Type 2 hours are those "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."

Although it is intuitive that supervision of students would count, it's not there.

Do you know what the AOTA says about Cat II, Type 2, self-study---whatever our Type 2 is called?

Thanks,

WLH

----- Forwarded message -----

From: Colanthia Opher <coco.morton@dhp.virginia.gov>

Date: Tue, Jul 31, 2018 at 9:17 PM

Subject: FW: OT license credit for student supervision

To: William Harp <william.harp@dhp.virginia.gov>

Is this hour for hour?

Co-Co

From: Clanton, Sharon <sharon.clanton@dhp.virginia.gov>

Sent: Monday, July 23, 2018 9:37 AM

NBCOT® CERTIFICATION RENEWAL ACTIVITIES CHART

Competency Assessment Units

ID55 rev090617

ID#	Activity	CAU Value	Max units per 3-year cycle	Verification Documentation
1	In the NBCOT Navigator, take a multiple-choice Mini Practice Quiz to assess knowledge of contemporary practice grounded by evidence-based literature	0.5 unit per quiz	6 units	Certificate completion provided through Navigator. (Units will be automatically entered into Certification Renewal Log.)
2	In the NBCOT Navigator, complete a Case Simulation and assess practice knowledge by interacting with a virtual occupational therapy case scenario.	0.5 unit per case	6 units	Certificate completion provided through Navigator. (Units will be automatically entered into Certification Renewal Log.)
3	In the NBCOT Navigator, assess broad areas of occupational therapy knowledge used in practice with the OT Knowledge Library, a stylized matching tool.	0.25 unit per tool	2 units	Certificate completion provided through Navigator. (Units will be automatically entered into Certification Renewal Log.)
4	In the NBCOT Navigator, complete a PICO exercise to assess implementation of the PICO (Patient/Problem, Intervention, Comparison, Outcome) process in order to integrate evidence-based research into practice.	0.5 unit per PICO exercise	2 units	Certificate completion provided through Navigator. (Units will be automatically entered into Certification Renewal Log.)
5	In the NBCOT Navigator, select and administer the most appropriate PAM as part of the client's intervention plan, based on the presenting condition, past medical history, and the physician's referral.	0.25 unit per tool	2 units	Certificate completion provided through Navigator. (Units will be automatically entered into Certification Renewal Log.)
6	In the NBCOT Navigator, use Management Challenge to assess your skills to manage the day-to-day operations of an outpatient rehabilitation facility, all while juggling the demands of scheduling, staffing, billing, and unexpected events.	1 unit per tool	6 units	Certificate completion provided through Navigator. (Units will be automatically entered into Certification Renewal Log.)
7	In the NBCOT Navigator, use Orthotic Builder to select the optimal orthosis and make best-practice fabrication decisions to support recovery from a range of hand injuries and conditions.	0.5 unit per tool	2 units	Certificate completion provided through Navigator. (Units will be automatically entered into Certification Renewal Log.)
8	Assess specific practice-related professional skills using the NBCOT Self-Assessment tool(s), or similar professional skills assessment tool (e.g., AOTA or employer-based professional development tool).	1 unit per tool	7 units (for 7 Self-assessment tools)	Print score report from the Self-Assessment, or provide a copy of completed tool from another provider(s).
9	Develop a Professional Development Continuing-Competency Plan based on the results of professional skills assessments.	1 unit	1 unit	Use results of Self-Assessment tool(s) (see above) to develop goals relating to competence/skills.

Professional Development Activities

ID#	Activity	PDU Value	Max units per 3-year cycle	Verification Documentation
PROFESSIONAL SERVICE				
10	Volunteer for an organization, population or individual that adds to the overall development of one's practice roles.	5 hours = 1 unit	18 units	Verification of hours and outcomes of volunteer service. Volunteering Guidelines & Log available at www.nbcot.org .
11	Peer review of practice-related research article or textbook.	5 units per review	18 units	Letter from publishing organization
12	Mentor an OT colleague or other professional to improve skills of the protégé, including role as a disciplinary monitor. (Mentor must be currently certified with NBCOT.)	2 hours = 1 unit	18 units	Goals, objectives and analysis of mentee performance. Mentoring Guidelines & Log available at www.nbcot.org .
WORKSHOPS/COURSES/INDEPENDENT LEARNING				
13	Attend employer-provided workplace continuing education (may include CPR training). <i>Does not include new staff orientation and/or annual mandatory workplace trainings (e.g., annual policy review and corporate compliance).</i> The same workshop may be claimed only once for PDU.	1 hour = 1 unit	36 units	A certificate of attendance or a letter from the sponsor/employer verifying contact hours or CEU, dates, event title, attendee name and workshop agenda (if available). <i>Sign-in sheets will not be accepted as sole proof of attendance.</i>
14	Attend workshops, seminars, lectures, professional conferences or online courses that are approved by one of the following: <ul style="list-style-type: none"> Regionally-accredited college university State regulatory board for licensure renewal Continuing-education providers (e.g., state associations, continuing-education companies) Third-party entity <p>The same workshop may be claimed only once for PDU.</p>	1 hour = 1 unit	36 units	A certificate of attendance or a letter from the sponsor/employer verifying contact hours or CEU, dates, event title, attendee name and workshop agenda (if available). <i>Sign-in sheets will not be accepted as sole proof of attendance.</i>
15	Successfully complete education (e.g., workshops, seminars, lectures, online courses or conference) with an assessment component at the end of the program (e.g., scored test, project, paper) provided by: <ul style="list-style-type: none"> AOTA; AOTA-approved providers; IACET-authorized providers; Regionally-accredited colleges/universities. 	1 hour = 1.25 units	36 units	A certification of attendance or a letter from the education provider (AOTA, AOTA-approved providers, IACET-authorized providers or regionally-accredited colleges/universities) verifying dates, event title, attendee name, agenda and successful completion of assessment component at the end of the program (e.g., scored test, project, paper).

16	Read peer-reviewed, practice-related professional journal article and/or textbook chapter, and write a report describing the implications for improving skills in one's specific role. Cannot claim for PDU purposes if the textbook is required for academic coursework/audited course.	2 articles or 2 chapters = 1 unit	36 units	Annotated bibliography AND a report with analysis of how the article/textbook has assisted with improving skills in one's role. Journal/Textbook Reading form is available at www.nbcot.org .
17	Successfully complete academic coursework. Course must relate to practice area.	1 credit hour per semester = 10 units	36 units	Official transcript with registrar's seal from accredited college/university. Transcript should be in a sealed envelope with 'RENEWAL' noted on the exterior. Send transcript with your renewal application. DO NOT SEND TRANSCRIPT SEPARATELY.
18	Receive mentoring from a currently-certified occupational therapy practitioner or other professional in good standing to improve the skills of the protégé.	2 hours = 1 unit	18 units	Goals and objectives established in collaboration with the mentor and self-analysis of performance. Mentoring Guidelines & Log available at www.nbcot.org .
19	Participate in a professional study group/online study group designed to advance knowledge through active participation.	2 hours = 1 unit	18 units	Group attendance records verifying time spent, study group goals and analysis of goal attainment and learning. Study Group Report form available at www.nbcot.org .
PRESENTING				
20	Serve as the primary or co-presenter at a state, national or International workshop, seminar or conference. One-time presentation per topic. Time spent on preparation cannot be included.	1 hour = 2 units	36 units	Copy or presentation OR copy of program listing. Presenter name, presentation times or length of session and title of the presentation must be indicated on the documentation.
21	Serve as the primary or co-presenter for a poster presentation at a state, national or international workshop, seminar or conference. One-time presentation per topic. Time spent on preparation cannot be included.	2 units per poster	18 units	Copy of presentation OR copy of program listing. Presenter name, presentation times or length of session and title of the presentation must be indicated on the documentation.
22	Serve as adjunct faculty, teaching practice area-related academic course per semester. Must not be one's primary role. One-time per course title. Time spent on preparation cannot be included. For a one-time lecture, use PDU ID #21.	1 credit hour = 6 units	36 units	Letter of verification from school that includes dates, lecture/course title, length of session and course/lecture goals and objectives or a copy of the course syllabus.
23	Provide professional in-service training, instruction, or guest lecture as a primary or co-presenter for occupational therapists, occupational therapy assistants or related professionals. One-time presentation per topic. Time spent on preparation cannot be included.	1 hour = 1 unit	18 units	Copy of attendance record and outline of presentation, or letter from supervisor on letterhead verifying the presenter's name and the date/time/length of the presentation.

24	Primary or co-presenter providing for a local organization/association/group on practice area-related topic (e.g., energy conservation, back care and prevention of injury). One-time presentation per topic. Time spent on preparation cannot be included.	1 hour = 1 unit	18 units	Copy of presentation OR program listing. Documentation must include that presenter name, presentation date/time/location and the contact person for the organization.
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FIELDWORK SUPERVISION

25	Level I fieldwork direct supervision. Must not be one's primary role.	1 unit per student	18 units	Letter of verification or certificate from school that includes dates of fieldwork and name of fieldwork student.
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26	Level II fieldwork direct supervision. Must not be one's primary role.	1 unit per 1 week of supervision per student supervised	18 units	Letter of verification or certificate from school that includes the dates of fieldwork. DO NOT submit student evaluation form as verification. Co-supervision is acceptable; record dates and times when acting as primary student supervisor. Supervision of more than one student at a time is acceptable; record dates and times of supervision provided to each student. Apply appropriate PDU value based on time spent supervising.
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27	Entry-level or post-doctoral advanced fieldwork direct supervision. Must not be one's primary role.	1 unit per 1 week of supervision per student supervised	18 units	Letter of verification or certificate from school that includes the dates of fieldwork. DO NOT submit student evaluation form as verification. Co-supervision is acceptable; record dates and times when acting as primary student supervisor. Supervision of more than one student at a time is acceptable; record dates and times of supervision provided to each student. Apply appropriate PDU value based on time spent supervising.
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PUBLISHING

28	Primary or co-author of practice area-related article in <u>non-peer-reviewed</u> professional publication (e.g., <i>OT Practice</i> , <i>SIS Quarterly</i> , <i>Advance</i>).	1 article = 5 units	36 units	Copy of published article.
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29	Primary or co-author of practice area-related article in <u>peer-reviewed</u> professional publication (e.g., journal or research paper).	1 article = 10 units	36 units	Copy of published article.
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30	Primary or co-author of practice area-related article in lay publication (e.g., community newspaper, newsletter).	1 article = 2 units	36 units	Copy of published article.
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31	Primary or co-author of chapter in practice area-related professional textbook.	1 chapter = 10 units	36 units	Copy of published chapter OR letter from editor.
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32	Primary or co-primary investigator in extensive scholarly research activities or outcome studies, or externally-funded service/training projects associated with grants or post-graduate studies.	10 units per study	18 units	Grant funding number OR abstract/executive summary OR copy of the completed research/study that indicates certificant as primary/co-primary investigator.
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Colanthia Opher

From: Clanton, Sharon
Sent: Wednesday, August 15, 2018 2:48 PM
To: Harp, William; Colanthia Opher
Subject: Fwd: AOTA's Commission on Practice Seeks Input on OT Practice Framework by August 31

----- Forwarded message -----

From: Chuck Willmarth <cwillmarth@aota.org>
Date: Wed, Aug 15, 2018 at 1:32 PM
Subject: AOTA's Commission on Practice Seeks Input on OT Practice Framework by August 31
To: State Affairs Group <stpd@aota.org>

Dear State Regulatory Body Members and Staff:

Please see the request below from AOTA's Commission on Practice.

Chuck Willmarth, CAE
 Associate Chief Officer, Health Policy and State Affairs
 American Occupational Therapy Association

* * * * *

Commission on Practice Seeks Input on OT Practice Framework by August 31

<http://www.aota.org/Publications-News/AOTANews/2018/COP-Seeks-Input-on-Occupational-Therapy-Practice-Framework.aspx>

As part of the standard 5-year review process, the Commission on Practice (COP) is seeking member input on the **Occupational Therapy Practice Framework: Domain and Process, 3rd edition (OTPF-3)**.

Background

The *Occupational Therapy Practice Framework: Domain and Process* was adopted in 2002, revised in 2008 (2nd edition), and again in 2014 (3rd edition). The OTPF-3 is intended for occupational therapy practitioners and students, other health care professionals, educators, researchers, payers, and consumers. The OTPF-3 presents a summary of interrelated constructs that describe occupational therapy practice.

The COP is beginning to solicit and gather input to determine the content areas for potential updating and revision.

Your Input is Critical

The OTPF-3 is widely used in education and practice. It is one of AOTA's most important documents, frequently requested by both OT practitioners and external groups. Therefore, member feedback from all areas of practice is essential to guide the revisions and thus the content of this document. There will be multiple opportunities for members to provide input and review proposed changes before a final draft is voted on by the Representative Assembly. The COP is encouraging discussion among members of AOTA's volunteer sector groups, on CommunOT™, and at state and local levels. Virtual listening sessions will be held over the

upcoming months, and the COP will host a session at the 2019 AOTA Annual Conference & Expo to further engage with clinicians, students, and educators in the review process.

To facilitate completing this review, you can access the OTPF-3 through the following link: [Occupational Therapy Practice Framework \(OTPF-3\)](https://ajot.aota.org/article.aspx?articleid=1860439) (<https://ajot.aota.org/article.aspx?articleid=1860439>)

[Click here to access the Feedback Survey](https://surveys.aota.org/s3/Commission-on-Practice-Framework-4th-Edition). (<https://surveys.aota.org/s3/Commission-on-Practice-Framework-4th-Edition>)

Note: You may use Question # 8 (Additional Comments) for responses that require more space than some of the other questions provide.

Deadline for comments: Friday, August 31, 2018

The Commission on Practice thanks you in advance for your valued participation.

[Register Now](#) for the 2018 AOTA Specialty Conference: Children & Youth in Milwaukee, Wisconsin – September 28-29, 2018.

[Register Now](#) for the 2018 AOTA Education Summit in Louisville, Kentucky – October 13-14, 2018.

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S. T. Clanton, Licensing Specialist

Department of Health Professions-Board of Medicine

9960 Mayland Drive, Suite 300

Henrico, Virginia 23233

Virginia Board of Medicine

2019 Board Meeting Dates

Full Board Meetings

February 14-16, 2019	DHP/Richmond, VA	Board Rooms TBA
June 13-15, 2019	DHP/Richmond, VA	Board Rooms TBA
October 17-19, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Executive Committee Meetings

April 5, 2019	DHP/Richmond, VA	Board Rooms TBA
August 2, 2019	DHP/Richmond, VA	Board Rooms TBA
December 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 5:00 p.m.

Legislative Committee Meetings

January 11, 2019	DHP/Richmond, VA	Board Rooms TBA
May 17, 2019	DHP/Richmond, VA	Board Rooms TBA
September 6, 2019	DHP/Richmond, VA	Board Rooms TBA

Times for the above meetings are 8:30 a.m. to 1:00 p.m.

Credentials Committee Meetings

January 9, 2019	February 20, 2019	March 13, 2019
April 17, 2019	May 29, 2019	June 26, 2019
July 24, 2019	August 21, 2019	September 25, 2019
October 23, 2019	November 13, 2019	December (TBA), 2019

Times for the Credentials Committee meetings - TBA

Advisory Board on:

Behavioral Analysts			10:00 a.m.
January 21	May 20	September 30	
Genetic Counseling			1:00 p.m.
January 21	May 20	September 30	
Occupational Therapy			10:00 a.m.
January 22	May 21	October 1	
Respiratory Care			1:00 p.m.
January 22	May 21	October 1	
Acupuncture			10:00 a.m.
January 23	May 22	October 2	
Radiological Technology			1:00 p.m.
January 23	May 22	October 2	
Athletic Training			10:00 a.m.
January 24	May 23	October 3	
Physician Assistants			1:00 p.m.
January 24	May 23	October 3	
Midwifery			10:00 a.m.
January 25	May 24	October 4	
Polysonnographic Technology			1:00 p.m.
January 25	May 24	October 4	
Joint Boards of Medicine and Nursing			

TBA