INFORMATION & APPLICATION
2017-2018
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SECTION A: INTRODUCTION

I. BACKGROUND INFORMATION & PURPOSE

A. Purpose
   1. The purpose of AOTA’s Fellowship 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. **Fellow**: A fellow 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 Fellowship 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 FELLOWSHIP PROGRAM CRITERIA

The criteria address five major program components:

A. **Curriculum of study**: The fellowship 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 fellowship program will ensure that a minimum of 340 hours of the fellow’s time is spent delivering occupational therapy services with mentoring in the identified practice area.

C. **Involvement in scholarly and/or professional activities**: The fellowship program includes activities in scholarship (e.g., evidence-based studies, advocacy initiatives).
D. **Program Evaluation**: The fellowship program has a program evaluation plan that includes competency-based evaluation of skills and content knowledge of the fellow 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 Fellowship 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 upon submission of the Statement of Intent.

5. Once payment is received, the Applicant Site may begin developing its application. Each site MUST adhere to one of the following submission timelines:
   a. March 1 to receive a candidacy decision by July 1
   b. July 1 to receive a candidacy decision by November 1
   c. November 1 to receive a candidacy decision by March 1

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

### B. Candidate Fellowship 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 accept fellows.

3. The Candidate Fellowship Site must accept its first fellow within 9 months of being granted Candidacy Status.

4. Within 2 weeks of accepting its first fellow, the Candidate Site must notify AOTA.

5. An on-site visit and review will be scheduled no later than 30 days prior to when the first fellow(s) is scheduled to complete the fellowship and no sooner than halfway through the fellowship.

6. Once the on-site visit is conducted, a final report will be written and recommendations made to the AOTA Fellowship Program Committee.

7. Within 45-60 days of a completed site visit and an accepted report, the Fellowship 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 Fellowship Site

1. Approval will be granted for a period of 10 years.
2. Approved Fellowship Sites will be required to complete an annual update and submit an annual fee.
3. After 5 years, a complete application is again required; however, unless requested by the Fellowship 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>
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<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>

Application Fee
A non-refundable application deposit of $150 is due upon submission of the Intent to Seek Approval form. Institutions will be invoiced for the balance of the application fee. The amount will be determined by the submission due date of the candidacy application, and payment is due upon submission of the candidacy application.

Initial Site Visit Fee
Fellowship programs will be invoiced for the initial site visit fee at least 60 days before the site visit is scheduled to occur, with payment due 30 days after the site visit.

Annual Fee
Approved fellowship programs are billed for the annual fee beginning the year after Approval is granted, with the exception of the year programs are scheduled for re-approval. Programs will be invoiced for the annual fee at the beginning of each year, and the due date of the fee will coincide with the due date of the Annual Report.

Re-Approval Fee
The re-approval fee is due in the 10th year of approval, and the due date of the fee will coincide with the due date of the re-approval application. In the year for which a program is scheduled for re-approval, it will not be invoiced for an annual fee.

PAYMENT OF FEES

The $150 application fee deposit should be paid by check made payable to AOTA and mailed to:
AOTA Fellowship Program
4720 Montgomery Lane, Suite 200
Bethesda, MD 20814-3449

All other fees may be paid by check according to the instructions above or paid by credit card or electronic transfer. Credit card or electronic transfer payments should be directed to AOTA at 301-652-6611, ext. 1928. To expedite payment, please have ready the order number found on the fee invoice.

V. AOTA BOARD CERTIFICATION & SPECIALTY CERTIFICATION

Applicant Fellowship 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 fellowship 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. Fellows who successfully complete a program with an Approved Fellowship 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 fellowship program that aligns with one of the AOTA Specialty Certifications are eligible to track the progress of the fellow relative to the certification requirements in order to recommend approval for Specialty Certification. The fellow 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>
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<tbody>
<tr>
<td>Address</td>
<td></td>
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<tr>
<td>City</td>
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<tr>
<td>State &amp; Zip</td>
<td></td>
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<tr>
<td>Phone</td>
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<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Website</td>
<td></td>
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</tbody>
</table>

B. Department Administrator:

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

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

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Credentials</td>
<td></td>
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<tr>
<td>Title</td>
<td></td>
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<tr>
<td>AOTA Membership #</td>
<td></td>
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<tr>
<td>Email</td>
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<td>Phone</td>
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</tbody>
</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 Fellowship Coordinator
  - [ ] Attachment(s) on page(s) # __________
  - [ ] Please indicate if your site has an existing OT Fellowship Program
  - [ ] Please indicate if your site has an existing PT Residency/Fellowship 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 Fellowship Sites, the program must be titled “[Area] Fellowship Program.” For example, “NICU Fellowship Program.” You may also choose to add the site’s name (e.g., “Community Hospital NICU Fellowship Program”).

Name of the fellowship program:

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

☐ Gerontology
☐ Mental Health
☐ Pediatrics
☐ Physical Rehabilitation

3. If the fellowship 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 fellowship applicants

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

C. Contact Information for Program

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
<td></td>
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<tr>
<td>City</td>
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<tr>
<td>State &amp; Zip</td>
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<tr>
<td>Email</td>
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<tr>
<td>Phone</td>
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<tr>
<td>Website</td>
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D. Application Deadline for Prospective Fellows

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 fellowships 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 fellows to submit.
• Copy of acceptance letter sent by the site to the fellow.

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

What fees, if any, are charged to the fellow 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 fellowship 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 fellows 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.

☐ Attachment(s) on page(s) #

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

1. The fellow is mentored by an individual(s) with expertise consistent with the fellow’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

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

**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 & Feeley, 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 fellowship curriculum model.

Mentoring activities may include, but are not limited to:
- Observation by the fellow 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 fellow is the primary provider.
- Review of skilled occupational therapy assessment and intervention treatment plans when the fellow is the primary provider. (with or without the client present).
- Establishing and reviewing intervention outcomes with mentor and fellow.
- Establishing and implementing strategies to develop competencies in: (1) inter-professional 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. FELLOWSHIP LEARNING OBJECTIVES

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

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

Describe how the program plans to meet the 4 criteria and evaluate the fellow’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 fellowship program must be able to perform the following tasks:

1. Administer assessments specific to the fellowship 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 fellowship area. (Evaluation – Critical Reasoning)
3. Perform interventions that are unique to the fellowship area while integrating the impact of varying client factors and contexts. (Intervention – Performance Skills)
4. Select, plan, and modify occupational therapy interventions in the fellowship 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 fellowship 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 fellow’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 fellowship 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 fellow’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 fellowship 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 fellowship area.
2. Influence services for clients (individuals, populations, or institutions) in the fellowship area through education or advocacy activities, either independently or through collaboration.

Describe how the program plans to meet the 2 criteria and assess the fellow’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 fellowship 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 fellow’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 fellowship 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 fellows,
2. Effectiveness of the program in meeting its educational objectives,
3. Evaluation of the program by the fellow,
4. Follow-up evaluation of fellows 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 fellowship program and otherwise comply with the terms and criteria of this application agreement.

Identify how the program will meet the criteria. Include fellow salary, anticipated revenue by the fellow, 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 fellowship program must ensure that fellows have appropriate malpractice insurance and will be able to provide proof of the fellow’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 Fellowship 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 Fellowship 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 Fellowship 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 Fellowship Program within thirty (30) days. Such changes could include, but are not limited to, the change of the designated Site Fellowship Coordinator.

5. Furnish requested information, work cooperatively with the AOTA Fellowship 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 Fellowship 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 Fellowship Program criteria or inform AOTA of intention to withdraw as an Approved Fellowship Site.

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

Name of Facility

Name of Fellowship Site Coordinator

Name of Department Administrator

Title/Position

Title/Position

Signature of Fellowship Site Coordinator

Signature of Department Administrator

Date

Date