

# **BCG Candidate Handbook** **2023 *First Administration***

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## General Information

### American Occupational Therapy Association

The American Occupational Therapy Association (AOTA) is the national professional association established in 1917 to represent the interests and concerns of occupational therapy practitioners and students of occupational therapy and to improve the quality of occupational therapy services.

AOTA's major programs and activities are directed toward assuring the quality of occupational therapy services, improving consumer access to health care services, and promoting the professional development of members.

AOTA educates the public and advances the profession by providing resources, setting standards, and serving as an advocate to improve health care. AOTA is based in North Bethesda, MD.

### Occupational Therapy Advanced Certification Commission

The Occupational Therapy Advanced Certification Commission (OTACC) is an Associated Advisory Commission (Council) within AOTA, responsible for developing policies and procedures and guiding the overall management and essential decisions of the Advanced Certification Program. Essential certification decisions under the purview of the OTACC include eligibility requirements; standards for acquiring advanced certification and for maintaining certification; the development, administration and scoring of examinations; selection of subject matter experts (SMEs); and disciplinary determinations.

## About Advanced Certification

AOTA's Advanced Certification Program is designed to recognize occupational therapy practitioners who demonstrate advanced skills, knowledge, and practice experience. Using an exam-based process, advanced certification provides an objective method to distinguish therapists with knowledge of current, evidence-based practice and commitment to continuing professional development in a specific area of practice.

## Overview

This candidate's guide is intended for use by occupational therapists who are interested in being certified by AOTA as advanced specialists in gerontology, receiving the designation Board Certification in Gerontology (BCG). This guide provides information on AOTA's Advanced Certification processes: eligibility requirements, application procedures, examination administration and follow-up, and recertification.

## AOTA Advanced Certification Credentialing Process Overview



## Eligibility Requirements

You must meet the following requirements prior to applying to take the BCG exam:

- Certified or licensed by and in good standing with an AOTA-recognized credentialing or regulatory body
- A minimum of 3 years as an occupational therapist, based on the date of issue of certificate or license<sup>1</sup>
- At least 3,000 hours of experience in gerontology within the last 5 years—may include direct intervention, supervision, teaching, consultation, administration, case or care management, community programming, or research<sup>1</sup>
- Of the 3,000 hours of experience in gerontology within the last 5 years, at least 500 hours must be delivering occupational therapy services to clients<sup>1,2,3</sup>

<sup>1</sup>*Experience and service delivery hours must be at the level for which certification is sought. Applicants seeking Board Certification must have accumulated the necessary hours as an occupational therapist, not as an occupational therapy assistant or other type of professional.*

<sup>2</sup>*One foundation of the BCG 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 500 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 500 hours.*

<sup>3</sup>*Service delivery may be paid or voluntary.*

## Recognition of those who have completed an AOTA-approved Fellowship Program

The OTACC recognizes the value and rigor of AOTA-approved Fellowship Programs. While completion of a fellowship is not required, occupational therapists who have completed an AOTA-approved Fellowship Program are eligible to sit for the Board Certification Exam after 2 years as an occupational therapist rather than the typical requirement of 3 years, provided that experience hours listed above have been attained.

## Applying to take the Examination

### Application Deadline and Testing Window (first administration)

Application Deadline	Testing Window
January 5, 2024	October 30, 2023–January 28, 2024

*\*For the first administration of the BCG exam, there will be a 13-week testing window (October 30, 2023–January 28, 2024). It is anticipated that the exam will then be available for administration on a continuous schedule beginning in May 2024.*

Completed applications and payment must be received by 11:59 pm (PT) on the application deadline date listed above. Applications received after the deadline will be held and processed after continuous administration is available (anticipated May 2024).

### Examination Fees:

2023 Prices	AOTA Member	\$525
	Non-member	\$650

### General Application Instructions

Candidates apply to take the BCG exam using an online application system.

- Step 1: Go to the [Board Certification in Gerontology](#) web page
- Step 2: Select the “Apply Now” button (*application will open in mid-October*)
- Step 3: Log in or create an account with AOTA
- Step 4: Complete application online and upload required verification of experience hours
- Step 5: Submit payment online

### Completing the Application

When submitting your application, you must use your full legal name as it appears on your unexpired, valid, government-issued photo identification. This is the official name that will allow you to be eligible to take the exam and that will appear in the AOTA Advanced Certification Directory after you successfully pass the BCG exam.

Provide a valid e-mail address that will be maintained throughout your Board Certification in Gerontology application process; AOTA will use your email address as the primary identifier in your online profile and for communications. Because your email address will be attached to all online records, it is best to choose a permanent email address for this purpose. If you use a work email address, please remember to update it if you change jobs.

A link to the online application is available on the [Board Certification in Gerontology](#) web page (*application will open in mid-October*). You will need to log in using your AOTA account information or create a new account with AOTA. The online application will then take you through the following pages:

- Applicant Information page
- Verification of years of experience as an occupational therapist (upload)
- Verification of experience hours in certification area (upload)
- Verification of completion of AOTA-approved Fellowship Program (if applicable)
- Testing Accommodations form (if applicable)
- Applicant Attestation
- Review and Payment

The online application allows you to save your progress on each page; you do not have to complete the entire application in one session. At the end of the online application, you will be directed to AOTA's payment portal. Note that the review process will not start until applications are complete and payment has been processed.

## Submitting Payment

As noted above, the final section of the online application will direct you to AOTA's payment portal.

## Confirmation of Receipt of Application

Within 1 business day of receipt of your application and payment, you will receive an auto-generated email from [members@aota.org](mailto:members@aota.org) confirming that your application and payment were received. Note that this auto-generated email will go to the email associated with your AOTA account and may be different from the email address you provided on your application.

## Procedures for Application Review

Once received, applications will be reviewed to determine whether all eligibility requirements have been met. Candidates will receive email notification of their outcome status (approved to test, more information needed, or denied) within ten (10) business days of application submission. Once approved to test, candidates have a 90-day eligibility period in which to schedule their exam.

*For the first testing window (October 30, 2023–January 28, 2024), candidates approved to test will have an eligibility period from the date they are approved (but not prior to October 30, 2023) to the end of the testing window (January 28, 2024). For example, if a candidate receives an approval to test on October 22, 2023, the candidate's eligibility period will be from October 30, 2023–January 28, 2024. If a candidate applies later and receives an approval to test on December 29, 2023, the candidate's eligibility period will be from December 29, 2023–January 28, 2024.*

## Incomplete Applications

If your application is incomplete, you will be notified by the AOTA Advanced Certification office, and the missing information must be provided by the application deadline. Failure to submit a complete application prior to the deadline will result in rejection of your application, and you will be issued a refund of the examination fee, minus a \$100 processing fee.

## Application Rejection

Applications for the BCG exam will be rejected for failure to meet eligibility requirements or falsification of application information. Rejected applicants will be refunded the examination fee, minus a \$100 processing fee.

## Application Withdrawal/Cancellation

An application may only be withdrawn or cancelled before the application deadline. Requests to withdraw or cancel an application will not be accepted after this deadline. To withdraw or cancel a BCG application, you must submit a written request to the Advanced Certification Program at [certification@aota.org](mailto:certification@aota.org). There is a \$100 processing fee for withdrawn or cancelled applications.

## Appeal of Decisions

Candidates have the right to appeal an initial adverse decision made by the Advanced Certification Program regarding eligibility for certification or recertification. Note that failure of a candidate to meet an established deadline may not be appealed. Failing an exam, on its own, is not sufficient grounds for appeal. An appeal must be submitted in writing within 30 calendar days following the date of notification of the adverse decision. Written requests for appeal should be submitted using the online [Advanced Certification Appeal of Certification Decision Form](#). Candidates are encouraged to reach out to AOTA staff at [certification@aota.org](mailto:certification@aota.org) with any questions. All appeals will be addressed by the OTACC within 90 days of receipt. Individuals will be notified of OTACC's decision within 10 days of determination. Decisions about appeals made by the OTACC will be final.

## Nondiscrimination Policy

AOTA's Advanced Certification Program endorses the principles of equal opportunity and non-discrimination. The Advanced Certification Program does not discriminate with regard to age, gender, ethnic origin, race, religion, disability, marital status, veteran status, sexual orientation, or any other category protected by federal or state law.

## Requesting Testing Accommodations

AOTA and the Occupational Therapy Advanced Certification Commission (OTACC) comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability, defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment, is deprived of the opportunity to take the examination solely by reason of that disability. AOTA and OTACC will provide reasonable accommodations for candidates with disabilities and will review each candidate's specific request, nature of the disability, and supporting documentation.

If you require special accommodations in order to sit for the examination, you should contact the Advanced Certification Program at [certification@aota.org](mailto:certification@aota.org). You and your qualified health care provider will need to complete a form to document the disability and the need for accommodation. You must provide medical documentation of the disability, and the documentation must be fewer than 5 years old. This means that you must have a current evaluation from the appropriate provider. OTACC must receive this documentation along with your application submission. You must submit two forms with your application: the Candidate Form and the Provider Form.

These forms require you to substantiate:

- The nature, severity, and duration of the disability;
- The types of activity or activities the disability limits;
- The extent to which the disability limits your ability to perform the activity or activities;
- Any past accommodations that you received in similar situations; and
- What reasonable accommodation is requested and why it is needed.



The forms should be uploaded as part of the online application. Each request will be evaluated individually.

Please contact the Advanced Certification Program if you have any questions regarding special accommodations. AOTA and OTACC want to ensure that candidates have the accommodations they need.

Forms to request testing accommodations can be found in Appendices E-G at the end of this handbook.

Please note that wheelchair access is available at all established Test Centers. Candidates must advise PSI at the time of registration that wheelchair access is necessary.

### Lactating individual accommodations

AOTA and OTACC will approve the following accommodations upon submission of required documentation:

- 30 minutes of extended time to complete the exam
- Private room with lock for pumping session
- Ability to take extended break for pumping session
- Ability to bring needed pumping supplies into testing center.

*Note that children are not permitted at PSI testing centers.*

Forms to request lactating individual accommodations can be found in Appendices H and I at the end of this handbook. The forms should be uploaded as part of the online application. Each request will be evaluated individually.

### Name Changes

If your legal name changes, please contact [certification@aota.org](mailto:certification@aota.org) and provide the following information:

- Name (as currently found in our database)
- New name
- Scanned copy of your valid/unexpired government-issued picture document ID such as a driver's license, state ID, passport, or military or dependent ID. Your ID must include your date of birth to verify your account. Documents are destroyed after your name is updated.

After the change is made, you will be notified by email.

Note that if your legal name changes after you have submitted your application but before you have taken the exam, you must contact us at least 5 business days prior to your exam date so this information can be relayed to the testing center. No changes can be made within 5 business days before the scheduled exam.

## Preparing for the Examination

The Advanced Certification exam consists of 150 single response, multiple-choice items designed to test the application and analysis of information specific to the certification area. Candidates have 4 hours to complete the examination.

As a first step in exam development, a job analysis in the specialty practice area was completed to ensure that the content of the exam is relevant to current practice. From the job analysis, the [BCG Exam Content Outline](#) was developed. Candidates should review the exam content outline as well as the [BCG Suggested Reference List](#) when preparing for the exam.

Additionally, AOTA offers a review course for the BCG exam. The comprehensive, asynchronous course includes 6 modules of focused, interactive content designed to guide therapists through a review of foundational material as a means to prepare for the certification examination. For more information about the prep course, please contact [customerservice@aota.org](mailto:customerservice@aota.org).

## Scheduling the Examination

### Testing at a PSI Test Center

The BCG Examination is delivered at approximately 300 PSI Test Centers located throughout the United States. A current listing of PSI Test Centers, including addresses and driving directions, may be viewed at <https://home.psiexams.com/#/test-center?p=YTLQVL35>. The examinations are administered by appointment only, Monday through Saturday. Appointment starting times may vary by location. All individuals are scheduled on a first-come, first-served basis.

After you have been approved, you are responsible for scheduling an appointment to take the examination.

### Online Scheduling

Candidates may schedule online by accessing the scheduling link provided in the Authorization to Test email from AOTA. Internet scheduling is available 24 hours-a-day.

To schedule online, complete the steps below:

1. After your application is approved, you will receive an Authorization to Test email from AOTA with instructions to access the scheduling link for online scheduling.
2. Proceed to the scheduling page, where you will select your test (Board Certification in Gerontology (BCG)).
3. Enter Select your test format: **ONSITE (TEST CENTER)**
4. Find your nearest test center by entering your **City** or **Postal Code**, then select **FIND**
5. You will be presented with Test Centers near your location. Select your preferred location.
6. Once you have selected a Test Center, select a date and time to take your test.
7. You will receive a message confirming your chosen test format, booked date, and booked time. Please
8. review the booking before selecting **CONFIRM**.
9. Your booking is now confirmed. Select **DONE**.
10. The next page summarizes your booking. You will also receive an email summary with your appointment information, directions to the Test Center, and guidance on identification (ID) requirements.
11. Select the **MANAGE** tab at the top of the screen to view your upcoming appointment.

## Scheduling by Phone

Candidates may schedule by phone by calling PSI at (855) 579-4642, Monday through Friday 7:30am- 10pm Eastern, Saturday and Sunday 9am- 5:30pm Eastern (closed holidays). All individuals are scheduled on a first-come, first-served basis.

## Examination Rescheduling

You may reschedule the examination to another time during your eligibility period if you contact PSI at least 2 business days prior to the scheduled appointment. Rescheduling can be done by accessing the scheduling link provided in your Authorization to Test email or by calling PSI at (855) 579-4642.

If you need to reschedule your examination to a time outside of your approved eligibility period, you must contact PSI at least 2 business days prior to the scheduled appointment to cancel your examination. Rescheduling an examination can be done by accessing the scheduling link provided in your Authorization to Test email or by calling PSI at (855) 579-4642. You will then need to contact AOTA at [certification@aota.org](mailto:certification@aota.org) to submit updated documents and/or complete an attestation that you continue to meet eligibility requirements. There is a \$100 processing fee to request a new eligibility period.

## Cancelling an Examination

You may cancel the examination if you contact PSI at least 2 business days prior to the scheduled appointment. Cancelling an examination can be done by accessing the scheduling link provided in your Authorization to Test email or by calling PSI at (855) 579-4642. You must then contact AOTA at [certification@aota.org](mailto:certification@aota.org) and request a refund of your application fee (minus \$100 processing fee).

## Missed Appointments/Forfeitures

You will forfeit the examination registration and all fees paid under the following circumstances:

- You wish to reschedule an examination but fail to contact PSI at least 2 business days prior to the scheduled testing session.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

## Personal or Medical Emergency

If you have a personal or medical emergency that prohibits you from taking your scheduled examination, please contact the Advanced Certification Program at [certification@aota.org](mailto:certification@aota.org). You must provide documentation verifying the personal or medical event. Requests for rescheduling an examination or refund of fees must be provided in writing and will be considered on an individual basis.

## On the Day of the Examination

Report to the Test Center at least 15 minutes before your scheduled appointment time. Look for signs indicating PSI Test Center Check-in. If you arrive more than 15 minutes after the scheduled testing time, you will not be admitted.

## Inclement Weather/Power Failure/Other Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Test Center personnel are able to open the Test Center.

You may visit [www.psonline.com/openings](http://www.psonline.com/openings) prior to the examination to determine whether PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification following the examination cancellation regarding rescheduling or reapplication procedures.

If power to a Test Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact.

## Test Center Experience Video

A video overview of the testing process and what to expect on your test day can be viewed at <https://psi.wistia.com/medias/3321yp1ic8>.

## Identification

To gain admission to the Test Center, you must present one (1) valid (current) form of government-issued identification that includes your name, signature, and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid forms of identification are: driver's license with photograph; state identification card with photograph; passport; or military identification card with photograph.

The name on your government-issued identification must match the name you provided on your BCG application. If your name has changed, refer to the 'Name Changes' section of this handbook on page 10. Note that you must contact us at [certification@aota.org](mailto:certification@aota.org) at least 5 business days prior to your exam date so name changes can be relayed to the testing center. No changes can be made within 5 business days before the scheduled exam.

Candidates must have proper identification to gain admission to the Test Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

## Security

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, tape recorders, pagers, or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited.
- No calculators are allowed.
- No guests, visitors, or family members are allowed in the testing room or reception areas.

Any violations of these procedures may result in dismissal from the examination and/or any additional action authorized under AOTA policy or applicable law.

## Personal Belongings

No personal items, valuables, or weapons should be brought to the Test Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note that the following items will not be allowed in the testing room except securely locked in the soft locker:

- watches
- hats
- wallets
- keys

After you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. The proctor may also ask candidates to lift up the ends of their sleeves and the bottoms of their pant legs to ensure that notes or recording devices are not being hidden there. Proctors will also carefully inspect eyeglass frames, tie tacks, or any other apparel that could be used to harbor a recording device.

If all personal items will not fit in the soft locker, you will not be able to test. The site will not store any personal belongings. Personal belongings include, but are not limited to, the following items:

- Electronic devices of any type, including cellular/mobile phones, recording devices, electronic watches, cameras, pagers, laptop computers, tablet computers (e.g., iPads), music players (e.g., iPods), smart watches, radios, or electronic games.
- Bulky or loose clothing or coats that could be used to conceal recording devices or notes. For security purposes outerwear such as, but not limited to, open sweaters, cardigans, shawls, scarves, hoodies, vests, jackets, and coats are not permitted in the testing room. In the event that you are asked to remove the outerwear, appropriate attire, such as a shirt or blouse, should be worn underneath.
- Headgear not worn for religious reasons or as religious apparel, including hats, baseball caps, and visors.
- Other personal items, including purses, notebooks, reference or reading material, briefcases, backpacks, wallets, pens, pencils, other writing devices, food, drinks, and good luck items.

If any personal items are observed in the testing room after the examination has started, the candidate's administration may be forfeited and candidate will be subject to dismissal from the examination and/or any additional action authorized under AOTA policy or applicable law.

## Examination Restrictions

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Test Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking, or smoking will not be permitted in the Test Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

## Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores may be invalidated, and examination fees may be forfeited. Additionally, AOTA may take any other action authorized under AOTA policy or applicable law. Examples of misconduct may include but are not limited to when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular/smart phones;
- talk or participate in conversations with other examination candidates;

- give or receive help or are suspected of doing so;
- leave the Test Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings.

## Computer Login

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on screen to enter your identification number.

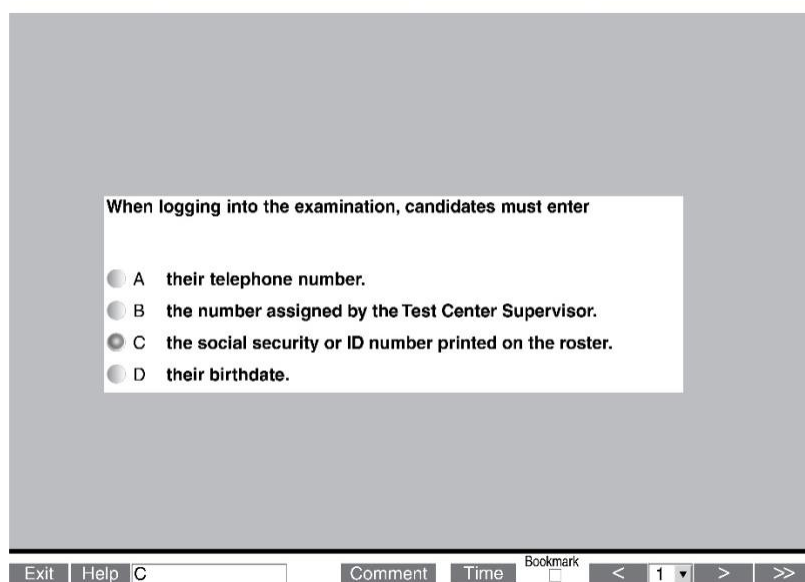
## Practice Examination—Computer Tutorial

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

## Timed Examination

Before beginning the examination, instructions for taking the examination are provided on-screen. The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the Time box in the lower menu bar on the screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or by clicking on the option using the mouse. To change your answer, enter a different option by typing A, B, C, or D or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.



To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the double arrows (>>) to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the double arrows (>>). When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions.

### Candidate Comments

During the examination, you may make comments for any question by clicking on the Comment button to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

### Candidate Confidentiality

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

### Examination Questions

All examination questions are the confidential and proprietary property of AOTA. It is strictly prohibited to discuss, share, copy, reproduce, record, distribute, or display these examination questions or their contents by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties and any other action deemed appropriate by AOTA in accordance with AOTA policy and applicable law.

## Following the Examination

After completing the examination, you will be asked to answer a short evaluation of your examination experience. Then, you will be instructed to report to the examination proctor to receive an examination completion report.

### Test Results

*For the first testing window (October 30, 2023—January 28, 2024), candidates will receive an examination completion report, but not any test results, from the testing facility at the end of the examination. After the psychometric performance of the BCG exam is confirmed, candidate test results will be released (anticipated in April 2024).*

### Retaking the Examination

If a candidate fails the examination, the candidate may retake the examination after a 30-day waiting period. The candidate should contact AOTA at [certification@aota.org](mailto:certification@aota.org) to request a new 90-day eligibility period. The examination retake fee is \$225.

### Restriction of the use of BCG credential

To be eligible to use the BCG credentials, an individual must successfully pass the BCG exam and continue to meet certification and recertification requirements. When using the BCG credential, please note that the “BCG” should always appear immediately after the occupational therapy designation (i.e. OT/L, OTR) and may *not* be used at any time without the occupational therapy designation.



The following identifies the correct order for the credential:

- . Name
- . Academic designation (if appropriate)
3. Occupational therapy designation
- . BCG
- . Other credentials or designations

Example: Jane Doe, MA, OTR/L, BCG, FAOTA

In the event of withdrawal, suspension or revocation of certification for any reason, individuals must refrain from any use and/or further promotion as certified unless otherwise authorized by AOTA.

Individuals must comply with the relevant provisions of the certification. Individuals must only make claims regarding certification that are within the scope for which the certification has been granted.

Complaints against credential misuse should be submitted on the [Advanced Certification Candidate/Certificant Complaint Form](#). The Advanced Certification Program will follow all policies and procedures to determine the validity of the complaint and notify the person misusing the credential. AOTA will take steps, including legal action, to prevent credential misuse.

### Recertification Requirements:

Recertification is required every 5 years in order to maintain certification and to continue to use your advanced certification credential (BCG, BCMH, BCP, BCPR, SCDCM, SCEM, SCFES, SCLV, SCSS). The following requirements must be met to be eligible for recertification:

- Certified or licensed by, and in good standing with, an AOTA-recognized credentialing or regulatory body
- At least 1,500 hours of experience in the certification area within the last 5 years—may include direct intervention, supervision, teaching, research, consultation, administration, case or care management, community programming, or activities supporting professional organizations in area of certification.
- At least 60 contact hours in professional development activities in the certification area within the last 5 years—may include CE courses, academic coursework, independent learning, mentorship, fieldwork supervision/capstone mentoring, professional writing, presentation and instruction, and other activities as outlined in the Recertification Handbook.

Please refer to the [Advanced Certification Recertification web page](#) for additional information.

### Complaints:

Candidates may submit complaints against the Advanced Certification program by completing the [Advanced Certification Program Complaint Form](#). The complaint and all supporting documentation should be submitted within 30 days of the incident's occurrence. The complaint should include the following:

- Description of the complaint
- Sufficient objective evidence to substantiate the claim(s)
- Suggested outcome

Candidates will receive acknowledgment of receipt of complaint along with description of next steps within 5 business days of submission.



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Individuals may submit complaints against an Advanced Certification candidate or certified individual by completing the [Advanced Certification Candidate/Certificant Complaint Form](#). The complaint should include the following:

- Description of the complaint
- Sufficient objective evidence to substantiate the claim(s)

Individuals will receive acknowledgment of receipt of complaint along with description of next steps within 5 business days of submission.

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## **APPENDIX**

**Appendix A: Verification of Experience Hours Form**

**Appendix B: Verification of Experience Hours Form (Self-Employed)**

**Appendix C: Exam Content Outline**

**Appendix D: Suggested Reference List**

**Appendix E: Request for Testing Accommodations Form**

**Appendix F: Request for Testing Accommodations (Candidate Form)**

**Appendix G: Request for Testing Accommodations (Provider Form)**

**Appendix H: Request for Lactating Individual Accommodations (Candidate Form)**

**Appendix I: Request for Lactating Individual Accommodations (Provider Form)**

# AOTA Board Certification

## Verification of Experience Hours

*\*Use this form if an employer or supervisor will attest to your hours. If you are self-employed, use the Self-Employed Verification Form instead.*

### Employer:

- You are being asked to verify employment or delivery of occupational therapy services for someone who is applying for Board Certification by the American Occupational Therapy Association (AOTA).
- Please complete all sections of this form (include hours for Part A **and** Part B) and **return it to the applicant** so that it can be included in his or her application.
- If you have questions, please contact the Advanced Certification Program at certification@aota.org.

### Applicant:

- Note that you can submit multiple forms to provide evidence for the required hours.
- Both Part A **and** Part B hours must be entered and the totals across all forms submitted must meet the minimum requirements.

Applicant Name \_\_\_\_\_

**Certification Sought:** Board Certification in Gerontology   
Board Certification in Pediatrics (BCP)   
Board Certification in Physical Rehabilitation (BCPR)

**Employment Type:**

- Full-time
- Part-time
- Contract/PRN
- Volunteer

Name of Facility/Company/Organization \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Applicant Start Date \_\_\_\_\_

Applicant End Date \_\_\_\_\_

### PART A

Experience as an occupational therapist in the certification area. 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 **3,000 hours** required as an occupational therapist in the certification area.

### 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 **500 hour** requirement for delivering occupational therapy services to clients in the certification area.

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Name of Person Completing Form (please print)

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Signature of person completing form

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Date

---

Job Title

---

Phone Number

# AOTA Board Certification

## Verification of Experience Hours (Self-Employed)

*\*Use this form if you are self-employed. If you are having an employer or supervisor attest to your hours, use the standard Verification Form instead.*

### Applicant:

- As a business owner, you are able to self-report your experience hours as long as you can provide documentation that shows ownership and the date your business was established (for example, a business license and/or tax documents). You will upload all documents as part of the on-line application.
- Note that you can submit multiple Verification Forms to provide evidence for the required hours.
- Both Part A and Part B hours must be entered and the totals across all forms submitted must meet the minimum requirements.
- If you have questions, please contact the Advanced Certification Program at [certification@aota.org](mailto:certification@aota.org).

Applicant Name \_\_\_\_\_

**Certification Sought:** Board Certification in Gerontology   
Board Certification in Pediatrics (BCP)   
Board Certification in Physical Rehabilitation (BCPR)

**Employment Type:**  
 Full-time  
 Part-time

Name of Facility/Company/Organization \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Date Business Established \_\_\_\_\_

Date Business Ended (if applicable) \_\_\_\_\_

### PART A

Experience as an occupational therapist in the certification area. 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 **3,000 hours** required as an occupational therapist in the certification area.

### 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 **500 hour** requirement for delivering occupational therapy services to clients in the certification area.

---

Name of Person Completing Form (please print)

---

Signature of person completing form

---

Date

---

Job Title

---

Phone Number

# Examination Content Outline

<b>1</b>	<b>Health Conditions and Considerations</b>	<b>17%</b>
A	Medical Conditions and Disease Progression as they relate to the Aging Population	8%
1	Cardiopulmonary and Cardiovascular Conditions	
2	Mental/Behavioral Health Conditions	
3	Integumentary Conditions (Skin)	
4	Neurocognitive and Neurodegenerative Disorders (e.g., Dementia, Parkinson's)	
5	Neurological Conditions (e.g., CVA)	
6	Oncological Conditions	
7	Orthopedic Conditions	
8	Autoimmune Disorders (e.g., Rheumatic Conditions)	
9	Sensory Systems and Conditions (e.g., Low Vision, Hearing Loss)	
B	Geriatric Syndromes and Considerations	9%
1	Changes in Body Structures and Body Functions as it relates to Age	
2	Comorbidities and/or Multisystem Interactions	
3	Delirium	
4	Frailty and/or Decrease in Functional Reserve	
5	Incontinence	
6	Other Medically Related Conditions, including Polytrauma/Acquired Injury Conditions	
7	Polypharmacy and Adverse Drug Events	
<b>2</b>	<b>Evaluation, Assessment, and Clinical Considerations</b>	<b>27%</b>
A	Assessment/Evaluation for the Aging Population based on Areas of Occupation	8%
1	Standardized/Norm-Referenced/Criterion-Referenced Assessments and Interviews	
2	Non-Standardized/Alternative Assessments including Clinical Observations and Interviews	
3	Occupational Profile	
4	Occupational and Activity Analysis	
B	Assessment of Age-based Client Considerations including Barriers and Facilitators	19%
1	Performance Skills (e.g., Emotional Regulation, Motor/Praxis, Sensory, Perceptual, Visual Processing, Cognitive, Communication and Social Skills)	
2	Performance Patterns (e.g., Habits, Routines, Rituals, Roles)	
3	Environmental Settings (e.g., Home, Community, Clinic, Virtual)	
4	Context Considerations (e.g., Cultural, Spiritual, Values, Resources for Diversity, Equity, Inclusion, and Justice)	
5	Social Determinants of Health (e.g., Socio-Economic Status, Resources, Nutrition)	



6	Caregivers/Family Factors/Social Network and Input	
7	Social Isolation and Vulnerabilities	
8	Polypharmacy, Drug Interactions, and Medication Management	
9	Abuse, Self-Neglect, Neglect, and Exploitation	
10	Activity Tolerance	
<b>3</b>	<b>Individual, Group, and/or Population-Level Intervention and Planning</b>	<b>39%</b>
<b>A</b>	<b>Service Delivery</b>	<b>15%</b>
1	Client-centered/Client-driven Goals and Outcomes	
2	Plan of Care, including Frequency, Duration, and Location	
3	Monitor Goals and Progress, Data Collection, Notes, and Reporting	
4	Discharge Planning and Discontinuation	
5	Transitions to Different Services or Settings	
6	Care Coordination and Collaboration	
7	Therapeutic Use of Self	
8	Education, Training, and Support for Involved Parties (e.g., Caregivers, Social Workers, Care Staff)	
9	Group Facilitation Techniques and Considerations for Aging Population	
10	Frames of Reference to achieve Diverse Outcomes (e.g., Occupational Justice, Wellness, and Prevention)	
<b>B</b>	<b>Occupation and Activity-based Interventions</b>	<b>14%</b>
1	Health Management (e.g., Medication Management, Self-Management)	
2	Activities of Daily Living (ADL) (e.g., Sexual Activity, Dysphagia)	
3	Instrumental Activities of Daily Living (IADLS) (e.g., Care of Others, Spiritual, Community Mobility, Emergency Preparedness)	
4	Leisure, Play, and Social Participation	
5	Work, Education, and Volunteer	
6	Sleep and Rest	
<b>C</b>	<b>Methods and Tasks to Facilitate Occupations</b>	<b>10%</b>
1	Physical Agent Modalities (PAMS) and Mechanical Modalities	
2	Orthotics and Prosthetics	
3	Assistive Technology (AT) and Durable Medical Equipment (DME)	
4	Wheeled Mobility, Seating, and Positioning	
5	Environmental Modifications and Interventions	
6	Self-Regulation (including Sensory and/or Emotional Interventions and Modifications)	
7	Pain Management	
8	Falls Prevention	
9	Energy Management and Conservation	
10	Therapeutic Exercise	





<b>4</b>	<b>Professional Responsibilities</b>	<b>17%</b>
A	Communication and Collaboration	12%
1	Client Documentation/Reports (e.g., Evaluation, Progress, Discharge)	
2	Communication Techniques Based on the Varied Needs and Preferences of Diverse Audiences	
3	Interprofessional/Interdisciplinary Care	
4	Considerations Related to Reimbursement or Funding through Third-Parties (e.g., Insurance Companies, Grant Writing)	
5	Referrals and Requests for Service	
6	Mentee/Mentorship and Supervisor Roles and Relationships	
7	Advocacy (e.g., Clients and Profession) including Recommendations/Letters of Justification/Medical Necessity/Appeals	
8	Program Evaluation and Quality Improvement	
B	Legal Considerations and Ethics	5%
1	Professional Ethics and Responsibilities	
2	Practice and Population-specific Laws and Regulations (e.g., ADA, APS)	
3	Best Practices (e.g., Evidence-based, Research, Models)	



## Suggested Reference List—BCG Exam

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12. American Occupational Therapy Association. (2021). Position Statement—Role of occupational therapy in pain management. *American Journal of Occupational Therapy*, 75(Suppl. 3), 7513410020.
13. Asher, I. A. (2014). *Asher's Occupational Therapy Assessment Tools: An annotated index* (4<sup>th</sup> ed.). AOTA Press.
14. Bonder, B. R., & Dal Bello-Haas, V. (2017). *Functional performance in older adults*. (4th ed.). FA Davis.
15. Braveman, B., & Newman, R. (Eds.). (2020). *Cancer and occupational therapy*. AOTA Press.
16. Dirette, D. P., & Gutman, S. A. (2020). *Occupational therapy for physical dysfunction* (8<sup>th</sup> ed.). Wolters Kluwer.
17. Elliott, S., & Leland, N. E. (2018). Occupational therapy fall prevention interventions for community-dwelling older adults: A systematic review. *American Journal of Occupational Therapy*, 72, 7204190040, <https://doi.org/10.5014/ajot.2018.030494>
18. Gillen, G., & Nilsen, D. M. (2020) *Stroke rehabilitation: A function-based approach*. Elsevier.
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36. Wolf, T. J., & Nilsen, D. M. (2015). *Occupational therapy practice guidelines for adults with stroke*. AOTA Press.

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## Request for Accommodations CANDIDATE FORM

To request an examination accommodation for a disability, please upload this form as part of your application. AOTA must receive your Candidate Form and Provider Form (and related required evaluation of your disability and the appropriate accommodation) completed by a physician or other health care provider or relevant authority.

The provider's documentation should identify (i) the diagnosis and nature of your disability, (ii) the last time the provider saw you and the diagnosis of the disability, (iii) the name of the test used, (iv) the length of time that you've had the condition, and (v) what accommodation is suggested to accommodate the disability.

Name:

Address:

Email Address:

Phone Number:

Description of Disability:

Requested Accommodation:

Previous Accommodation (if any):

I understand that AOTA will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to this examination by reason of my disability. Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature:

Date:

*Please note that the PROVIDER FORM, in addition to the letterhead evaluation from the provider, must be completed by a physician or licensed health care provider appropriate to the disability.*

---

## Request for Accommodations PROVIDER FORM

*This form should be returned to the candidate for upload to the online application.*

I, \_\_\_\_\_ (printed name of candidate), hereby authorize and request the provider identified below to release the information requested by AOTA and the Occupational Therapy Advanced Certification Commission (OTACC) relating to my disability and the accommodation appropriate to my disability to sit for AOTA's Advanced Certification examination.

Candidate Signature:

Date:

The candidate/patient identified above is requesting accommodation to sit for an AOTA Advanced Certification examination. OTACC's accommodation policy requires candidates requesting accommodation to submit current documentation of the disability from an individual qualified to assess the disability. The candidate is requesting that you provide such documentation; you should submit your evaluation on your professional letterhead.

Your evaluation should include your assessment of the candidate's disability, as well as an accommodation plan. The documentation should explain the type and degree of the candidate's disability and how the proposed accommodation affects the disability.

The documentation should include the following information: (i) the month, day, and year the candidate/patient first consulted you; (ii) the month, day, and year the candidate/patient was last seen by you; (iii) the diagnosis of the candidate's/patient's disability; (iv) the name of the tests used; and (v) the length the candidate/patient has had the condition. You are also required to include recommended accommodations for testing in the documentation. Lastly, please sign the statement below and include it along with your evaluation.

### Provider Declaration

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature:

Name (please print):

Date:

Address:

Telephone:

State License #:

If you are not licensed, please note credentials that allow you to diagnose the disability:

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# Request for Lactating Individual Accommodations CANDIDATE FORM

AOTA and OTACC will approve the following accommodations upon submission of required documentation:

- 30 minutes of extended time to complete the exam
- Private room with lock for pumping session
- Ability to take extended break for pumping session
- Ability to bring needed pumping supplies into testing center

*Note that children are not permitted at PSI testing centers. If you are exclusively breastfeeding, please contact us at [certification@aota.org](mailto:certification@aota.org) to discuss options.*

If you require accommodations beyond those listed above, please contact us at [certification@aota.org](mailto:certification@aota.org) prior to submitting your application. You may be required to submit different documentation.

To request lactating individual examination accommodations, please upload this form as part of your application. AOTA must receive your Candidate Form, Provider Form, and letter from your licensed health care provider in order to process the accommodations request. The provider's documentation should identify on letterhead (i) your date of delivery, (ii) the last time the provider saw you, and (iii) that you are currently lactating/nursing.

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

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

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

Phone Number: \_\_\_\_\_

I understand that AOTA will use the information obtained by this authorization to determine eligibility for a reasonable accommodation in regard to this examination. Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature: \_\_\_\_\_

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

*This document, along with the Provider Form and letter from your licensed health care provider, should be uploaded to your online application.*

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# Request for Lactating Individual Accommodations PROVIDER FORM

*This form should be returned to the candidate for upload to the online application.*

I, \_\_\_\_\_ (printed name of candidate), hereby authorize and request the provider identified below to release the information requested by AOTA and the Occupational Therapy Advanced Certification Commission (OTACC) relating to my accommodation request to sit for AOTA's Advanced Certification examination.

Candidate Signature: \_\_\_\_\_

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

The candidate/patient identified above is requesting lactating individual accommodations to sit for an AOTA Advanced Certification examination. OTACC's accommodation policy requires candidates requesting accommodation to submit current documentation from a licensed health care provider. The candidate is requesting that you provide such documentation; you should submit your evaluation on your professional letterhead.

Your documentation should identify (i) the patient's date of delivery, (ii) the last time you saw the patient, and (iii) that the patient is currently lactating/nursing. Lastly, please sign the statement below and include it along with your evaluation.

### Provider Declaration

I hereby certify that the above information is true and is given pursuant to the authorization to release information by my patient. Under penalty of perjury, I declare that the foregoing statements and those in any required accompanying documents or statements are true. I hereby certify that I personally completed this portion and that I may be asked to verify the above information at any time.

Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

State License #: \_\_\_\_\_