AOTA® Residency Program

INFORMATION & APPLICATION

2016-2017
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SECTION A: INTRODUCTION

I. BACKGROUND INFORMATION & PURPOSE

A. Purpose
   1. The purpose of AOTA’s Residency Program is to recognize sites offering a
      program of study that is geared to advancing the knowledge and skills of an
      occupational therapy practitioner in a focused area of practice.

B. Program Length
   1. Requires a minimum of 1,400 hours in no fewer than nine (9) months and no
      more than twelve (12) months.
   2. Part-time options may be offered as long as the program is at least 50% of a full-
      time equivalent at the practice setting and is completed within 24 months.

C. Eligibility
   1. Resident: A resident must be a graduate of an occupational therapy educational
      program accredited/recognized by either the Accreditation Council for
      Occupational Therapy Education (ACOTE) or World Federation of Occupational
      Therapists (WFOT) and must have successfully passed the NBCOT exam for initial
      certification.
   2. Site: An AOTA Approved Residency Program may be hosted by any number of
      settings including, but not limited to
      a. Hospital systems,
      b. School systems,
      c. Community-based systems,
      d. Academic settings, or
      e. Any setting that is jointly sponsored by a practice setting and academic
         program.
   3. The site must maintain valid AOTA membership at all times, either as an
      organizational associate member or through the individual membership of one or
      more of its staff.

II. OVERVIEW OF RESIDENCY PROGRAM CRITERIA

The criteria address five major program components:

A. Curriculum of study: The residency program will include didactic education (e.g.,
   formal learning courses, study groups, case presentations, research, and community
   service) in an identified area.

B. Mentored service delivery with clients: The residency program will ensure that a
   minimum of 340 hours of the resident’s time is spent delivering occupational therapy
   services with mentoring in the identified practice area.

C. Involvement in scholarly and/or professional activities: The residency program
   includes activities in scholarship (e.g., evidence-based studies, advocacy initiatives).
D. *Program Evaluation*: The residency program has a program evaluation plan that includes competency-based evaluation of skills and content knowledge of the resident as well as effectiveness of the site in meeting objectives.

E. *Resources*: The human, physical, and fiscal resources needed to achieve the program’s goals are available.

### III. APPLICATION PROCESS

#### A. Applicant Residency Site Status


2. Statements of Intent will be accepted based on the date submitted.

3. Accepted Applicant Sites will be notified by December 1.

4. Full payment of the $150 non-refundable application processing fee is due by December 30. If full payment is not received by December 30, the Applicant Site forfeits its position.

5. Once payment is received, the Applicant Site may begin developing its application. A site representative is required to attend the Residency Program Application Webinar scheduled for January 23, 2017.

6. At the time of the workshop the site representative will be provided with a customized timeline for submission of the site’s application and full review. Each site MUST adhere to one of the following submission timelines:
   a. Submit between April 1 and May 1 to receive Candidate Status by August 1
   b. Submit between June 1 and July 1 to receive Candidate Status by October 1
   c. Submit between August 1 and September 1 to receive Candidate Status by December 1

   **Under special circumstances, a site may submit its application immediately following the April workshop. However, this course of action is not advised and must be cleared beforehand with Neil Harvison.**

**NOTE:** IF YOUR SITE DOES NOT INTEND TO ADMIT ITS FIRST RESIDENT WITHIN 11 MONTHS OF SUBMITTING ITS APPLICATION FOR CANDIDACY, PLEASE WAIT TO APPLY UNTIL THE NEXT ROUND.

#### B. Candidate Residency Site Status

1. If all criteria are substantially met the site will be granted Candidate Status.

2. Once granted Candidate Status, the site is eligible to advertise and accept residents.

3. Once the application is accepted, the full application fee (less the $150 processing fee) is due within 2-6 weeks.
4. The Candidate Residency Site must accept its first resident within 9 months of being granted Candidacy Status.
5. Within 2 weeks of accepting its first resident, the Candidate Site must notify AOTA.
6. An on-site visit and review will be scheduled no later than 30 days prior to when the first resident(s) is scheduled to complete the residency and no sooner than halfway through the residency.
7. Once the on-site visit is conducted, a final report will be written and recommendations made to the AOTA Residency Program Committee.
8. Within 45-60 days of a completed site visit and an accepted report, the Residency Program Committee may take any of the following actions on the report: (1) grant recognition; (2) deny recognition; or (3) request additional information and/or a second site visit.

C. Approved Residency Site
1. Approval will be granted for a period of 10 years.
2. Approved Residency Sites will be required to complete a brief annual update and submit an annual fee.
3. After 5 years, a complete application is again required; however, unless requested by the Residency Program Review Committee, another site visit is not required.

IV. FEES

Programs will be invoiced by AOTA as per the following schedule:

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Fee</td>
<td>$1,800</td>
<td>$1,850</td>
<td>$1,900</td>
<td>$1,960</td>
<td>$2,020</td>
</tr>
<tr>
<td>On-site Visit Costs</td>
<td>$2,600</td>
<td>$2,680</td>
<td>$2,760</td>
<td>$2,840</td>
<td>$2,920</td>
</tr>
<tr>
<td>Annual Fee:</td>
<td>$900</td>
<td>$930</td>
<td>$960</td>
<td>$980</td>
<td>$1,010</td>
</tr>
<tr>
<td>Re-Approval Fee</td>
<td>$1,800</td>
<td>$1,850</td>
<td>$1,900</td>
<td>$1,960</td>
<td>$2,020</td>
</tr>
</tbody>
</table>
*Annual fees begin one year after approval is granted.
*No Annual Fee in Re-Approval Year. Re-Approval fee does not include the cost of the onsite visit.

V. AOTA BOARD CERTIFICATION & SPECIALTY CERTIFICATION

Applicant Residency Sites will identify which AOTA Board Certification their program aligns with, and if appropriate, which AOTA Specialty Certification is applicable (www.aota.org/certification).

A. Board Certification

1. To qualify for Board Certification, the residency program should fall within one of the four areas outlined by AOTA Board Certification: Gerontology, Mental Health, Pediatrics, or Physical Rehabilitation.

2. Sites should have at least one staff member or an advisor/consultant that is currently certified by AOTA in the certification area.

3. For sites that do not have either a staff member or access to a certification advisor (paid or volunteer), AOTA offers to provide an advisor from the pool of currently certified practitioners.

4. Residents who successfully complete a program with an Approved Residency Site will be eligible to apply for AOTA Board Certification with a reduced number of years of practice (3) instead of the typical requisite of 5 years.

B. Specialty Certification Program

1. Sites that offer a residency program that aligns with one of the AOTA Specialty Certifications are eligible to track the progress of the resident relative to the certification requirements in order to recommend approval for Specialty Certification. The resident would then submit the certification fee, Professional Development Plan and Self-Assessment. Specialty Certification areas are Driving and Community Mobility; Environmental Modification; Feeding, Eating, and Swallowing; Low Vision; and School Systems.

2. Sites should have at least one staff member or an advisor/consultant that is currently certified by AOTA in the certification area.

3. For sites that do not have either a staff member or access to a certification advisor (paid or volunteer), AOTA offers to provide an advisor from the pool of currently certified practitioners.
SECTION B: APPLICATION

I. PROGRAM SITE DATA

A. Sponsoring Institution:

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Address</th>
<th>City</th>
<th>State &amp; Zip</th>
<th>Phone</th>
<th>Fax</th>
<th>Website</th>
</tr>
</thead>
</table>

B. Department Administrator:

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
</table>

C. Site Residency Coordinator (must be an occupational therapist):

<table>
<thead>
<tr>
<th>Name</th>
<th>Credentials</th>
<th>Title</th>
<th>AOTA Membership #</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
</table>

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

- Job description of Residency Coordinator

☐ Attachment(s) on page(s) # __________

☐ Please indicate if your site has an existing OT Residency Program

☐ Please indicate if your site has an existing PT Residency Program
II. GENERAL INFORMATION ABOUT PROPOSED PROGRAM
(to be posted on AOTA website)

A. Program Information

1. In keeping with the framework for AOTA Approved Residency Sites, the program must be titled “[Area] Residency Program.” For example, “NICU Residency Program.” You may also choose to add the site’s name (e.g., “Community Hospital NICU Residency Program”).

Name of the residency program:

2. With which AOTA Board Certification does this program align?

☐ Gerontology
☐ Mental Health
☐ Pediatrics
☐ Physical Rehabilitation

3. If the residency program is consistent with an AOTA Specialty Certification, please identify which:

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

B. Program Description

_Briefly describe the program purpose and how it integrates with the organization as a whole._

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.
• Copy of information provided to potential residency applicants

☐ Attachment(s) on page(s) # __________

C. Contact Information for Program

Name
Address
City
State & Zip
Email
Phone
Website

D. Application Deadline for Prospective Residents

Does program accept applications by a certain deadline (e.g., by June 30) or throughout the year (e.g., no set deadline, anytime)?

Other important dates (if any; e.g., All residencies start August 1 and end July 31.)

E. Application Criteria

What criteria is an applicant required to meet at time of application (e.g., state license, letters of reference)?

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

• Copy of application developed by site for potential residents to submit.
• Copy of acceptance letter sent by the site to the resident.

☐ Attachment(s) on page(s) # __________
F. Fees

What fees, if any, are charged to the resident by the site?

G. Statement on Nondiscriminatory Practices

What is the site’s formal statement on nondiscriminatory practices?

Attachments (if any): All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

☐ Attachment(s) on page(s) # __________

III. CURRICULUM

A. DESIGN – The curriculum design must satisfy the following requirements:
1. State the mission and philosophy of the residency program.
2. Identify the core elements of the program focus.
3. Describe the program’s philosophy on teaching and learning.
4. Identify educational goals (student learning outcomes).
5. Describe the selection of the content, scope, and sequencing of coursework.

Describe how the curriculum design meets the 5 criteria:

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

☐ Attachment(s) on page(s) # __________
B. PLANS – The program must have a written plan for each learning activity that satisfies the following requirements:

1. Clear and concise written statements of intended learning outcomes that are observable and/or measurable, are based on identified needs for each learning activity, and are communicated to residents before and during the activity.
2. Criteria for the assessment of learning outcomes that are established during the planning of each activity and are consistent with each activity’s instructional format and delivery method.
3. A statement of the instructional methods that are congruent with the identified learning outcomes of each activity and are appropriate for the selected delivery format and curriculum design.

Describe how the curriculum design meets the 3 criteria:

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

- If a third party is used as a partner in delivering didactic learning, provide the documented agreement between the Applicant Site and the third party.

☐ Attachment(s) on page(s) # __________

C. MENTORED PRACTICE – A minimum of 340 hours of the residency must be spent in mentored delivery of occupational therapy services in the identified practice area. The program must ensure that

1. The resident is mentored by an individual(s) with expertise consistent with the resident’s area of focus and
2. The majority of the assigned caseload is consistent with the program’s curriculum design, including individualized specific objectives and plans for supervision.

Describe how the program plans to meet the 2 criteria:

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

- Include a list of names and qualifications for mentoring staff.
• Include a completed CV form for all instructional and mentoring staff.
• Sample log of mentoring activities

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Interpretative Guideline:
Mentorship is a personal developmental relationship in which a more experienced or more knowledgeable therapist (mentor) helps to guide a less experienced or less knowledgeable therapist (mentee).

Mentoring is a process for the informal transmission of knowledge, social capital, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development (Bozeman & Feeney, 2007).

Mentoring entails informal and formal communication, usually face-to-face and during a sustained period of time. Face to Face communication may be met through telehealth technology where appropriate to the learning needs and environment. Note: Telehealth technologies cannot be the sole method of providing face to face communication. The amount of time and method for providing mentoring must be provided based on the individual learning needs and practice environments (e.g. complexity of caseload). All mentoring activities will have identified leaning objectives consistent with the residency curriculum model.

Mentoring activities may include, but are not limited to:
• Observation by the resident of skilled occupational therapy assessment and intervention when the mentor is the primary provider.
• Observation and feedback by the mentor of skilled occupational therapy assessment and intervention when the resident is the primary provider.
• Review of skilled occupational therapy assessment and intervention treatment plans when the resident is the primary provider. (with or without the client present).
• Establishing and reviewing intervention outcomes with mentor and resident.
• Establishing and implementing strategies to develop competencies in: (1) interprofessional collaborative practice; (2) advocacy; (3) leadership etc.

Sample mentored time schedule:
• Months 1-3: 2 days/ week
• Months 4-6: 1 day/ week
• Months 7-9: ½ day/week

Sample tracking sheet for mentored activities:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Spent with Mentor</th>
<th>Activity</th>
<th>Learning Objective</th>
<th>Mentor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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IV. RESIDENCY LEARNING OBJECTIVES

A. BODY OF KNOWLEDGE – A graduate of the residency program must demonstrate knowledge of relevant evidence, diagnostic considerations, and regulations that inform and guide best practice in the residency area. A graduate of the residency program must be able to demonstrate

1. Knowledge of primary and secondary conditions that impact function related to the residency area;
2. Knowledge of relevant evidence specific to evaluation in the residency area;
3. Knowledge of relevant evidence specific to intervention in the residency area;
4. Knowledge of institutional rules; local, state, federal, and international laws; and AOTA documents applicable to the residency area and the profession of occupational therapy.

Describe how the program plans to meet the 4 criteria and evaluate the resident’s knowledge:

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

- Include class outline, syllabi, etc. that support the narrative. Full course content is not required.

☐ Attachment(s) on page(s) # __________

B. REASONING AND PERFORMANCE SKILLS – The process of formulating and implementing a 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. A graduate of the residency program must be able to perform the following tasks:

1. Administer assessments specific to the residency area, consistently integrating clinical observations throughout the occupational therapy evaluation process. (Evaluation – Performance Skills)
2. Synthesize and interpret assessment data and clinical observations related to the person, context and occupational performance of the client in the residency area. (Evaluation – Critical Reasoning)
3. Perform interventions that are unique to the residency area while integrating the impact of varying client factors and contexts. (Intervention – Performance Skills)
4. Select, plan, and modify occupational therapy interventions in the residency area based on evidence and evaluation data. (Intervention – Critical Reasoning)
5. Recognize immediate and long-term implications of psychosocial issues related to conditions of the residency area and modify therapeutic approach and occupational therapy service delivery accordingly. (Psychosocial – Critical Reasoning)

Describe how the program plans to meet the 5 criteria and assess the resident’s competency:

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

- Include class outline, syllabi, etc. that support the narrative. Full course content is not required.

☐ Attachment(s) on page(s) # __________

C. ETHICAL PRACTICE SKILLS – A graduate of the residency program must be able to identify ethical implications associated with the delivery of services and articulate a process for navigating through identified issues in the following areas:

1. Client-Centered Service
2. Fiscal and Regulatory
3. Scope of Practice or Systems/Organizational.

Describe how the program plans to meet the 3 criteria and assess the resident’s competency:

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

- Include class outline, syllabi, etc. that support the narrative. Full course content is not required.

☐ Attachment(s) on page(s) # __________
D. INTERPERSONAL SKILLS – A graduate of the residency program must be able to perform the following tasks:

1. Establish and collaborate with referral sources and stakeholders to help the client achieve outcomes that support health and participation in the residency area.
2. Influence services for clients (individuals, populations, or institutions) in the residency area through education or advocacy activities, either independently or through collaboration.

Describe how the program plans to meet the 2 criteria and assess the resident’s competency:

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

- Include class outline, syllabi, etc. that support the narrative. Full course content is not required.

☐ Attachment(s) on page(s) # __________

E. SCHOLARLY AND/OR PROFESSIONAL ACTIVITIES – A graduate of the residency program must be able to

1. Effectively locate, understand, critique, and evaluate information, including the quality of evidence and
2. Participate in scholarly activities that evaluate clinical practice, service delivery, and/or professional issues.

Describe how the program plans to meet the 2 criteria and assess the resident’s competency:

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

- Include class outline, syllabi, etc. that support the narrative. Full course content is not required.

☐ Attachment(s) on page(s) # __________
V. PROGRAM EVALUATION

The residency program must routinely secure and document sufficient qualitative and quantitative information to allow for analysis of the program’s stated goals and objectives. At a minimum the plan must evaluate
1. Competency-based skills and content knowledge of residents,
2. Effectiveness of the program in meeting its educational objectives,
3. Evaluation of the program by the resident,
4. Follow-up evaluation of residents who have successfully completed the program, including (if applicable) whether or not certification was pursued

Describe how the program will meet the 4 criteria:

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

- Program evaluation plan.

☐ Attachment(s) on page(s) # __________

VI. RESOURCES

A. LEARNING ENVIRONMENT – The program will ensure that the learning facilities, resource or reference materials, and instructional aids and equipment are consistent with the purpose, design, and intended learning outcomes of the curriculum.

Describe how the program will meet the criteria:

Attachments (if any): All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

☐ Attachment(s) on page(s) # __________

B. INSTRUCTIONAL STAFF – The program will ensure that the instructional staff responsible for developing and delivering the program are sufficient in number and expertise in the content area(s). Staff members must possess
1. An understanding of the activity purpose and learning outcomes,
2. Knowledge and skill in the instructional methods and learning processes being used, and
3. Knowledge and skill in the delivery format (e.g., didactic, mentoring) being used.

Describe how the program will meet the criteria:

Attachments (if any): All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

☐ Attachment(s) on page(s) # __________

C. FINANCES – The program will demonstrate that sufficient financial resources and institutional support are available to provide a quality residency program and otherwise comply with the terms and criteria of this application agreement.

Identify how the program will meet the criteria. Include resident salary, anticipated revenue by the resident, cost of didactic education, and costs associated with mentoring.

Attachments: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

• Program budget and evidence of institutional support.

☐ Attachment(s) on page(s) # __________

D. MALPRACTICE INSURANCE – The residency program must ensure that residents have appropriate malpractice insurance and will be able to provide proof of the resident’s insurance coverage.

Describe how the program plans to meet the criteria:
**Attachments**: All attachments for the application must be submitted in a single PDF file. Please indicate the page number(s) where attachments for each section are located.

☐ Attachment(s) on page(s) # __________
VII. ATTESTATION STATEMENT

As an applicant to become an AOTA Approved Residency Program, your organization agrees to the following requirements:

1. Provide accurate and truthful information to AOTA in all transactions to the best of its knowledge.

2. Conduct the Residency Program in a professional and ethical manner that respects the rights and worth of the individuals you serve.

3. Provide full and accurate disclosure of information about your organization’s Residency Program at all times in your promotion and advertising material, and comply fully with all representations and terms set forth in such materials.

4. Report any change that may impact the organization’s ability to deliver services on which this application is based to the AOTA Residency Program within thirty (30) days. Such changes could include, but are not limited to, the change of the designated Site Residency Coordinator.

5. Furnish requested information, work cooperatively with the AOTA Residency Program staff, and pay associated fees on a timely basis.

6. Abide by and operate in accordance with the criteria and the terms of this application agreement and acknowledge that AOTA may, in the reasonable exercise of its discretion, terminate Approved Residency Site status and notify the public of such termination should your organization violate the terms of this application agreement in any manner.

7. Upon notification by AOTA, abide by any revision of the Residency Program criteria or inform AOTA of intention to withdraw as an Approved Residency Site.

8. Pay all associated fees, including processing, application, on-site visit, annual, and re-application fees associated with the Residency Program.

Name of Facility

Name of Residency Site Coordinator

Name of Department Administrator

Title/Position

Title/Position

Signature of Residency Site Coordinator

Signature of Department Administrator

Date

Date