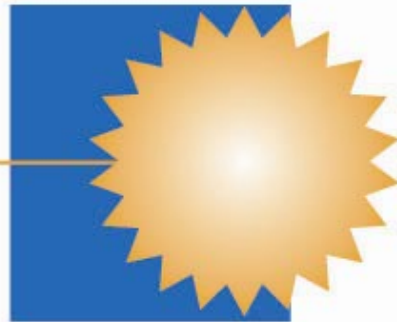


Specialty
Certification

The American
Occupational Therapy
Association



**AOTA SPECIALTY CERTIFICATION
IN
SCHOOL SYSTEMS**

**Occupational Therapy Assistant
Candidate Application**

American Occupational Therapy Association
4720 Montgomery Lane
Bethesda, MD 20814-5320
800-SAY-AOTA, ext. 2838 (Members)
301-652-AOTA, ext. 2838 (Nonmembers and Local)
800-377-8555 (TDD)

prodev@aota.org
<http://www.aota.org/certification>

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BACKGROUND AND INFORMATION

AOTA Specialty Certification in School Systems

Purpose

Through its Specialty Certification programs, the American Occupational Therapy Association (AOTA) provides formal recognition for practitioners who have engaged in a voluntary process of ongoing professional development and who are able to translate that development into improved client outcomes.

The AOTA certification process recognizes applicants who have carefully designed and systematically completed professional development activities that facilitate achievement of the criteria delineated for a specialized practitioner in the certification area.

AOTA Specialty Certification is based on peer-review that includes (1) demonstration of relevant experience, (2) a reflective portfolio, and (3) ongoing professional development. The objectives of Specialty Certification are to

1. Create a community of practitioners who share a commitment to continuing competence and the development of the profession.
2. Facilitate and respond to the future development of best practice, education, and research in occupational therapy.
3. Assist consumers and others in the health care community in identifying practitioners with expertise in recognized areas of practice.

Benefits of Certification

- *Clinicians*—Personal accomplishment, professional recognition, career advancement
- *Administrators*—Career laddering, The Joint Commission and other stakeholders, marketing
- *Faculty*—Models the importance of ongoing professional development and reinforces the critical examination of clinical practice, which can be extended to support learning opportunities for students.

Authority

School Systems Specialty Certification is awarded by AOTA and is

- A private program
- Not awarded or required by federal or state governments
- Not required as part of the minimum qualifications to work as an occupational therapist or occupational therapy assistant
- Voluntary.

School Systems Specialty Certification is awarded to individuals who have demonstrated the capacity for meeting identified criteria that reflect specialized occupational therapy practice in the area of school systems through a peer-reviewed reflective portfolio process.

Administration of the program is by the AOTA Board for Advanced and Specialty Certification (BASC) under the auspices of the AOTA Commission on Continuing Competence and Professional Development (CCCPD).

Occupational Therapy Code of Ethics and Ethics Standards

Articulated within Principle 1 of the *Occupational Therapy Code of Ethics and Ethics Standards* is the expectation that occupational therapy practitioners shall provide services that are within their scope of practice. Principle 5 reminds that the practitioner is responsible for “maintaining high standards and continuing competence in practice, education, and research by participating in professional development and educational activities to improve and update knowledge and skills.” (AOTA, 2010, p. S23)

The Specialty Certification program embodies these ethical principles by offering applicants a way to document and reflect on professional development in which they have engaged, as well as determine future learning needs and plan subsequent professional development activities that will enhance their practice.

Reference

American Occupational Therapy Association. (2010). Occupational therapy code of ethics and ethics standards. *American Journal of Occupational Therapy*, 64, S17–S26.
<http://dx.doi.org/10.5014/ajot.2010.64S17>

Eligibility

- Professional or technical degree or equivalent in occupational therapy
- Certified or licensed by and in good standing with an AOTA-recognized credentialing or regulatory body
- Minimum of 2,000 hours¹ as an occupational therapy assistant
- Minimum of 600 hours *delivering* occupational therapy services in the certification area to clients (person, organization, or populations) in the past 5 calendar years.^{1, 2, 3}
- Verification of employment.

¹ Experience and service delivery hours must be at the level for which certification is sought. For example, applicants seeking certification at the occupational therapist level must have accumulated the necessary hours as an occupational therapist, not as an occupational therapy assistant or other type of professional.

² One foundation of the School Systems Specialty Certification is that *initial* certification is considered to be practice based. That does not mean that managers, researchers, and faculty cannot apply. However, it does mean that applicants need to have at least 600 actual service delivery hours in the certification area. It is important to note that, while faculty may apply for certification, students in occupational therapy academic programs are not considered clients. Teaching that does not include service delivery with actual recipients of occupational therapy services does not count toward these 600 hours.

³ Service delivery may be paid or voluntary.

Submission Deadlines and Review Period

- Applications will be accepted in **June** and **December** of each year for all certifications. Upcoming deadlines will be listed at www.aota.org/certification.
- Applications are peer-reviewed and processed over a 4-month period following the application deadline. Review for June applications occurs July to October; review for December applications occurs January to April.
- Applications are confirmed as Approved, Denied, or Clarification Needed. Applications that require minimal clarification will be processed with no additional fee. Applications that require clarification significant enough that the content of the application may be altered will be charged an additional \$100 processing fee.

Application Fee

Specialty Certification: \$375.00 (nonrefundable)

Applicants must be AOTA members at the time of application and at the time certification is granted. Membership is not required to maintain certification once granted, except at the time of renewal.

SCHOOL SYSTEMS APPLICATION
Part A. Applicant Information
 Please complete the following information.

APPLICANT INFORMATION

AOTA Member ID _____

Name (*Last, First, MI*) _____

Credentials _____

Primary E-mail _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

ACADEMIC BACKGROUND List up to 4 degrees.

University/College Name	Year Graduated	Degree Received

Year of *initial* certification by NBCOT

CURRENT LICENSURE If not required by state, please mark "n/a."

State(s) Licensed	License Number(s)	Expiration Date

If more than 4, please list additional here.

OTHER CERTIFICATIONS

Certifying Agency	Credential Awarded, If Any	Date of Initial Certification	Certification Expiration Date

If more than 4, please list additional here.

PROFESSIONAL MEMBERSHIPS

Organization Name	Organization's Focus/Mission	Dates of Membership

If more than 4, please list additional here.

EMPLOYMENT—CURRENT Primary

Employer Name					
Dates with Employer					
Current Position or Title					
Employer Address					
City		State		ZIP	

Type of Setting

- | | |
|--|--|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Military |
| <input type="checkbox"/> Community-Based Setting | <input type="checkbox"/> Non-profit Agency |
| <input type="checkbox"/> Government—Federal | <input type="checkbox"/> Private Industry |
| <input type="checkbox"/> Government—Local, State | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Rehab Facility |
| <input type="checkbox"/> Long-term Care Facility/SNF | <input type="checkbox"/> School System |
| <input type="checkbox"/> Hospital Setting | <input type="checkbox"/> Other (please specify): _____ |

Clients Served

Please identify the populations served at this setting on which this application is based.

--

EMPLOYMENT – CURRENT Secondary, if applicable

Employer Name					
Dates With Employer					
Current Position or Title					
Employer Address					
City		State		ZIP	

Type of Setting

- | | |
|--|--|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Military |
| <input type="checkbox"/> Community-Based Setting | <input type="checkbox"/> Non-profit Agency |
| <input type="checkbox"/> Government—Federal | <input type="checkbox"/> Private Industry |
| <input type="checkbox"/> Government—Local, State | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Rehab Facility |
| <input type="checkbox"/> Long-term Care Facility/SNF | <input type="checkbox"/> School System |
| <input type="checkbox"/> Hospital Setting | <input type="checkbox"/> Other (please specify): _____ |

Clients Served

Please identify the populations served at this setting on which this application is based.

--

EMPLOYMENT—PAST

If there are employers in the past 5 years other than those listed above, please identify below.

Previous Employer Name	State	Dates With Previous Employer

VERIFICATION OF EMPLOYMENT/VOLUNTEER SERVICE

An employment/volunteer verification form is required to provide third-party verification of the required hours (see next page). Applicants may submit as many forms as needed to verify the required hours, and duplication of the form is acceptable if needed for more than one employer.

Instructions for submitting Verification Form: Print the form and have employers(s) complete. Include the form as a scanned document as the first page(s) of either the application or evidence file.

Tracking Hours—It is up to applicants how to track the specifics of their service delivery. We ask only for the employment verification form(s) to be submitted, so be sure that whoever is verifying the information feels comfortable and ethical with whatever tracking system is used.

Self-Employed—Because private practice takes on many different forms, applicants have varying ways in which to handle employment verification. Examples of who might verify the form include

- Administrator for a company/organization that contracted with the private practitioner for services
- Referral source
- Business partner or co-owner
- Accountant for the practice.

If none of the options listed above fit an applicant’s situation, and the applicant has an alternative source for verification to use, the applicant may forward that information for review and approval to prodev@aota.org prior to submitting an application.

AOTA SPECIALTY CERTIFICATION Employment/Volunteer Verification Form

Employer:

- You are being asked to verify employment or delivery of occupational therapy services for someone who is applying for Specialty Certification by the American Occupational Therapy Association (AOTA).
- Please complete all sections of this form and **return it to the applicant** so that it can be included in his or her application portfolio.
- If you have questions, please contact AOTA at prodev@aota.org or (301) 652-6611, ext. 2838. Thank you for your assistance!

Applicant:

- Submit only as many forms as needed to verify the required hours of occupational therapy experience. Duplication of the form is acceptable if more than one employer is completing the form.
- The form must be submitted as the first page(s) of the electronic portfolio of scanned evidence (e.g., portable document format [PDF]) that is submitted in support of the application. The application will not be accepted if materials are submitted separately.

Applicant Name _____

Certification Sought

<input type="checkbox"/> Driving & Community Mobility <input type="checkbox"/> Environmental Modification <input type="checkbox"/> Feeding, Eating, Swallowing	<input type="checkbox"/> Low Vision <input type="checkbox"/> School Systems
--	--

Name of Facility/Company/Organization _____

City _____ State _____

Applicant Start Date _____

Applicant End Date _____

Employment Type:

<input type="checkbox"/> Full-time
<input type="checkbox"/> Part-time
<input type="checkbox"/> Contract/PRN
<input type="checkbox"/> Volunteer

PART A

Experience as an occupational therapist or occupational therapy assistant. May include direct intervention, supervision, teaching, consultation, administration, case or care management, community programming, or research.

This employment/volunteer service represents _____ hours within the past 5 calendar years toward the **2,000 hours** required as an occupational therapist or occupational therapy assistant.

PART B

Experience delivering occupational therapy services to clients (persons, populations, or groups) that are specific to the certification area. Students in OT or OTA academic programs are not considered clients.

This employment/volunteer service represents _____ hours within the past 5 calendar years toward the **600 hours** requirement for delivering occupational therapy services to clients in the certification area.

Name of Person Completing Form (*please print*) _____

Signature _____

Job Title _____

Phone Number _____

SCHOOL SYSTEMS APPLICATION PART B. Reflective Portfolio

School System Specialty Certification is for occupational therapists or occupational therapy assistants who work with students ages 3 to 21 who are eligible for education services under federal, state, and local mandates. Services may be provided in preschool, elementary, secondary, transition, or post-school environments; and may be delivered in either public or private settings.

AOTA certification programs focus on *continuing competence*, or the building of capacity to meet identified criteria. Continuing competence is a component of ongoing professional development or lifelong learning. Applicants are expected to engage in a process of *self-appraisal* relative to the identified criteria. This involves the deliberate selection of the best supporting evidence that demonstrates applicant's potential for meeting identified criteria and answers the question, What evidence would best indicate that I meet the criteria for specialized practice?

Submit only 1 activity for each criterion. Complete the required professional development activity form for each activity being submitted.

Items to Submit

In addition to submitting this fillable application form, applicants must create a single separate file (e.g., PDF) of the

1. Employment/Volunteer verification form
2. 11 activity forms – 1 for each criterion
3. Any additional evidence as required on the activity forms.

Guidelines:

- For each of the 11 criteria below, choose only 1 of the available options to submit as part of the application.
- Activities must have occurred within the 5 years prior to submitting the application.
- An activity may not be used to meet more than 1 criterion. For example, a formal learning activity engaged in for Criterion 1 may not also be used for Criterion 3.

The following page outlines the professional development criteria required for school systems certification. The criteria are based on the 5 *AOTA Standards for Continuing Competence*: Knowledge, Critical Reasoning, Interpersonal Skills, Performance Skills, and Ethical Practice (AOTA, 2010).

Reference

American Occupational Therapy Association. (2010). Standards for continuing competence. *American Journal of Occupational Therapy*, 64, S103–S105.
<http://dx.doi.org/10.5014/ajot.2010.64S103>

Reflective Portfolio – Professional Development Activities

CRITERION 1

Knowledge: Diagnostic Considerations—*Demonstrates knowledge of primary and secondary conditions that impact occupational engagement related to school systems.*

CRITERION 2

Knowledge: Assessment—*Demonstrates knowledge of relevant evidence specific to assessment in school systems.*

CRITERION 3

Knowledge: Intervention—*Demonstrates knowledge of relevant evidence specific to intervention in school systems.*

CRITERION 4

Knowledge: Regulation and Payers—*Demonstrates knowledge of laws and regulations relevant to school systems, including payer sources.*

CRITERION 5

Assessment: Performance Skills—*Administers standardized assessments as delegated by the supervising occupational therapist specific to school systems, consistently integrating clinical observations.*

CRITERION 6

Intervention: Performance Skills—*In collaboration with the supervising occupational therapist, performs interventions that are unique to school systems while integrating impact of varying client factors and contexts.*

CRITERION 7

Intervention: Critical Reasoning—*In collaboration with the supervising occupational therapist, selects, plans, and modifies interventions in school systems based on evidence and evaluation data.*

CRITERION 8

Psychosocial Critical Reasoning—*In collaboration with the supervising occupational therapist, recognizes immediate and long-term implications of psychosocial issues related to conditions of clients in school systems and modifies therapeutic approach and occupational therapy service delivery accordingly.*

CRITERION 9—This criterion is addressed directly in this application in 3 parts over the next 6 pages.

Ethical Practice — *Identifies ethical implications associated with the delivery of services in school systems and articulates a process for navigating through identified issues.*

CRITERION 10

Establishes Networks—*Establishes and collaborates with referral sources and stakeholders to help the client and relevant others achieve outcomes that support health and participation in the area of school systems.*

CRITERION 11

Advocating for Change—*Influences services for clients (person, organization, or population) in school systems through independent or collaborative education or advocacy activities.*

Criterion 9—Ethical Practice: Client-Based

Identifies ethical implications associated with the delivery of services in school systems and articulates a process for navigating through identified issues.

Guidelines

- The applicant identifies ethical implications associated with the delivery of services and articulates a process for navigating through the identified issues.
- The applicant shall review the [AOTA Code of Ethics and Ethics Standards](#) and align the dilemma with the ethical principle(s) that is/are challenged.

Ethical Scenarios

Scenario #1

The district has a program for children with autism, and each enrolled student automatically receives 30 minutes of OT services each week on the student’s IEP, without consideration of the individual student’s need.

Scenario #2

You observe a student in a classroom using a weighted blanket/vest/backpack sent by a parent. There is no OT service on the student’s IEP, and the OT observes potential inappropriate/negative response by the student when using the object.

Scenario #3

A parent requests a controversial intervention that was previously provided at a private OT clinic. The services are no longer being provided by the clinic, and the family wants them to be provided by the school. The intervention does not have significant evidence and requires significant time away from the classroom. The student is currently attending regular classes and meets grade-level learning expectations.

1. To which scenario are you responding?

2. From the [AOTA Code of Ethics and Ethics Standards](#), which ethical principle(s) has/have been challenged in this scenario? *Select the top ethical principle(s) that apply, up to a maximum of 3.*

- | | |
|---|--|
| <input type="checkbox"/> 1. Beneficence | <input type="checkbox"/> 5. Procedural Justice |
| <input type="checkbox"/> 2. Non-maleficence | <input type="checkbox"/> 6. Veracity |
| <input type="checkbox"/> 3. Autonomy, Confidentiality | <input type="checkbox"/> 7. Fidelity |
| <input type="checkbox"/> 4. Social Justice | |

3. Describe how you would apply the ethical principles identified above to guide you toward a resolution for the concern noted. *(average word guideline—500)*

Criterion 9—Ethical Practice: Fiscal & Regulatory

Identifies ethical implications associated with the delivery of services in school systems and articulates a process for navigating through identified issues.

Guidelines

- The applicant identifies ethical implications associated with the delivery of services and articulates a process for navigating through the identified issues.
- The applicant shall review the [AOTA Code of Ethics and Ethics Standards](#) and align the dilemma with the ethical principle(s) that is/are challenged.

Ethical Scenarios

Scenario #4

An OT left the district without completing any documentation (e.g., student attendance and progress notes, and Medicaid billing). The district requires the OTA to recreate the missing documentation.

Scenario #5

An OTA has several students on her caseload for whom she needs greater direction from the supervising OT. The OT is not returning her calls and the OTA sees the OT for supervision once a month.

Scenario #6

The school district has identified students with IEPs who need OT as part of their extended school year (ESY) services. An OTA is offered a job over the summer to provide these services. The district does not plan to hire an OT.

4. To which scenario are you responding?

5. From the [AOTA Code of Ethics and Ethics Standards](#), which ethical principle(s) has/have been challenged in this scenario? *Select the top ethical principle(s) that apply, up to a maximum of 3.*

- | | |
|---|--|
| <input type="checkbox"/> 1. Beneficence | <input type="checkbox"/> 5. Procedural Justice |
| <input type="checkbox"/> 2. Non-maleficence | <input type="checkbox"/> 6. Veracity |
| <input type="checkbox"/> 3. Autonomy, Confidentiality | <input type="checkbox"/> 7. Fidelity |
| <input type="checkbox"/> 4. Social Justice | |

6. Describe how you would apply the ethical principles identified above to guide you toward a resolution for the concern noted. *(average word guideline—500)*

Criterion 9—Ethical Practice: Scope of Practice

Identifies ethical implications associated with the delivery of services in school systems and articulates a process for navigating through identified issues.

Guidelines

- The applicant identifies ethical implications associated with the delivery of services and articulates a process for navigating through the identified issues.
- The applicant shall review the [AOTA Code of Ethics and Ethics Standards](#) and align the dilemma with the ethical principle(s) that is/are challenged.

Ethical Scenarios

Scenario #7

An OT asks the OTA to complete a visual motor assessment using a standardized tool that the OTA has not used before and has not established competency to administer.

Scenario #8

An OT leaves their job with the school district, thereby leaving an OTA without supervision. The school district administration asks the OTA to continue providing services to children and perform assessments for new referrals.

Scenario #9

An OT wants the OTA to serve middle and high school students; however, the OTA has been working in the preschool for the last 10 years and lacks experience working with this older age group.

7. To which scenario are you responding?

8. From the [AOTA Code of Ethics and Ethics Standards](#), which ethical principle(s) has/have been challenged in this scenario? *Select the top ethical principle(s) that apply, up to a maximum of 3.*

- | | |
|---|--|
| <input type="checkbox"/> 1. Beneficence | <input type="checkbox"/> 5. Procedural Justice |
| <input type="checkbox"/> 2. Non-maleficence | <input type="checkbox"/> 6. Veracity |
| <input type="checkbox"/> 3. Autonomy, Confidentiality | <input type="checkbox"/> 7. Fidelity |
| <input type="checkbox"/> 4. Social Justice | |

9. Describe how you would apply the ethical principles identified above to guide you toward a resolution for the concern noted. *(average word guideline—500)*

SCHOOL SYSTEMS APPLICATION

Part C. Self-Assessment

Self-assessment is a formative and dynamic process through which occupational therapy practitioners identify goals for professional development and monitor progress toward goals (Moyers, 2010). Self-assessment answers the question, "What can I do to prepare or increase my capacity for the competency demands of the future?" In the Specialty Certification process applicants will use self-assessment to consider all that they have learned thus far in their achievement of the certification criteria. This self-understanding combined with ideas about the way practice is changing will help applicants determine what they should learn next.

Reference

Moyers, P. A. (2010). Competence and professional development. In K. Sladyk, K. Jacobs, & N. MacRae (Eds.), *Occupational therapy essentials for clinical competence* (pp. 475-484). Thorofare, NJ: Slack.

Guidelines

- Develop the self-assessment by answering the questions below in a single narrative as they relate to the certification criteria collectively. Use examples to support the answers.
- The average answer is 1,350–3,000 words.

Self-Assessment Questions:

- *Describe your current practice in relation to this certification and how you envision your practice area changing in the future.*
- *Having gone through the certification process, what have you discovered that you want to learn more about in relation to the criteria required for this certification area?*

Applicant's Self-Assessment

SCHOOL SYSTEMS APPLICATION

Part D. Professional Development Plan

Professional development planning in the AOTA certification process requires that applicants develop a plan for learning for the next 5 years related to the certification criteria.

Depending on personal style or the specific criterion selected, goals might emphasize *outcome, performance, or process*; but it is possible for a goal to include a combination of these elements:

- Outcome—what are you trying to achieve?
- Performance—what task will you complete?
- Process—what specific actions will you take?

Guidelines

Each goal must include the following qualities:

- It must be **relevant** to the identified criterion. For example, an applicant's goal to "learn a new assessment tool" would not be relevant to a criterion that deals with "advancing access to OT services."
- It must be **measurable**. There must be an objective way for the applicant to demonstrate a change toward meeting the goal in the next 5 years.
- It must be **controllable** by the applicant. The applicant should be able to meet the goal regardless of the external environment. For example, a goal to "Discharge all patients safely to home" is not something that can be realistically controlled by the applicant.

Parameters

- Establish 3 professional development goals.
- Do not develop more than 1 goal for a single criterion; 3 different criteria must be represented in the application.
- For each goal, include: its **application to practice, success criteria, strategies, and target date** for completion.
- Write goals that are unique and not simply a reiteration of the criterion.
- Goals should be relevant to your practice.
- Develop goals that represent your own professional development, not the development of others (e.g., students, other staff).
- Goals should be met within the coming 5 years prior to certification renewal.

PROFESSIONAL DEVELOPMENT GOAL—EXAMPLE 1

Criterion: **Knowledge: Assessment**—*Demonstrates knowledge of relevant evidence specific to assessment in school systems.*

Applicant's Goal:

I will improve the quality of my assessments—and subsequently my interventions—by adding one new evidence-based assessment to my repertoire for use with clients with neurological impairment. I will perform a literature review of evidence-based assessments, investigate cost, explore training opportunities, and seek a mentor to ensure I am able to implement the assessment appropriately. Target date: June 20XX.

Necessary components included in above goal:

- **Application to Practice:** I will improve the quality of my assessments—and subsequently my interventions—
- **Success Criteria:** by adding one new evidence-based assessment to my repertoire for use with clients with neurological impairment.
- **Strategies:** I will perform a literature review of evidence-based assessments, investigate cost, explore training opportunities, and seek a mentor to ensure I am able to implement the assessment appropriately.
- **Target Date:** June 20XX

PROFESSIONAL DEVELOPMENT GOAL—EXAMPLE 2

Criterion: **Establishes Networks**—*Establishes and collaborates with referral sources and stakeholders to help the client and relevant others achieve outcomes that support health and participation in the area of school systems.*

Applicant's Goal:

I will increase my networking with other school system occupational therapy practitioners and expand relevant connections for my practice by hosting monthly roundtable discussions. To facilitate this, I will use the AOTA Evidence Exchange to guide identification of relevant discussion topics or questions to be answered. I will advertise to local practitioners, provide a venue, facilitate the roundtable discussions, and collect participant feedback for the purposes of shaping future discussions. Target dates: Monthly from September 20XX through May 20XX.

Necessary components included in above goal:

- **Application to Practice:** I will increase my networking with other school system occupational therapy practitioners and expand relevant connections for my practice
- **Success Criteria:** by hosting monthly roundtable discussions.
- **Strategies:** I will use the AOTA Evidence Exchange to guide identification of relevant discussion topics or questions to be answered. I will advertise to local practitioners, provide a venue, facilitate the roundtable discussions, and collect participant feedback for the purposes of shaping future discussions.
- **Target Date:** Monthly from September 20XX through May 20XX

Professional Development Goal 1

To which criterion does this goal apply?

Applicant's Goal 1:

Professional Development Goal 2

To which criterion does this goal apply?

Applicant's Goal 2:

Professional Development Goal 3

To which criterion does this goal apply?

Applicant's Goal 3:

SCHOOL SYSTEMS APPLICATION

Checklist and Attestation

Checklist of Application Items

- | | |
|--|--|
| <input type="checkbox"/> Applicant Information | <input type="checkbox"/> Reflective Portfolio – Criterion 8 |
| <input type="checkbox"/> Employment/Volunteer Verification Form(s) | <input type="checkbox"/> Reflective Portfolio – Criterion 9 |
| <input type="checkbox"/> Reflective Portfolio – Criterion 1 | <input type="checkbox"/> Reflective Portfolio – Criterion 10 |
| <input type="checkbox"/> Reflective Portfolio – Criterion 2 | <input type="checkbox"/> Reflective Portfolio – Criterion 11 |
| <input type="checkbox"/> Reflective Portfolio – Criterion 3 | <input type="checkbox"/> Self-Assessment |
| <input type="checkbox"/> Reflective Portfolio – Criterion 4 | <input type="checkbox"/> Professional Development Goal 1 |
| <input type="checkbox"/> Reflective Portfolio – Criterion 5 | <input type="checkbox"/> Professional Development Goal 2 |
| <input type="checkbox"/> Reflective Portfolio – Criterion 6 | <input type="checkbox"/> Professional Development Goal 3 |
| <input type="checkbox"/> Reflective Portfolio – Criterion 7 | |

Item(s) to Submit

- The following should be uploaded by the application deadline to the following URL:
<https://www.filesdirect.com/AOTACertification>:
 - Certification Application (this document)
 - Single combined file (e.g., .pdf file) that includes
 - Employment/Volunteer Verification Form
 - All professional activity development forms
 - Any additional evidence as required by a particular activity (e.g., CE certificates)
- Application fee of \$375 (submitted separately from application):
 - Credit card:** Call (800) SAY-AOTA (800-729-2682) extension 1708
Monday- Friday between 9:00-5:00 Eastern to pay by phone
 - Check:** Mail check on or before the application deadline to
AOTA—Attn: Certification
4720 Montgomery Lane
Bethesda, MD 20814-3449

Applicant Attestation

I hereby attest that the information provided in this application is my own and that I have complied with all *Occupational Therapy Code of Ethics and Ethics Standards*, including Beneficence; Nonmaleficence; Autonomy, Confidentiality; Social Justice; Procedural Justice; Veracity; and Fidelity. If granted certification, I will not use my credential to represent myself to others beyond the level for which I am qualified.

Signature (*electronic signature acceptable*)

Date

APPENDIX**AOTA Specialty Certification in SCHOOL SYSTEMS****References to Support Criteria**

1. American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2nd ed.). *American Journal of Occupational Therapy*, 62, 625–683. <http://dx.doi.org/10.5014/ajot.56.6.609>
2. American Occupational Therapy Association. (2009). Guidelines for supervision, roles, and responsibilities during the delivery of occupational therapy services. *American Journal of Occupational Therapy*, 63, 797–803. <http://dx.doi.org/10.5014/ajot.63.6.797>
3. American Occupational Therapy Association. (2010-b). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 64, S106–S111. <http://dx.doi.org/10.5014/ajot.2010.64S106>
4. American Occupational Therapy Association. (2010a). Occupational therapy code of ethics and ethics standards (2010). *American Journal of Occupational Therapy*, 64, S4–S16. <http://dx.doi.org/10.5014/ajot.2010.64S4>
5. American Occupational Therapy Association. (2011). Occupational therapy services in early childhood and school-based settings. *American Journal of Occupational Therapy*, 63, 546–554. <http://dx.doi.org/10.5014/ajot.2011.65S46>
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