# AOTA SPECIALTY CERTIFICATION IN SCHOOL SYSTEMS

## Occupational Therapist Candidate Application

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# BACKGROUND AND INFORMATION
# AOTA Specialty Certification in School Systems

## Purpose

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

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

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

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

## Benefits of Certification

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

## Authority

School Systems Specialty Certification is awarded by AOTA and is
- A private program
- Not awarded or required by federal or state governments
- Not required as part of the minimum qualifications to work as an occupational therapist or occupational therapy assistant
- Voluntary.

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

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

### *Occupational Therapy Code of Ethics and Ethics Standards*

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

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

### Reference

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

### Eligibility

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

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

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

[3] Service delivery may be paid or voluntary.

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### Submission Deadlines and Review Period

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

### Application Fee

Specialty Certification: $375.00 (nonrefundable)

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

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# SCHOOL SYSTEMS APPLICATION
## Part A. Applicant Information

Please complete the following information.

### APPLICANT INFORMATION

AOTA Member ID _____

Name (*Last*, *First*, *MI*) _____

Credentials _____

Primary E-mail _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work Phone _____

### ACADEMIC BACKGROUND List up to 4 degrees.

| University/College Name | Year Graduated | Degree Received |
|---|---|---|
| | | Select One |
| | | Select One |
| | | Select One |
| | | Select One |

Year of *initial* certification by NBCOT _____

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

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

If more than 4, please list additional here. _____

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**OTHER CERTIFICATIONS**

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

If more than 4, please list additional here.

**PROFESSIONAL MEMBERSHIPS**

| Organization Name | Organization's Focus/Mission | Dates of Membership |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

If more than 4, please list additional here.

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**EMPLOYMENT—CURRENT** Primary

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

***Type of Setting***

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

***Clients Served***

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

| |
|---|
| |

**EMPLOYMENT – CURRENT** Secondary, if applicable

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

***Type of Setting***

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

***Clients Served***

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

| |
|---|
| |

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

| Previous Employer Name | State | Dates With Previous Employer |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**VERIFICATION OF EMPLOYMENT/VOLUNTEER SERVICE**

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

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

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

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

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

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

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# AOTA SPECIALTY CERTIFICATION
## Employment/Volunteer Verification Form

***Employer:***

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

***Applicant:***

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

Applicant Name

**Certification Sought**

☐ Driving & Community Mobility
☐ Environmental Modification
☐ Feeding, Eating, Swallowing
☐ Low Vision
☐ School Systems

Name of Facility/Company/Organization

City

State

Applicant Start Date

Applicant End Date

Employment Type:
☐ Full-time
☐ Part-time
☐ Contract/PRN
☐ Volunteer

**PART A**

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

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

**PART B**

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

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

Name of Person Completing Form (*please print)*

Signature

Job Title

Phone Number

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# SCHOOL SYSTEMS APPLICATION
# PART B. Reflective Portfolio

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

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

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

**Items to Submit**

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

1. Employment/Volunteer verification form
2. 12 activity forms – 1 for each criterion
3. Any additional evidence as required on the activity forms.

***Guidelines**:*

- For each of the 12 criteria below, choose only 1 of the available options to submit as part of the application.
- Activities must have occurred within the 5 years prior to submitting the application.
- An activity may not be used to meet more than 1 criterion. For example, a formal learning activity engaged in for Criterion 1 may not also be used for Criterion 3.

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

**Reference**

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

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## Reflective Portfolio—Professional Development Activities

**CRITERION 1**

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

Select One

**CRITERION 2**

**Knowledge:** Evaluation—*Demonstrates knowledge of relevant evidence specific to evaluation in school systems.*

Select One

**CRITERION 3**

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

Select One

**CRITERION 4**

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

Select One

**CRITERION 5**

**Evaluation: Performance Skills—***Administers standardized assessments specific to school systems, consistently integrating clinical observations throughout the evaluation process.*

Select One

**CRITERION 6**

**Evaluation: Critical Reasoning—***Synthesizes and interprets assessment data and clinical observations related to the client, context, and performance in school systems.*

Select One

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**CRITERION 7**

**Intervention: Performance Skills—***Performs interventions that are unique to school systems while integrating impact of varying client factors and contexts.*

Select One

**CRITERION 8**

**Intervention: Critical Reasoning—***Selects, plans, and modifies interventions in school systems based on evidence and evaluation data.*

Select One

**CRITERION 9**

**Psychosocial Critical Reasoning—***Recognizes immediate and long-term implications of psychosocial issues related to conditions found in clients in school systems and modifies therapeutic approach and occupational therapy service delivery accordingly.*

Select One

**CRITERION 10—**This criterion is addressed directly in this application in 3 parts over the next 6 pages.

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

**CRITERION 11**

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

Select One

**CRITERION 12**

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

Select One

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**ETHICAL PRACTICE SCENARIO** (Part 1 of 3)—Client Based

**Criterion 10**—Ethical Practice: **Client-Based**

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

**Guidelines**

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

**Ethical Scenarios**

**Scenario #1**

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

**Scenario #2**

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

**Scenario #3**

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

1. To which scenario are you responding?

   Select One

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

   ☐ 1. Beneficence
   ☐ 2. Non-maleficence
   ☐ 3. Autonomy, Confidentiality
   ☐ 4. Social Justice
   ☐ 5. Procedural Justice
   ☐ 6. Veracity
   ☐ 7. Fidelity

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

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**ETHICAL PRACTICE SCENARIO** (Part 2 of 3)—Fiscal & Regulatory

**Criterion 10**—Ethical Practice: **Fiscal & Regulatory**

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

**Guidelines**

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

**Ethical Scenarios**

**Scenario #4**

A child was receiving OT services under Part C and is eligible to receive services under Part B as determined by an interdisciplinary team, including the OT. The child should begin his preschool program when he turns 3 years old in March. The teacher recommends delaying enrollment until the fall because there is a very disruptive student currently enrolled in the class who will be transferring to another program in the fall.

**Scenario #5**

Due to high workloads and unfilled OT positions, the district is unable to complete evaluations and provide services within state and federal mandated timelines. As a result, the related service supervisor requires the therapy staff to reduce their student caseload by 10 percent by the end of the first semester.

**Scenario #6**

An OT left the district 2 months ago without completing any documentation (e.g., student attendance and progress notes, Medicaid billing, and co-signing OTA notes). The district requires the newly hired therapist to recreate the missing documentation.

4. To which scenario are you responding?

Select One

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

- ☐ 1. Beneficence
- ☐ 2. Non-maleficence
- ☐ 3. Autonomy, Confidentiality
- ☐ 4. Social Justice
- ☐ 5. Procedural Justice
- ☐ 6. Veracity
- ☐ 7. Fidelity

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

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**ETHICAL PRACTICE SCENARIO** (Part 3 of 3)—Scope of Practice

**Criterion 10**—Ethical Practice: **Scope of Practice**

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

**Guidelines**

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

**Ethical Scenarios**

| |
|---|
| **Scenario #7**<br>An OT is asked to evaluate and provide intervention for a 5th grade student who does not write legibly. The therapist determines that the student demonstrates the skills required to produce individual letters and can copy all the letters from a model. After a records review, the therapist discovers that the student has not received formal handwriting instruction. The team agrees that that the student needs formal handwriting instruction and asks the OT to provide it. |
| **Scenario #8**<br><br>An OT evaluates a student for fine motor concerns and determines that the student's skills are significantly different than his classroom peers. The OT is reluctant to provide services because the student's behavior is problematic. |
| **Scenario #9**<br><br>A student with complex neurological involvement is recently enrolled in the district. Based on the student's IEP, the OT is asked to provide intervention for feeding, eating, and swallowing, but the OT has no training or experience in this area. |

7. To which scenario are you responding?

   Select One

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

   ☐ 1. Beneficence
   ☐ 2. Non-maleficence
   ☐ 3. Autonomy, Confidentiality
   ☐ 4. Social Justice
   ☐ 5. Procedural Justice
   ☐ 6. Veracity
   ☐ 7. Fidelity

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

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# SCHOOL SYSTEMS APPLICATION
## Part C. Self-Assessment

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

**Reference**

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

Guidelines

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

Self-Assessment Questions:

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

***Applicant's Self-Assessment***

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# SCHOOL SYSTEMS APPLICATION
## Part D. Professional Development Plan

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

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

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

### Guidelines

Each goal must include the following qualities:

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

### Parameters

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

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## PROFESSIONAL DEVELOPMENT GOAL—EXAMPLE 1

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

***Applicant's Goal:***

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

Necessary components included in above goal:

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

## PROFESSIONAL DEVELOPMENT GOAL—EXAMPLE 2

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

***Applicant's Goal:***

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

Necessary components included in above goal:

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

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**Professional Development Goal 1**
*To which criterion does this goal apply?*

Select One

***Applicant's Goal 1:***

**Professional Development Goal 2**
*To which criterion does this goal apply?*

Select One

***Applicant's Goal 2:***

**Professional Development Goal 3**
*To which criterion does this goal apply?*

Select One

***Applicant's Goal 3:***

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# SCHOOL SYSTEMS APPLICATION

Checklist and Attestation

## Checklist of Application Items

- ☐ Applicant Information
- ☐ Employment/Volunteer Verification Form(s)
- ☐ Reflective Portfolio—Criterion 1
- ☐ Reflective Portfolio—Criterion 2
- ☐ Reflective Portfolio—Criterion 3
- ☐ Reflective Portfolio—Criterion 4
- ☐ Reflective Portfolio—Criterion 5
- ☐ Reflective Portfolio—Criterion 6
- ☐ Reflective Portfolio—Criterion 7
- ☐ Reflective Portfolio—Criterion 8
- ☐ Reflective Portfolio—Criterion 9
- ☐ Reflective Portfolio—Criterion 10
- ☐ Reflective Portfolio—Criterion 11
- ☐ Reflective Portfolio—Criterion 12
- ☐ Self-Assessment
- ☐ Professional Development Goal 1
- ☐ Professional Development Goal 2
- ☐ Professional Development Goal 3

## Item(s) to Submit

**1.** The following should be uploaded by the application deadline to the following URL: https://www.filesdirect.com/AOTACertification:

**A.** Certification Application (this document)

**B.** Single combined file (e.g., .pdf file) that includes

- Employment/Volunteer Verification Form
- All professional activity development forms
- Any additional evidence as required by a particular activity (e.g., CE certificates)

**2.** Application fee of $375 (submitted separately from application):

- **Credit card**: Call (800) SAY-AOTA (800-729-2882) extension 1708
  Monday- Friday between 9:00-5:00 Eastern to pay by phone
- **Check**: Mail check on or before the application deadline to
  AOTA—Attn: Certification
  4720 Montgomery Lane
  Bethesda, MD 20814-3449

## Applicant Attestation

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

_____

Signature *(electronic signature acceptable)*

_____

Date

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# APPENDIX

## AOTA Specialty Certification in SCHOOL SYSTEMS

### References to Support Criteria


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