

Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guidelines

December 2010

<p style="text-align: center;">2006 ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)</p>	<p style="text-align: center;">2006 ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)</p>	<p style="text-align: center;">2006 ACCREDITATION STANDARDS FOR AN EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT (Effective 1/1/08)</p>
<p>PREAMBLE</p>		
<p>The rapidly changing and dynamic nature of contemporary health and human services delivery systems provides challenging opportunities for the occupational therapist to use knowledge and skills in a practice area as a direct care provider, consultant, educator, manager, leader, researcher, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited doctoral-degree-level occupational therapy program must</p> <ul style="list-style-type: none"> • Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of academic and fieldwork education. • Be prepared to articulate and apply occupational therapy theory and evidence-based evaluations and interventions to achieve expected outcomes as related to occupation. • Be prepared to be a lifelong learner and keep current with evidence-based professional practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process. 	<p>The rapidly changing and dynamic nature of contemporary health and human services delivery systems requires the occupational therapist to possess basic skills as a direct care provider, consultant, educator, manager, researcher, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited master’s-degree-level occupational therapy program must</p> <ul style="list-style-type: none"> • Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of academic and fieldwork education. • Be prepared to articulate and apply occupational therapy theory and evidence-based evaluations and interventions to achieve expected outcomes as related to occupation. • Be prepared to be a lifelong learner and keep current with evidence-based professional practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process. 	<p>The rapidly changing and dynamic nature of contemporary health and human services delivery systems requires the occupational therapy assistant to possess basic skills as a direct care provider, educator, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited occupational therapy assistant program must</p> <ul style="list-style-type: none"> • Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity. • Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service. • Have achieved entry-level competence through a combination of academic and fieldwork education. • Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation. • Be prepared to be a lifelong learner and keep current with the best practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and occupational therapy assistant in the supervisory process.

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<ul style="list-style-type: none"> • Be prepared to advocate as a professional for the occupational therapy services offered and for the recipients of those services. • Be prepared to be an effective consumer of the latest research and knowledge bases that support practice and contribute to the growth and dissemination of research and knowledge. • Demonstrate in-depth knowledge of delivery models, policies, and systems related to the area of practice in settings where occupational therapy is currently practiced and where it is emerging as a service. • Demonstrate thorough knowledge of evidence-based practice. • Demonstrate active involvement in professional development, leadership, and advocacy. • Relate theory to practice and demonstrate synthesis of advanced knowledge in a practice area through completion of a culminating project. • Develop in-depth experience in one or more of the following areas through completion of a doctoral experiential component: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development. 	<ul style="list-style-type: none"> • Be prepared to advocate as a professional for the occupational therapy services offered and for the recipients of those services. • Be prepared to be an effective consumer of the latest research and knowledge bases that support practice and contribute to the growth and dissemination of research and knowledge. 	<ul style="list-style-type: none"> • Be prepared to advocate as a professional for the occupational therapy services offered and for the recipients of those services.

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SECTION A: GENERAL REQUIREMENTS FOR ACCREDITATION					
A.1.0. SPONSORSHIP AND ACCREDITATION					
A.1.1.	The sponsoring institution(s) and affiliates, if any, must be accredited by recognized national, regional, or state agencies with accrediting authority. For programs in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	A.1.1.	The sponsoring institution(s) and affiliates, if any, must be accredited by recognized national, regional, or state agencies with accrediting authority. For programs in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	A.1.1.	The sponsoring institution(s) and affiliates, if any, must be accredited by recognized national, regional, or state agencies with accrediting authority.
<p><i>THE FOLLOWING IS A LIST OF USDE-RECOGNIZED NATIONAL AND REGIONAL ACCREDITING BODIES THAT ACCREDIT OR OTHERWISE RECOGNIZE INSTITUTIONS:</i></p> <ul style="list-style-type: none"> • ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS • ACCREDITING COMMISSION OF CAREER SCHOOLS AND COLLEGES OF TECHNOLOGY • ACCREDITING COMMISSION OF THE DISTANCE EDUCATION AND TRAINING COUNCIL • ACCREDITING COUNCIL FOR INDEPENDENT COLLEGES AND SCHOOLS • COUNCIL ON OCCUPATIONAL EDUCATION • HIGHER LEARNING COMMISSION OF THE NORTH CENTRAL ASSOCIATION OF COLLEGES AND SCHOOLS • MIDDLE STATES ASSOCIATION OF COLLEGES AND SCHOOLS • NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES • NORTHWEST COMMISSION ON COLLEGES AND UNIVERSITIES • SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS • WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES 					
A.1.2.	Sponsoring institutions must be authorized under applicable law or other acceptable authority to provide a program of post-secondary education and have appropriate doctoral-degree-granting authority.	A.1.2.	Sponsoring institutions must be authorized under applicable law or other acceptable authority to provide a program of post-secondary education and have appropriate degree-granting authority.	A.1.2.	Sponsoring institutions must be authorized under applicable law or other acceptable authority to provide a program of post-secondary education, have appropriate degree-granting authority, or be a program offered within the military services.
A.1.3.	Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.	A.1.3.	Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.	A.1.3.	Accredited occupational therapy assistant educational programs may be established only in community, technical, junior and senior colleges, universities, medical schools, vocational schools or institutions, or military services.
A.1.4.	The sponsoring institution must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution must also be	A.1.4.	The sponsoring institution must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution must also be	A.1.4.	The sponsoring institution must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution must also be responsible

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	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.		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.		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.
<i>THE DEGREES MOST COMMONLY CONFERRED ARE THE OCCUPATIONAL THERAPY DOCTORATE (OTD) AND DOCTOR OF OCCUPATIONAL THERAPY (DrOT).</i>		<i>THE DEGREES MOST COMMONLY CONFERRED ARE THE MASTER OF OCCUPATIONAL THERAPY (MOT), MASTER OF SCIENCE IN OCCUPATIONAL THERAPY (MSOT), AND MASTER OF SCIENCE (MS). PROGRAMS OFFERING COMBINED BACCALAUREATE/MASTER'S (BS/MS OR BS/MOT) DEGREES ARE STRONGLY ENCOURAGED TO AVOID USING "BACCALAUREATE IN OCCUPATIONAL THERAPY" AS THE BACCALAUREATE PORTION OF THE DEGREE NAME TO AVOID CONFUSING THE PUBLIC. DEGREE NAMES FOR THE BACCALAUREATE PORTION OF THE PROGRAM MOST COMMONLY USED ARE "BACCALAUREATE IN HEALTH SCIENCES," "BACCALAUREATE IN ALLIED HEALTH," "BACCALAUREATE IN OCCUPATIONAL SCIENCE," AND "BACCALAUREATE IN HEALTH STUDIES."</i>		<i>THE DEGREES MOST COMMONLY CONFERRED ARE THE ASSOCIATE OF APPLIED SCIENCE (AAS) AND ASSOCIATE OF SCIENCE (AS).</i>	
A.1.5.	<p>The sponsoring institution or program must</p> <ul style="list-style-type: none"> • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Submit a Letter of Intent to add or change a program degree level at least 1 year prior to the planned admission of students into that level. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. 	A.1.5.	<p>The sponsoring institution or program must</p> <ul style="list-style-type: none"> • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Submit a Letter of Intent to add or change a program degree level at least 1 year prior to the planned admission of students into that level. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. 	A.1.5.	<p>The sponsoring institution or program must</p> <ul style="list-style-type: none"> • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Submit a Letter of Intent to add or change a program degree level at least 1 year prior to the planned admission of students into that level. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date.

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	<ul style="list-style-type: none"> Submit a Report of Self-Study and other required reports (e.g., Biennial Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. Agree to a site visit date before the end of the period for which accreditation was previously awarded. Demonstrate honesty and integrity in all interactions with ACOTE. 		<ul style="list-style-type: none"> Submit a Report of Self-Study and other required reports (e.g., Biennial Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. Agree to a site visit date before the end of the period for which accreditation was previously awarded. Demonstrate honesty and integrity in all interactions with ACOTE. 		<ul style="list-style-type: none"> Submit a Report of Self-Study and other required reports (e.g., Biennial Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information. Agree to a site visit date before the end of the period for which accreditation was previously awarded. Demonstrate honesty and integrity in all interactions with ACOTE.
<p><i>THE INSTITUTION AND THE ACCREDITED PROGRAM WILL BE ADVISED THAT THE PROGRAM IS ON ADMINISTRATIVE PROBATIONARY ACCREDITATION WHEN THE PROGRAM DOES NOT COMPLY WITH ONE OR MORE OF THE ABOVE ADMINISTRATIVE REQUIREMENTS FOR MAINTAINING ACCREDITATION. THE POLICIES AND PROCEDURES FOR ADMINISTRATIVE PROBATIONARY ACCREDITATION ARE DETAILED IN ACOTE POLICY IV.C., "CLASSIFICATION OF ACCREDITATION CATEGORIES."</i></p> <p><i>THE PROGRAM IS ALSO RESPONSIBLE FOR COMPLYING WITH THE CURRENT REQUIREMENTS OF ALL ACOTE POLICIES, INCLUDING THE REQUIREMENT FOR THE PROGRAM TO SUBMIT A LETTER OF INTENT TO SEEK ACCREDITATION FOR AN ADDITIONAL LOCATION (E.G., SATELLITE LOCATION) AT LEAST 12 MONTHS PRIOR TO THE PLANNED ADMISSION OF STUDENTS INTO THAT ADDITIONAL LOCATION.</i></p>					
A.2.0. ACADEMIC RESOURCES					
A.2.1.	The program must have a director who is assigned to the occupational therapy educational program on a full-time basis. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must ensure that the needs of the program are being met.	A.2.1.	The program must have a director who is assigned to the occupational therapy educational program on a full-time basis. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must ensure that the needs of the program are being met.	A.2.1.	The program must have a director who is assigned to the occupational therapy educational program on a full-time basis. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must ensure that the needs of the program are being met.
<p><i>THE STANDARD DOES NOT ALLOW THE APPOINTMENT OF CODIRECTORS. IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD IN ORDER FOR THE AREA OF NONCOMPLIANCE TO BE REMOVED.</i></p>					
A.2.2.	The program director must be an initially certified occupational therapist who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The director must hold a doctoral degree.	A.2.2.	The program director must be an initially certified occupational therapist who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The director must hold academic qualifications comparable to the majority of other program directors within the institutional unit (e.g., division, college, school) to which the program is assigned. By July 1, 2012, the program director must hold a doctoral degree.	A.2.2.	The program director must 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. The director must hold academic qualifications comparable to the majority of other program directors within the institutional unit (e.g., division, college, school) to which the program is assigned. By July 1, 2012, the program director must hold a minimum of a master's degree.

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<i>IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD IN ORDER FOR THE AREA OF NONCOMPLIANCE TO BE REMOVED.</i>					
<i>THE DOCTORAL-DEGREE REQUIREMENT IS NOT LIMITED TO A DOCTORATE IN OCCUPATIONAL THERAPY.</i>		<i>IF ALL, OR A CLEAR MAJORITY, OF PROGRAM DIRECTORS WITHIN THE UNIT TO WHICH THE PROGRAM IS ASSIGNED HAVE DOCTORATES PRIOR TO JULY 1, 2012, THEN THE OT PROGRAM DIRECTOR MUST ALSO HOLD A DOCTORATE. IF SOME PROGRAM DIRECTORS HAVE DOCTORATES, BUT THE MAJORITY OF THEM HAVE MASTER'S DEGREES, THEN THE OT DIRECTOR WITH A MASTER'S DEGREE IS ACCEPTABLE UNTIL JULY 1, 2012. WHEN ASSESSING "CLEAR MAJORITY," THE CREDENTIALS HELD BY THE OT PROGRAM DIRECTOR ARE CONSIDERED. IF THE DEGREE LEVELS WITHIN THE UNIT (INCLUDING THE OT PROGRAM DIRECTOR), ARE EVENLY DIVIDED, THEN COMPARABILITY WITH THE DEGREES OF PROGRAM DIRECTORS AT THE NEXT HIGHER LEVEL WITHIN THE INSTITUTIONAL STRUCTURE MAY BE CONSIDERED.</i> <i>THE DOCTORAL-DEGREE REQUIREMENT IS NOT LIMITED TO A DOCTORATE IN OCCUPATIONAL THERAPY.</i>		<i>IF ALL, OR A CLEAR MAJORITY, OF PROGRAM DIRECTORS WITHIN THE UNIT TO WHICH THE PROGRAM IS ASSIGNED HAVE MASTER'S OR DOCTORAL DEGREES PRIOR TO JULY 1, 2012, THEN THE OTA PROGRAM DIRECTOR MUST HOLD A MINIMUM OF A MASTER'S DEGREE. IF SOME PROGRAM DIRECTORS HAVE MASTER'S DEGREES, BUT THE MAJORITY OF THEM HAVE BACHELOR'S DEGREES, THEN THE OTA DIRECTOR WITH A BACHELOR'S DEGREE IS ACCEPTABLE UNTIL JULY 1, 2012. WHEN ASSESSING "CLEAR MAJORITY," THE CREDENTIALS HELD BY THE OTA PROGRAM DIRECTOR ARE CONSIDERED. IF THE DEGREE LEVELS WITHIN THE UNIT (INCLUDING THE OTA PROGRAM DIRECTOR), ARE EVENLY DIVIDED, THEN COMPARABILITY WITH THE DEGREES OF PROGRAM DIRECTORS AT THE NEXT HIGHER LEVEL WITHIN THE INSTITUTIONAL STRUCTURE MAY BE CONSIDERED.</i> <i>THE MASTER'S-DEGREE REQUIREMENT IS NOT LIMITED TO A MASTER'S IN OCCUPATIONAL THERAPY.</i>	
<i>EFFECTIVE JANUARY 1, 2012, DEGREES ARE ONLY CONSIDERED ACCEPTABLE IF THEY WERE AWARDED BY AN INSTITUTION THAT IS ACCREDITED BY A USDE-RECOGNIZED NATIONAL OR REGIONAL ACCREDITING BODY. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS. FACULTY WITH DEGREES FROM NON-ACCREDITED INSTITUTIONS THAT WERE AWARDED PRIOR TO JANUARY 1, 2012 ARE CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</i>					
A.2.3.	The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include clinical practice as an occupational therapist, administrative or supervisory experience, clinical research, and at least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postbaccalaureate level.	A.2.3.	The program director must have a minimum of 6 years of experience in the field of occupational therapy, including practice as an occupational therapist, administrative or supervisory experience, and at least 2 years of experience in a full-time academic appointment with teaching responsibilities.	A.2.3.	The program director must have a minimum of 5 years of experience in the field of occupational therapy, including practice as an occupational therapist or occupational therapy assistant, administrative or supervisory experience, and at least 1 year of experience in a full-time academic appointment with teaching responsibilities.
<i>THE REQUIREMENT FOR ADMINISTRATIVE EXPERIENCE IS INTENDED TO ENSURE THAT THE DIRECTOR OF AN OCCUPATIONAL THERAPY OR OCCUPATIONAL THERAPY ASSISTANT PROGRAM HAS DOCUMENTED EXPERIENCE IN AREAS NECESSARY FOR THE POSITION, INCLUDING RESPONSIBILITIES FOR AT LEAST THE FOLLOWING: PROGRAM PLANNING, ADMINISTRATION, EVALUATION, BUDGETING, AND SELECTION AND SUPERVISION OF PERSONNEL. ADMINISTRATIVE EXPERIENCE MAY BE WITHIN OR EXTEND BEYOND THE PARAMETERS OF OCCUPATIONAL THERAPY. IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD IN ORDER FOR THE AREA OF NONCOMPLIANCE TO BE REMOVED.</i>					
				A.2.4.	The program director must have an understanding of and experience with occupational therapy assistants.

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A.2.4.	The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.	A.2.4.	The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.	A.2.5.	The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.
<i>AT EACH ACCREDITED ADDITIONAL LOCATION, A DESIGNATED “SITE COORDINATOR” MUST BE IDENTIFIED WITH A DOCUMENTED JOB DESCRIPTION THAT ASSURES UNIFORM IMPLEMENTATION OF THE PROGRAM AND PROVIDES A MECHANISM FOR ONGOING COMMUNICATION WITH THE PROGRAM DIRECTOR. THE SITE COORDINATOR MAY BE EITHER A FULL-TIME OR PART-TIME APPOINTMENT. (EFFECTIVE 1/1/2009)</i>					
				A.2.6.	In addition to the program director, the program must have at least one full-time equivalent (FTE) faculty position at each accredited location where the program is offered. This position may be shared by several individuals who teach as adjunct faculty and have one or more additional responsibilities related to student advisement, fieldwork administration or supervision, committee work, program planning, evaluation, recruitment, and marketing activities.
A.2.5.	The program director and faculty must possess the academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.	A.2.5.	The program director and faculty must possess the academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.	A.2.7.	The program director and faculty must possess the academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.
A.2.6.	The program must document policies and procedures to ensure that the program director and faculty are aware of and abide by the current code of ethics of the profession of occupational therapy.	A.2.6.	The program must document policies and procedures to ensure that the program director and faculty are aware of and abide by the current code of ethics of the profession of occupational therapy.	A.2.8.	The program must document policies and procedures to ensure that the program director and faculty are aware of and abide by the current code of ethics of the profession of occupational therapy.
<i>COMPLIANCE WITH THIS STANDARD MAY BE DOCUMENTED WITH SIGNED STATEMENTS THAT THE PROGRAM DIRECTOR AND EACH FACULTY MEMBER UNDERSTAND AND AGREE TO ABIDE BY THE CURRENT OCCUPATIONAL THERAPY ETHICS STANDARDS. THE PROGRAM MUST ALSO HAVE A WRITTEN POLICY AND PROCEDURE FOR HANDLING ANY ETHICAL VIOLATIONS THAT MAY OCCUR WITH ANY FACULTY MEMBER. THE INSTITUTIONAL POLICIES AND PROCEDURES WOULD MEET THIS STANDARD.</i>					

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A.2.7.	The program must identify an individual responsible for the experiential component of the program and ensure the program's compliance with the requirements of Standards Section B.10.0 and B.11.0. This individual must be a licensed or credentialed occupational therapist. Coordinators who hold a faculty position must meet the requirements of Standard A.2.9.	A.2.7.	The program must identify an individual as academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section B.10.0. This individual must be a licensed or credentialed occupational therapist. Academic fieldwork coordinators who hold a faculty position must meet the requirements of Standard A.2.9.	A.2.9.	The program must identify an individual as academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section B.10.0. This individual must be a licensed or credentialed occupational therapist or occupational therapy assistant. Academic fieldwork coordinators who hold a faculty position must meet the requirements of Standard A.2.11.
<i>THE ACADEMIC FIELDWORK OR EXPERIENTIAL COORDINATOR POSITION MAY BE DESIGNATED BY THE INSTITUTION AS A FACULTY OR A PROFESSIONAL STAFF POSITION. IF THE FIELDWORK COORDINATOR IS NOT DESIGNATED AS FACULTY AND THE MAJORITY OF HIS OR HER RESPONSIBILITY IS FIELDWORK COORDINATION, HE OR SHE MAY TEACH COURSES THAT TOTAL 50% OR LESS OF A FULL-TIME TEACHING LOAD AS DEFINED BY THE INSTITUTION WITHOUT MEETING THE FACULTY DEGREE REQUIREMENTS OF STANDARD A.2.9. (DOCTORAL & MASTERS) OR STANDARD A.2.11. (OTA).</i>					
A.2.8.	The faculty must include currently licensed or credentialed occupational therapists.	A.2.8.	The faculty must include currently licensed or credentialed occupational therapists.	A.2.10.	The faculty must include currently licensed or credentialed occupational therapists and occupational therapy assistants.
<i>THE INTENT OF THIS STANDARD IS THAT ALL FACULTY WHO ARE OCCUPATIONAL THERAPISTS OR OCCUPATIONAL THERAPY ASSISTANTS ARE LICENSED. IF A PROGRAM IS OFFERED BY DISTANCE EDUCATION AND A FACULTY MEMBER RESIDES IN A DIFFERENT STATE, OR IF A PROGRAM IS LOCATED NEAR A BORDER AND A FACULTY MEMBER RESIDES IN A NEIGHBORING STATE, THE FACULTY MEMBER MAY HOLD A LICENSE IN THEIR STATE OF RESIDENCE, UNLESS REQUIRED BY THE PROGRAM TO HOLD A LICENSE IN THE STATE IN WHICH THE PROGRAM IS LOCATED. IN A STATE OR JURISDICTION WHERE LICENSING IS NOT AVAILABLE, A CREDENTIAL COMPARABLE TO LICENSING MAY BE USED.</i>					
				<i>IN PROGRAMS WHERE THE PROGRAM DIRECTOR IS AN OCCUPATIONAL THERAPY ASSISTANT, AN OCCUPATIONAL THERAPIST MUST BE INCLUDED ON FACULTY AND CONSTITUTE AT LEAST PART OF THE SECOND (ADDITIONAL) FULL-TIME EQUIVALENT. IN A PROGRAM WHERE THERE ARE ONLY OCCUPATIONAL THERAPISTS ON FACULTY, THE PROGRAM MUST DEMONSTRATE THAT THE OCCUPATIONAL THERAPY ASSISTANT IS INVOLVED IN THE PROGRAM IN OTHER WAYS AS A GUEST LECTURER, ADJUNCT FACULTY, OR TEACHING ASSISTANT.</i>	
A.2.9.	All full-time faculty teaching in the program must hold a doctoral degree.	A.2.9.	All full-time faculty must hold a minimum of a master's degree. By July 1, 2012, the majority of full-time faculty who are occupational therapists must hold a doctoral degree.	A.2.11.	By July 1, 2012, all occupational therapy assistant faculty who are either full-time or who comprise the second FTE faculty position must hold a minimum of a baccalaureate degree.

2006 ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR AN EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT (Effective 1/1/08)	
<i>FULL-TIME FACULTY INCLUDES ALL PERSONS WHO ARE EMPLOYED FULL-TIME BY THE INSTITUTION, WHO ARE APPOINTED PRIMARILY TO THE OCCUPATIONAL THERAPY PROGRAM, AND WHOSE JOB RESPONSIBILITIES INCLUDE TEACHING, REGARDLESS OF THE POSITION TITLE (E.G., FULL-TIME INSTRUCTIONAL STAFF AND CLINICAL INSTRUCTORS WOULD BE CONSIDERED FACULTY). REFER TO STANDARD A.2.7 FOR THE ACADEMIC FIELDWORK COORDINATOR'S DEGREE REQUIREMENTS.</i>		<i>FULL-TIME FACULTY INCLUDES ALL PERSONS WHO ARE EMPLOYED FULL-TIME BY THE INSTITUTION, WHO ARE APPOINTED PRIMARILY TO THE OCCUPATIONAL THERAPY PROGRAM, AND WHOSE JOB RESPONSIBILITIES INCLUDE TEACHING, REGARDLESS OF THE POSITION TITLE (E.G., FULL-TIME INSTRUCTIONAL STAFF AND CLINICAL INSTRUCTORS WOULD BE CONSIDERED FACULTY). REFER TO STANDARD A.2.7 FOR THE ACADEMIC FIELDWORK COORDINATOR'S DEGREE REQUIREMENTS.</i>			
<i>THE DOCTORAL-DEGREE REQUIREMENT IS NOT LIMITED TO A DOCTORATE IN OCCUPATIONAL THERAPY.</i>		<i>THE DOCTORAL-DEGREE REQUIREMENT IS NOT LIMITED TO A DOCTORATE IN OCCUPATIONAL THERAPY. FOR AN EVEN NUMBER OF FACULTY, AT LEAST HALF MUST HOLD DOCTORATES. FOR AN ODD NUMBER OF FACULTY, HALF PLUS ONE MUST HOLD DOCTORATES. THE PROGRAM DIRECTOR IS COUNTED AS A FACULTY MEMBER.</i>			
<i>EFFECTIVE JANUARY 1, 2012, DEGREES ARE ONLY CONSIDERED ACCEPTABLE IF THEY WERE AWARDED BY AN INSTITUTION THAT IS ACCREDITED BY A USDE-RECOGNIZED NATIONAL OR REGIONAL ACCREDITING BODY. FOR DEGREES FROM INSTITUTIONS IN COUNTRIES OTHER THAN THE UNITED STATES, ACOTE WILL DETERMINE AN ALTERNATIVE AND EQUIVALENT EXTERNAL REVIEW PROCESS. FACULTY WITH DEGREES FROM NON-ACCREDITED INSTITUTIONS THAT WERE AWARDED PRIOR TO JANUARY 1, 2012 ARE CONSIDERED ACCEPTABLE TO MEET THIS STANDARD.</i>					
A.2.10.	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).	A.2.10.	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).	A.2.12.	The faculty must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).
<i>EVIDENCE OF EXPERTISE IN TEACHING ASSIGNMENTS MIGHT INCLUDE DOCUMENTATION OF RECENT CONTINUING EDUCATION, RELEVANT EXPERIENCE, FACULTY DEVELOPMENT PLAN REFLECTING ACQUISITION OF NEW CONTENT, INCORPORATION OF FEEDBACK FROM COURSE EVALUATIONS, AND OTHER SOURCES.</i>					
A.2.11.	The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number and must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.	A.2.11.	The occupational therapy faculty at each accredited location where the program is offered must be sufficient in number and must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.	A.2.13.	The occupational therapy assistant faculty at each accredited location where the program is offered must be sufficient in number and must possess the expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.
<i>THE TERMS "SUFFICIENT IN NUMBER" AND "POSSESS THE EXPERTISE NECESSARY" ARE INTERPRETED IN COMBINATION, AS STATED. THE INTENT IS TO ASSURE DELIVERY OF THE BROAD SCOPE OF OCCUPATIONAL THERAPY PRACTICE BY INDIVIDUALS COMPETENT IN THOSE AREAS. MULTIPLE ADJUNCTS, PART-TIME FACULTY, OR FULL-TIME FACULTY MAY BE CONFIGURED TO MEET THIS GOAL.</i>					
<i>AT EACH ACCREDITED ADDITIONAL LOCATION WHERE THE PROGRAM IS OFFERED, THE PROGRAM MUST HAVE AT LEAST ONE FULL-TIME EQUIVALENT (FTE) FACULTY POSITION. THIS POSITION MAY BE SHARED BY SEVERAL INDIVIDUALS WHO TEACH AS ADJUNCT FACULTY AND HAVE ONE OR MORE ADDITIONAL RESPONSIBILITIES RELATED TO STUDENT ADVISEMENT, FIELDWORK ADMINISTRATION OR SUPERVISION, COMMITTEE WORK, PROGRAM PLANNING, EVALUATION, RECRUITMENT, AND MARKETING ACTIVITIES. THE INDIVIDUAL DESIGNATED AS SITE COORDINATOR MAY SERVE AS ALL OR A PORTION OF THE ADDITIONAL FTE.</i>					

2006 ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR AN EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST ASSISTANT (Effective 1/1/08)	
A.2.12.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.	A.2.12.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.	A.2.14.	Faculty responsibilities must be consistent with and supportive of the mission of the institution.
A.2.13.	The faculty–student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.	A.2.13.	The faculty–student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.	A.2.15.	The faculty–student ratio must permit the achievement of the purpose and stated objectives for laboratory and lecture courses, be compatible with accepted practices of the institution for similar programs, and ensure student and consumer safety.
A.2.14.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.	A.2.14.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements, including support for any portion of the program offered by distance education.	A.2.16.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic and administrative requirements including support for any portion of the program offered by distance education.
A.2.15.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program’s obligation to matriculated and entering students.	A.2.15.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program’s obligation to matriculated and entering students.	A.2.17.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program’s obligation to matriculated and entering students.
A.2.16.	Classrooms and laboratories must be provided that are consistent with the program’s educational objectives, teaching methods, number of students, and safety and health standards of the institution, and must allow for efficient operation of the program. If any portion of the program is offered by distance education, technology and resources must be adequate to support a distance-learning environment.	A.2.16.	Classrooms and laboratories must be provided that are consistent with the program’s educational objectives, teaching methods, number of students, and safety and health standards of the institution, and must allow for efficient operation of the program. If any portion of the program is offered by distance education, technology and resources must be adequate to support a distance-learning environment.	A.2.18.	Classrooms and laboratories must be provided that are consistent with the program’s educational objectives, teaching methods, number of students, and safety and health standards of the institution, and must allow for efficient operation of the program. If any portion of the program is offered by distance education, technology and resources must be adequate to support a distance-learning environment.
<i>IF THE PROGRAM OFFERS DISTANCE EDUCATION OR CORRESPONDENCE EDUCATION, IT MUST INCLUDE A PROCESS THROUGH WHICH THE PROGRAM ESTABLISHES THAT THE STUDENT WHO REGISTERS IN A DISTANCE EDUCATION OR CORRESPONDENCE EDUCATION COURSE OR PROGRAM IS THE SAME STUDENT WHO PARTICIPATES IN AND COMPLETES THE PROGRAM AND RECEIVES THE ACADEMIC CREDIT.</i>					

2006 ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR AN EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT (Effective 1/1/08)	
A.2.17.	Laboratory space provided by the institution must be assigned to the occupational therapy program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.	A.2.17.	Laboratory space provided by the institution must be assigned to the occupational therapy program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.	A.2.19.	Laboratory space provided by the institution must be assigned to the occupational therapy assistant program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.
A.2.18.	Adequate space must be provided to store and secure equipment and supplies.	A.2.18.	Adequate space must be provided to store and secure equipment and supplies.	A.2.20.	Adequate space must be provided to store and secure equipment and supplies.
A.2.19.	The program director and faculty must have office space consistent with institutional practice.	A.2.19.	The program director and faculty must have office space consistent with institutional practice.	A.2.21.	The program director and faculty must have office space consistent with institutional practice.
A.2.20.	Adequate space must be provided for the private advising of students.	A.2.20.	Adequate space must be provided for the private advising of students.	A.2.22.	Adequate space must be provided for the private advising of students.
A.2.21.	Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic, supervised fieldwork, and experiential components of the curriculum.	A.2.21.	Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic and supervised fieldwork components of the curriculum.	A.2.23.	Appropriate and sufficient equipment and supplies must be provided by the institution for student use and for the didactic and supervised fieldwork components of the curriculum.
A.2.22.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.	A.2.22.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.	A.2.24.	Students must be given access to and have the opportunity to use the evaluative and treatment methodologies that reflect both current practice and practice in the geographic area served by the program.
A.2.23.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed for the practice areas and to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, and resource centers.	A.2.23.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, and resource centers.	A.2.25.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, and resource centers.
A.2.24.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.	A.2.24.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.	A.2.26.	Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.

2006 ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR AN EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT (Effective 1/1/08)	
A.3.0. STUDENTS					
A.3.1.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution and the program design. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	A.3.1.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	A.3.1	Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.
A.3.2.	By July 1, 2010, institutions must require that program applicants hold a baccalaureate degree or higher prior to admission to the program.				
A.3.3.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), residency requirements, and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.	A.3.2.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.	A.3.2.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.
A.3.4.	Programs must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate doctoral Standards.	A.3.3.	Programs must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate master’s Standards.	A.3.3.	Programs must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate OTA Standards.
A.3.5.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.	A.3.4.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.	A.3.4.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.
A.3.6.	Evaluation content and methods must be consistent with the curriculum design; objectives; and competencies of the didactic, fieldwork, and experiential components of the program.	A.3.5.	Evaluation content and methods must be consistent with the curriculum design, objectives, and competencies of the didactic and fieldwork components of the program.	A.3.5.	Evaluation content and methods must be consistent with the curriculum design, objectives, and competencies of the didactic and fieldwork components of the program.
A.3.7.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students’ progress and academic standing.	A.3.6.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students’ progress and academic standing.	A.3.6.	Evaluation must be conducted on a regular basis to provide students and program officials with timely indications of the students’ progress and academic standing.

2006 ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR AN EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT (Effective 1/1/08)	
A.3.8.	Students must be informed of and have access to the student support services that are provided to other students in the institution.	A.3.7.	Students must be informed of and have access to the student support services that are provided to other students in the institution.	A.3.7.	Students must be informed of and have access to the student support services that are provided to other students in the institution.
A.3.9.	Advising related to professional coursework, fieldwork education, and the experiential component of the program must be the responsibility of the occupational therapy faculty.	A.3.8.	Advising related to professional coursework and fieldwork education must be the responsibility of the occupational therapy faculty.	A.3.8.	Advising related to coursework in the occupational therapy assistant program and fieldwork education must be the responsibility of the occupational therapy assistant faculty.
A.4.0. OPERATIONAL POLICIES					
A.4.1.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.	A.4.1.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.	A.4.1.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and Web sites—must accurately reflect the program offered.
A.4.2.	Accurate and current information regarding student outcomes must be readily available to the public in at least one publication or Web page. The following data must be reported as an aggregate for the three most recent calendar years and specify the <ul style="list-style-type: none"> • 3-year time period being reported, • total number of program graduates during that period, • total number of eligible first-time test takers of the national certification examination during that period, • total number of eligible first-time test takers who passed the exam during that period, and • percentage of the total number of eligible first-time test takers who passed the exam during that period. 	A.4.2.	Accurate and current information regarding student outcomes must be readily available to the public in at least one publication or Web page. The following data must be reported as an aggregate for the three most recent calendar years and specify the <ul style="list-style-type: none"> • 3-year time period being reported, • total number of program graduates during that period, • total number of first-time test takers of the national certification examination during that period, • total number of first-time test takers who passed the exam during that period, and • percentage of the total number of first-time test takers who passed the exam during that period. 	A.4.2.	Accurate and current information regarding student outcomes must be readily available to the public in at least one publication or Web page. The following data must be reported as an aggregate for the three most recent calendar years and specify the <ul style="list-style-type: none"> • 3-year time period being reported, • total number of program graduates during that period, • total number of first-time test takers of the national certification examination during that period, • total number of first-time test takers who passed the exam during that period, and • percentage of the total number of first-time test takers who passed the exam during that period.
<p><i>CERTIFICATION EXAM RESULTS ARE READILY AVAILABLE TO PROGRAM DIRECTORS FROM THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT). NBCOT PROVIDES CERTIFICATION EXAM PASS RATE DATA FOR FIRST-TIME TEST TAKERS, WHICH ARE DEFINED AS NEW GRADUATES WHO TOOK THE CERTIFICATION EXAM WITHIN 12 MONTHS AFTER GRADUATION. IF A PROGRAM HAS FEWER THAN 25 FIRST-TIME TAKERS IN THE 3 MOST RECENT CALENDAR YEARS, THE PROGRAM MAY INCLUDE FIRST-TIME TAKERS FROM ADDITIONAL YEARS UNTIL THE TOTAL REACHES 25 OR UNTIL THE 5 MOST RECENT CALENDAR YEARS ARE INCLUDED IN THE TOTAL.</i></p> <p><i>PROGRAMS MAY PROVIDE ADDITIONAL DATA REGARDING STUDENT OUTCOMES. PROGRAMS THAT CHOOSE TO PUBLISH ADDITIONAL DATA SUCH AS EXAM PASS RATES IN DIFFERENT FORMATS (E.G., TOTAL PASS RATE, ANNUAL PASS RATE) MUST ALSO REFLECT THE TIMEFRAME FOR THE PASS RATE PERCENTAGE AND INDICATE WHETHER THE PASS RATE INCLUDES FIRST-TIME TEST TAKERS, REPEAT TAKERS, OR BOTH.</i></p>					

2006 ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR AN EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT (Effective 1/1/08)	
<i>IF STUDENT PASS RATE DATA IS PROVIDED AS PART OF THE INSTITUTION’S ASSESSMENT OUTCOMES, IT MAY BE REPORTED IN A FORMAT CONSISTENT WITH THAT OF COMPARABLE PROGRAMS (E.G., TOTAL PASS RATE, ANNUAL PASS RATE).</i>					
<i>THE INTENT OF THE STANDARD IS THAT COMPARABLE INFORMATION BE READILY AVAILABLE TO THE PUBLIC. IF THE PROGRAM HAS A WEB PAGE, THE 3-YEAR COHORT FIRST-TIME TEST TAKER PASS RATE INFORMATION MUST BE INCLUDED ON THE PROGRAM’S WEB PAGE, OR A REFERENCE TO THE LOCATION OF THAT PASS RATE INFORMATION MUST BE INCLUDED ON THE WEB PAGE.</i>					
A.4.3.	The program’s accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following used by the institution: catalog, Web site, and program-related brochures or flyers available to prospective students.	A.4.3.	The program’s accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following used by the institution: catalog, Web site, and program-related brochures or flyers available to prospective students.	A.4.3.	The program’s accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following used by the institution: catalog, Web site, and program-related brochures or flyers available to prospective students.
<i>SAMPLE WORDING: “THE OCCUPATIONAL THERAPY / OCCUPATIONAL THERAPY ASSISTANT PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA), LOCATED AT 4720 MONTGOMERY LANE, P.O. BOX 31220, BETHESDA, MD 20824-1220. ACOTE’S TELEPHONE NUMBER C/O AOTA IS (301) 652-AOTA.”</i>					
A.4.4.	Faculty recruitment and employment practices, as well as student recruitment and admission procedures, must be nondiscriminatory.	A.4.4.	Faculty recruitment and employment practices, as well as student recruitment and admission procedures, must be nondiscriminatory.	A.4.4.	Faculty recruitment and employment practices, as well as student recruitment and admission procedures, must be nondiscriminatory.
A.4.5.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.	A.4.5.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.	A.4.5.	Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included.
A.4.6.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.	A.4.6.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.	A.4.6.	The program or sponsoring institution must have a defined and published policy and procedure for processing student and faculty grievances.
A.4.7.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.	A.4.7.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.	A.4.7.	Policies and procedures for handling complaints against the program must be published and made known. The program must maintain a record of student complaints that includes the nature and disposition of each complaint.
A.4.8.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.	A.4.8.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.	A.4.8.	Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.

2006 ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR A MASTER’S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST (Effective 1/1/08)		2006 ACCREDITATION STANDARDS FOR AN EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT (Effective 1/1/08)	
A.4.9.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.	A.4.9.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.	A.4.9.	Policies and procedures for student probation, suspension, and dismissal must be published and made known.
A.4.10.	Policies and procedures must be published and made known for human-subject research protocol.	A.4.10.	Policies and procedures must be published and made known for human-subject research protocol.	A.4.10.	Policies and procedures must be published and made known for human-subject research protocol (if applicable to the program).
A.4.11.	Written policies and procedures must be made available to students regarding appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).	A.4.11.	Written policies and procedures must be made available to students regarding appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).	A.4.11.	Written policies and procedures must be made available to students regarding appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures).
A.4.12.	A program admitting students on the basis of ability to benefit (defined by the U.S. Department of Education as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student’s ability to benefit.	A.4.12.	A program admitting students on the basis of ability to benefit (defined by the U.S. Department of Education as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student’s ability to benefit.	A.4.12.	A program admitting students on the basis of ability to benefit (defined by U.S. Department of Education as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student’s ability to benefit.
A.4.13.	Documentation of all progression, retention, residency, graduation, certification, and credentialing requirements must be published and made known to applicants. If applicable, this must include a statement about the potential impact of a felony conviction on a graduate’s eligibility for certification and credentialing.	A.4.13.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. This must include a statement about the potential impact of a felony conviction on a graduate’s eligibility for certification and credentialing.	A.4.13.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. This must include a statement about the potential impact of a felony conviction on a graduate’s eligibility for certification and credentialing.
<p><i>SAMPLE WORDING: “GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPIST ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE INDIVIDUAL WILL BE AN OCCUPATIONAL THERAPIST, REGISTERED (OTR). IN ADDITION, MOST STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE’S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE.”</i></p>				<p><i>SAMPLE WORDING: “GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPY ASSISTANT ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE INDIVIDUAL WILL BE A CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA). IN ADDITION, MOST STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A</i></p>	

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				<i>GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."</i>	
A.4.14.	The program must have a documented and published policy to ensure students complete all graduation, fieldwork, and experiential component requirements in a timely manner. This must include a statement that all Level II fieldwork and the experiential component of the program must be completed within a time frame established by the program.	A.4.14.	The program must have a documented and published policy to ensure students complete all graduation and fieldwork requirements in a timely manner. This must include a statement that all Level II fieldwork be completed within a time frame established by the program.	A.4.14.	The program must have a documented and published policy to ensure students complete all graduation and fieldwork requirements in a timely manner. This must include a statement that all Level II fieldwork be completed within a time frame established by the program.
<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE EXPERIENTIAL COMPONENT OF THE PROGRAM WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>		<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>			
A.4.15.	Records regarding student admission, enrollment, and achievement must be maintained and kept in a secure setting. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution.	A.4.15.	Records regarding student admission, enrollment, and achievement must be maintained and kept in a secure setting. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution.	A.4.15.	Records regarding student admission, enrollment, and achievement must be maintained and kept in a secure setting. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution.
A.5.0. STRATEGIC PLAN AND PROGRAM ASSESSMENT					
<i>FOR PROGRAMS THAT ARE OFFERED AT MORE THAN ONE LOCATION, THE PROGRAM'S STRATEGIC PLAN, EVALUATION PLAN, AND RESULTS OF ONGOING EVALUATION MUST ADDRESS EACH PROGRAM LOCATION.</i>					
A.5.1.	The program must document a current strategic plan that articulates the program's future vision and guides the program development (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork and experiential component sites). A program strategic plan must include, but need not be limited to <ul style="list-style-type: none"> Evidence that the plan is based on program evaluation and an analysis of external and internal environments. Long-term goals that address the vision and mission of both the institution and 	A.5.1.	The program must document a current strategic plan that articulates the program's future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program strategic plan must include, but need not be limited to <ul style="list-style-type: none"> Evidence that the plan is based on program evaluation and an analysis of external and internal environments. Long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the 	A.5.1.	The program must document a current strategic plan that articulates the program's future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program strategic plan must include, but need not be limited to <ul style="list-style-type: none"> Evidence that the plan is based on program evaluation and an analysis of external and internal environments. Long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the

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	<p>program, as well as specific needs of the program.</p> <ul style="list-style-type: none"> • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change. 		<p>program.</p> <ul style="list-style-type: none"> • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change. 		<p>program.</p> <ul style="list-style-type: none"> • Specific measurable action steps with expected timelines by which the program will reach its long-term goals. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.
A.5.2.	<p>The program director and each faculty member who teach two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor. At a minimum the plan must include, but need not be limited to</p> <ul style="list-style-type: none"> • Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to currency in areas of teaching responsibility, teaching effectiveness, research, scholarly activity). • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change. • Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. 	A.5.2.	<p>The program director and each faculty member who teach two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor. At a minimum the plan must include, but need not be limited to</p> <ul style="list-style-type: none"> • Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to currency in areas of teaching responsibility, teaching effectiveness, research, scholarly activity). • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change. • Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. 	A.5.2.	<p>The program director and each faculty member who teach two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor. At a minimum the plan must include, but need not be limited to</p> <ul style="list-style-type: none"> • Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to currency in areas of teaching responsibility, teaching effectiveness, research, scholarly activity). • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change. • Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals.
<p><i>THE PLAN SHOULD REFLECT THE INDIVIDUAL FACULTY MEMBER'S DESIGNATED RESPONSIBILITIES (E.G., EVERY PLAN DOES NOT NEED TO INCLUDE SCHOLARLY ACTIVITY IF THIS IS NOT PART OF THE FACULTY MEMBER'S RESPONSIBILITIES. SIMILARLY, IF THE FACULTY MEMBER'S PRIMARY ROLE IS RESEARCH, HE OR SHE MAY NOT NEED A GOAL RELATED TO TEACHING EFFECTIVENESS).</i></p>					
A.5.3.	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and</p>	A.5.3.	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and</p>	A.5.3.	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for meaningful analysis about the extent to which the program is meeting its stated goals and</p>

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	<p>objectives. This must include, but need not be limited to</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Students' progression through the program. • Fieldwork and experiential component performance evaluation. • Student evaluation of fieldwork and the experiential component experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam, if applicable. • Graduates' job placement and performance based on employer satisfaction. • Graduates' scholarly activity (e.g., presentations, publications, grants obtained, state and national leadership positions, awards). 		<p>objectives. This must include, but need not be limited to</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Students' progression through the program. • Fieldwork performance evaluation. • Student evaluation of fieldwork experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance based on employer satisfaction. 		<p>objectives. This must include, but need not be limited to</p> <ul style="list-style-type: none"> • Faculty effectiveness in their assigned teaching responsibilities. • Students' progression through the program. • Fieldwork performance evaluation. • Student evaluation of fieldwork experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance based on employer satisfaction.
<p><i>IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD IN THE DOCUMENTED PROGRAM EVALUATION PLAN.</i></p>					
A.5.4.	The average total pass rate of OT doctoral program graduates taking the national certification exam for the first time over the three most recent calendar years must be 70% or higher.	A.5.4.	The average total pass rate of OT master's program graduates taking the national certification exam for the first time over the three most recent calendar years must be 70% or higher.	A.5.4.	The average total pass rate of OTA program graduates taking the national certification exam for the first time over the three most recent calendar years must be 70% or higher.
<p><i>IF A PROGRAM HAS FEWER THAN 25 FIRST-TIME TAKERS IN THE 3 MOST RECENT CALENDAR YEARS, THE PROGRAM MAY INCLUDE FIRST-TIME TAKERS FROM ADDITIONAL YEARS UNTIL THE TOTAL REACHES 25 OR UNTIL THE 5 MOST RECENT CALENDAR YEARS ARE INCLUDED IN THE TOTAL.</i></p>					
A.5.5.	Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.	A.5.5.	Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.	A.5.5.	Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.
<p><i>THE INTENT OF STANDARD A.5.5. IS THAT PROGRAMS PREPARE AN ANNUAL REPORT THAT SUMMARIZES AN ANALYSIS OF DATA COLLECTED ABOUT THE EXTENT TO WHICH THE PROGRAM IS MEETING ITS STATED GOALS AND OBJECTIVES AS REQUIRED BY STANDARD A.5.3. (E.G., FACULTY EFFECTIVENESS IN THEIR ASSIGNED TEACHING RESPONSIBILITIES; STUDENTS' PROGRESSION THROUGH THE PROGRAM; FIELDWORK PERFORMANCE EVALUATION, STUDENT EVALUATION OF FIELDWORK EXPERIENCE; STUDENT SATISFACTION WITH THE PROGRAM; GRADUATES' PERFORMANCE ON THE NBCOT CERTIFICATION EXAM; GRADUATES' JOB PLACEMENT AND PERFORMANCE BASED ON EMPLOYER SATISFACTION).</i></p>					

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A.5.6.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	A.5.6.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	A.5.6.	The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.
A.6.0. CURRICULUM FRAMEWORK The curriculum framework is a description of the program that includes the program's mission, philosophy, and curriculum design.					
A.6.1.	The curriculum must ensure preparation to practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.	A.6.1.	The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.	A.6.1.	The curriculum must include preparation for practice as a generalist with a broad exposure to current practice settings (e.g., school, hospital, community, long-term care) and emerging practice areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, children, adolescents, adults, and elderly persons in areas of physical and mental health.
A.6.2.	The curriculum must include course objectives and learning activities demonstrating preparation beyond a generalist level in, but not limited to, practice skills, research skills, administration, leadership, and theory.				
A.6.3.	The OT doctoral degree must be awarded after a period of study such that the total time to the degree, including both pre-professional and professional preparation, equals at least 6 full-time equivalent academic years. The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.	A.6.2.	The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.	A.6.2.	The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.
A.6.4.	The curriculum must include application of knowledge to practice through a combination of experiential activities and a culminating project.				

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A.6.5.	The statement of philosophy of the occupational therapy program must reflect the current published philosophy of the profession and must include a statement of the program's fundamental beliefs about human beings and how they learn.	A.6.3.	The statement of philosophy of the occupational therapy program must reflect the current published philosophy of the profession and must include a statement of the program's fundamental beliefs about human beings and how they learn.	A.6.3.	The statement of philosophy of the occupational therapy assistant program must reflect the current published philosophy of the profession and must include a statement of the program's fundamental beliefs about human beings and how they learn.
A.6.6.	The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution.	A.6.4.	The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution.	A.6.4.	The statement of the mission of the occupational therapy assistant program must be consistent with and supportive of the mission of the sponsoring institution.
<i>THE PROGRAM'S MISSION STATEMENT SHOULD EXPLAIN THE UNIQUE NATURE OF THE PROGRAM AND HOW IT HELPS FULFILL OR ADVANCE THE MISSION OF THE SPONSORING INSTITUTION, INCLUDING RELIGIOUS MISSIONS.</i>					
A.6.7.	The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify educational goals and describe the selection of the content, scope, and sequencing of coursework.	A.6.5.	The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify educational goals and describe the selection of the content, scope, and sequencing of coursework.	A.6.5.	The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify educational goals and describe the selection of the content, scope, and sequencing of coursework.
A.6.8.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.	A.6.6.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.	A.6.6.	The program must have clearly documented assessment measures by which students are regularly evaluated on their acquisition of knowledge, skills, attitudes, and competencies required for graduation.
A.6.9.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.	A.6.7.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.	A.6.7.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) and materials used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.

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SECTION B: SPECIFIC REQUIREMENTS FOR ACCREDITATION					
The specific requirements for accreditation contain the content that a program must include. The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes.					
B.1.0. FOUNDATIONAL CONTENT REQUIREMENTS					
Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the life span. Coursework in these areas may be prerequisite to or concurrent with professional education and must facilitate development of the performance criteria listed below. The student will be able to		Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the life span. Coursework in these areas may be prerequisite to or concurrent with professional education and must facilitate development of the performance criteria listed below. The student will be able to		Program content must be based on a foundation of the liberal arts and sciences. A foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the life span. Coursework in these areas may be prerequisite to or concurrent with occupational therapy assistant education and must facilitate development of the performance criteria listed below. The student will be able to	
B.1.1.	Demonstrate oral and written communication skills.	B.1.1.	Demonstrate oral and written communication skills.	B.1.1.	Demonstrate oral and written communication skills.
B.1.2.	Employ logical thinking, critical analysis, problem solving, and creativity.	B.1.2.	Employ logical thinking, critical analysis, problem solving, and creativity.	B.1.2.	Employ logical thinking, critical analysis, problem solving, and creativity.
B.1.3.	Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (e.g., PowerPoint).	B.1.3.	Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (e.g., PowerPoint).	B.1.3.	Demonstrate competence in basic computer use, including the ability to use databases and search engines to access information, word processing for writing, and presentation software (e.g., PowerPoint).
B.1.4.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	B.1.4.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, biology, anatomy, physiology, neuroscience, and kinesiology or biomechanics.	B.1.4.	Demonstrate knowledge and understanding of the structure and function of the human body to include the biological and physical sciences. Course content must include, but is not limited to, anatomy, physiology, and biomechanics.
B.1.5.	Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and elderly persons). Course content must include, but is not limited to, developmental psychology.	B.1.5.	Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and elderly persons). Course content must include, but is not limited to, developmental psychology.	B.1.5.	Demonstrate knowledge and understanding of human development throughout the life span (infants, children, adolescents, adults, and elderly persons). Course content must include, but is not limited to, developmental psychology.

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B.1.6.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	B.1.6.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	B.1.6.	Demonstrate knowledge and understanding of the concepts of human behavior to include the behavioral and social sciences (e.g., principles of psychology, sociology, abnormal psychology).
B.1.7.	Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	B.1.7.	Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	B.1.7.	Demonstrate knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors and lifestyle choices in contemporary society (e.g., principles of psychology, sociology, and abnormal psychology).
B.1.8.	Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.	B.1.8.	Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.	B.1.8.	Articulate the influence of social conditions and the ethical context in which humans choose and engage in occupations.
B.1.9.	Demonstrate knowledge of global social issues and prevailing health and welfare needs.	B.1.9.	Demonstrate knowledge of global social issues and prevailing health and welfare needs.	B.1.9.	Demonstrate knowledge of global social issues and prevailing health and welfare needs.
B.1.10.	Apply quantitative statistics and qualitative analysis to interpret tests, measurements, and other data.	B.1.10.	Demonstrate the ability to use statistics to interpret tests and measurements.	B.1.10.	Articulate the importance of using statistics, tests, and measurements.
B.1.11.	Demonstrate the ability to use technology in screening, evaluation, intervention, and data analysis as appropriate for the area of practice.				
B.2.0. BASIC TENETS OF OCCUPATIONAL THERAPY					
Coursework must facilitate development of the performance criteria listed below. The student will be able to					
B.2.1.	Explain the history and philosophical base of the profession of occupational therapy and its importance.	B.2.1.	Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.	B.2.1.	Articulate an understanding of the importance of the history and philosophical base of the profession of occupational therapy.
B.2.2.	Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation,	B.2.2.	Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation,	B.2.2.	Describe the meaning and dynamics of occupation and activity, including the interaction of areas of occupation,

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	performance skills, performance patterns, activity demands, context(s), and client factors.		performance skills, performance patterns, activity demands, context(s), and client factors.		performance skills, performance patterns, activity demands, context(s), and client factors.
B.2.3.	Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.	B.2.3.	Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.	B.2.3.	Articulate to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, other audiences, and the general public both the unique nature of occupation as viewed by the profession of occupational therapy and the value of occupation to support participation in context(s) for the client.
B.2.4.	Articulate the importance of balancing areas of occupation with the achievement of health and wellness.	B.2.4.	Articulate the importance of balancing areas of occupation with the achievement of health and wellness.	B.2.4.	Articulate the importance of balancing areas of occupation with the achievement of health and wellness.
B.2.5.	Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.	B.2.5.	Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.	B.2.5.	Explain the role of occupation in the promotion of health and the prevention of disease and disability for the individual, family, and society.
B.2.6.	Analyze the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.	B.2.6.	Analyze the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.	B.2.6.	Understand the effects of physical and mental health, heritable diseases and predisposing genetic conditions, disability, disease processes, and traumatic injury to the individual within the cultural context of family and society on occupational performance.
B.2.7.	Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to formulate an intervention plan.	B.2.7.	Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to formulate an intervention plan.	B.2.7.	Exhibit the ability to analyze tasks relative to areas of occupation, performance skills, performance patterns, activity demands, context(s), and client factors to implement the intervention plan.
B.2.8.	Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.	B.2.8.	Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.	B.2.8.	Use sound judgment in regard to safety of self and others, and adhere to safety regulations throughout the occupational therapy process.
B.2.9.	Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and	B.2.9.	Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and	B.2.9.	Express support for the quality of life, well-being, and occupation of the individual, group, or population to promote physical and mental health and prevention of injury and

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	disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).		disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).		disease considering the context (e.g., cultural, physical, social, personal, spiritual, temporal, virtual).
B.2.10.	Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.	B.2.10.	Use clinical reasoning to explain the rationale for and use of compensatory strategies when desired life tasks cannot be performed.	B.2.10.	Explain the need for and use of compensatory strategies when desired life tasks cannot be performed.
B.2.11.	Analyze, synthesize, evaluate, and apply models of occupational performance and theories of occupation.	B.2.11.	Analyze, synthesize, and apply models of occupational performance and theories of occupation.	B.2.11.	Apply models of occupational performance and theories of occupation.
B.3.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES The program must facilitate the development of the performance criteria listed below. The student will be able to					
B.3.1.	Apply theories that underlie the practice of occupational therapy.	B.3.1.	Describe theories that underlie the practice of occupational therapy.	B.3.1.	Describe basic features of the theories that underlie the practice of occupational therapy.
B.3.2.	Compare, contrast, and integrate a variety of models of practice and frames of reference that are used in occupational therapy.	B.3.2.	Compare and contrast models of practice and frames of reference that are used in occupational therapy.	B.3.2.	Describe models of practice and frames of reference that are used in occupational therapy.
B.3.3.	Use theories, models of practice, and frames of reference to guide and inform evaluation and intervention.	B.3.3.	Discuss how theories, models of practice, and frames of reference are used in occupational therapy evaluation and intervention.	B.3.3.	Analyze and discuss how history, theory, and the sociopolitical climate influence practice.
B.3.4.	Analyze and discuss how history, theory, and the sociopolitical climate influence and are influenced by practice.	B.3.4.	Analyze and discuss how history, theory, and the sociopolitical climate influence practice.		
B.3.5.	Apply theoretical constructs to evaluation and intervention with various types of clients and practice contexts, including population-based approaches, to analyze and effect meaningful occupation.	B.3.5.	Apply theoretical constructs to evaluation and intervention with various types of clients and practice contexts to analyze and effect meaningful occupation.		
B.3.6.	Articulate the process of theory development in occupational therapy and its desired impact and influence on society.	B.3.6.	Discuss the process of theory development and its importance to occupational therapy.		
B.4.0. SCREENING, EVALUATION, AND REFERRAL The process of screening, evaluation, referral, and diagnosis as related to occupational performance and participation must be culturally relevant and based on theoretical perspectives, models of practice, frames of		B.4.0. SCREENING, EVALUATION, AND REFERRAL The process of screening, evaluation, and referral as related to occupational performance and participation must be culturally relevant and based on theoretical		B.4.0. SCREENING AND EVALUATION The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in cooperation with the occupational therapist and must be culturally	

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reference, and available evidence. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to		perspectives, models of practice, frames of reference, and available evidence. The program must facilitate development of the performance criteria listed below. The student will be able to		relevant and based on theoretical perspectives, models of practice, frames of reference, and available evidence. The program must facilitate development of the performance criteria listed below. The student will be able to	
B.4.1.	Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These include, but are not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, significant others, and community.	B.4.1.	Use standardized and nonstandardized screening and assessment tools to determine the need for occupational therapy intervention. These include, but are not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.	B.4.1.	Gather and share data for the purpose of screening and evaluation including, but not limited to, specified screening tools; assessments; skilled observations; checklists; histories; consultations with other professionals; and interviews with the client, family, and significant others.
B.4.2.	Select appropriate assessment tools based on client needs, contextual factors, and psychometric properties of tests. These must be relevant to a variety of populations across the life span, culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.	B.4.2.	Select appropriate assessment tools based on client needs, contextual factors, and psychometric properties of tests. These must be relevant to a variety of populations across the life span, culturally relevant, based on available evidence, and incorporate use of occupation in the assessment process.	B.4.2.	Administer selected assessments using appropriate procedures and protocols (including standardized formats) and use occupation for the purpose of assessment.
B.4.3.	Use appropriate procedures and protocols (including standardized formats) when administering assessments.	B.4.3.	Use appropriate procedures and protocols (including standardized formats) when administering assessments.		
B.4.4.	Evaluate client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes <ul style="list-style-type: none"> The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, 	B.4.4.	Evaluate client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance using standardized and nonstandardized assessment tools includes <ul style="list-style-type: none"> The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, 	B.4.3.	Gather and share data for the purpose of evaluating client(s)' occupational performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation. Evaluation of occupational performance includes <ul style="list-style-type: none"> The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive,

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	<p>integumentary systems).</p> <ul style="list-style-type: none"> • Performance patterns (e.g., habits, routines, roles) and behavior patterns. • Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance. • Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). 		<p>integumentary systems).</p> <ul style="list-style-type: none"> • Performance patterns (e.g., habits, routines, roles) and behavior patterns. • Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance. • Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). 		<p>integumentary systems).</p> <ul style="list-style-type: none"> • Performance patterns (e.g., habits, routines, roles) and behavior patterns. • Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance. • Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
B.4.5.	Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.	B.4.5.	Compare and contrast the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapist and occupational therapy assistant in that process.	B.4.4.	Articulate the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process along with the importance of and rationale for supervision and collaborative work between the occupational therapy assistant and occupational therapist in that process.
B.4.6.	Interpret criterion-referenced and norm-referenced standardized test scores based on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.	B.4.6.	Interpret criterion-referenced and norm-referenced standardized test scores based on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.		
B.4.7.	Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.	B.4.7.	Consider factors that might bias assessment results, such as culture, disability status, and situational variables related to the individual and context.		
B.4.8.	Interpret the evaluation data in relation to accepted terminology of the profession, relevant theoretical frameworks, and interdisciplinary knowledge.	B.4.8.	Interpret the evaluation data in relation to accepted terminology of the profession and relevant theoretical frameworks.		

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B.4.9.	Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.	B.4.9.	Evaluate appropriateness and discuss mechanisms for referring clients for additional evaluation to specialists who are internal and external to the profession.	B.4.5.	Identify when to recommend to the occupational therapist the need for referring clients for additional evaluation.
B.4.10.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.	B.4.10.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.	B.4.6.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services, adhering to applicable facility, local, state, federal, and reimbursement agencies. Documentation must effectively communicate the need and rationale for occupational therapy services.
B.4.11.	Articulate screening and evaluation processes for a practice area. Use evidence-based reasoning to analyze, synthesize, evaluate, and diagnose problems related to occupational performance and participation.				
B.5.0. INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. In addition, this process must consider the continuum of need from individuals to populations. The program must facilitate development of the performance criteria listed below. The student will be able to		B.5.0. INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be culturally relevant; reflective of current occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference. The program must facilitate development of the performance criteria listed below. The student will be able to		B.5.0. INTERVENTION AND IMPLEMENTATION The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational therapist and must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. The program must facilitate development of the performance criteria listed below. The student will be able to	
B.5.1.	Use evaluation findings to diagnose occupational performance and participation based on appropriate theoretical approaches, models of practice, frames of reference, and interdisciplinary knowledge. Develop occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the	B.5.1.	Use evaluation findings based on appropriate theoretical approaches, models of practice, and frames of reference to develop occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant,	B.5.1.	Assist with the development of occupation-based intervention plans and strategies (including goals and methods to achieve them) based on the stated needs of the client as well as data gathered during the evaluation process in collaboration with the client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the

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	<p>client and others. Intervention plans and strategies must be culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:</p> <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems). • Performance patterns (e.g., habits, routines, roles) and behavior patterns. • Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance. • Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). 		<p>reflective of current occupational therapy practice, and based on available evidence. Interventions address the following components:</p> <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems). • Performance patterns (e.g., habits, routines, roles) and behavior patterns. • Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance. • Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations). 		<p>following components:</p> <ul style="list-style-type: none"> • The occupational profile, including participation in activities that are meaningful and necessary for the client to carry out roles in home, work, and community environments. • Client factors, including body functions (e.g., neuromuscular, sensory, visual, perceptual, cognitive, mental) and body structures (e.g., cardiovascular, digestive, integumentary systems). • Performance patterns (e.g., habits, routines, roles) and behavior patterns. • Cultural, physical, social, personal, spiritual, temporal, and virtual contexts and activity demands that affect performance. • Performance skills, including motor (e.g., posture, mobility, coordination, strength, energy), process (e.g., energy, knowledge, temporal organization, organizing space and objects, adaptation), and communication and interaction skills (e.g., physicality, information exchange, relations).
B.5.2.	Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.	B.5.2.	Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.	B.5.2.	Select and provide direct occupational therapy interventions and procedures to enhance safety, wellness, and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.
B.5.3.	Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).	B.5.3.	Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).	B.5.3.	Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).

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B.5.4.	Provide training in self-care, self-management, home management, and community and work integration.	B.5.4.	Provide training in self-care, self-management, home management, and community and work integration.	B.5.4.	Provide training in self-care, self-management, home management, and community and work integration.
B.5.5.	Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception), neuromuscular, and behavioral skills.	B.5.5.	Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception), neuromuscular, and behavioral skills.	B.5.5.	Provide development, remediation, and compensation for physical, cognitive, perceptual, sensory (e.g., vision, tactile, auditory, gustatory, olfactory, pain, temperature, pressure, vestibular, proprioception), neuromuscular, and behavioral skills.
B.5.6.	Provide therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.	B.5.6.	Provide therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.	B.5.6.	Provide therapeutic use of self, including one's personality, insights, perceptions, and judgments as part of the therapeutic process in both individual and group interaction.
B.5.7.	Demonstrate care coordination, case management, and transition services in traditional and emerging practice environments.	B.5.7.	Describe the role of the occupational therapist in care coordination, case management, and transition services in traditional and emerging practice environments.	B.5.7.	Describe the role of the occupational therapy assistant in care coordination, case management, and transition services in traditional and emerging practice environments.
B.5.8.	Modify environments (e.g., home, work, school, community) and adapt processes, including the application of ergonomic principles.	B.5.8.	Modify environments (e.g., home, work, school, community) and adapt processes, including the application of ergonomic principles.	B.5.8.	Modify environments (e.g., home, work, school, community) and adapt processes, including the application of ergonomic principles.
B.5.9.	Design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.	B.5.9.	Articulate principles of and be able to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.	B.5.9.	Articulate principles of and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating systems) used to enhance occupational performance.
B.5.10.	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.	B.5.10.	Provide design, fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices, based on scientific principles of kinesiology, biomechanics, and physics.	B.5.10.	Provide fabrication, application, fitting, and training in orthotic devices used to enhance occupational performance and training in the use of prosthetic devices.
B.5.11.	Provide recommendations and training in techniques to enhance mobility, including physical transfers, wheelchair management,	B.5.11.	Provide recommendations and training in techniques to enhance mobility, including physical transfers, wheelchair management,	B.5.11.	Provide training in techniques to enhance mobility, including physical transfers, wheelchair management, and community

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	and community mobility, and address issues related to driver rehabilitation.		and community mobility, and address issues related to driver rehabilitation.		mobility, and participate in addressing issues related to driving.
B.5.12.	Provide management of feeding and eating to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.	B.5.12.	Provide management of feeding and eating to enable performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.	B.5.12.	Enable feeding and eating performance (including the process of bringing food or fluids from the plate or cup to the mouth, the ability to keep and manipulate food or fluid in the mouth, and the initiation of swallowing) and train others in precautions and techniques while considering client and contextual factors.
B.5.13.	Explain the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions. Demonstrate safe and effective application of superficial thermal and mechanical modalities.	B.5.13.	Explain the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance, including foundational knowledge, underlying principles, indications, contraindications, and precautions. Demonstrate safe and effective application of superficial thermal and mechanical modalities.	B.5.13.	Recognize the use of superficial thermal and mechanical modalities as a preparatory measure to improve occupational performance. Based on the intervention plan, demonstrate safe and effective administration of superficial thermal and mechanical modalities to achieve established goals while adhering to contraindications and precautions.
<p><i>SKILLS, KNOWLEDGE, AND COMPETENCIES FOR ENTRY-LEVEL PRACTICE ARE DERIVED FROM AOTA PRACTICE DOCUMENTS AND NBCOT PRACTICE ANALYSIS STUDIES. SUPERFICIAL THERMAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, HYDROTHERAPY/WHIRLPOOL, CRYOTHERAPY (COLD PACKS, ICE), FLUIDOTHERAPY™, HOT PACKS, PARAFFIN, WATER, AND INFRARED. MECHANICAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, VASOPNEUMATIC DEVICES AND CONTINUOUS PASSIVE MOTION (CPM).</i></p> <p><i>THE WORD “DEMONSTRATE” DOES NOT REQUIRE THAT A STUDENT ACTUALLY PERFORMS THE TASK TO VERIFY KNOWLEDGE AND UNDERSTANDING. THE PROGRAM MAY SELECT THE TYPES OF LEARNING ACTIVITIES AND ASSESSMENTS THAT WILL INDICATE COMPLIANCE WITH THE STANDARD.</i></p> <p><i>FOR THOSE INSTITUTIONS IN STATES WHERE REGULATIONS RESTRICT THE USE OF PHYSICAL AGENT MODALITIES, IT IS RECOMMENDED THAT STUDENTS BE EXPOSED TO THE MODALITIES OFFERED IN PRACTICE TO ALLOW STUDENTS KNOWLEDGE AND EXPERIENCE WITH THESE MODALITIES IN PREPARATION FOR THE NBCOT EXAMINATION AND FOR PRACTICE OUTSIDE OF THE STATE IN WHICH THE EDUCATIONAL INSTITUTION RESIDES.</i></p>					
B.5.14.	Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions.	B.5.14.	Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions.		
<p><i>SKILLS, KNOWLEDGE, AND COMPETENCIES FOR ENTRY-LEVEL PRACTICE ARE DERIVED FROM AOTA PRACTICE DOCUMENTS AND NBCOT PRACTICE ANALYSIS STUDIES. DEEP THERMAL MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, THERAPEUTIC ULTRASOUND AND PHONOPHORESIS. ELECTROTHERAPEUTIC MODALITIES INCLUDE, BUT ARE NOT LIMITED TO, BIOFEEDBACK, NEUROMUSCULAR ELECTRICAL STIMULATION, FUNCTIONAL ELECTRICAL STIMULATION, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION, ELECTRICAL STIMULATION FOR TISSUE REPAIR, HIGH-VOLTAGE GALVANIC STIMULATION, AND IONTOPHORESIS.</i></p>					

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B.5.15.	Develop and promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.	B.5.15.	Develop and promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.	B.5.14.	Promote the use of appropriate home and community programming to support performance in the client’s natural environment and participation in all contexts relevant to the client.
B.5.16.	Demonstrate the ability to educate the client, caregiver, family, significant others, and communities to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.	B.5.16.	Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.	B.5.15.	Demonstrate the ability to educate the client, caregiver, family, and significant others to facilitate skills in areas of occupation as well as prevention, health maintenance, and safety.
B.5.17.	Apply the principles of the teaching–learning process using educational methods to design educational experiences to address the needs of the client, family, significant others, communities, colleagues, other health providers, and the public.	B.5.17.	Apply the principles of the teaching–learning process using educational methods to design educational experiences to address the needs of the client, family, significant others, colleagues, other health providers, and the public.	B.5.16.	Use the teaching–learning process with the client, family, significant others, colleagues, other health providers, and the public. Collaborate with the occupational therapist and learner to identify appropriate educational methods.
B.5.18.	Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, communities, colleagues, other health providers, and the public in a professionally acceptable manner.	B.5.18.	Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.	B.5.17.	Effectively interact through written, oral, and nonverbal communication with the client, family, significant others, colleagues, other health providers, and the public in a professionally acceptable manner.
B.5.19.	Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, sociocultural context, and technological advances.	B.5.19.	Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.	B.5.18.	Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client and the sociocultural context.
B.5.20.	Select and teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.	B.5.20.	Select and teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.	B.5.19.	Teach compensatory strategies, such as use of technology, adaptations to the environment, and involvement of humans and nonhumans in the completion of tasks.
B.5.21.	Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.	B.5.21.	Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants on therapeutic interventions.	B.5.20.	Demonstrate skills of collaboration with occupational therapists on therapeutic interventions.

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B.5.22.	Understand when and how to use the consultative process with groups, programs, organizations, or communities.	B.5.22.	Understand when and how to use the consultative process with groups, programs, organizations, or communities.	B.5.21.	Understand when and how to use the consultative process where appropriate with specific consumers or consumer groups as directed by an occupational therapist.
B.5.23.	Refer to specialists (both internal and external to the profession) for consultation and intervention.	B.5.23.	Refer to specialists (both internal and external to the profession) for consultation and intervention.	B.5.22.	Recognize and communicate the need to refer to specialists (both internal and external to the profession) for consultation and intervention.
B.5.24.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.	B.5.24.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.	B.5.23.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
B.5.25.	Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment. This includes, but is not limited to, identification of client's current status within the continuum of care and the identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client's progression along the continuum toward outcome goals.	B.5.25.	Plan for discharge, in collaboration with the client, by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment. This includes, but is not limited to, identification of client's current status within the continuum of care and the identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming to facilitate the client's progression along the continuum toward outcome goals.	B.5.24.	Facilitate discharge planning by reviewing the needs of the client, caregiver, family, and significant others; resources; and discharge environment, and identify those needs to the occupational therapist, client, and others involved in discharge planning. This includes, but is not limited to, identification of community, human, and fiscal resources; recommendations for environmental adaptations; and home programming.
B.5.26.	Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve outcomes.	B.5.26.	Organize, collect, and analyze data in a systematic manner for evaluation of practice outcomes. Report evaluation results and modify practice as needed to improve outcomes.	B.5.25.	Under the direction of an administrator, manager, or occupational therapist, collect, organize, and report on data for evaluation of practice outcomes.
B.5.27.	Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This includes developing a summary of occupational therapy outcomes, appropriate recommendations and referrals, and discussion with the client and with appropriate others of post-discharge needs.	B.5.27.	Terminate occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. This includes developing a summary of occupational therapy outcomes, appropriate recommendations and referrals, and discussion with the client and with appropriate others of post-discharge needs.	B.5.26.	Recommend to the occupational therapist the need for termination of occupational therapy services when stated outcomes have been achieved or it has been determined that they cannot be achieved. Assist with developing a summary of occupational therapy outcomes, recommendations, and referrals.

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B.5.28.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.	B.5.28.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.	B.5.27.	Document occupational therapy services to ensure accountability of service provision and to meet standards for reimbursement of services. Documentation must effectively communicate the need and rationale for occupational therapy services and must be appropriate to the context in which the service is delivered.
B.5.29.	Provide population-based occupational therapy intervention that addresses occupational needs as identified by a community.				
B.6.0. CONTEXT OF SERVICE DELIVERY Context of service delivery includes the knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided. The program must facilitate development of the performance criteria listed below. The student will be able to		B.6.0. CONTEXT OF SERVICE DELIVERY Context of service delivery includes the knowledge and understanding of the various contexts in which occupational therapy services are provided. The program must facilitate development of the performance criteria listed below. The student will be able to			
B.6.1.	Critically evaluate and address the various contexts of health care, education, community, political, and social systems as they relate to the practice of occupational therapy.	B.6.1.	Differentiate among the contexts of health care, education, community, and social systems as they relate to the practice of occupational therapy.	B.6.1.	Describe the contexts of health care, education, community, and social models or systems as they relate to the practice of occupational therapy.
B.6.2.	Critically analyze the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy.	B.6.2.	Discuss the current policy issues and the social, economic, political, geographic, and demographic factors that influence the various contexts for practice of occupational therapy.	B.6.2.	Identify potential impacts of social, economic, political, geographic, or demographic factors on the practice of occupational therapy.
B.6.3.	Integrate the current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.	B.6.3.	Describe the current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.		

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B.6.4.	Advocate for changes in service delivery policies, effect changes in the system, and identify opportunities to address societal needs.	B.6.4.	Articulate the role and responsibility of the practitioner to address changes in service delivery policies to effect changes in the system, and to identify opportunities in emerging practice areas.	B.6.3.	Identify the role and responsibility of the practitioner to address changes in service delivery policies, to effect changes in the system, and to recognize opportunities in emerging practice areas.
B.6.5.	Critically analyze the trends in models of service delivery and their potential effect on the practice of occupational therapy, including, but not limited to, medical, educational, community, and social models.	B.6.5.	Articulate the trends in models of service delivery and their potential effect on the practice of occupational therapy, including, but not limited to, medical, educational, community, and social models.		
B.6.6.	Use national and international resources in making assessment or intervention choices, and appreciate the influence of international occupational therapy contributions to education, research, and practice.	B.6.6.	Use national and international resources in making assessment or intervention choices, and appreciate the influence of international occupational therapy contributions to education, research, and practice.		
B.7.0. LEADERSHIP AND MANAGEMENT Leadership and management skills include principles and applications of leadership and management theory. The program must facilitate development of the performance criteria listed below. The student will be able to		B.7.0. MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES Management of occupational therapy services includes the application of principles of management and systems in the provision of occupational therapy services to individuals and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to		B.7.0. ASSISTANCE WITH MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES Assistance with management of occupational therapy services includes the application of principles of management and systems in the provision of occupational therapy services to individuals and organizations. The program must facilitate development of the performance criteria listed below. The student will be able to	
B.7.1.	Identify and critically evaluate how the various practice settings (e.g., medical institutions, community practice, school systems) affect the delivery of occupational therapy services for individuals and populations.	B.7.1.	Explain how the various practice settings (e.g., medical institutions, community practice, school systems) affect the delivery of occupational therapy services.	B.7.1.	Identify how the various practice settings (e.g., medical institutions, community practice, school systems) affect the delivery of occupational therapy services.
B.7.2.	Identify and critically evaluate the impact of contextual factors on the management and delivery of occupational therapy services for individuals and populations.	B.7.2.	Describe and discuss the impact of contextual factors on the management and delivery of occupational therapy services.	B.7.2.	Identify the impact of contextual factors on the management and delivery of occupational therapy services.

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B.7.3.	Identify and critically evaluate the systems and structures that create federal and state legislation and regulation and their implications and effects on practice and policy.	B.7.3.	Describe the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.	B.7.3.	Identify the systems and structures that create federal and state legislation and regulation and their implications and effects on practice.
B.7.4.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.	B.7.4.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.	B.7.4.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration under state laws.
B.7.5.	Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer), appeals mechanisms, and documentation requirements that affect society and the practice of occupational therapy.	B.7.5.	Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer), appeals mechanisms, and documentation requirements that affect the practice of occupational therapy.	B.7.5.	Demonstrate knowledge of various reimbursement systems (e.g., federal, state, third-party, private-payer) and documentation requirements that affect the practice of occupational therapy.
B.7.6.	Describe the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.	B.7.6.	Describe the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.	B.7.6.	Identify the mechanisms, systems, and techniques needed to properly maintain, organize, and prioritize workloads and intervention settings including inventories.
B.7.7.	Demonstrate leadership skills in the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs, service delivery options, and formulation and management of staffing for effective service provision.	B.7.7.	Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs, service delivery options, and formulation and management of staffing for effective service provision.	B.7.7.	Demonstrate the ability to participate in the development, marketing, and management of service delivery options.
B.7.8.	Demonstrate leadership skills in the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes.	B.7.8.	Demonstrate the ability to design ongoing processes for quality improvement (e.g., outcome studies analysis) and develop program changes as needed to ensure quality of services and to direct administrative changes.	B.7.8.	Participate in the documentation of ongoing processes for quality improvement and implement program changes as needed to ensure quality of services.
B.7.9.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.	B.7.9.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.	B.7.9.	Identify strategies for effective, competency-based legal and ethical supervision of non-professional personnel.

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B.7.10.	Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.	B.7.10.	Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.	B.7.10.	Describe the ongoing professional responsibility for providing fieldwork education and the criteria for becoming a fieldwork educator.
B.7.11.	Demonstrate knowledge of and the ability to write program development plans for provision of occupational therapy services to individuals and populations.				
B.7.12.	Identify and adapt existing models or develop new service provision models to respond to policy, regulatory agencies, and reimbursement and compliance standards.				
B.7.13.	Identify and develop strategies to enable occupational therapy to respond to society's changing needs.				
B.7.14.	Identify and implement strategies to promote staff development based on evaluation of the personal and professional abilities and competencies of supervised staff as they relate to job responsibilities.				
B.8.0. RESEARCH Application of research includes the ability to read, understand, and conduct research that affects practice and the provision of occupational therapy services. The program must facilitate development of the performance criteria listed below. The student will be able to		B.8.0. RESEARCH Application of research includes the ability to read and understand current research that affects practice and the provision of occupational therapy services. The program must facilitate development of the performance criteria listed below. The student will be able to		B.8.0. PROFESSIONAL LITERATURE Application of professional literature includes the ability to read and understand professional literature and recognize its implications for practice and the provision of occupational therapy services. The program must facilitate development of the performance criteria listed below. The student will be able to	
B.8.1.	Articulate the importance of research, scholarly activities, and the continued development of a body of knowledge relevant to the profession of occupational therapy.	B.8.1.	Articulate the importance of research, scholarly activities, and the continued development of a body of knowledge relevant to the profession of occupational therapy.	B.8.1.	Articulate the importance of professional research and literature and the continued development of the profession.
B.8.2.	Effectively locate, understand, and evaluate information, including the quality of research evidence.	B.8.2.	Effectively locate, understand, and evaluate information, including the quality of research evidence.		

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B.8.3.	Use research literature to make evidence-based decisions.	B.8.3.	Use research literature to make evidence-based decisions.	B.8.2.	Use professional literature to make evidence-based practice decisions in collaboration with the occupational therapist that are supported by research.
B.8.4.	Select, apply, and interpret basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data.	B.8.4.	Understand and use basic descriptive, correlational, and inferential quantitative statistics and code, analyze, and synthesize qualitative data.		
B.8.5.	Understand and critique the validity of research studies, including designs (both quantitative and qualitative) and methodologies.	B.8.5.	Understand and critique the validity of research studies, including designs (both quantitative and qualitative) and methodologies.		
B.8.6.	Demonstrate the skills necessary to design a research proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis.	B.8.6.	Demonstrate the skills necessary to design a research proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis.	B.8.3.	Identify the skills necessary to follow a research protocol including accurate and confidential collection of data and related documentation.
B.8.7.	Design and implement a research study that evaluates clinical practice, service delivery, and/or professional issues.	B.8.7.	Implement one or more aspects of research methodology. These may be simulated or actual and may include, but are not limited to, designing research instruments, collecting data, and analyzing or synthesizing data. These research activities may be completed individually, with a group, or with a faculty member.		
		<p><i>THE INTENT OF STANDARD B.8.7 IS TO EMPHASIZE THE “DOING” PART OF THE RESEARCH PROCESS THAT CAN SUPPORT BEGINNING RESEARCH SKILLS IN A PRACTICE SETTING. SYSTEMATIC REVIEWS THAT REQUIRE ANALYSIS AND SYNTHESIS OF DATA MEET THE REQUIREMENT FOR THIS STANDARD. NARRATIVE REVIEWS DO NOT MEET THIS STANDARD.</i></p> <p><i>A CULMINATING PROJECT RELATED TO RESEARCH IS NOT REQUIRED FOR THE MASTER’S LEVEL. IF IT IS CONSISTENT WITH THE PROGRAM’S CURRICULUM DESIGN AND GOALS, THE PROGRAM MAY CHOOSE TO REQUIRE A CULMINATING RESEARCH LEARNING ACTIVITY (E.G., SYSTEMATIC REVIEW OF LITERATURE, FACULTY-LED RESEARCH ACTIVITY, STUDENT RESEARCH PROJECT).</i></p>			

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B.8.8.	Write scholarly reports appropriate for presentation or for publication in a peer-reviewed journal.	B.8.8.	Demonstrate basic skills necessary to write a research report in a format for presentation or publication.		
<i>EXAMPLES OF SCHOLARLY REPORTS WOULD INCLUDE POSITION PAPERS, WHITE PAPERS, AND PERSUASIVE DISCUSSION PAPERS.</i>					
B.8.9.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for research and practice.	B.8.9.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for research and practice.		
B.8.10.	Complete a culminating project that relates theory to practice and demonstrates synthesis of advanced knowledge in a practice area.				
B.9.0. PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES					
Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. The program must facilitate development of the performance criteria listed below. The student will be able to					
B.9.1.	Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice</i> , and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.	B.9.1.	Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice</i> , and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.	B.9.1.	Demonstrate a knowledge and understanding of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice</i> , and AOTA <i>Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, and employment settings.
B.9.2.	Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.	B.9.2.	Discuss and justify how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.	B.9.2.	Explain and give examples of how the role of a professional is enhanced by knowledge of and involvement in international, national, state, and local occupational therapy associations and related professional associations.
B.9.3.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	B.9.3.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	B.9.3.	Promote occupational therapy by educating other professionals, service providers, consumers, and the public.

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B.9.4.	Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.	B.9.4.	Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.	B.9.4.	Discuss strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
B.9.5.	Discuss professional responsibilities related to liability issues under current models of service provision.	B.9.5.	Discuss professional responsibilities related to liability issues under current models of service provision.	B.9.5.	Identify professional responsibilities related to liability issues under current models of service provision.
B.9.6.	Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.	B.9.6.	Discuss and evaluate personal and professional abilities and competencies as they relate to job responsibilities.	B.9.6.	Identify personal and professional abilities and competencies as they relate to job responsibilities.
B.9.7.	Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, policy developer, program developer, advocate, administrator, consultant, and entrepreneur.	B.9.7.	Discuss and justify the varied roles of the occupational therapist as a practitioner, educator, researcher, consultant, and entrepreneur.	B.9.7.	Identify and appreciate the varied roles of the occupational therapy assistant as a practitioner, educator, and research assistant.
B.9.8.	Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.	B.9.8.	Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.	B.9.8.	Identify and explain the need for supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
B.9.9.	Describe and discuss professional responsibilities and issues when providing service on a contractual basis.	B.9.9.	Describe and discuss professional responsibilities and issues when providing service on a contractual basis.	B.9.9.	Identify professional responsibilities and issues when providing service on a contractual basis.
B.9.10.	Demonstrate strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.	B.9.10.	Explain strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.	B.9.10.	Identify strategies for analyzing issues and making decisions to resolve personal and organizational ethical conflicts.
B.9.11.	Demonstrate a variety of informal and formal ethical dispute–resolution strategies.	B.9.11.	Explain the variety of informal and formal ethical dispute–resolution systems that have jurisdiction over occupational therapy practice.	B.9.11.	Identify the variety of informal and formal ethical dispute–resolution systems that have jurisdiction over occupational therapy practice.
B.9.12.	Describe and implement strategies to assist the consumer in gaining access to occupational therapy and other health and social services.	B.9.12.	Describe and discuss strategies to assist the consumer in gaining access to occupational therapy services.	B.9.12.	Identify strategies to assist the consumer in gaining access to occupational therapy services.

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B.9.13.	Demonstrate advocacy by participating in and exploring leadership positions in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, World Federation of Occupational Therapists, advocacy organizations), consumer access and services, and the welfare of the community.	B.9.13.	Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).	B.9.13.	Demonstrate professional advocacy by participating in organizations or agencies promoting the profession (e.g., American Occupational Therapy Association, state occupational therapy associations, advocacy organizations).
B.10.0. FIELDWORK EDUCATION Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision and for professional role modeling. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will				B.10.0. FIELDWORK EDUCATION Fieldwork education is a crucial part of the preparation of the occupational therapy assistant and is best integrated as a component of the curriculum design. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under supervision and for role modeling. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will	
B.10.1.	Document the criteria and process for selecting fieldwork sites. Ensure that the fieldwork program reflects the sequence, depth, focus, and scope of content in the curriculum design.	B.10.1.	Document the criteria and process for selecting fieldwork sites. Ensure that the fieldwork program reflects the sequence, depth, focus, and scope of content in the curriculum design.	B.10.1.	Document the criteria and process for selecting fieldwork sites. Ensure that the fieldwork program reflects the sequence, depth, focus, and scope of content in the curriculum design.
B.10.2.	Ensure that the academic fieldwork coordinator and faculty collaborate to design fieldwork experiences that strengthen the ties between didactic and fieldwork education.	B.10.2.	Ensure that the academic fieldwork coordinator and faculty collaborate to design fieldwork experiences that strengthen the ties between didactic and fieldwork education.	B.10.2.	Ensure that the academic fieldwork coordinator and faculty collaborate to design fieldwork experiences that strengthen the ties between didactic and fieldwork education.
B.10.3.	Provide fieldwork education in settings that are equipped to meet the curriculum goals, provide educational experiences applicable to the academic program, and have fieldwork educators who are able to effectively meet the learning needs of the students.	B.10.3.	Provide fieldwork education in settings that are equipped to meet the curriculum goals, provide educational experiences applicable to the academic program, and have fieldwork educators who are able to effectively meet the learning needs of the students.	B.10.3.	Provide fieldwork education in settings that are equipped to meet the curriculum goals, provide educational experiences applicable to the academic program, and have fieldwork educators who are able to effectively meet the learning needs of the students.
B.10.4.	Ensure that the academic fieldwork coordinator is responsible for advocating the development of links between the fieldwork	B.10.4.	Ensure that the academic fieldwork coordinator is responsible for advocating the development of links between the fieldwork	B.10.4.	Ensure that the academic fieldwork coordinator is responsible for advocating the development of links between the fieldwork

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	and didactic aspects of the curriculum, for communicating about the curriculum to fieldwork educators, and for maintaining memoranda of understanding and site data related to fieldwork placements.		and didactic aspects of the curriculum, for communicating about the curriculum to fieldwork educators, and for maintaining memoranda of understanding and site data related to fieldwork placements.		and didactic aspects of the curriculum, for communicating about the curriculum to fieldwork educators, and for maintaining memoranda of understanding and site data related to fieldwork placements.
<i>ALTERNATIVE METHODS (E.G., MAILINGS, MEETINGS, E-MAIL, WEB SITE) FOR COMMUNICATING ABOUT THE CURRICULUM CAN BE USED. A RESPONSE FROM FIELDWORK EDUCATORS IS NOT REQUIRED.</i>					
B.10.5.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives, identifying site requirements, and communicating with the student and fieldwork educator about progress and performance during fieldwork.	B.10.5.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives, identifying site requirements, and communicating with the student and fieldwork educator about progress and performance during fieldwork.	B.10.5.	Demonstrate that academic and fieldwork educators collaborate in establishing fieldwork objectives, identifying site requirements, and communicating with the student and fieldwork educator about progress and performance during fieldwork.
<i>ALTERNATIVE METHODS (E.G., MAILINGS, MEETINGS, E-MAIL) FOR COLLABORATING WITH FIELDWORK EDUCATORS ABOUT THE ESTABLISHMENT OF SITE-SPECIFIC FIELDWORK OBJECTIVES CAN BE USED. A RESPONSE FROM FIELDWORK EDUCATORS ABOUT AGREED-UPON FIELDWORK OBJECTIVES <u>IS</u> REQUIRED.</i>					
B.10.6.	Document a policy and procedure for complying with fieldwork site health requirements and maintaining student health records in a secure setting.	B.10.6.	Document a policy and procedure for complying with fieldwork site health requirements and maintaining student health records in a secure setting.	B.10.6.	Document a policy and procedure for complying with fieldwork site health requirements and maintaining student health records in a secure setting.
B.10.7.	Ensure that the ratio of fieldwork educators to student(s) enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.	B.10.7.	Ensure that the ratio of fieldwork educators to student(s) enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.	B.10.7.	Ensure that the ratio of fieldwork educators to student(s) enables proper supervision and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
B.10.8.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program.	B.10.8.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program.	B.10.8.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner in accordance with the policy adopted by the program.
B.10.9.	For programs in which the academic and fieldwork components of the curriculum are provided by two or more institutions, responsibilities of each sponsoring institution and fieldwork site must be clearly documented in a memorandum of understanding. For active Level I and Level II fieldwork sites, programs must have current memoranda of understanding that are signed by both parties. (Electronic	B.10.9.	For programs in which the academic and fieldwork components of the curriculum are provided by two or more institutions, responsibilities of each sponsoring institution and fieldwork site must be clearly documented in a memorandum of understanding. For active Level I and Level II fieldwork sites, programs must have current memoranda of understanding that are signed by both parties.	B.10.9.	For programs in which the academic and fieldwork components of the curriculum are provided by two or more institutions, responsibilities of each sponsoring institution and fieldwork site must be clearly documented in a memorandum of understanding. For active Level I and Level II fieldwork sites, programs must have current memoranda of understanding that are signed by both parties.

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	memoranda of understanding and signatures are acceptable.)		(Electronic memoranda of understanding and signatures are acceptable.)		(Electronic memoranda of understanding and signatures are acceptable.)
<i>IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN A MEMORANDUM OF UNDERSTANDING IS REQUIRED. IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS NOT USED TO COUNT TOWARD PART OF LEVEL I FIELDWORK, THEN NO MEMORANDUM OF UNDERSTANDING IS REQUIRED.</i>					
<i>WHEN A MEMORANDUM OF UNDERSTANDING IS ESTABLISHED WITH A MULTI-SITE SERVICE PROVIDER (E.G., CONTRACT AGENCY, CORPORATE ENTITY), THE ACOTE STANDARDS DO NOT REQUIRE A SEPARATE MEMORANDUM OF UNDERSTANDING WITH EACH PRACTICE SITE.</i>					
B.10.10.	Documentation must be provided that each memorandum of understanding between institutions and active fieldwork sites is reviewed at least every 5 years by both parties. Programs must provide documentation that both parties have reviewed the memoranda of understanding.	B.10.10.	Documentation must be provided that each memorandum of understanding between institutions and active fieldwork sites is reviewed at least every 5 years by both parties. Programs must provide documentation that both parties have reviewed the memoranda of understanding.	B.10.10.	Documentation must be provided that each memorandum of understanding between institutions and active fieldwork sites is reviewed at least every 5 years by both parties. Programs must provide documentation that both parties have reviewed the memoranda of understanding.
<i>DOCUMENTATION THAT BOTH PARTIES HAVE REVIEWED THE MEMORANDA OF UNDERSTANDING MAY INCLUDE A SIGNED AGREEMENT, LETTER, FAX, E-MAIL, OR OTHER WRITTEN DOCUMENTATION. TELEPHONE LOGS DO NOT PROVIDE SUFFICIENT DOCUMENTATION OF AGREEMENT. ACTIVE FIELDWORK SITES ARE THOSE SITES AT WHICH A LEVEL I OR LEVEL II STUDENT HAS BEEN PLACED IN THE LAST 5 YEARS.</i>					
The goal of Level I fieldwork is to introduce students to the fieldwork experience, to apply knowledge to practice, and to develop understanding of the needs of clients. The program will					
B.10.11.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.	B.10.11.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.	B.10.11.	Ensure that Level I fieldwork is integral to the program's curriculum design and include experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process.
B.10.12.	Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or credentialed occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.	B.10.12.	Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or credentialed occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.	B.10.12.	Ensure that qualified personnel supervise Level I fieldwork. Examples may include, but are not limited to, currently licensed or credentialed occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, nurses, and physical therapists.
B.10.13.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.	B.10.13.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.	B.10.13.	Document all Level I fieldwork experiences that are provided to students, including mechanisms for formal evaluation of student performance. Ensure that Level I fieldwork is not substituted for any part of Level II fieldwork.

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<p>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings. The program will</p>				<p>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the life span and to a variety of settings. The program will:</p>	
B.10.14.	Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.	B.10.14.	Ensure that the fieldwork experience is designed to promote clinical reasoning and reflective practice, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.	B.10.14.	Ensure that the fieldwork experience is designed to promote clinical reasoning appropriate to the occupational therapy assistant role, to transmit the values and beliefs that enable ethical practice, and to develop professionalism and competence in career responsibilities.
B.10.15.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	B.10.15.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	B.10.15.	Provide Level II fieldwork in traditional and/or emerging settings, consistent with the curriculum design. In all settings, psychosocial factors influencing engagement in occupation must be understood and integrated for the development of client-centered, meaningful, occupation-based outcomes. The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of three different settings.
B.10.16.	Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies as long as it is at least 50% of a full-time equivalent at that site.	B.10.16.	Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies as long as it is at least 50% of a full-time equivalent at that site.	B.10.16.	Require a minimum of 16 weeks' full-time Level II fieldwork. This may be completed on a part-time basis as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies as long as it is at least 50% of a full-time equivalent at that site.
B.10.17.	Ensure that the student is supervised by a currently licensed or credentialed occupational therapist who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator.	B.10.17.	Ensure that the student is supervised by a currently licensed or credentialed occupational therapist who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to serve as a fieldwork educator.	B.10.17.	Ensure that the student is supervised by a currently licensed or credentialed occupational therapist or occupational therapy assistant who has a minimum of 1 year of practice experience subsequent to initial certification, and is adequately prepared to

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	The supervising therapist may be engaged by the fieldwork site or by the educational program.		The supervising therapist may be engaged by the fieldwork site or by the educational program.		serve as a fieldwork educator. The supervising therapist may be engaged by the fieldwork site or by the educational program.
B.10.18.	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).	B.10.18.	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).	B.10.18.	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).
B.10.19.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as is appropriate for the setting, the severity of the client’s condition, and the ability of the student.	B.10.19.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as is appropriate for the setting, the severity of the client’s condition, and the ability of the student.	B.10.19.	Ensure that supervision provides protection of consumers and opportunities for appropriate role modeling of occupational therapy practice. Initially, supervision should be direct and then decrease to less direct supervision as is appropriate for the setting, the severity of the client’s condition, and the ability of the student.
B.10.20.	Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or credentialed occupational therapist with at least 3 years of professional experience. Supervision must include a minimum of 8 hours per week. Supervision must be initially direct and then may be decreased to less direct supervision as is appropriate for the setting, the client’s needs, and the ability of the student. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	B.10.20.	Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or credentialed occupational therapist with at least 3 years of professional experience. Supervision must include a minimum of 8 hours per week. Supervision must be initially direct and then may be decreased to less direct supervision as is appropriate for the setting, the client’s needs, and the ability of the student. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	B.10.20.	Ensure that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or credentialed occupational therapist or an occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years of professional experience. Supervision must include a minimum of 8 hours per week. Supervision must be initially direct and then may be decreased to less direct supervision as is appropriate for the setting, the client’s needs, and the ability of the student. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

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B.10.21.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the American Occupational Therapy Association <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).	B.10.21.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the American Occupational Therapy Association <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).	B.10.21.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the American Occupational Therapy Association <i>Fieldwork Performance Assistant Student</i> or equivalent).
B.10.22.	Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. Such fieldwork must not exceed 12 weeks.	B.10.22.	Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. Such fieldwork must not exceed 12 weeks.	B.10.22.	Ensure that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has 1 year of experience in practice. Such fieldwork must not exceed 8 weeks.
FOR PROGRAMS AND/OR ADDITIONAL LOCATIONS LOCATED OUTSIDE OF THE UNITED STATES, LEVEL II FIELDWORK PLACEMENTS OUTSIDE THE UNITED STATES MAY EXCEED 12 WEEKS FOR OT PROGRAMS AND 8 WEEKS FOR OTA PROGRAMS.					
B.11.0. DOCTORAL-LEVEL EXPERIENTIAL COMPONENT The student must successfully complete all coursework and Level II fieldwork and pass a competency requirement prior to commencement of the doctoral experiential component. The goal of the doctoral experiential component is to develop occupational therapists with advanced skills (those that are beyond a generalist level). The doctoral experiential component shall be an integral part of the program's curriculum design and shall include an in-depth experience in one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory development. The program will					
LEVEL II FIELDWORK AND COURSEWORK REQUIRED AS PREREQUISITE FOR LEVEL II FIELDWORK MUST BE COMPLETED PRIOR TO BEGINNING THE DOCTORAL EXPERIENTIAL COMPONENT. THE SPECIFIC CONTENT AND FORMAT OF THE COMPETENCY REQUIREMENT IS DETERMINED BY THE PROGRAM. EXAMPLES INCLUDE A WRITTEN COMPREHENSIVE EXAM, ORAL EXAM, NBCOT CERTIFICATION EXAMINATION READINESS TOOL, OR NBCOT PRACTICE EXAMS.					
B.11.1.	Ensure that the doctoral experiential component is provided in a setting consistent with the program's curriculum design,				

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	including individualized specific objectives and plans for supervision.				
<i>THE DOCTORAL EXPERIENTIAL COMPONENT REQUIRES A MEMORANDUM OF UNDERSTANDING, WHICH AT A MINIMUM MUST INCLUDE INDIVIDUALIZED SPECIFIC OBJECTIVES, PLANS FOR SUPERVISION OR MENTORING, AND RESPONSIBILITIES OF ALL PARTIES. EXISTING FIELDWORK MEMORANDA OF UNDERSTANDING WOULD REQUIRE AN ADDENDUM FOR THE DOCTORAL EXPERIENTIAL COMPONENT.</i>					
B.11.2.	Require that the length of this doctoral experiential component be a minimum of 16 weeks (640 hours). This may be completed on a part-time basis and must be consistent with the individualized specific objectives and culminating project.				
<i>PRIOR FIELDWORK OR WORK EXPERIENCE MAY NOT BE SUBSTITUTED FOR THIS EXPERIENTIAL COMPONENT. IF THE CURRENT WORK SETTING IS USED TO SATISFY THE 16-WEEK REQUIREMENT, THE PROGRAM MUST ENSURE AND DEMONSTRATE THAT ADDITIONAL EXPERIENTIAL ACTIVITIES CONDUCTED AT THE CURRENT WORK SETTING MEET THE REQUIREMENTS OF THE IN-DEPTH DOCTORAL EXPERIENTIAL COMPONENT.</i>					
B.11.3.	Ensure that the student is mentored by an individual with expertise consistent with the student's area of focus.				
<i>MENTORING IS DEFINED AS A RELATIONSHIP BETWEEN TWO PEOPLE IN WHICH ONE PERSON (THE MENTOR) IS DEDICATED TO THE PERSONAL AND PROFESSIONAL GROWTH OF THE OTHER (THE MENTEE). A MENTOR HAS MORE EXPERIENCE AND KNOWLEDGE THAN THE MENTEE. THE PROGRAM MUST HAVE A SYSTEM TO ENSURE THAT MENTOR HAS DEMONSTRATED EXPERTISE IN ONE OR MORE OF THE FOLLOWING AREAS IDENTIFIED AS THE STUDENT'S FOCUSED AREA OF STUDY: CLINICAL PRACTICE SKILLS, RESEARCH SKILLS, ADMINISTRATION, LEADERSHIP, PROGRAM AND POLICY DEVELOPMENT, ADVOCACY, EDUCATION, OR THEORY DEVELOPMENT. THE MENTOR DOES NOT HAVE TO BE AN OCCUPATIONAL THERAPIST.</i>					
B.11.4.	Document a formal evaluation mechanism for objective assessment of the student's				

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performance during and at the completion of the doctoral experiential component.		

GLOSSARY:

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

Definitions given below are for the purposes of these documents.

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

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

ACTIVE FIELDWORK SITES: sites at which a Level I or Level II student has been placed in the last 5 years.

ACTIVITY: a term that describes a class of human actions that are goal directed.

ADVANCED: refers to the stage of being beyond the elementary or introductory.

ADVANCED PLACEMENT: a term used in higher education to place a student in a higher level course based on admission testing.

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

AREAS OF OCCUPATION: various kinds of activities in which people engage, including the following categories: activities of daily living (ADL), instrumental activities of daily living (IADL), education, work, play, leisure, and social participation.

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

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

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

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

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

CERTIFIED: the process by which a non-governmental agency or association grants recognition to an individual who has met predetermined qualifications specified by that agency or association. [As evidenced by the Representative Assembly action (97 M121) in April 1997 and 1998 N88 in April 1998, AOTA understood the term to refer to entry-level certification.] Initially certified refers to the initial recognition.

CLIENT: an (a) individual (including others involved in the individual's life who may also help or be served indirectly such as caregiver, teacher, parent, employer, spouse), (b) group, or (c) population (i.e., organizations, communities) that uses the professional advice or services of an occupational therapist and/or occupational therapy assistant.

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

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

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

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

COMMUNITIES OF INTEREST: various stakeholders directly affected by the occupational therapy accreditation and education process, i.e., clinicians, faculty, students, parents, consumers, college administrators, clients, etc.

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

COMPUTER COMPETENCE: the ability to use basic software applications, e.g., word processing, spreadsheets, e-mail, and to use the Internet and intranets for research to accomplish the requirements of the occupational therapy/occupational therapy assistant program.

CONTEXT/CONTEXTUAL FACTORS: refers to the variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, physical, social, personal, spiritual, temporal, and virtual.

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

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

COOPERATE: to work together toward a common end or purpose where there is an implied hierarchy among the participants; in this case, the occupational therapist and occupational therapy assistant.

CORRESPONDENCE EDUCATION:

- (1) Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor.
- (2) Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student.
- (3) Correspondence courses are typically self-paced.
- (4) Correspondence education is not distance education.

CRITERION REFERENCED: tests that compare the performance of an individual to that of another group known as the norm group.

CRITICAL EVALUATION: the process of determining the significance, worth, or condition through careful and judicious appraisal and study.

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

CULTURAL RELEVANCE: values, beliefs, customs, and traditions identified and shared by a group of individuals. Culturally relevant assessments and interventions consider one's values, beliefs, customs, and traditions.

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

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

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

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

DRIVER REHABILITATION: specialized evaluation and training to develop mastery of specific skills and techniques to effectively drive a motor vehicle, independently, and in accordance with State Department of Motor vehicles regulations.

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

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

FACULTY, ADJUNCT: faculty who are responsible for teaching at least 50% of a course and are not employees of the institution.

FACULTY, COLLECTIVE: the aggregate of individuals charged with the design, implementation, and evaluation of the occupational therapy curriculum.

FACULTY, INDIVIDUAL/FULL-TIME: a qualified paid employee of an institution to teach specific content in the occupational therapy curriculum who holds an appointment that is considered by that institution to constitute full-time service. Full-time faculty includes all persons who are employed full-time by the institution, who are appointed primarily to the occupational therapy program, and whose job responsibilities include teaching, regardless of the position title (e.g., full-time instructional staff and clinical instructors would be considered faculty).

FACULTY, PART-TIME: a qualified paid employee of an institution to teach specific content in the occupational therapy curriculum who holds an appointment that is considered by that institution to constitute less than full-time service.

FACULTY RANK: faculty members are appointed at a specific rank. These include instructor, assistant professor, associate professor, and professor, although this may vary from institution to institution. In a college or university, generally junior faculty are appointed as assistant professor, and senior faculty are generally at the associate professor and professor ranks.

FACULTY TENURE: tenured faculty members are permanent faculty (resident) at an institution. When initially hired, they are subject to review each year for a period that typically is between three and seven years. The faculty member undergoing such review is considered a tenure-track faculty member. The review by peers in their department (and then by the Vice President for Academic Affairs, President, and Board of Trustees) covers teaching, scholarship, and service to the department, college, and larger community. At the end of this period, the faculty member is reviewed for tenure. If successful, the faculty member can only be removed for cause or for reasons of fiscal exigency.

FIELDWORK COORDINATOR: the person identified to schedule all activities related to fieldwork. This person is responsible for the development, implementation, and evaluation of fieldwork education.

FIRST-TIME TEST TAKERS: defined by the National Board for Certification in Occupational Therapy (NBCOT) as a new graduate who took the certification exam within 12 months after graduation.

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

FULL-TIME EQUIVALENT: a position for a full-time faculty member (as defined by the institution) responsible for contributing to the functioning of the program through a variety of mechanisms, including, but not limited to, teaching, advising, and committee work.

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

HIGHER EDUCATION: includes all degree-granting institutions at levels beyond high school. These institutions are generally divided into community (two year) colleges, colleges, and universities.

COMMUNITY COLLEGE: these institutions offer two year programs, generally in applied areas. Students who complete the prescribed curriculum are awarded an associate's degree. Occupational therapy assistant programs are generally housed in community colleges and students typically receive an Associate of Applied Science (AAS) degree or an Associate of Science (AS) degree.

COLLEGE: these institutions offer primarily four year programs leading to baccalaureate degrees. They may offer some master's programs, the first post-graduate degree level. Entry-level master's programs lead to the degree of Master of Science, Master of Arts in Occupational Therapy, or Master of Occupational Therapy depending upon the institution and the curriculum.

UNIVERSITIES: these institutions award baccalaureate and master's degrees (and some may have some associate degree programs). In addition, they offer programs at the doctoral level.

PUBLIC VS. PRIVATE INSTITUTIONS: public institutions receive a considerable portion of their operating budget from the state or county in which they are located and are subject to control by governmental bodies. Private institutions receive their funding from tuition and fund raising. They are subject to less governmental control.

ACADEMIC DEANS: if the college or university is large, it may be divided into academic divisions or schools (clusters of related departments). Each division is headed by a dean; the deans report to the Vice President for Academic Affairs.

VICE PRESIDENT FOR ACADEMIC AFFAIRS: the chief academic officer of the campus. A member of the President's cabinet; working with the faculty and having responsibility for setting academic directions. Other units, related to the academic area (e.g., library, academic advising, academic computing, registrar) may also report to the VPAA, but this varies from campus to campus. Sometimes the academic area is headed by a person called a Provost; the position is generally similar to that described here.

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

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

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

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

DEEP THERMAL MODALITIES: include therapeutic ultrasound and phonophoresis.

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

MECHANICAL MODALITIES: include vasopneumatic devices and continuous passive motion.

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

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

NORM REFERENCED: comparison of an individual's assessment scores to others who have taken the assessment.

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

OCCUPATIONAL PROFILE: understanding a client's occupational history, routines, interests, values, and needs to engage in occupations and occupational roles.

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

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

PARTICIPATION: active engagement in occupations.

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

PERFORMANCE SKILLS: features of what one does, not what one has, related to observable elements of action that have implicit functional purposes. Performance skills include motor, process, and communication/ interaction skills.

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

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

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

PROGRAM DIRECTOR (Associate Degree Level OTA): an initially certified occupational therapist or occupational therapy assistant who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The director must hold academic qualifications comparable to the majority of other program directors within the institutional unit (e.g., division, college, school) to which the program is assigned. By July 1, 2012, the program director must hold a minimum of a master’s degree.

PROGRAM DIRECTOR (Master’s Degree Level OT): an initially certified occupational therapist who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The director must hold academic qualifications comparable to the majority of other program directors within the institutional unit (e.g., division, college, school) to which the program is assigned. By July 1, 2012, the program director must hold a doctoral degree.

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

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

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

RECOGNIZED AGENCIES: specialized and regional accrediting agencies recognized by the United States Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA) to accredit post-secondary educational programs/institutions. The purpose of recognition is to assure that these accrediting agencies are reliable authorities for evaluating quality education or training programs in the institutions they accredit.

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

SIMILAR PROGRAMS: programs within the unit, division, or school within the institution to which the program is assigned. For example, if all, or a majority of similar program chairs in an institution have doctorates, then the OT program director also needs to have a doctorate. If some department chairs have doctorates, but the majority of program directors have master’s degrees, then it is acceptable for the OT program director to have a master’s degree.

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

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

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

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

SUPERVISE: to direct and inspect the performance of (workers or work).

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

SYSTEM: an organized entity of interdependent components or principles that provides a structure by which to function.

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

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

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