Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist

Adopted December 2006. Effective January 1, 2008.

The Accreditation Council for Occupational Therapy Education (ACOTE®) of the American Occupational Therapy Association (AOTA) accredits educational programs for the occupational therapist. The Standards comply with the United States Department of Education (USDE) criteria for recognition of accrediting agencies.

These Standards are the requirements used in accrediting educational programs that prepare individuals to enter the occupational therapy profession. The extent to which a program complies with these Standards determines its accreditation status.

Preamble

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.

A graduate from an ACOTE-accredited doctoral-degree-level occupational therapy program must

- 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.
- 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.

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.1.2. 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.1.3. Accredited occupational therapy educational programs may be established only in senior colleges, universities, or medical schools.
- 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 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.
- A.1.5. The sponsoring institution or program must
 - 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.
 - 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.

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.2.2. 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.2.3. 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.2.4. 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 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.2.7. 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.2.8. The faculty must include currently licensed or credentialed occupational therapists.
- A.2.9. All full-time faculty teaching in the program must hold a doctoral degree.
- 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.2.11. 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.2.12. 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.2.14. 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.2.15. 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.2.16. 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.2.17. 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.2.18. 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.2.20. 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.2.22. 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.2.23. 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.2.24. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods.

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.3.2. 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.3.4. 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.3.5. Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.
- A.3.6. 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.3.7. 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.3.8. Students must be informed of and have access to the student support services that are provided to other students in the institution.
- A.3.9. Advising related to professional coursework, fieldwork education, and the experiential component of the program must be the responsibility of the occupational therapy faculty.

A.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.4.2. 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
 - 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.4.3. 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.4.4. 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.4.6. 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.4.8. Policies and processes for student withdrawal and for refunds of tuition and fees must be published and made known to all applicants.
- A.4.9. 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.4.11. 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.4.13. 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.4.14. 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.4.15. 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

- 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
 - 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.
 - Persons(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. The program director and each faculty member who teaches 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
 - 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.5.3. 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 objectives. This must include, but need not be limited to
 - 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).
- 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.5.5. 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.5.6. 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.6.2. 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.6.4. The curriculum must include application of knowledge to practice through a combination of experiential activities and a culminating project.
- 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.6.6. The statement of the mission of the occupational therapy program must be consistent with and supportive of the mission of the sponsoring institution.
- A.6.7. 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.6.8. 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.6.9. 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.

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

- B.1.1. Demonstrate oral and written communication skills.
- 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., PowerPointTM).
- 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.1.5. 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.1.6. 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.1.7. 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.1.8. 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.1.10. Apply quantitative statistics and qualitative analysis to interpret tests, measurements, and other data.
- 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.2.2. Explain the meaning and dynamics of occupation and activity, including the interaction of areas of occupation, 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.2.4. 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.2.6. 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.2.7. 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.2.8. 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 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.2.11. Analyze, synthesize, evaluate, and 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.3.2. Compare, contrast, and integrate a variety of 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.3.4. Analyze and discuss how history, theory, and the sociopolitical climate influence and are influenced by 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.3.6. Articulate the process of theory development in occupational therapy and its desired impact and influence on society.

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 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

- 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.4.2. 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.4.3. 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
 - 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.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.4.6. 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.4.8. Interpret the evaluation data in relation to accepted terminology of the profession, relevant theoretical frameworks, and interdisciplinary knowledge.
- 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.4.10. 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.4.11. 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.5.1. 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 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:
 - 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.5.3. Provide therapeutic use of occupation and activities (e.g., occupation-based activity, practice skills, preparatory methods).
- 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.5.6. 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.5.8. 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.5.10. 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.5.11. Provide recommendations and training in techniques to enhance mobility, including physical transfers, wheelchair management, and community mobility, and address issues related to driver rehabilitation.
- 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.5.13. 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.5.14. Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure to improve occupational performance, including indications, contraindications, and precautions.
- B.5.15. 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.5.16. 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.5.17. 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.5.18. 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.5.19. Grade and adapt the environment, tools, materials, occupations, and interventions to reflect the changing needs of the client, sociocultural context, and technological advances.
- B.5.20. 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.5.21. Identify and demonstrate techniques in skills of supervision and collaboration with occupational therapy assistants and other professionals on therapeutic interventions.
- B.5.22. Understand when and how to use the consultative process with groups, programs, organizations, or communities.
- B.5.23. 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.5.25. 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.5.26. 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.5.27. 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.5.28. 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.5.29. 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.6.1. 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.6.2. 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.6.3. Integrate the current social, economic, political, geographic, and demographic factors to promote policy development and the provision of occupational therapy services.
- B.6.4. Advocate for changes in service delivery policies, effect changes in the system, and identify opportunities to address societal needs.
- 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.6.6. 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.7.1. 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.7.2. Identify and critically evaluate the impact of contextual factors on the management and delivery of occupational therapy services for individuals and populations.
- B.7.3. 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.7.4. 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.7.6. Describe 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.7.8. 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.7.9. Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non–occupational therapy personnel.
- 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.8.1. Articulate the importance of research, scholarly activities, and the continued development of a body of knowledge relevant to the profession of occupational therapy.
- B.8.2. Effectively locate, understand, and evaluate information, including the quality of research evidence.
- B.8.3. Use research literature to make evidence-based decisions.
- B.8.4. Select, apply, and interpret 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.8.6. Demonstrate the skills necessary to design a research proposal that includes the research question, relevant literature, sample, design, measurement, and data analysis.
- B.8.7. Design and implement a research study that evaluates clinical practice, service delivery, and/or professional issues.
- B.8.8. Write scholarly reports appropriate for presentation or for publication in a peer-reviewed journal.
- 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) *Occupational Therapy Code of Ethics, Core Values and Attitudes of Occupational Therapy Practice,* and AOTA Standards of Practice 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.9.3. Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.
- B.9.4. Identify and develop 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.9.6. Discuss and evaluate 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.9.8. Explain and justify the importance of supervisory roles, responsibilities, and collaborative professional relationships between the occupational therapist and the occupational therapy assistant.
- B.9.9. Describe and discuss 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.9.11. Demonstrate a variety of informal and formal ethical dispute-resolution strategies.
- B.9.12. Describe and implement strategies to assist the consumer in gaining access to occupational therapy and other health and social services.
- B.9.13. 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.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.10.1. 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.10.3. 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 and didactic aspects of the curriculum, for communicating about the curriculum to fieldwork educators, and for maintaining contracts and site data related to fieldwork placements.
- 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.10.6. 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.10.8. 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 fieldwork agreements or memoranda of understanding that are signed by both parties. (Electronic contracts and signatures are acceptable.)
- 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 contract.

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.10.12. 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.

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 indepth 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

- 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.10.15. 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.10.16. 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.10.17. 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. 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.10.19. 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.10.21. Document mechanisms for requiring formal evaluation of student performance on Level II field-work (e.g., the American Occupational Therapy Association *Fieldwork Performance Evaluation for the Occupational Therapy Student* 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.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

- B.11.1. Ensure that the doctoral experiential component is provided in a setting consistent with the program's curriculum design, including individualized specific objectives and plans for supervision.
- 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.
- B.11.3. Ensure that the student is mentored by an individual with expertise consistent with the student's area of focus.
- B.11.4. Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the doctoral experiential component.

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