

**APPLICATION FOR DEVELOPING PROGRAM STATUS  
FOR AN OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

*Step 1 of the 3-Step Process*

*While this application is not intended to address all of the 2006 Accreditation Standards for an Educational Program for the Occupational Therapy Assistant (attached), it is the institution's responsibility to become thoroughly apprised of each Standard as it progresses through the 3-step process.*

**APPLICATION DUE DATES:**

**January 15th**  
(For Fall Admission)

**May 15th**  
(For Spring Admission)

**DIRECTIONS:** Answer each question completely! If requested, append a display. Be certain to paginate and tab all appendices and provide a Table of Contents for easy reference by reviewers.  
**PLEASE TYPE OR PRINT INFORMATION.**

**PART I: ADMINISTRATION/INSTITUTIONAL DATA**

1. Official Name of Sponsoring Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accredited By [Standard A.1.1.]: \_\_\_\_\_

Date of Next Institutional Accreditation: \_\_\_\_\_

The sponsoring institution is authorized under applicable law or other acceptable authority to provide a program of postsecondary education and has appropriate degree-granting authority or is a program offered within the military services [Standard A.1.2.]: \_\_\_\_\_ Yes \_\_\_\_\_ No

Institution type [Standard A.1.3.]: \_\_\_\_\_

Institution is: [ ] Public [ ] Private nonprofit [ ] Private profit

2. President/CEO (Name, Credentials, and Title):  
\_\_\_\_\_

3. Dean or Administrator to Whom the Program Director Reports (Name, Credentials, and Title):  
\_\_\_\_\_

4. OTA Program Director (Name, Credentials, and Title):  
\_\_\_\_\_

## PART II: ACADEMIC RESOURCES

*NOTE: A program director meeting ACOTE requirements must be hired by the institution at the time the Application for Developing Program Status is submitted and must be present throughout the time the program is engaged in the initial accreditation process including the start of the first class of students, the initial review, and the initial on-site evaluation. If the program does not have a qualified program director during the initial accreditation process for new programs, the program must agree to delay the program progression to the next step in the program development process until the accreditation requirement of having a qualified program director hired and on staff can be met. Specifically, students shall not be admitted to the program having Developing Program Status unless there is a qualified occupational therapy program director on staff. The accreditation process shall not proceed to the initial on-site evaluation unless there is a qualified occupational therapy program director on staff.*

1. Append the letter of appointment for the program director. State whether the director is assigned to the occupational therapy educational program on a full-time basis. [Standard A.2.1.]
2. The program director is required to be an initially certified occupational therapist or occupational therapy assistant who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located [Standard A.2.2.]. Please explain how the program director meets these requirements:

Please indicate current state licensure information (state and number): \_\_\_\_\_

3. The program director must hold academic qualifications comparable to the majority of other program directors within the institutional unit (e.g., division, college, or school) to which the occupational therapy assistant program is housed [Standard A.2.2.]. Please list all names, credentials, and titles of other program directors within the institutional unit housing the OTA program.
4. The program director must have a minimum of 5 years of experience in the field of occupational therapy. Append a comprehensive curriculum vitae for the program director that highlights practice as an occupational therapist or occupational therapy assistant, administrative or supervisory experience, and teaching experience in a full-time academic appointment [Standard A.2.3.]. Indicate how many years of experience the program director has in:
  - (a) Practice as an OT/OTA \_\_\_\_\_ years
  - (b) Administration/supervision \_\_\_\_\_ years
  - (c) Teaching \_\_\_\_\_ years
  - FT Academic Appointment \_\_\_\_\_ years
  - (d) Other \_\_\_\_\_ years  
(specify):
5. The program director must have an understanding of and experience with occupational therapy assistants [Standard A.2.4.]. Briefly explain how the program director meets this requirement:

6. Append a complete position description for the program director. Indicate if the program director will be responsible for management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development. [Standard A.2.5.]
7. Append a complete plan (activities and timelines) for the non-discriminatory recruitment and hiring of OTA program faculty and support staff that will meet the requirements of the Standards listed below. Indicate whether the positions are full-time or part-time. Indicate plans for fieldwork coordination. Describe your anticipated faculty to student ratio in classes and laboratories, including the maximum number of students and classes to be accepted each year. [Standards A.2.6. – A.2.16. and A.4.4.]
8. Append a 3-year start-up budget for the program (Form D, Financial Resources). Include personnel, equipment, supplies, library resources, and specify if any support comes from grants or awards outside institutional budget resources. [Standards A.2.17., A.2.22.-A.2.26.]
9. Append a floor plan for designated OTA spaces (classrooms, laboratory, storage, offices, and space for private advising). Indicate whether the space has priority use by the OTA program or is exclusively designated to the OTA program. [Standards A.2.18. – A.2.24.]

**PART III: STUDENTS AND OPERATIONAL POLICIES (If these are located in a handbook, append and reference accordingly.)**

1. Append a copy of the institution's catalog. [Standards A.3.1.-A.4.12.]
2. Append a complete description of anticipated OTA admission policies and procedures. [Standards A.3.1.-A.3.3 and A.4.4.]
3. Append a description of the institution's student support services. [Standard A.3.7.]
4. Append a description of student advisement services/policies. [Standard A.3.8.]
5. Append planned publication material that describes the accreditation status of the OTA program and includes ACOTE's name, address, and telephone number. [Standards A.4.1. and A.4.3.]
6. Append a description of institutional tuition, fees, and refund policies. [Standards A.4.5. and A.4.8.]

**PART IV: STRATEGIC PLAN**

1. Append a strategic plan for the program (Form G, attached) that articulates the program's future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites, etc.). [Standard A.5.1.]

2. Append a faculty development plan (Form F, attached) for the program director that will ensure professional growth as a means of enhancing the knowledge and skills necessary to fulfill the duties of the program director. Briefly describe the institutional support for this plan. [Standard A.5.2.]

**PART V: CURRICULUM FRAMEWORK**

1. Indicate the length of the program in months and describe how the length of study is appropriate to the expected learning and competencies of the graduates [Standard A.6.2.]
2. Append the OTA program's statement of philosophy that reflects the current published philosophy of the profession and includes a statement of the program's fundamental beliefs about human beings and how they learn [Standard A.6.3.]
3. Append the institution's and the OTA program's mission statements. Briefly describe how the mission of the occupational therapy program is consistent with and supportive of the mission of the sponsoring institution. [Standard A.6.4.]
4. Append the OTA program's curriculum design that reflects the mission and philosophy of both the occupational therapy program and the institution; provides the basis for program planning, implementation, and evaluation; and identifies educational goals; and describes the selection of the content, scope, and sequencing of coursework. [Standard A.6.5.]
5. Please indicate if your state mandates a required curriculum in occupational therapy:      \_\_\_ Yes    \_\_\_ No

**PART VI: CONTENT REQUIREMENTS AND FIELDWORK EDUCATION**

1. Append the OTA program's planned course sequence to include course titles, descriptions, credits, semester/quarter offered. [Standards B.1.0. – B.9.13.]
2. Append a detailed description relating how Level I and II fieldwork will be integrated into the total curriculum. Describe a plan (activities/timelines) for securing agreement with fieldwork sites that reflect themes of the curriculum design and realities of the healthcare environment affecting the program. [Standards B.10.0. – B.10.22.]
3. How many fieldwork sites have expressed interest or have committed via letter of agreement/contract to the OTA program? [Standards B.10.0. – B.10.22.]
  - (a) Number of sites interested      \_\_\_\_\_
  - (b) Number of sites committed      \_\_\_\_\_

(Use FORM D, including categories as they are stated in your institution. Please note whether the institution prepares multi-year budgets. If you have no indication of the budget for the next year, please state that.)

1. Indicate fiscal year (e.g., October-September) \_\_\_\_\_
2. Obtain or develop a three-year budget utilizing categories appropriate to the program.

Budget Categories	Previous Year	Present Year	Next Year (est.)
	FY:	FY:	FY:
Faculty Salaries and Benefits			
Other Salaries and Benefits			
Budget Categories*			
Other funds to which the program has access (Specify how such funds are used)			
TOTAL			
% Institutional Funds			
% Restricted Use Funds (i.e., grants, special program funds)			

\* Please provide information on the following areas: supplies, travel for fieldwork coordinator, travel for continuing education, purchased services, equipment, library books, other. Explain, if appropriate.

**FACULTY/PROGRAM DIRECTOR PROFESSIONAL DEVELOPMENT PLAN**

**2006 STANDARDS - FORM F**

*(Completed forms must be signed by both parties in order to be considered valid.)*

*(Program Title)* \_\_\_\_\_

*(College/University Name)* \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Number of Hours worked (*FTE equivalent*): \_\_\_\_\_

Number of Credits Taught (*per academic year*): \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_  
*(Signature required)*

\_\_\_\_\_  
Date

Faculty/PD's Signature: \_\_\_\_\_  
*(Signature required)*

\_\_\_\_\_  
Date

Date Developed: \_\_\_\_\_

Date Revised: \_\_\_\_\_

Connection to Program's Strategic Plan	Goals	Action Steps To Achieve Goal	Timeline	Outcomes/ Revisions/Results

**OT/OTA PROGRAM STRATEGIC PLAN**

**2006 STANDARDS - FORM G**

*(Program Title)* \_\_\_\_\_  
*(College/University Name)* \_\_\_\_\_  
 Years: \_\_\_\_\_

Analysis of program evaluation, internal and external environments:

	<b>Program Evaluation Results</b>	<b>Internal Institutional Environment</b>	<b>External Environment</b>
<b>Strengths</b>			
<b>Concerns</b>			
<b>Opportunities</b>			
<b>Threats</b>			

Institution's Strategic Goal: \_\_\_\_\_.

<b>Long Term Program Goal</b>	<b>Action Steps</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>

Institution's Strategic Goal: \_\_\_\_\_.

<b>Long Term Program Goal</b>	<b>Action Steps</b>	<b>Person(s) Responsible</b>	<b>Due Date for Action</b>	<b>Results / Update</b>

**PART VI: APPROVALS / ENDORSEMENTS**

**By our signatures we verify that:**

- The institution will not admit students to the OTA program or for OTA coursework until ACOTE grants Developing Program Status.
- The sponsoring institution(s) and affiliates, if any, are accredited by recognized national, regional, or state agencies with accrediting authority.
- The sponsoring institution is authorized under applicable law or other acceptable authority to provide a program of postsecondary education and has appropriate degree-granting authority or is a program offered within the military services.
- The occupational therapy assistant program will be established within a community, technical, junior and senior college, university, medical school, vocational school/institution, or military service.
- The sponsoring institution will assume primary responsibility for appointment of faculty, admission of students, curriculum planning, including selection of course content, and granting the certificate or degree documenting satisfactory completion of the educational program. The sponsoring institution will also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.
- The program has a director who is assigned to the occupational therapy assistant program on a full-time basis.
- The program director is an initially certified occupational therapist or occupational therapy assistant who is credentialed according to state requirements. The director has a minimum of five years of professional experience in occupational therapy in areas related to clinical practice, administration, and teaching. At least one of these years consisted of a full-time academic appointment with teaching responsibilities.
- The program director has academic qualifications comparable to the majority of other administrators who manage similar programs within the institution and relevant experience in higher education requisite for providing effective leadership for the program, its faculty, and its students.
- The program director has an understanding of and experience with occupational therapy assistants, which includes clinical supervision.
- All information provided in this application is to the best of our knowledge accurate and complete.

**Signatures:**

\_\_\_\_\_  
*Signature of President/CEO*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Dean or Administrator*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of OTA Program Director*

\_\_\_\_\_  
*Date*