

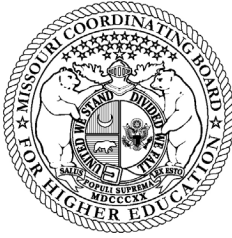
# Coordinating Board for Higher Education

January 12, 2021

Teleconference  
(312) 626-6799

Access Code: 937 5430 7767

Join by Video: <https://zoom.us/j/93754307767>



## COORDINATING BOARD FOR HIGHER EDUCATION

January 12, 2021 | 9:00-10:00 a.m.

Call-in option: (312) 626-6799

Access Code: 937 5430 7767

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## MEETING AGENDA

### 1. General Business

#### a. Action

- i. Call to Order
- ii. Roll Call of Members and Determination of Quorum

### 2. Budget and Financial Aid Committee

#### a. Action

- i. Supplemental Request: Bright Flight and A+ (Tab 1)

### 3. Academic Affairs and Workforce Needs Committee

#### a. Information

- i. St. Charles Community College Proposal to Offer a Bachelor's Degree in Occupational Therapy Assistant (Tab 2)

### 4. General Business

#### a. Action

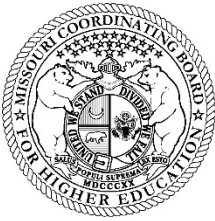
- i. Adjourn Public Session of the Coordinating Board for Higher Education

*Items identified above as "information" are based on reasonable pre-meeting expectations. All items listed on the agenda may be the subject of discussion and/or votes.*

*It is the policy of the Coordinating Board for Higher Education that all public meetings and events are accessible to people with disabilities. Individuals needing special accommodations relating to a disability should contact Alyssa McLeod at the Missouri Department of Higher Education and Workforce Development, P. O. Box 1469, Jefferson City, MO 65109, by emailing [Alyssa.McLeod@dhewd.mo.gov](mailto:Alyssa.McLeod@dhewd.mo.gov) or by calling (573) 751-1876.*

*For media inquiries, please contact Jessica Duren at [Jessica.Duren@dhewd.mo.gov](mailto:Jessica.Duren@dhewd.mo.gov).*

*Posted: January 5, 2021*



Tab 1

## Supplemental Request: Bright Flight and A+

Coordinating Board for Higher Education

January 12, 2021

At the September meeting, the Coordinating Board approved increased appropriation requests for several state student financial aid programs. The intent of this agenda item is to seek CBHE approval for revised requests for A+ and Bright Flight due to changes since that meeting.

### CURRENT STATUS

#### A+ Supplemental Request (FY 2021)

Anticipating slow to no enrollment growth for fall 2020, the Coordinating Board approved a supplemental request for this program of \$6.2 million. The request was based on projections of a seven percent increase (one percent increase in recipients; six percent increase in tuition and fee costs) for the program during FY 2021. Based on the changing nature of the enrollment situation, DHEWD staff indicated they would continue to monitor the situation and would make adjustments based on additional data as it became available later in the fall.

Because every A+ recipient's award is different, due to different tuition rates, different amounts of federal grant aid, and different levels of enrollment, it is not feasible to project expenditures based on the number of recipients and the average award. Instead, projections are based on historical trends in expenditures, broken out by payment periods (summer, fall, spring). Over the past five years, the percent of total expenditures that occur during the spring semester has averaged 42 percent. Said another way, on average 58 percent of program expenditures have occurred in the summer and fall semesters. The variation during this time period has been less than one percent so this average should be a reasonably good predictor of the future.

After the statutory reserve is removed, \$39,939,926 is available for A+ awards in FY 2021. Summer 2020 expenditures, which are funded from the FY 2021 appropriation, totaled \$3,207,786, a 24.2 percent increase over FY 2020. In October, as part of the regular program operation, participating institutions submitted projected expenditures for the fall 2020 term. The projected expenditures reported by participating institutions for fall totaled \$26,527,889, a 19.6 percent increase.

To update the projected shortfall, we took the total projected expenditures for summer and fall (\$29,735,675) and divided by the summer/fall average of total expenditures over the past five years (58 percent). This resulted in a total projected expenditure for FY 2021 of \$51,268,405. Based on that total expenditure level, full funding of the spring 2021 semester would require \$21,532,730 while there is anticipated to be \$10,204,251 available from the original appropriation. That leaves a projected shortfall of \$11,328,479.

With the allocation of \$4.9 million from Coronavirus Relief Funds to the A+ program, the projected shortfall has been reduced to \$6,428,479, which is approximately \$200,000 above the original DHEWD supplemental request of \$6.2 million. In order to allow for the statutory reserve to be excluded from the supplemental appropriation, an additional \$192,854 is needed, bringing the total revised supplemental request to \$6.6 million

### **A+ New Decision Item (FY 2022)**

As with the supplement request, the initial FY 2022 budget request for this program was based on an assumption that program participation would be negatively affected by the pandemic. However, based on the changes referenced previously in projected expenditures for FY 2021, related changes are also needed to the original \$9.5 million request.

For a number of reasons, program growth has been considerably higher over the last two years (FY 2020 and 2021) than previous trends would have indicated. The underlying factors in this growth include the expansion of the program to non-public high schools, reduction in the number of years a recipient must attend an A+ high school, increased tuition and fee costs, increased levels of student enrollment, and the decision by students to stay close to home and avoid congregate living arrangements due to the pandemic. Because of the nature of these changes and the likelihood that most students receiving A+ will continue to use the program into the 2021-2022 academic year, it is assumed that growth will continue into FY 2022.

Program costs increased approximately nine percent between FY 2019 and 2020. Current projections indicate a growth rate between FY 2020 and 2021 of from 18 to 20 percent. Assuming these growth rates will not continue, the current estimate for growth is three percent. At that level of growth, the dollars necessary to fully fund the program for FY 2022 would be approximately \$52.8 million. To reach that level would require an increase in available funds of approximately \$12.9 million. In order to allow for the statutory reserve, the actual requested FY 2022 increase will need to be \$13.2 million.

### **Bright Flight Supplemental (FY 2021)**

The FY 2021 appropriation for Bright Flight is \$20,176,666, a \$3.5 million reduction from the FY 2019 appropriation level. As a note, the total appropriation includes \$2 million from MOHELA. In October, the governor released half of the funds that were restricted in July. The release of \$3,235,447 brought the available GR funding total to \$14,492,983 after allowing for the statutory reserve. By adding in the \$2 million from MOHELA and \$1 million from program funds carried over from last fiscal year, the total available is currently \$17,492,983.

Based on usage to date, we are projecting a total of 7,983 Bright Flight recipients for FY 2021. Based on the goal expressed by the Governor's office of raising the spring award to \$1,500, the total award for the year would need to be increased to \$2,400 from its current \$2,170. Reaching this award level will require total available funds of \$19,159,200. This leaves a remaining projected shortfall of \$1,666,217. An additional \$51,500 needs to be added to that amount in order to allow for the statutory reserve from the supplemental, bringing the total revised supplemental request to \$1.7 million.

## **RECOMMENDATION**

Staff recommend that the Coordinating Board approve the revised FY 2021 supplemental and FY 2022 new decision item requests described above for the A+ and Bright Flight student assistance programs.

## **NO ATTACHMENTS**



Tab 2

## St. Charles Community College Joint Proposal to Offer an Applied Bachelor in Occupational Therapy Assistant

Coordinating Board for Higher Education

January 12, 2021

### BACKGROUND

The Coordinating Board for Higher Education discharges its responsibility for coordinating, reviewing, and approving proposed new degree programs by the authority given in [§§ 173.005](#) and [173.030, RSMo](#). The process for reviewing new degree program proposals is codified in administrative rule [6 CSR 10-4.010](#) *Submission of Academic Information, Data and New Programs*.

For community colleges proposing to offer a bachelor's degree, the following additional criteria is required, as outlined in [§163.191\(1\), RSMo](#):

*Community college course offerings shall generally lead to the granting of certificates, diplomas, or associate degrees, and may include baccalaureate degrees only when authorized by the coordinating board for higher education in circumstances where the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, and when doing so would not unnecessarily duplicate an existing program, collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, and the institution has the academic and financial capacity to offer the program in a high-quality manner.*

The comprehensive review process is triggered for this proposal because the proposed joint Applied Bachelor Degree in Occupational Therapy Assistant, to be conferred by St. Charles Community College, falls outside St. Charles Community College's CBHE-approved mission to offer baccalaureate degrees in Missouri without the express approval of the CBHE.

### CURRENT STATUS

The timeline for the St. Charles Community College proposal:

- July 1, 2019: SCC submitted its Phase I proposal (Attachment A).
- July, 2019: The proposal was posted for public comments and public comments were received (Attachment B). Phase I public comments included comments that the statutory criteria has not been met with this proposal.
- Sept 9-11, 2019: Based on feedback from the CBHE at the September 9, 2019, work session meeting, the original staff recommendation to not move forward to Phase II because statutory criteria was not met was changed to recommend the CBHE defer action until the December 2019 CBHE meeting (Attachment C).
- October 30, 2019: COPHE submitted a public comment (Attachment D), stating the statutory criteria has not been met.
- Dec 10-11, 2019: The department submitted an information item to the CBHE reiterating the proposal does not meet statutory criteria (Attachment E), and SCC presented on its proposal.

The CBHE advised SCC to pursue the possibility of collaboration with a 4-year institution and bring the proposal to the CBHE after a collaboration partner had been found.

- March 4, 2020: SCC and Missouri State University (MSU) submitted their MOU to offer a joint Bachelor of Applied Science in Occupational Therapy Assistant (Attachment F).
- March 4, 2020: the department recommended the CBHE accept the MOU and encourage SCC and MSU to move forward with the Phase II proposal (Attachment G). The CBHE voted to approve this action. Department staff noted at the board meeting that the proposal would still be subject to the comprehensive review process.
- July 16, 2020: SCC submitted its Phase II proposal (Attachment H).
- August 2020: The proposal was posted for public comments (Attachment I), and St. Charles Community College responded to those comments (Attachment J). Comments included the concern that the statutory criteria were not met with the collaborative proposal, among other concerns.
- August-Sept 2020: The External Review Team convened and provided its Report and Recommendation with an addendum (Attachment K), and St. Charles also responded to the external review team report (Attachment L). The External Review Team recommended the proposal not be approved due to not meeting several criteria.
- Sept 16, 2020: The department submitted its evaluation of the proposal at the September, 2020, CBHE meeting (Attachment M), along with the board item recommending the proposal not be approved (Attachment N). The CBHE deferred action until the proposal is ready for review.
- October 5, 2020: The department met with SCC, and reiterated the statutory criteria have not been met with the proposal and provided suggestions on how SCC could move forward with its proposal, including offering the degree in a partnership with MSU in which MSU conferred the OTA degree or in which SCC offered the OTA associate degree and MSU offered a more general bachelor's degree, such as health services.
- December 2020: The department met with SCC over several meetings to discuss the unmet criteria and give SCC an opportunity to submit further documentation. SCC submitted further evidence (Attachment O). The updated Phase II proposal has been posted for public comments until January 14, 2021, and public comments received at this time (Attachment P).
- January 12, 2021: The department has re-evaluated this proposal for this meeting (Attachment Q). The re-evaluation includes documents submitted by SCC in December, 2020. These documents were posted for public comment, with the response period ending in January.

To highlight the current evaluation findings in Attachment Q, the department finds:

1. SCC has not provided documentation that any of the statutory triggers (accreditation, licensure, or entry to the field) for a community college to offer an applied bachelor degree have been met.
  - a. **Accreditation.** In August 2017, the Accreditation Council for Occupational Therapy Education (ACOTE) made the decision to “mandate the entry-level degree requirement for the occupational therapy assistant move to the baccalaureate level by July 1, 2027.”<sup>[1]</sup> In October 2017, ACOTE held this decision in abeyance to “conduct a forum to discuss and

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<sup>1</sup> [American Occupational Therapy Association website](#)

open the process by which individuals can formally submit comments to ACOTE.”<sup>[2]</sup> In August 2018, ACOTE made the decision to “lift the abeyance on the OTA mandate decision and rescind the mandate for a single point of entry for the occupational therapy assistant at the baccalaureate degree level,” resulting in a “dual point of entry for the occupational therapy assistant.” This decision was made based on several reasons, including concerns in the field regarding student debt load and salary, diversity in the profession, lack of evidence of higher entry-level degree on outcomes.<sup>[3]</sup> Since August 2018, ACOTE has determined OTA is a dual entry system, accrediting both associate and bachelor’s degrees.

- b. **Licensure.** The [National Board for Certification in Occupational Therapy](#) (NBCOT), which licenses OTAs, states in its certification eligibility requirements that “COTA candidates must graduate with an entry-level occupational therapy degree from an ACOTE accredited occupational therapy assistant (OTA) program.<sup>[4]</sup> Since ACOTE accredits associate degrees, NBCOT accepts associate degrees for licensure.
  - c. **Education Requirement for Employment.** As indicated above, § 163.191(1), RSMo, requires, “in the case of applied bachelor’s degrees, the level of education required for employment in a field increases to that level.” Data from online job postings listed in BurningGlass LaborInsight™ clearly indicate that the associate degree is the required degree for the OTA: in 100 percent of job postings that listed an educational requirement, an associate degree was listed as the required degree for an OTA. Further, the U.S. Department of Labor, Bureau of Labor Statistics states: “Occupational therapy assistants need an associate’s degree from an accredited occupational therapy assistant program.”<sup>[5]</sup> Finally, O\*NET OnLine by the National Center for O\*NET Development found that 82 percent of respondents state an associate degree is required for entry to the OTA field. In addition, the letters of support provided by SCC express general support for St. Charles Community College and state a bachelor’s degree in OTA would be a good program, but do not indicate that those employers require that new OTA hires hold bachelor’s degrees.
2. **Workforce Need.** There are several factors to determine workforce need; the factor not met by SCC’s proposal is demand for a degree in occupational therapy assistant at the bachelor level. This factor is largely redundant and uses the same data and evidence if an institution is justifying its comprehensive review proposal based on the argument that the level of education required for employment has increased to the bachelor degree. As indicated above, no data source indicates that there is demand for OTAs with bachelor degrees.

## RECOMMENDATION

This is an information item only.

## ATTACHMENTS

- A. SCC Phase I Proposal
- B. Phase I Public Comments
- C. Comprehensive Review September CBHE Board Item
- D. COPHE Public Comments
- E. Comprehensive Review December CBHE Board Item

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<sup>2</sup> [American Occupational Therapy Association website](#)

<sup>3</sup> [Education Advisory Board, AOTA Special Task Force February 2019 Summary Report, AOTA 2015 Salary & Workforce Survey](#) cited from 2019 Summary Report.

<sup>4</sup> [The National Board for Certification in Occupational Therapy website](#)

<sup>5</sup> [U.S. Department of Labor, Bureau of Labor Statistics website](#)

- F. SCC-MSU MOU
- G. Comprehensive Review March CBHE Board Item
- H. SCC Phase II Proposal
- I. Phase II Public Comments
- J. SCC Response to Phase II Comments
- K. External Review Team Report and Recommendation
- L. SCC Response to External Review Team Report and Recommendation
- M. Sept DHEWD Evaluation Rubric
- N. Comprehensive Review Sept 2020 CBHE Board Item
- O. Additional Materials Submitted by SCC December 2020
- P. Public Comments Dec-Jan 2020-2021
- Q. DHEWD Evaluation Checklist



**St. Charles Community College**

**Bachelor of Applied Science in Occupational Therapy Assistant**

**Preliminary Proposal**

**June 2019**

**St. Charles Community College**  
**Bachelor of Applied Science in Occupational Therapy Assistant**  
**Preliminary Proposal**

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June 27, 2019

Missouri Department of Higher Education  
205 Jefferson Street  
PO Box 1469  
Jefferson City, MO 65102-1469

To Whom it May Concern,

It is my pleasure to introduce this proposal from St. Charles Community College (SCC), which if approved, will allow our students, many of whom live in rural parts of our service area, the opportunity to pursue a bachelor's degree of applied science for Occupational Therapy Assistant.

It is common knowledge that in the early 90s, St. Petersburg Community College became the first community college to offer a bachelor's degree. The justification for expanding access was based on major gaps in the workforce and the need to provide additional education in certain areas such as healthcare and information technology. This need is still relevant today, with more than 23 states allowing community colleges to offer a bachelor's of science degree in critical workforce areas.

As we contemplated the potential success of expanding to a bachelor's program we looked to current research and found that according to the Education Policy Research Center at the University of Florida, ". . . three out of four students enrolled in community college bachelor's programs were from underserved populations." As such, it appears that these programs are providing an affordable alternative to obtaining additional education. Additionally, the research suggested, "Public four-year programs may actually benefit from the presence of a bachelor's program at the local community college." Florida saw a 25% increase in degrees where local community colleges offered the competing degree.

I consider the conferring of a bachelor's degree in OTA as a natural extension of the college's commitment to access to an affordable education, while at the same time responding to the workforce needs of our service area. SCC's current program serves the citizens of six counties, has an average pass rate of 100%, and an average graduate rate of 89% as compared to the national graduation rate of 40%.

As you will see in the letters of support included with this proposal, members of our healthcare community have high praise for the academic excellence of SCC's OTA program and there is a critical shortage for meeting workforce needs. Your support of this proposal allows us to help students throughout our service area obtain a bachelor's degree at a convenient location and affordable cost.

We have to believe that as long as student success is the focus of our work and that the open door philosophy remains critical to our mission, offering a bachelor's degree does not change our focus; rather, we will continue to be the last great hope for access to education and will still be all about community.

Thank you for your consideration of this proposal. Please contact me if you would like to further discuss the details.

Sincerely,

A handwritten signature in black ink that reads "Barbara Kavalier". The signature is written in a cursive style with a large, looped initial "B".

Barbara Kavalier, Ph.D.  
President  
St. Charles Community College

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Cottleville, MO 63376-2865  
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## Overview of Intent

In response to recent Missouri legislation, increased accreditation standards, mounting healthcare and workforce demands, and growing student and employer needs, St. Charles Community College (SCC) investigated and considered the broad impact of offering a baccalaureate degree in Occupational Therapy Assistant (OTA).

In the subsequent proposal, SCC and the OTA program considered and addressed several educational, industry, and programmatic factors outlined in Missouri House Bill 758. Per this legislation, community colleges may expand their missions to offer bachelor's degrees when...

"...in the case of applied bachelor's degrees, the level of education required for employment in a field increases..."

The Accreditation Council for Occupational Therapy Education (ACOTE) developed new baccalaureate standards for 2018 to address increasing professional responsibilities and knowledge gaps in current associate-level OTA programs and practice.

"...doing so would not unnecessarily duplicate an existing program..."

At this time, no institution in the state of Missouri offers a baccalaureate degree in OTA.

"...collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers..."

Collaboration with a four-year institution is not possible because upper-level coursework for a completion of bachelor's of OTA is unavailable and a bachelor's of OTA degree does not exist. Collaboration with a university who would be interested in developing a new bachelor's of OTA program will not meet the students' needs because new applications will not be reviewed by ACOTE for a minimum of three to five years. This timeline for new program review by ACOTE will not address industry or employers' immediate needs nor will it address workforce demand due to the extensive waitlist. The Department of Labor and Statistics states the field of OTA will grow 28% in the state of Missouri by 2025.

"...the institution has the academic and financial capacity to offer the program in a high-quality fashion."

With full, 10-year accreditation granted by ACOTE, SCC's OTA Program has implemented a competency-based curriculum and other critical infrastructure necessary to meet baccalaureate requirements including faculty, fieldwork sites, physical program space allocation, and support staff.

The following documentation will provide compelling information in support of this mission expansion. The narrative demonstrates how St. Charles Community College has positioned itself for this expansion by hiring excellent and innovative faculty and staff, obtaining additional real estate and lab-space for student training, cultivating expertise on-site to design the program, and implementing an effective competency-based curriculum which provides essential infrastructure for the new OTA Bachelor's-level Standards. This proposal also demonstrates that St Charles Community College is in a unique position to be an early adopter of educating bachelors prepared OTA's, both in Missouri and in the national educational marketplace. The proposal also demonstrates how the OTA Program expansion would positively impact workplace preparedness for students and meet forecasted workplace demand, therefore an expansion of the SCC mission to offer a Bachelors of Applied Science in Occupational Therapy Assistant is merited.

**St. Charles Community College**  
**Bachelors of Applied Science in Occupational Therapy Assistant Narrative**

**Narrative Introduction**

St. Charles Community College (SCC) and the Occupational Therapy Assistant (OTA) Program are submitting a letter of intent to initiate the process for a comprehensive review of academic program proposals to the Missouri Department of Higher Education (MDHE) and the Coordinating Board of Higher Education (CBHE).

Historically, community colleges offer degrees and coursework that generally lead to the granting of certificates, diplomas, or associate degrees. The OTA program and SCC request the state broaden the mission to allow SCC to offer a bachelor's degree of applied science in Occupational Therapy Assistant due to changes in the academic standards of the profession, which were necessitated by a growing and evolving healthcare system.

St. Charles Community College considered and investigated several factors in the decision to request a broadening of the mission. These factors include the Accreditation Council for Occupational Therapy Education (ACOTE) new baccalaureate standards, the passing of legislation in Missouri which allows community colleges to offer a bachelor's degree for programs that meet a workforce need, the employment and educational landscape throughout the state of Missouri, the quality and preparedness of the OTA program at SCC to offer a bachelor's degree, the interest of students and community partners, and the feasibility of collaborating with other institutions to address the healthcare needs in the state of Missouri. The following narrative is a description of the analysis and points of consideration.

Certified Occupational Therapy Assistant (COTA) and Occupational Therapist (OTR) are two distinct practitioners within the profession of Occupational Therapy. Each of these distinct practitioners has a different set of educational standards, professional licensure, and certification requirements. Therefore, articulating from an OTA program to an OT program is not feasible as each is a separate and unique degree path.

## ACOTE Rationale – Baccalaureate Standards

ACOTE has independent authority to set standards for the profession's educational programs. This includes setting the entry-level degree for the occupational therapist and occupational therapy assistant.

AOTA's Representative Assembly (RA) convened an Ad Hoc Committee to do a feasibility study in 2015 regarding degree level for the OTA. The committee looked at the following areas:

1. Defining expectations of practice for an OTA in the next decade.
2. Growth in content to address changes in practice.
3. Impact of any changes in entry-level degree requirements for the occupational therapists (e.g., doctoral requirement) on occupational therapy assistant education and practice.
4. Readiness of host institutions to support a transition to the bachelor's requirement and the trend in community colleges to offer a limited number of bachelor's degrees.
5. Faculty workforce including occupational therapy assistants with post-baccalaureate degrees.
6. Impact of regulatory changes associated with the Affordable Care Act (ACA) and impact on reimbursement.
7. The potential impact of increased costs on key stakeholders (i.e. students, employers, etc.)
8. Requiring the entry-level degree to be at the doctoral level could push more potential students into occupational therapy assistant programs because of the increased costs of a doctoral versus masters-level program.

ACOTE developed and approved occupational therapy assistant baccalaureate-level Standards in August 2018. This provides OTA programs the ability to transition their programs to the baccalaureate level to address some of the **knowledge gaps** identified in the first three bullets above. They felt that it was the path to maintain and retain occupational therapy assistants' patency in the future healthcare workforce. ACOTE believes that providing the additional content will equip students with the skills needed to address the issues related to complex healthcare systems and complex patients.

After an extensive two-and-a-half year process, multiple surveys to the communities of interest, and several open hearings, ACOTE adopted new accreditation standards for baccalaureate-degree-level occupational therapy assistant programs, and associate-degree-level occupational therapy assistant programs. Programs will be required to comply with the new 2018 Standards by July 31, 2020.

This action came after ACOTE had carefully studied the issue and weighed the various community perspectives over the last three years. The Council recognized that the challenges faced in a constantly evolving academic and professional landscape require a clear strategic vision and that our profession must be prepared to adapt and change to meet these challenges.

Independent reviews of the practice environment and policy literature identified that the majority of health policy papers support the need for entry-level practitioners better prepared to practice and compete in a constantly changing health care delivery system.

At a meeting in April of 2019, a decision was made about dual points of entry for OT and OTA academic programs:

Following the conclusion of a robust and collaborative process with leaders and members of the American Occupational Therapy Association (AOTA), on April 4, 2019, AOTA's Representative Assembly determined that occupational therapists may enter the profession at the master's or doctorate level, while occupational therapy assistants may enter the profession at the associate or baccalaureate level. This is now the official policy of AOTA for entry into the occupational therapy profession.

The AOTA Representative Assembly (RA) is responsible for establishing professional standards and policies for AOTA and the profession, including the scope of the profession and professional practice and the degree requirement for entry into the profession, as provided in the AOTA Bylaws.

ACOTE is recognized by the U.S. Department of Education and the Council for Higher Education Accreditation (CHEA) as the programmatic accreditor for the profession of occupational therapy. ACOTE has complete autonomy in establishing accreditation and education standards to evaluate entry-level educational programs; developing and implementing policies, rules, and procedures for conducting accreditation reviews; and making accreditation decisions with respect to entry-level educational programs.

As the accrediting body for the profession and in light of the Assembly's April 4th determination, ACOTE will accept letters of intent for doctoral level, master's level, bachelor's level, and associate level educational programs effective immediately.

"The Application Review" states "ACOTE will accept and review a maximum of 6 Candidacy Applications during a given cycle. The acceptance of Candidacy Applications will be based on the receipt date of the Letter of Intent (if signed by the program director) or the date of notification that a program director has been hired. After the 6-program cap is reached, programs will be subject to the next available review cycle and planned student admission must be delayed accordingly. Please note that the initial accreditation process takes approximately 1 to 2 years to complete and the first class schedule may need to be adjusted to allow completion of the initial accreditation process prior to graduation.

Beginning with Candidacy Applications due in August 2020, ACOTE is requiring that a qualified program director must be hired full time and on-site 1 year prior to the submission of the Candidacy Application. A qualified academic fieldwork coordinator must be hired full-time and on-site 6 months prior to the submission of the Candidacy Application. At least 1 year prior to the submission date for the Candidacy Application, the program must notify the Accreditation Department ([accred@aota.org](mailto:accred@aota.org)) that a qualified program director has been hired full-time in order to proceed with the initial accreditation process. Otherwise, the Candidacy Application submission slot will be made available to the first program on the waiting list or to the next Applicant program with a hired qualified program director." The next available opportunity to apply for candidacy and to participate in the review cycle for new programs is 2023.

### **SCC Conclusion – ACOTE Rationale**

While associate-degree-level programs for OTA have the option to remain an associate degree or transition to a bachelor's degree, SCC believes it is our responsibility to begin the transition to a baccalaureate degree as soon as possible to best serve the needs of our community. SCC is accredited by ACOTE and therefore will not be subject to the “new candidacy” timeline—SCC can apply immediately.

OTA faculty and SCC administration have focused strategic vision and aligned curriculum to address vital aspects of our program’s mission to provide “...opportunities for academic excellence and student success to enable attainment of personal and professional goals in a global society.” In alignment with the college’s mission to respond to community needs, SCC’s OTA program continues to strengthen curriculum in order to meet the changes in a dynamic health care environment. The baccalaureate standards put forth by ACOTE will guide the program in addressing the potential “**knowledge gap**” areas for the future OTA practitioners in the state of Missouri to best serve the evolving health care needs in our community.



## Missouri Legislation

The Missouri Legislature passed legislation in 2018 to allow community colleges to expand their mission to offer bachelor's degrees "where the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, and when doing so would not unnecessarily duplicate an existing program, collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, and the institution has the academic and financial capacity to offer the program in a high-quality manner. Quality for such baccalaureate degree programs shall be evaluated at least in part by the delivery of upper-level coursework or competencies, and defined by accreditation or compliance with the Higher Learning Commission (HLC) standards for bachelor's degrees."

### **SCC Conclusion – Missouri Legislation**

The passing of this legislation indicates that Missouri Legislature recognizes the need for additional academic offerings. Students and the citizens of the state of Missouri will be beneficiaries of this legislation because they will receive the knowledge and training they need to meet growing workforce demands. SCC and the OTA program would like to expand their mission to offer a baccalaureate degree to provide opportunities for academic excellence and student success throughout our service area.

Students who become future OTA practitioners in the state of Missouri will best serve the evolving health care needs in our region with the additional education a bachelor's of OTA degree will provide. Many legislative and educational bodies recognize that rural counties are among the fastest-growing groups and account for a growing portion of the state's population, including working adults, low-income, and first-generation students who are all in need of additional quality education and essential job skills to meet workforce needs. The service area of SCC encompasses several of these rural counties and vulnerable communities.

## **Market Analysis/Feasibility Study**

### **Employment and Educational Landscape**

After contacting the Missouri Department of Higher Education to determine the feasibility of an application to expand the Academic Program, SCC chose to pursue a summary review of internal practices and a snapshot study of the Missouri OTA Marketplace from both an educator's and industry specialist's perspective.

### **Marketplace Study Objective**

SCC commissioned River Henge Partners LLC to perform a Missouri Marketplace Study to provide data relative to the Occupational Therapy Assistant ("OTA") workforce qualifications for graduate placement within the state of Missouri. The "OTA Missouri Marketplace Engagement Data Study" ("Data Study") was designed to capture data on positions marketed upon exit of educational institution and employer's qualifications to confirm additional skills-sets or professional-level requirements.

### **Third-Party Review and Reporting**

Separately, River Henge Partners LLC, a business-consulting firm specializing in industry-sector data analytics, was commissioned to provide Summary Reporting of the external Study findings. River Henge Partners is a private sector catalyst rooted in data research, analytics, and hands-on experience to guide master-planned economic development. With a combined 30 years of experience in economic development - including urban and rural planning and another 20 years in data research and analysis, River Henge Partners offers customized data for communities and industries in any economic and industry sector.

### **Considerations of the Study**

#### ***Geographic Boundaries***

Reporting criteria is limited to the state of Missouri for education and industry defined marketplaces. Since both the OTA Educational Program requirements and the Professional OTA certification are national, consideration accounts for prevailing industry standards.

#### ***Job Title Specificity***

OTA's are referred to as COTA's in the workforce. This title points to the passage of the National Board for Certification in Occupational Therapy (NBCOT) Board Certified Exam, which OTA's must pass to practice within their profession and license as per Missouri state requirements.

#### ***Marketplace Engagement***

The data gathered reached into the State of Missouri's educational environment, active labor market, and collected job descriptions and positions, which posed an industry standard. The Study process engaged both educators who have direct responsibility in transitioning students to the workforce and industry experts (department heads, therapy managers, talent acquisition) who work daily with OTAs in their respective work environments. The direct marketplace engagement provides a snapshot of what is happening within the industry today from a workplace and education/workforce training perspective.

#### ***Meeting Educational Challenges***

AOTA maintains that Innovation within Higher Education is "Alternate delivery models that increase accessibility and decrease costs." This includes competency-based degrees such as the OTA degree program. There is a shift in OT education that changes the entry-points for students seeking certification. ACOTE has mandated that there will be dual points of entry for the occupational therapist namely masters and doctoral level by July 1, 2027.

The educational gap created between the supervising OT and the OTA explains one of the rationales for ACOTE to introduce a bachelor's degree point of entry to OTA professional certification. The move in profession to a bachelor's requirement underscores the knowledgebase-need Missouri's industry professionals already are experiencing.

Two key observations from the Study include:

1. The required education, field work experience and training is entirely Industry driven
2. Industry is pushing for additional education and experience to provide a base to increase OTA responsibility and to bridge the knowledge base divide between OT's and OTAs.

SCC College states the OTA Program is uniquely aligned and positioned to provide enhanced professional entry-level requirements for a Baccalaureate Degree of Occupational Therapy Assistant in addition to offering an updated curriculum for their current Associate of Applied Science Degree (A.A.S) that is competency based and informed by workforce needs.

### **Workplace Feedback**

#### ***Education Survey- Salient Points***

Of forty-three (43) higher education schools offering degrees and programming that reach throughout Missouri's Occupational Therapy Spectrum, there are sixteen (16) colleges, universities and technical schools that are focused on OTA programming. However, within the sixteen (16), there are only nine (9) unique active OTA programs accredited through ACOTE, of which two (2) are private schools. A Consortium of schools accounts for one (1) unique active program but represents seven (7) advertised programs. Three (3) of the nine (9) unique OTA programs are in the St. Louis Region, including St. Charles Community College.

#### ***Industry Survey – Salient Points***

During the Study, the data research firm found ninety (90) active job listings referencing keywords "OTA," "COTA", and "Occupational Therapy Assistants". Forty-one (41) companies posted listings including health systems, home health, skilled nursing, acute and inpatient care, medical spas, rehabilitation centers, psychiatric centers and Professional Management companies. Twenty-one (21) companies were selected to provide job position sampling and marketplace feedback. Twelve (12) confirmed OT use as part of their healthcare protocol. Eight (8) companies responded with contextual feedback.

#### ***Marketplace***

According to the "2018 Current Trends in accreditation and Higher Education" presentation by AOTA on April 19, 2018, the US Bureau of Labor Statistics indicates that Occupational Therapy Assistants is the 15th fastest growing occupation in the US, with predicted Job Growth from 2016-2026 equaling >28%. The results of the OTA Missouri Marketplace Engagement Study supports a rapid progression of industry adoption. The Study results suggested the two industries within healthcare experiencing the most opportunity for COTA placement are the skilled nursing and home health industries. Furthermore, interview respondents indicated that there are multiple driving factors. These include change in regulations, which expanded responsibilities of the OTA, shift in direct patient care by the OT into a purely administrative and oversight role leaving the OTA in an even more essential position as the primary patient care provider, and shift in insurance billing (PTPM) which affects the billed time and company reimbursement processes.

### ***Industry Outliers***

For the study, researchers did gather subjective examples of non-traditional OTA job positions, which were subject to the opinion of the author. Formal Study search parameters did not specifically meter non-traditional job titles, unless otherwise inclusive of with COTA qualification within the definition or job search, as those bleed outside the spectrum of verifiable COTA-qualified job positions. Industry respondents were all within the health-care field. Educators indicated they are seeing expanded interest from corporate and non-traditional workplaces seeking an OTA knowledge base as a key member of their staff. Examples for this are ergonomic specialists, wellness coaching, program design and chronic disease support foundations.

### ***Analysis***

1. The education, field work experience, and training required is entirely Industry driven
2. Typical entry-level employment is in a clinical setting, which is considered "traditional" in the health-care field
3. Industries include hospitals, clinics, mental health, pediatrics, acute-care and skilled nursing
4. Some industry outliers exist - school districts (still a traditional placement), private- based placements that are entrepreneurial (i.e. adaptive martial arts; therapeutic horseback riding, tele-health and wellness/job coaches)
5. The role of the OTA throughout the health-care industry is changing
6. Industry expectation of OTA performance breach typical curriculum-based training and include professional communication, time management, stress management, administrative and reporting responsibilities and a certain amount of physicality to perform tasks on the floor and in the field.

### ***Study Outcomes***

1. Both educators and industry specialists have seen a shift in responsibility to the OTA for direct patient care
2. According to industry experts commenting during marketplace engagement, the role of an OTA in the health-care field will be more critical as their responsibilities increase and as insurance reimbursement and billing regulations come online.
3. Educators maintain that the demand is outstripping placement and as awareness of OTA skill-sets increase, more corporate and private emerging fields will open.
4. Industry is pushing for additional education and experience to provide a base to increase OTA responsibility and to bridge the knowledge base divide between OT's and OTA's.

## Narrative Conclusion

Occupational Therapy helps people across the lifespan to do the things they want and need to do through the therapeutic use of everyday activities (occupations). Practitioners are tasked to enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability.

Occupational Therapy Assistants are licensed, certified, professional health care providers who plays a vital role in patient well-being by providing direct patient care, instructional training, and human interaction. According to the industries represented in Marketplace Engagement, OTAs represent a critical link in patient recovery and wellness.

The expected amount of education, fieldwork, and experience prior to the OTA entering the workforce is expanding to meet the roles and responsibilities within the healthcare field and respective industries. Per the recommendation of the nationally accrediting body, the spectrum of education provided as an entry-point into the field is shifting to match market demand and the realistic functional role of the professional.

Outside of the healthcare industry, the role of the OTA is changing. As corporate awareness about the Occupational Therapy and the skillset of a qualified COTA grows, emerging fields will follow. This introduces new markets, creates competition for an OTA outside of their current respective certified fields, and places new relevance on the healthcare fields' demand for increased knowledgebase and fieldwork experience.

According to the 2018 MO Economic Report, conducted by the Missouri Department of Economic Development, The Health Care and Social Assistance industry sector is the number one employer in Missouri. Market trends indicate the Healthcare and Social Services industry is growing. Health Care and Business / Management related jobs are the most in demand occupations within the state.

SCC currently offers an Associate of Applied Science in OTA. There exists the faculty interest and expertise to expand to include an OTA Bachelor's Degree program. This interest aligns with newly released recommendations for professional educational standards.

The College has positioned for this expansion by the staffing, real estate and lab-space for student training. The expertise is already on-site to design the program. This affords the College a unique position as an early adopter, in both Missouri and the national educational marketplace.

If successful in receiving MDHE and CBHE approval for expansion, the defined opportunities for the student and institution are: 1) student educational attainment, 2) workforce need, 3) community engagement, 4) program innovation, and 5) affordability for the student. The proposed OTA Program expansion positively influences workplace preparedness and meets forecasted marketplace demand and an expansion of the SCC mission to offer a Bachelors of Applied Science in Occupational Therapy Assistant is warranted.

**St. Charles Community College**  
**Occupational Therapy Assistant Program Analysis**

**Program Mission**

The current mission of the Occupational Therapy Assistant (OTA) Program is to “provide opportunities for academic excellence and student success to enable attainment of personal and professional goals in a global society.” We consider the American Occupational Therapy Association’s (AOTA) Vision 2025 of providing culturally responsive and customized care to maximize the quality of life for all people and the academic standards developed by the Accreditation Council of Occupational Therapy Education (ACOTE) as guiding principles. The OTA Program provides its students with the opportunity to acquire the knowledge, skills, behaviors, and attitudes necessary for ethical, competent, and reflective practice to fulfill their growing professional roles. In keeping with these missions, the OTA program strives to meet the dynamic health care needs of our local communities. The OTA program seeks to further implement its mission by providing the following in a bachelor’s of applied science degree at our institution:

- The highest quality instruction and practice to its students using evidence-based innovative instructional methods and technology that is accessible and financially affordable.
- A solid foundation in the fundamental knowledge, skills, and attitudes needed for the growing demands of bachelors prepared entry-level competence as an occupational therapy practitioner in a variety of settings and working with a variety of populations.
- A consistent commitment to strategically focus on the scholarship of teaching and learning and the scholarship of application for both faculty and students to support research and foster innovation to benefit the community.
- A comprehensive competency focused curriculum that integrates studies in science, math, humanities, communication, social sciences, and critical thinking.
- Experiences emphasizing the need for lifelong learning, keeping up with the dynamic nature of healthcare, and the importance of evidence-based practice as essential components of competent bachelor level practitioners who can meet evolving workforce demands.

## Program Philosophy

Consistent with the profession's philosophical base, the OTA program at St. Charles Community College (SCC) acknowledges individuals as complex, active beings who "have an innate need and right to engage in meaningful occupations throughout their lives. Participation in these occupations influences their development, health, and well-being" (Gupta et al., 2011). Engagement in occupation is complex and multidimensional; various integrated factors contribute to the quality of participation, including client factors, performance skills, performance patterns, contexts, and environments as well as understanding the activity demands. (AOTA, 2014). The delivery of occupational therapy services is client-centered, with practitioners using clinical reasoning, the therapeutic relationship, and a code of ethics to support clients' goals; the occupational therapy practitioner seeks to "maximize health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living." (AOTA, Vision 2025).

Students in the OTA Program are regarded as occupational beings; as such, they learn and grow through participation in meaningful occupation in the role of an OTA student. Therefore, the OTA program is student-centered to foster success by developing students' skills through planning the curricular demands providing a positive learning environment that mirrors the changing healthcare and community environment. The program seeks to integrate and balance the students' abilities, needs, occupational roles and contexts in developing the skills needed to perform the roles of a direct service provider, member of a profession, and educator/facilitator/manager of service. This process is facilitated by the application of self-directed learning and key components of Knowles adult learning theories. "Instruction should facilitate self-direction, in a relevant context, take into account the wide range of different backgrounds of learners; materials and activities should allow for different levels/types of previous experience, and should allow learners to discover things and knowledge for themselves." (Manning, 2007, p 104).

The OTA Program respects students as adult learners and supports their growth through a multifaceted approach in the curriculum design. Teaching approaches use didactic instruction, experiential learning, professional collaboration, community engagement, technology, and cultivation of clinical reasoning. Faculty facilitate the development of role competencies. The curriculum is grounded in this philosophy and is based on the programs graduate outcomes.

The faculty work closely with students to provide clear instructional guidance to meet professional standards as well as apply flexibility in instructional approaches with a focus on teaching, learning, and application of skills to ensure student success. Faculty recognize the need to expand the use of technology and foster innovation to provide learning experiences that facilitate competence in an increasingly evolving healthcare system, which demands value and client-driven outcomes across care settings. The OTA Program empowers students to competently and confidently demonstrate the role of direct service provider; member of a profession; and educator, facilitator, and manager to the best of their abilities.

## Curriculum Design

The OTA program reflects the mission and values of the college in its belief that learning is a lifelong process that continues beyond formal academic training and fieldwork experiences. The program envisions a model that focuses on three primary roles—direct service provider of care, educator and manager of health care services, and members of a profession. The OTA Program uses three methods of learning (Theory, Practice, Application in Context) that the OTA practitioner assumes in order to bridge the gap between theory and practice to successfully fulfill the expectations of OT practice.

The use of these three roles and methods in conjunction with the OT Practice Framework, Standards of Practice for Occupational Therapy, AOTA Fieldwork Evaluation, ACOTE standards, and Knowles' Principles of Androgyny serve as organizing framework in determining and facilitating the knowledge, skills, or attitudes necessary to establish entry-level competency for the OTA practitioner. The following outcomes provide a guide for the knowledge, skills, and attitudes needed to engage in each role of the OTA:

1. Demonstrate the knowledge, skills, and attitudes to successfully fulfill the demands of each role.
2. Consistently engage in effective communication and interpersonal skills.
3. Establish appropriate teaching-learning competencies that apply to diverse audiences
4. Demonstrate the ability to serve as an advocate for various populations, facilities, communities, institutions, and the profession of Occupational Therapy.
5. Demonstrate the ability to effectively collaborate with an interdisciplinary team.
6. Demonstrate a broad scope of knowledge of the ethical, legal, regulatory, and professional codes that inform the practice of Occupational Therapy.
7. Develop the ability to apply and use technology and resources to support evidence-based practice.

In designing and assessing learning and teaching strategies, the parallel between therapy and education is emphasized. Just as client treatment is a multi-sensory process that requires active participation from the client engaged in meaningful activities, OTA education at SCC is a multi-sensory process requiring active participation and self-direction from the student engaged in the meaningful activities of their education.

The curriculum is designed to be delivered in a semester format of didactic work combined with a variety of Level I fieldwork experiences and two (2) Level II experiences in addition to a Baccalaureate Project to complete the program.

The Baccalaureate Project is designed to provide an in-depth experience in one or more of the following:

1. Clinical practice skills
2. Administration
3. Leadership
4. Advocacy
5. Education

This project allows students to demonstrate the application of knowledge gained that distinguishes them as bachelors prepared practitioners who will meet the growing demands of the workforce.



**SCC and Missouri Department of Higher Education**  
**“Preparing Missourians to Succeed: A Blueprint for Higher Education”**

SCC’s OTA Program developed methods to attain the goals outlined by the Missouri Department of Higher Education’s (MDHE) “Preparing Missourians to Succeed: A Blueprint for Higher Education.” Those methods are described below.

**Goal 1: Attainment**

“Missouri will increase the proportion of working-age adults with high quality, affordable postsecondary credentials to 60 percent by 2025.”

According to the Stronger MO through Higher Education Report, “The data shows that increasing attainment is a particular challenge in rural counties, so ensuring that all communities have access to high-quality higher education is essential. Missouri must also increase college success among the fast-growing groups that will account for a growing proportion of the state’s population, including working adults, low-income and first-generation students, and students of color. Meeting the educational needs of these 21st-century students will help build Missouri’s economy and ensure a bright future for the state.” The goal is to increase the attainment of a college degree for Missourians to 60% by 2025.

St. Charles Community College serves the following counties in MO with the percentage of Missouri adults (ages 25-64) with at least an associate degree:

- St. Charles - 46.92%
- Callaway - 30.84%
- Lincoln - 21.70%
- Montgomery - 22.20%
- Pike - 18.16%
- Warren - 25.76%

SCC will be able to provide accessible, affordable, and high quality higher education to several vulnerable populations in MO and systematically increases attainment to close achievement gaps.

Experts from the Center on Education and the Workforce at Georgetown University said that, by 2018, 523,000 of the expected 898,000 job vacancies in Missouri would require postsecondary credentials. Indeed, 59 percent of all Missouri jobs require postsecondary education in 2018.

With increased expectations in the field of Occupational Therapy and increased expectations of autonomy and advanced skill demonstration, a bachelor’s degree of OTA will provide the current, future, and potentially former graduates of SCC’s OTA Program an affordable, accessible, and high quality bachelor's degree to meet growing professional and workforce demands.

Having a competency-based curriculum and a baccalaureate project that is designed to enhance vital skills for employment and addresses the needs, styles, and ability, of a multitude of learners, will allow working-age adults in the above counties, the state of Missouri, and beyond an opportunity to attain a quality and impactful post-secondary degree.

**Goal 2: Affordability**

“Missouri will rank among the 10 most affordable states in which to obtain a postsecondary degree or certificate by 2025.”

The average college debt among student loan borrowers in America is \$32,731, according to the Federal Reserve. This is an increase of approximately 20% from 2015-2016. Most borrowers have between \$25,000 and \$50,000 outstanding in student loan debt. Nevertheless, more than 600,000 borrowers in the country are over \$200,000 in student debt, and that number may continue to increase.

Missouri currently ranks 32nd nationally with 58% of Missourians having an average of \$27,108 in student loan debt. The average student loan debt of an SCC-OTA program graduate is \$2000.

In comparison, the following estimates outline the cost of a bachelor’s-level degree (or 120 credit hours) at regional institutions.

<b>St. Charles Community College</b>	<b>\$21,240.00</b>
Maryville University*	\$113,880.00
Saint Louis University*	\$181,696.00
University of Missouri	\$51,687.00
University of Missouri – St. Louis	\$44,856.00
Washington University*	\$209,520.00

\* Denotes schools currently offering pre-Occupational Therapy baccalaureate education. As noted, no bachelor’s-level OTA programs exist.

Students obtaining a Bachelor's of Applied Science in OTA from SCC would graduate with less student loan debt in comparison to four-year institutions. As of the submission of this proposal, no Bachelors of OTA programs exist in the state of Missouri. The next available opportunity for new programs to apply for candidacy and participate in the review cycle is 2023.

Considering the distinction between the professions and educational standards, articulation from OTA to OT is impossible. OTA graduates interested in pursuing an OT degree would need to complete a bachelor’s degree and then apply to a master’s program. Each degree prepares students for drastically different professional distinctions.

### **Goal 3: Quality**

“Missouri will produce graduates with high-quality postsecondary degrees and certificates that are valuable and relevant to individuals, employers, communities, and the state.”

Consistent with the college’s mission for providing opportunities for academic excellence and student success to enable attainment of personal and professional goals in a global society, the OTA program provides its students with the opportunity to acquire the knowledge, skills, behaviors, and attitudes necessary for ethical, competent, and reflective practice to fulfill their professional roles. In keeping with the college’s mission to respond to the community, the OTA program strives to meet the dynamic health care needs of our communities. The OTA program seeks to implement its mission by providing:

- the highest quality instruction and practice to its students using evidence-based innovative instructional methods and technology that is accessible and financially affordable;
- a solid foundation in the fundamental knowledge, skills, and attitudes needed for the growing demands of bachelors prepared entry-level competence as an occupational therapy practitioner in a variety of settings and working with a variety of populations;
- a consistent commitment to strategically focus on the scholarship of teaching and learning and the scholarship of application for both faculty and students to support research and foster innovation to benefit the community;
- a comprehensive competency focused curriculum that integrates studies in science, math, humanities, communication, social sciences, and critical thinking; and
- experiences emphasizing the need for lifelong learning, keeping up with the dynamic nature of healthcare, and the importance of evidence-based practice as essential components of competent bachelor level practitioners who can meet evolving workforce demands.

SCC’s OTA program is ACOTE accredited with a 10-year term before a review. According to ACOTE, 10-year review cycles are granted to programs that have no areas of noncompliance and have demonstrated exceptional educational quality. As outlined below, SCC graduates excel on the National Board for Certification in Occupational Therapy (NBCOT).

- The average pass rate nationally is 91%.
- The average pass rate for Missouri OTA programs over a three-year period is 87.31%.
- The average pass rate for SCC’s OTA program over a three-year period is 100%.

According to the MDHE’s “Enhanced Missouri Student Achievement Study”:

- The average graduation rate from 2-year, public institutions in the state of Missouri is a 19.46% (over a three-year period).
- The national average is roughly 40%.
- The average graduation rate from SCC’s OTA program is 89%.

Based on SCC-graduate surveys, 94% of students graduating from the OTA program are employed in their field within six months of graduation and board certification. Employer and student surveys show 95-100% satisfaction with program learning, employment status, and demonstration of work performance.

ACOTE standards for faculty numbers and composition for bachelor-level OTA programs must have at least three full-time faculty, 50% of whom must hold a minimum of a master's degree. SCC currently has four full-time and two adjunct faculty. Among the full-time faculty, 50% hold a minimum of a master's degree. The faculty at SCC possess a wide clinical and academic background and have been approved by ACOTE.

#### **Goal #4: Research and Innovation**

“Missouri will be a top 10 state for investment in academic research by 2025.”

According to “Preparing Missourians to Succeed: A Blueprint for Higher Education,” Missouri currently ranks as 10th in business-led research investment. Unfortunately, Missouri ranks 18th in academic-led research investment. SCC can invest in academic research. The creation of a Bachelor in Occupational Therapy Assistant will result in a new degree program that includes student participation in academic research as a standard for accreditation.

ACOTE provides accreditation standards for academic programs who educate and train Occupational Therapy practitioners. Occupational Therapy practitioners consist of two distinctions, Occupational Therapists (OT) and Occupational Therapy Assistants (OTA). The standards for the Bachelor of OTA have an increased emphasis on research, development, and quality to address the growing need for autonomous and entrepreneurially minded practitioners.

Providing a bachelor degree program in OTA will increase research at state institutions. ACOTE developed additional baccalaureate project standards and enhanced curricular standards, which require graduates of a Bachelor of OTA program to understand the use of quantitative and qualitative methods for data analysis, demonstrate an understanding of instructional design methods for preparing to work in an academic setting, and to develop skills for supervision, management, quality assurance, and improvement for program development. These standards are designed to address the growing need for additional educational content to meet the demands of the dynamic and evolving job market.

The faculty of St Charles Community College designed and implemented an integrated and progressive faculty-led fieldwork program to facilitate the success of students throughout the competency-based learning curriculum. Faculty and students will be able to utilize this model to do new academic research. The faculty currently supervise OTA students during level II fieldwork at three community-based sites. These sites provide a unique opportunity where the student in the OTA baccalaureate program could actively engage in and contribute to components of research, quality improvement, and program development while completing their fieldwork. In keeping with the AOTA’s Vision 2025, these community sites are with underserved populations including pediatrics, geriatrics, and mental health. The American Occupational Therapy Association has the vision to guide the profession beyond the Centennial Vision. Vision 2025 states: “As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.” The research that would be generated could be used to create or enhance solutions for these populations who are living, working, and engaging in our communities.

### **Goal #5 Investment, Advocacy & Partnerships**

“Missouri will promote increased investment in post-secondary education through increased advocacy and powerful partnerships with education, business, government, and communities.”

St. Charles Community College OTA program has clinical contracts with a variety of clinical, non-clinical, and community-based organizations. These settings allow students to participate in clinical partnerships and practice in both traditional and emerging areas of practice. Embedded in our curriculum are also faculty-led fieldwork opportunities where students and faculty work with community partners to develop and enhance their current offerings and to provide students with progressive participation as they develop competency skills. Both Level I and Level II Faculty-Led Fieldwork rotations are available at an Adult Dementia Specific Day Program, Community Mental Health Day Program, and at a Child Development Center (ages 3 months-5 years).

Our fieldwork experience has been very positive overall with students participating in community sites. The benefit to the community and the benefit to the student's academic preparedness and job readiness is undeniable. However, one of the barriers in many emerging areas of practice is that some employment opportunities in the community require a Bachelor's degree. The educational needs to participate in program development, supervision, quality assurance, and quality improvement, etc. require additional baccalaureate content.

ACOTE developed a set of baccalaureate project standards to address the growing educational demands of the profession and to encourage the development of community and industry partnerships to meet the educational needs of the students and enhance workforce demands.

The Baccalaureate Project is designed to provide an in-depth experience in one or more of the following: 1) Clinical practice skills, Administration, 2) Leadership, 3) Advocacy 4) Education. This project allows the students to demonstrate the application of knowledge gained that distinguishes them as bachelors prepared practitioner who can meet the growing demands of the workforce.

“Level II fieldwork in the emerging practice fields of wellness and community health (WCH) stands out as a natural means to accomplish this goal; embedding a wellness and prevention service component into traditional fieldwork settings could also provide students with experience and in-demand skills. It is well known that students are often offered therapy positions at sites where they have completed traditional fieldwork (Rodger et al., 2007). In nontraditional fieldwork settings, some occupational therapy positions have been created in response to sites' experiences with occupational therapy students in fieldwork and service learning opportunities (Muñoz, Provident, & Hansen, 2004). The development of prevention-focused fieldwork could be a win-win approach. The students who have this experience will gain new knowledge and perspectives that are relevant to practice regardless of the setting. Additionally, the sites in which they work would become more aware of what occupational therapy has to offer and how it benefits their current services. As fieldwork introduces each incoming class of therapists to practice, there should be increased availability of occupational therapy positions in WCH services.”

There are endless opportunities to collaborate with education, business, government and community entities. Offering a bachelor's degree would yield additional partnerships and allow SCC's OTA students to enhance their contribution to the community through Baccalaureate Projects. This is in direct correlation with Vision 2025: “As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.”

### **Resources, faculty, staff, and space allocations in support of Bachelor's Degree Program**

Despite statewide budget restrictions, the Dean of Nursing and Allied Health along with the administration of St. Charles Community College are good financial stewards and consistent advocates for the OTA program. The OTA budget was expanded this year to address several needs including additional faculty to accommodate curriculum updates, changes, and course development. Additional funding was also granted for professional development, innovation and technology, and supplies for curriculum adjustments.

SCC purchased the building at # 1 Academy Place Dardenne Prairie, MO 63368 in February 2017. After the purchase, administration provided the OTA department with increased lab space including a simulated lab for OTA. As a result of the need for growth and potential to expand the OTA program, the following shared spaces for allied health students were developed: computer lab, simulated central supply, and competency skills practice rooms. Semi-private faculty office space was also added to accommodate the increase in OTA faculty. The program director has a private office, and there are multiple private areas for counseling students when needed.

The OTA program now has four full-time and two (core) adjunct faculty to accommodate changes to the curriculum and projected growth of an additional student cohort. Faculty have varying and diverse content specialties. The Program Director has been working with and mentoring all faculty on curriculum development, course design, and content implementation. Additionally, one of our administrative assistants has been reclassified and has been given the opportunity for professional development in the areas of clinical records and data collection. We also have allied health counselors on-site to facilitate student enrollment, retention, and student success through an embedded advising model. All of these additions have allowed the OTA department to grow and develop in accordance with our strategic plan and college mission and philosophy and position our program well to develop and implement bachelor's level curriculum.

### **Student Interest and Community Support**

St Charles Community surveyed former graduates of the OTA program and asked if a bachelor's degree was offered at the time they enrolled, would they have sought a bachelor's degree. 100% of the respondents replied strongly agree on a Likert scale of strongly disagree to strongly agree. 92% of the respondents replied strongly agree that they would enroll in a post-professional or bachelor's completion option for students who already graduated from SCC.

St. Charles Community College and the OTA program reached out to community partners and received multiple letters of support from fieldwork partners, industry leaders, administrators, constituents, higher education personnel, and public officials. Both SCC and the OTA program have diligently worked to build and maintain an excellent reputation in the community and validated in these responses. The support and interest in SCC pursuing a bachelor's degree in OTA speaks to the community interest, need, and confidence in the program.

### **Feasibility of working with other institutions and the process of seeking accreditation**

Occupational therapy practitioners are either occupational therapists or occupational therapy assistants. Both distinctions are skilled health care professionals who use research and scientific evidence to ensure their interventions are effective. Because there are two distinct roles within the profession, which have separate and distinct educational outcomes, licensure standards, and certification requirements. Collaboration with other institutions to bridge from OTA to an OT is unavailable. Occupational Therapy is in a unique professional and educational situation in that collaboration is neither feasible nor a viable means of meeting the needs of students and employers.

Institutions of higher education in the state of Missouri currently offer curriculum for OT, at either masters or doctoral level, or OTA at the associate-level. When asked, public universities were unwilling to provide documentation citing a lack of bachelor-level OTA coursework. The absence of upper-level, ACOTE-approved OTA coursework precludes institutions from offering a bachelor-level degree in OTA. At this time, universities in the state of Missouri are ineligible to offer a Bachelor's in Applied Science for OTA; the next availability for new program review is 2023. St. Charles Community College has demonstrated its readiness to become the first institution to offer this unique degree path.

An occupational therapy assistant program seeking accreditation for a new entry-level degree program should first seek approval to offer a baccalaureate degree from the institution, the educational licensing and/or governing board(s) of the state(s) in which the program is to be offered, and the institutional accrediting body. The program does not need to have degree-granting authority at the time of the Letter of Intent but must have that authority at the time the Candidacy Application is submitted. No fees are required and there is no cap on submission of Candidacy Applications for currently accredited programs transitioning from the associate-degree level programs to the baccalaureate degree level.

SCC granted the OTA program approval to pursue mission expansion and develop bachelor-level curriculum. This proposal is an attempt to seek approval from the state governing board. If the OTA program is granted the mission expansion by MDHE and CBHE and is allowed to continue with the new academic program proposal process, the program will submit a letter of intent to ACOTE and an application for candidacy. Since the OTA program at SCC is already accredited by ACOTE, it is not considered a new program and therefore will be able to immediately apply for candidacy.

Any institution who intends to offer a bachelor's of OTA program must follow ACOTE Candidacy Requirements. Included in these requirements is the hiring of a qualified program director one year prior to submitting a letter of intent and would apply to all public, 4-year institutions in the state of Missouri. New programs cannot accept students until meeting initial requirements and waiting until application review is available. This process could take a minimum of three to five years.



June 17, 2019

Courtney Barrett, M.Ed., OTR/L, CBIS  
Associate Professor - Program Director  
Occupational Therapy Assistant Program  
St Charles Community College  
#1 Academy Place, Dardenne  
Prairie, MO 63368

Ms. Barrett:

Here is the letter that you requested which provides a rationale for ACOTE's decision to offer two points of entry (associate's level & baccalaureate level) for the occupational therapy assistant.

AOTA's Representative Assembly (RA) convened an Ad Hoc Committee to do a feasibility study in 2015 regarding degree level for the occupational therapy assistant. The committee looked at the following areas:

1. Defining expectations of practice for an OTA in the next decade.
2. Growth in content to address changes in practice.
3. Impact of any changes in entry-level degree requirements for the occupational therapists (e.g., doctoral requirement) on occupational therapy assistant education and practice.
4. Readiness of host institutions to support a transition to the bachelor's requirement and the trend in community colleges to offer a limited number of bachelor's degrees.
5. Faculty workforce including occupational therapy assistants with post-baccalaureate degrees.
6. Impact of regulatory changes associated with the Affordable Care Act (ACA) and impact on reimbursement.
7. The potential impact of increased costs on key stakeholders (i.e. students, employers, etc.)
8. Requiring the entry-level degree to be at the doctoral level could push more potential students into occupational therapy assistant programs because of the increased costs of a doctoral versus masters-level program.

See attached appendix for the full detailed report.

ACOTE developed and approved occupational therapy assistant baccalaureate level Standards in August 2018. This was done to provide occupational therapy assistant programs with the option to transition their programs to the baccalaureate level to address some of the **knowledge gaps** identified in bullets 1-3 above. They felt that it was the path to maintain and retain occupational therapy assistants' patency in the future healthcare workforce. ACOTE believes that providing the additional content will equip students with the skills needed to address the issues related to complex healthcare systems and complex patients. If I can be of further assistance, please contact me at [ssalvant@aota.org](mailto:ssalvant@aota.org).

Sincerely,



Sabrina Salvant, EdD, MPH, OTR/L  
Director of Accreditation



**Steve Ehlmann**  
County Executive

**Joann Leykam**  
Director of Administration

**Jennifer George**  
Assistant Director of Administration

**John Greifzu**  
Assistant Director of Administration

June 26, 2019

Missouri Department of Higher Education  
205 Jefferson Street  
PO Box 1469  
Jefferson City, MO 65102-1469

To Whom it May Concern,

It is my pleasure to offer a letter of support for St. Charles Community College's proposal to expand their Occupational Therapy Assistant (OTA) program to offer a Bachelor of Applied Science degree. For more than 30 years, St. Charles County has been the fastest growing part of the St. Louis region and the fastest growing county in Missouri. With nearly 400,000 residents, a well-trained healthcare workforce is vital to our region and is one of the top priorities for the county.

St. Charles Community College is well known both locally and in surrounding counties for the high level of skill, knowledge, and practical understanding possessed by graduates of their health care programs. Expansion of the Occupational Therapy Assistant program will be an exciting step forward both for our citizens who want to begin or expand their careers and for our community of healthcare providers who are in need of skilled professionals.

I would appreciate your strong consideration for approval of the proposal presented by St. Charles Community College.

Sincerely,

A handwritten signature in cursive script, appearing to read "Steve Ehlmann".

Steve Ehlmann  
County Executive  
St. Charles County Government



Community  
Strong

*Inspiring a culture  
of health and  
wellbeing in St.  
Charles County*

June 26, 2019

Dr. Barbara Kavalier-President

St. Charles Community College

4601 Mid Rivers Mall Dr.

Cottleville, MO 63376

Dear Dr. Kavalier,

I am writing on behalf of Community Strong in support of the St. Charles Community College's continual efforts to meet the complex needs of healthcare through first-class educational standards. We strongly support St. Charles Community College and your laser focus to provide the highest level of education possible to your students.

As an organization, whose mission is to inspire a culture of health and wellbeing in our community we strongly value our partnership and collaborative efforts with St. Charles Community College. St. Charles Community College affords us critical pieces of support through not only first class curriculum but meeting very specific needs our community has for workforce development. St Charles Community College is a reputable leader not only in the education realm but through community involvement as evidenced through your support of the county wide health initiative led by Community Strong. We look forward to working with you to continue to create an epidemic of health and wellness in St. Charles County to inspire and educate our community.

If I can be an additional source of information or recommendation for your goals and objectives, please do not hesitate to reach out via email at [cfiggins@edcsc.com](mailto:cfiggins@edcsc.com) or phone 636-229-5282.

Sincerely,

Carissa Figgins

Executive Director

Community Strong-EDC

27 June, 2019

Zora Mulligan, J.D.  
Commissioner of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, Missouri 65102-1469

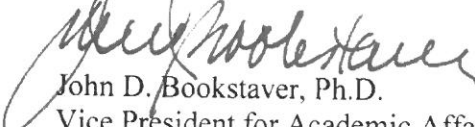
Dear Ms. Mulligan:

I am proud to lend my support to the proposal by St. Charles Community College to offer a bachelor's of applied science degree in the field of Occupational Therapy Assistant (OTA). This field has done significant work in the past few years to adapt to the changing landscape in medicine and respond to the needs of patients, other healthcare professionals, and insurers. Because of the expanding scope of practice in the field and the need for OTAs to assume managerial roles, the employability of OTAs increasingly depends upon their ability to attain bachelors' degrees.

We have wonderful relationships with our four-year partners throughout the state, and we articulate many programs with them. However, no bachelor's programs in OTA exist anywhere in the state. Recently I spoke with Dr. Thomas George, Chancellor of the University of Missouri-St. Louis. While he was unwilling to relate such in writing, he verbally confirmed that UMSL does not award this degree nor offer classes in the field. Given this fact and the realities of new program approval by the Accreditation Council for Occupational Therapy Education (ACOTE) that are outlined in our proposal, collaboration and articulation are not possible now, nor would they be for many years.

I am confident that our proposal has considerable merit, and I respectfully request that the Missouri Department of Higher Education and the Coordinating Board for Higher Education give it full consideration through its comprehensive review process.

Sincerely,



John D. Bookstaver, Ph.D.

Vice President for Academic Affairs and Enrollment Management

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

To whom it may concern:

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We have enjoyed the benefits of the OTA program's commitment to academic excellence and service to the community through our fieldwork partnership. We believe the OTA program continues to fulfill their responsibility to best serve the needs of our community in addressing the evolving nature of healthcare service delivery and we believe the additional bachelors curriculum would be of great benefit both the students and our community.

Specifically, we believe the students of SCC would be able to provide enhanced services to our population if given the opportunity to create, develop, and engage in additional programming through their Baccalaureate Project. The Occupational Therapy Assistant Program provides its students with the opportunity to develop the knowledge, skills, behaviors, and attitudes necessary for ethical, competent, and reflective practice in fulfilling their professional roles. That dedication to excellence is evident in the fieldwork students we have worked with from St Charles Community College.

I trust SCC's OTA program to provide the current, future, and potentially former graduates an affordable, accessible, and high quality bachelor's degree to meet growing professional and workforce demands. I support the OTA program in working to expand their mission to respond to the growing needs of our community. I encourage you to support the OTA program in allowing them to develop additional opportunities to meet the dynamic health care needs of our community.

Sincerely,



Paula Morrissey, RN  
Director of Seniors & Co. Adult Day Services

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

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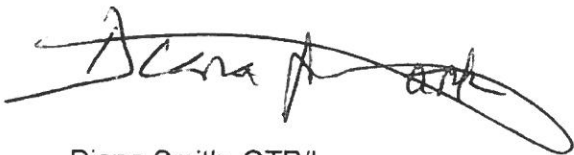
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Sincerely,

A handwritten signature in black ink, appearing to read "Diana Smith", with a large, sweeping flourish extending to the right.

Diana Smith, OTR/L  
Director of Rehabilitation  
Villages of St. Peters



Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

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Sincerely,

Tyler McClain  
Clubhouse Supervisor  
Headway Clubhouse  
322 McDonough St.  
St. Charles MO 63301

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

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Sincerely,

Kathy Drews  
Director, St. Charles Community College CDC



Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

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Sincerely,

*Katherine Mauer*  
Associate Director CDC

**Professional Accreditation Sources:**

2018 ACOTE Standards and Interpretive Guide  
2018 OTA-B Candidacy Application  
2015 Ad Hoc OTA Education Committee Executive Summary Report  
ACOTE Accreditation Process for New Programs Application Review  
ACOTE Description of the Process for Transitioning Programs  
Remaining Slots for New Program Applications - AOTA  
AOTA Vision 2025  
AOTA Journal: Fieldwork Opportunities for Enhancing Occupational Therapy's Role in Preventive Care  
AOTA Journal: Occupational Therapy Practitioners: A key member of the Community Behavioral Health team

**Missouri Educational and Legislative Sources:**

A stronger MO through Higher Education Report  
MDHE Blueprint for Education Goals Overview  
MDHE Blueprint for Education Executive Summary  
Missouri Comprehensive Fee Survey for Public Institutions of Higher Education: FY2019 Two-Year  
Missouri Comprehensive Fee Survey for Public Institutions of Higher Education: FY 2019 Four-Year  
Missouri House Bill 758

**College and OTA Program Sources:**

OTA Bridge to Bachelor Market Report - May 2019  
SCC OTA Program Mission Philosophy and Curriculum Design  
St Charles Community College Faculty Data Forms  
Letters of Support

## Missouri Statewide 4-year Chief Academic Officers

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Zora Mulligan  
Commissioner, Missouri Department of Higher Education  
205 Jefferson St., 11th floor, P.O. Box 1469  
Jefferson City, Missouri 65102

July 31, 2019

Re: St. Charles Community College Bachelor of Applied Science in Occupational Therapy Assistant Degree Proposal

Dear Commissioner Mulligan,

Collectively, the Chief Academic Officers at the public four-year institutions in Missouri are writing in response to the request from St. Charles Community College (SCCC) to offer a bachelor's degree in Occupational Therapy Assistant (OTA). It is our strongly shared consensus that this proposal fails to meet the requirements of the recently adopted policy regarding the comprehensive review process, codified in RSMo 163.191. Two elements outlined in this rule and discussed below are of particular concern and thus, we must request that the proposal be removed from consideration.

The first element necessary for approval is a **change in the required level of education**. RSMo 163.191 states "Community college course offerings shall generally lead to the granting of certificates, diplomas, or associate degrees, and may include baccalaureate degrees only when authorized by the coordinating board for higher education in circumstances where the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level..."

The accrediting body for OTA, the Accreditation Council for Occupational Therapy Education (ACOTE), recently added the option of accrediting bachelor's programs in OTA. However, they continue to accredit associates' programs and anticipate that they will continue this parallel/dual system for the foreseeable future. Thus, the minimum requirements for accreditation remain unchanged.

Furthermore, state licensure standards do not require the bachelor's degree. Rather, they simply require that the individual be a graduate of an ACOTE accredited program – which may be at either degree level. Thus, this degree proposal does not meet the first stipulation that there be a change in the required level of education.

The second element necessary for approval is that **collaboration with a university is not feasible** (RSMo 163.191). The University of Missouri has a strong track record of collaboration in the area of OTA education through the Missouri Health Professions Consortium (MHPC). While SCCC reached out to University of Missouri St. Louis in their planning process, it is unfortunate that they did not reach out to either the University of Missouri or Missouri State University about potential collaboration as both universities offer occupational therapy programs. It is our understanding that the University of Missouri stands ready to collaborate with SCCC on this new degree option, as they already have the qualified faculty and infrastructure in place to make such a collaboration financially viable.

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We value the crucial and unique role played by our community college partners in our efforts to effectively and affordably educate students. We continue to work diligently to ensure that our work is aligned with theirs and look forward to finding ways to collaborate on this and other degree programs that address the needs of our state. We are “better together” and believe that collaboration will ultimately serve students best. Again, based on the fact that RSMo 163.191 was not adhered to with regards to this proposal from SCCC we respectfully request that the proposal be removed from consideration.

Sincerely,

Phil Bridgmon  
Provost, University of Central Missouri

Paula Carson  
Provost and Vice President for Academic Affairs, Missouri Southern State University

Doug Davenport  
Provost and Vice President for Academic Affairs, Missouri Western State University

Frank Einhellig  
Provost, Missouri State University

Mike Godard  
Provost, Southeast Missouri State University

Janet Gooch  
Executive Vice President for Academic Affairs and Provost, Truman State University

Steve Graham  
Associate Vice President for Academic Affairs, University of Missouri System

Jamie Hooyman  
Provost, Northwest Missouri State University

John Jones  
Provost and Vice President for Academic Affairs, Lincoln University

July 12, 2019

Zora Mulligan  
Commissioner of Higher Education  
Missouri Department of Higher Education  
205 Jefferson St., 11<sup>th</sup> floor, P.O. Box 1469  
Jefferson City, Missouri 65102

Re: St. Charles Community College (SCCC) Baccalaureate Degree Request

Dear Commissioner Mulligan,

Thank you for the opportunity to respond regarding St. Charles Community College's (SCCC) proposal to transition their current occupational therapy assistant (OTA) associate degree program to a bachelor's level program. Under current Missouri law community colleges are allowed to offer bachelor's degree programs if very specific conditions are met. Given our understanding of the statute, SCCC's proposal does not meet the identified conditions, and approving it would lower the bar in such a way that renders those conditions obsolete.

**Condition 1: Changes in the required level of education**

*RSMo. § 163.191: "Community college course offerings ... may include baccalaureate degrees only when authorized by the coordinating board for higher education in circumstances where the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment increases to that level..."*

RSMo. §163.191 specifies as one of the conditions that needs to be met in order for a community college to offer a bachelor's degree is that the "level of education required in a field for accreditation or licensure increases to the baccalaureate degree level..." As it relates to SCCC's proposal no such requirement exists. Since 2008 the professional accrediting body for occupational therapy (OT) education, the Accreditation Council for Occupational Therapy Education (ACOTE), has required all OTA programs in the United States to be at the associate's degree level. As the profession of OT has expanded and matured so have the standards for OTA education. To accommodate the increasing complexity and prevalence of OT services, ACOTE voted in August 2015 to begin the process of accrediting OTA programs at both the associate and bachelor's degree levels; however, this does not prevent associate programs from acquiring ACOTE accreditation. In fact, ACOTE has now stated that it is its intention to continue accrediting both degree levels for some time. At the state level, Missouri licensure requirements for OTAs state that a graduate of any ACOTE accredited program—including associate and bachelor's programs—can apply for a license as an OTA.



MISSOURI



It is possible that, in a future state, ACOTE will decide to move to a single point of entry and only accredit bachelor's degree OTA programs. However, even if this decision were made tomorrow, there would be at minimum a 10-15 year phase-in period, consistent with every previous degree change there has been in the profession. In summary, there are currently no accreditation or licensure requirements for OTA's to hold a bachelor's degree, and that is unlikely to change in the near future.

## **Condition 2: Lack of collaborating four-year institutions**

*RSMo. § 163.191: "Community college course offerings ... may include baccalaureate degrees only when authorized by the coordinating board for higher education in circumstances ... [when] collaboration with a university is not feasible..."*

Another stipulation in specified in the statute is that "collaboration with a university is not feasible ...". The University of Missouri has a strong history of collaboration with community colleges in the state of Missouri regarding OTA education. The Missouri Health Professions Consortium (MHPC) has been in existence for many years at the University of Missouri and has offered an OTA associate's degree program to a consortium of six community colleges serving communities as far north as North Central Missouri College in Trenton and as far south as Three Rivers College in Popular Bluff. MHPC provides clear demonstration that collaboration between University of Missouri and community colleges in the state is feasible, specifically around OTA education.

Additionally, while no bachelor's level OTA program currently offered in the state, this is not for a lack of interest. Rather, ACOTE accreditation standards were just approved in the fall of 2018 and academic programs were able to begin submitting letters of intent to the organization to offer bachelor's OTA programs in January 2019. Four-year institutions should be afforded the opportunity to adapt to these very recent changes in professional standards. The University of Missouri currently has been working on a proposal for an OTA bachelor's degree, which is currently under review by the Provost's office. We have also submitted our letter of intent to ACOTE to establish this program. We have specifically described plans for community college collaboration, including but not limited to developing a pathway for community college transfers, exploring distance learning opportunities, and potentially establishing satellite programs on community college campuses.

Furthermore, while it is our strong intent to collaborate with community colleges related to offering our bachelor's OTA degree, SCCC has not reached out to us about a collaboration. To our understanding of the statute, SCCC should be required to reach out to four-year institutions that currently have the capacity to offer the bachelor's degree.

MISSOURI



MISSOURI

In its proposal, SCCC argues that since they are a transitioning program they can bypass the waitlist for ACOTE accreditation which would allow them to start a program quicker. While this is true ACOTE is voting on a new policy in July 2019 that would allow any existing OT program, which would include University of Missouri, that is applying for candidacy to start a bachelor's OTA program to also bypass this waitlist. This would allow University of Missouri to have a program in place as quickly if not quicker than SCCC. It is our strong intent to collaborate with community colleges related to offering our bachelor's OTA degree however SCCC has not reached out to us about collaboration with this program which to our understanding is required by §163.191.

Thank you again for the opportunity to respond. Please let me know if you have other questions or would like to discuss further. We are looking forward to continuing our development of the bachelor's OTA program and working collaboratively with the community colleges to offer this degree.

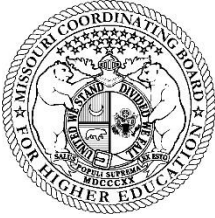
Best wishes,

Mun Y. Choi, Ph.D.  
President of the University of Missouri System

Alexander Cartright, Ph.D.  
Chancellor of the University of Missouri—Columbia

Kristofer Hagglund, Ph.D.  
Dean, School of Health Professions  
University of Missouri—Columbia

Timothy J. Wolf, Ph.D.  
Associate Professor and Chair  
Department of Occupational Therapy, School of Health Professions  
University of Missouri—Columbia



## Tab 8 Comprehensive Review

Coordinating Board for Higher Education  
September 11, 2019

### BACKGROUND

The Coordinating Board for Higher Education discharges its responsibility for coordinating, reviewing, and approving proposed new degree programs by the authority given in §§ 173.005 and 173.030, RSMo. At its June 8, 2017, meeting, the CBHE adopted a revised process for the review of new academic program proposals. This new process, prompted by recommendations from the Higher Education System Review Task Force, streamlined the review of academic program proposals and changes to existing academic programs to allow institutions more flexibility to meet workforce and student needs while also maintaining fidelity to their core missions.

The revised process as codified in administrative rule 6 CSR 10-4.010 Submission of Academic Information, Data and New Programs animates three levels of review: staff, routine, and comprehensive reviews. **Staff review** applies to minor program changes while **routine review** applies to proposed programs that fit clearly within an institution's CBHE-approved mission, do not unnecessarily duplicate existing programs, are offered at the institution's main campus or CBHE-approved off-site location, build on existing programs and faculty expertise, and can be launched with minimal expense to the institution.

A **comprehensive review** of a program is triggered by the presence of one or more of the following criteria:

- The institution will incur substantial costs to launch and sustain the program;
- The program includes offering degrees at the baccalaureate level or higher that fall within the Classification of Instructional Program (CIP) code of 14, Engineering;
- The program is outside an institution's CBHE-approved mission;
- The program will include the offering of a doctoral degree (applicable only to non-University of Missouri institutions); or
- The program will include the offering of an education specialist degree.

For community colleges proposing to offer a bachelor's degree, the following additional criteria is required, as outlined in § 163.191(1), RSMo:

***“Community college course offerings shall generally lead to the granting of certificates, diplomas, or associate degrees, and may include baccalaureate degrees only when authorized by the coordinating board for higher education in circumstances where the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, and when doing so would not unnecessarily duplicate an existing program, collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, and the institution has the academic and financial capacity to offer the program in a high-quality manner.”***

For proposals selected for comprehensive review, institutions are required to demonstrate that a good-faith effort was made to explore the feasibility of offering the program in collaboration with an institution already approved to offer the program, the program contributes substantially to the goals in the CBHE's *Blueprint for Higher Education*, the institution has the capacity to ensure the program is delivered in a high-quality manner, and there is a clear plan for how the proposed program will meet the articulated workforce need.

Preliminary proposals for comprehensive review are submitted to the CBHE by July 1 of each year and posted for public comment for 20 working days. Although this revised framework was adopted in 2017, this is the first year that proposals were received for consideration. The Coordinating Board will determine which proposals to move forward with and reach a decision at the September board meeting. Staff recommendations will ordinarily be made by February, with final consideration by the CBHE in March. Staff will work with institutions whose proposals are selected for a full comprehensive review to submit any additional materials.



The following proposals were received by July 1, 2019, for preliminary review and posted for public comment July 1-31, 2019:

- [Lincoln University, Education Specialist, Clinical Mental Health Counseling](#)
- [Missouri State University, Doctorate of Defense and Strategic Studies](#)
- [St. Charles Community College, Bachelor of Applied Science in Occupational Therapy Assistant](#)

## **CURRENT STATUS**

### ***Lincoln University***

Lincoln University's proposal to offer the Education Specialist degree in Clinical Mental Health Counseling is an outgrowth of a change in licensure that will soon require counseling programs to move to 60 credit hours at the master's level to bring Missouri into alignment with other states. Lincoln University received no comments regarding its proposed program during the posted public comment period. Lincoln University currently offers an Education Specialist in Educational Leadership, and offering the education specialist degree is within the mission of the institution. However, administrative rule 6 CSR 10-4.010 identifies the education specialist degree as one trigger for the comprehensive review. Staff recommend moving the proposal forward to the next level of review.

### ***Missouri State University***

Missouri State University's proposal to offer a Doctorate of Defense and Strategic Studies is an expansion of their Defense and Strategic Studies graduate program. A letter from the University of Missouri was attached as part of the proposal, stating the university does not plan to offer this degree. Missouri State University received only one comment (Attachment A) during the comment period asking them to also examine the Merhson Center for International Strategic Studies and cross disciplinary work in national security policy. This comment was provided to the institution for review. Missouri State University already offers professional doctorates in nursing practice, physical therapy, and audiology, further supporting that this program is within the mission of the institution. However, administrative rule 6 CSR 10-4.010 identifies offering a doctorate as one trigger for the comprehensive review. Staff recommend moving the proposal forward to the next level of review.

### ***St. Charles Community College***

St. Charles Community College's proposal to offer the Bachelor of Applied Science in Occupational Therapy Assistant seeks to transition the institution's existing associate degree in OTA to a bachelor degree. As indicated above, §163.191, RSMo, provides additional criteria (Attachment B) that community colleges must meet to offer bachelor degrees. The MDHE received two comments about the proposal: one submitted on behalf of a majority of public university chief academic officers (Attachment C), and one from the University of Missouri System (Attachment D). The comments outlined concerns that St. Charles Community College had not met two statutory criteria (a change in the required level of education and that establishing collaboration with a university is not feasible). After review of the proposal submitted by St. Charles Community College, staff recommend that the proposal not move forward for comprehensive review because the statutory criteria have not been met.

## **RECOMMENDATION**

Staff recommend that the CBHE move forward with comprehensive review of the proposals by Lincoln University to offer an Education Specialist Degree in Clinical Mental Health Counseling and by Missouri State University to offer a Doctorate of Defense and Strategic Studies. ~~Staff recommend that the CBHE not move forward with reviewing the proposal by St. Charles Community College to offer a Bachelor of Applied Science in Occupational Therapy Assistant in the comprehensive review cycle this year.~~ Amended September 9, 2019; Staff recommend that the CBHE defer action on the St. Charles Community College proposal to offer a Bachelor of Applied Science in Occupational Therapy Assistant until the December CBHE meeting.

## **ATTACHMENTS**

- A. Comment: Missouri State University Doctorate in Defense and Strategic Studies
- B. Additional Criteria: St. Charles Community College Bachelor of Applied Science in OTA
- C. Comment: Four Year Joint Letter-St. Charles Community College Bachelor of Applied Science in OTA
- D. Comment: University of Missouri System Joint Letter-St. Charles Community College Bachelor of Applied Science in OTA
- E. Proposal: Lincoln University's Education Specialist in Clinical Mental Health Counseling Program
- F. Proposal: Missouri State University's Doctorate of Defense and Strategic Studies Program
- G. Proposal: St. Charles Community College's Bachelor of Applied Science in Occupational Therapy Assistant Program



# Council on Public Higher Education in the State of Missouri

John Jasinski  
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Northwest Missouri State  
University  
Maryville, MO 64468  
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Springfield, MO 65897  
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Rolla, MO 65409

Kristin Sobolik  
Interim Chancellor  
University of Missouri-St. Louis  
St. Louis, MO 63121

October 30, 2019

Commissioner Zora Mulligan  
Missouri Department of Higher Education and Workforce  
Development  
P.O. Box 1469  
Jefferson City, MO 65101

Dear Commissioner,

On behalf of the 14 public university Presidents and Chancellors of COPHE, I am writing in regard to St. Charles Community College's proposal to offer an Occupational Therapy Assistant (OTA) degree at the bachelor's level. More to the point, I'm writing to urge you and the Coordinating Board of Higher Education to uphold the requirements that were put in place for new degree program approval through HB1465/SB 807 (2018) and are found in 163.191 RSMo.

This statute clearly outlines that in the case of community colleges seeking to offer bachelor's degrees, two main criteria must be satisfied before the program can move forward to a comprehensive review. The first is that a bachelor's degree be required for licensure in the relevant occupation. And secondly, that after all options for collaboration with public universities have been explored, no feasible option can be found. Neither of these criteria have been met in this case. Therefore, this program does not meet the legal standards to be approved and should not be placed into a review process.

The Accrediting Council for Occupational Therapy Education (ACOTE) has clearly stated that they will continue to accredit associate level programs. In addition, there is no evidence whatsoever that licensure in this field cannot be obtained with the associate's degree, and thus that degree will still provide value in the marketplace for graduates that hold it.

St. Charles Community College has not made meaningful efforts to seek collaboration with the public universities that have the existing infrastructure to cooperatively offer the bachelor's degree in this

field. In fact, the University of Missouri, for one example, stands ready to collaborate with community college partners in this field.

Furthermore, the University of Missouri has gone the extra mile to propose new OTA program options that are specifically designed to foster the type of collaborative relationship that is called for in this situation. That proposal has been submitted to your department and represents exactly the type of initiative that was envisioned with the streamlined and improved academic program review process.

We strongly urge you and the Coordinating Board of Higher Education to uphold the letter and spirit of the law and the reforms on which we all worked so diligently to develop and implement.

Thank you for taking time to listen to St. Charles Community College as you visit them in the near term. Your office has received numerous communications from the University of Missouri on this topic. I ask that you please take time as your schedule permits to visit the University of Missouri for a listening session as well. Please do not hesitate to contact me as the COPHE chair to discuss this issue and how we can collectively work together to ensure the statute is followed.

Thank you,

A handwritten signature in cursive script that reads "John Jasinski". The ink is dark and the signature is fluid and legible.

John Jasinski, COPHE chair



## Tab 22 Comprehensive Review

Coordinating Board for Higher Education  
December 11, 2019

### BACKGROUND

In 2017, the Coordinating Board for Higher Education (CBHE) adopted a revised process for the review of new academic program proposals which streamlined the process into three levels of review<sup>1</sup>: staff, routine, and comprehensive reviews. **Staff review** and **routine review** applies to proposed new programs and program changes that meet specific criteria, and can be expedited through the review process, usually within 30 days.

A **comprehensive review** of a program is triggered by the presence of one or more of the following criteria:

- The institution will incur substantial costs to launch and sustain the program;
- The program includes offering degrees at the baccalaureate level or higher that fall within the Classification of Instructional Program (CIP) code of 14, Engineering;
- The program is outside an institution's CBHE-approved mission;
- The program will include the offering of a doctoral degree (applicable only to non-University of Missouri institutions); or
- The program will include the offering of an education specialist degree.

For community colleges proposing to offer a bachelor's degree, the following additional criteria is required, as outlined in § 163.191(1), RSMo:

*Community college course offerings shall generally lead to the granting of certificates, diplomas, or associate degrees, and may include baccalaureate degrees only when authorized by the coordinating board for higher education in circumstances where the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, and when doing so would not unnecessarily duplicate an existing program, collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, and the institution has the academic and financial capacity to offer the program in a high-quality manner."*

St. Charles Community College (SCC) submitted a proposal to offer the Bachelor of Applied Science in Occupational Therapy Assistant (OTA) (Attachment A) for consideration through the comprehensive review process. SCC currently offers an associate degree in OTA, and the proposed program would transition their existing degree into a bachelor's degree.

### CURRENT STATUS

The Missouri Department of Higher Education and Workforce Development received the following comments regarding SCC's proposal: a joint letter submitted on behalf of four-year chief academic officers (Attachment B), a joint letter submitted on behalf of the Council on Public Higher Education (Attachment C), and a joint letter on behalf of the University of Missouri system (Attachment D). All three letters share similar concerns—that SCC's proposal does not meet the conditions set forth in the statute found at 163.191 RSMo related to a change in the level of education required in the field and the feasibility of collaboration. The following salient points are summarized from the three letters:

- **Pathways to accreditation and licensure remain the same.** The Accreditation Council for Occupational Therapy Education (ACOTE) will continue to accredit the associate degree, while adding the option of the bachelor's program. ACOTE will continue to offer a dual pathway to the degree for the foreseeable future.
- **Level of education for employment remain the same.** The only requirement for licensure is that students graduate from an ACOTE-accredited school; bachelor-level and associate-level students will take the same licensure examination. There is no evidence that licensure in the field cannot be obtained with the associate degree, indicating that the degree will still provide value in the marketplace.
- **Collaboration has not been explored.** All three letters state that SCC has not reached out to university partners in the state regarding the possibility of collaboration.

SCC will be presenting their proposal and answering questions at the Academic Affairs and Workforce Needs Committee meeting scheduled for December 10, 2019. The four-year chief academic officers and presidents have been invited to attend the committee meeting.

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<sup>1</sup> 6 CSR 10-4.010 Submission of Academic Information, Data and New Programs

## **RECOMMENDATION**

This is an Information item only.

## **ATTACHMENTS**

- A. St. Charles Community College Proposal for Bachelor of Applied Science in Occupational Therapy Assistant
- B. Joint Comments submitted by Statewide Four-Year Chief Academic Officers
- C. Joint Comments submitted by the Council on Public Higher Education
- D. Joint Comments submitted by the University of Missouri System

## **Memorandum of Understanding**

This Memorandum of Understanding (the “Memorandum”) is made on March 4, 2020, by and between St. Charles Community College, 4201 Mid Rivers Mall Drive, Cottleville, MO 63376, (hereinafter referred to as “SCC”) and Missouri State University, 901 S. National Avenue, Springfield, MO 65897, (hereinafter referred to as “MSU”) for the purposes of achieving the various aims and objectives relating to the Missouri State University-St. Charles Community College Joint Degree of Bachelor of Applied Science in Occupational Therapy Assistant (the “Project”).

WHEREAS SCC and MSU desire to enter into an agreement in which SCC and MSU will work together to complete the Project;

AND WHEREAS SCC and MSU are desirous to enter into a Memorandum of Understanding between them, setting out the working arrangements that each of the partners agree are necessary to complete the Project;

### **Purpose**

The purpose of this Memorandum is to provide the framework for any future binding contract regarding the Missouri State University-St Charles Community College Joint Degree of Bachelor of Applied Science in Occupational Therapy Assistant.

### **Obligations of the Partners**

The Partners acknowledge that no contractual relationship is created between them by this Memorandum, but agree to work together in the true spirit of partnership to ensure that there is a united visible and responsive leadership of the Project and to demonstrate financial, administrative and managerial commitment to the Project by means of the following.

### **Cooperation**

The following reflects expectations of both parties regarding the Project at the commencement of the Memorandum:

- SCC and MSU will work collaboratively to develop and deliver a joint bachelor’s degree;
- The degree will comprise approximately 120 credit hours and adhere to CORE 42 and to the expectations of the accrediting body, ACOTE, and will meet the degree requirements of both institutions;
- The degree will be conferred with a diploma recognizing both institutions;
- ACOTE accreditation will be held by SCC;
- The bulk of the coursework in the degree, including all OTA coursework, will occur at SCC; MSU may provide faculty in person at SCC or online for the delivery of general education course offered by MSU;
- SCC will obtain approval from the Higher Learning Commission for expansion of mission;
- SCC and MSU will work collaboratively to promote the degree;
- SCC will be the lead institution for financial aid purposes.

### **Communication Strategy**

Marketing of the vision and any media or other public relations contact should always be consistent with the aims of the Project and only undertaken with the express agreement of both parties. Where it does not breach any confidentiality protocols, a spirit of open and transparent communication should be adhered to. Coordinated communications should be made with external organizations to elicit their support and further the aims of the Project.

**Liability**

No liability will arise or be assumed between the Partners as a result of this Memorandum.

**Dispute Resolution**

In the event of a dispute between the Partners in the negotiation of the final binding contract relating to this Project, a dispute resolution group will convene consisting of the Chief Executives of each of the Partners together with one other person independent of the Partners appointed by the Chief Executives. The dispute resolution group may receive for consideration any information it thinks fit concerning the dispute. The Partners agree that a decision of the dispute resolution group will be final. In the event the dispute resolution group is unable to make a compromise and reach a final decision, it is understood that neither party is obligated to enter into any binding contract to complete the Project.

**Term**

The arrangements made by the Partners by this Memorandum shall remain in place from March 4, 2020 until March 1, 2023. The term can be extended only by agreement of all of the Partners.

**Governing Law**

This Memorandum shall be construed in accordance with the laws of the State of Missouri.

**Assignment**

Neither party may assign or transfer the responsibilities or agreement made herein without the prior written consent of the non-assigning party, which approval shall not be unreasonably withheld.

**Amendment**

This Memorandum may be amended or supplemented in writing, if the writing is signed by the party obligated under this Memorandum.

**Severability**

If any provision of this Memorandum is found to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Memorandum is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision will be deemed to be written, construed, and enforced as so limited.

**Prior Memorandum Superseded**

This Memorandum constitutes the entire Memorandum between the parties relating to this subject matter and supersedes all prior or simultaneous representations, discussions, negotiations, and Memorandums, whether written or oral.

**Understanding**

It is mutually agreed upon and understood by and among the Partners of this Memorandum that:

- a. Each Partner will work together in a coordinated fashion for the fulfillment of the Project.
- b. In no way does this agreement restrict involved Partners from participating in similar agreements with other public or private agencies, organizations, and individuals.
- c. To the extent possible, each Partner will participate in the development of the Project.



- d. Nothing in this memorandum shall obligate any Partner to the transfer of funds. Any endeavor involving reimbursement or contribution of funds between the Partners of this Memorandum will be handled in accordance with applicable laws, regulations, and procedures. Such endeavors will be outlined in separate agreements that shall be made in writing by representatives of the Partners involved and shall be independently authorized by appropriate statutory authority. This Memorandum does not provide such authority.
- e. This Memorandum is not intended to and does not create any right, benefit, or trust responsibility.
- f. This Memorandum will be effective upon the signature of both Partners.
- g. Any Partner may terminate its participation in this Memorandum by providing written notice to other Partner.

The following Partners support the goals and objectives of the Missouri State University - St. Charles Community College Joint Degree for Bachelor of Applied Science in Occupational Therapy Assistant:

**Signatories**

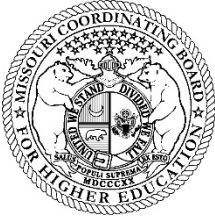
This Agreement shall be signed on behalf of St. Charles Community College by Dr. Barbara R. Kavalier, President of St. Charles Community College, and on behalf of Missouri State University by Dr. Clifton M. Smart III, President of Missouri State University. This Agreement shall be effective as of the date first written above.

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St. Charles Community College  
By Dr. Barbara R. Kavalier, President, St. Charles Community College

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Missouri State University  
By Dr. Clifton M Smart III, President, Missouri State University



Tab 18

## **St. Charles Community College/Missouri State University Memorandum of Understanding**

Coordinating Board for Higher Education  
March 4, 2020

### **BACKGROUND**

The Coordinating Board for Higher Education discharges its responsibility for coordinating, reviewing, and approving proposed new degree programs by the authority given in §§ 173.005 and 173.030, RSMo. The process for reviewing new degree program proposals is codified in administrative rule 6 CSR 10-4.010 Submission of Academic Information, Data and New Programs. While most programs are reviewed at the routine level (program meets requirements for mission, duplication, location, financial and institutional resources), the rule also provides an opportunity for institutions to propose programs outside of these parameters if certain qualifications are met, as part of the comprehensive review process.

### **CURRENT STATUS**

#### ***St. Charles Community College/Missouri State University***

St. Charles Community College (SCC) is working in partnership with Missouri State University (MSU) to offer a joint Occupational Therapy Assistant Bachelor Degree program. A Memorandum of Understanding outlining the collaboration is attached.

### **NEXT STEPS**

Staff will continue working with St. Charles Community College through the comprehensive review process. An update on SCC's comprehensive review will be provided at a later date.

### **RECOMMENDATION**

Staff recommend the Coordinating Board for Higher Education accept the Memorandum of Understanding between St. Charles Community College and Missouri State University and encourage them to move forward with the second phase of the comprehensive review process.

### **ATTACHMENT**

- St. Charles Community College/Missouri State University Memorandum of Understanding

**St. Charles Community College**

**Bachelor of Applied Science in Occupational Therapy Assistant**

**Preliminary Proposal**

**June 2019**

**St. Charles Community College**  
**Bachelor of Applied Science in Occupational Therapy Assistant**  
**Preliminary Proposal**

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June 27, 2019

Missouri Department of Higher Education  
205 Jefferson Street  
PO Box 1469  
Jefferson City, MO 65102-1469

To Whom it May Concern,

It is my pleasure to introduce this proposal from St. Charles Community College (SCC), which if approved, will allow our students, many of whom live in rural parts of our service area, the opportunity to pursue a bachelor's degree of applied science for Occupational Therapy Assistant.

It is common knowledge that in the early 90s, St. Petersburg Community College became the first community college to offer a bachelor's degree. The justification for expanding access was based on major gaps in the workforce and the need to provide additional education in certain areas such as healthcare and information technology. This need is still relevant today, with more than 23 states allowing community colleges to offer a bachelor's of science degree in critical workforce areas.

As we contemplated the potential success of expanding to a bachelor's program we looked to current research and found that according to the Education Policy Research Center at the University of Florida, ". . . three out of four students enrolled in community college bachelor's programs were from underserved populations." As such, it appears that these programs are providing an affordable alternative to obtaining additional education. Additionally, the research suggested, "Public four-year programs may actually benefit from the presence of a bachelor's program at the local community college." Florida saw a 25% increase in degrees where local community colleges offered the competing degree.

I consider the conferring of a bachelor's degree in OTA as a natural extension of the college's commitment to access to an affordable education, while at the same time responding to the workforce needs of our service area. SCC's current program serves the citizens of six counties, has an average pass rate of 100%, and an average graduate rate of 89% as compared to the national graduation rate of 40%.

As you will see in the letters of support included with this proposal, members of our healthcare community have high praise for the academic excellence of SCC's OTA program and there is a critical shortage for meeting workforce needs. Your support of this proposal allows us to help students throughout our service area obtain a bachelor's degree at a convenient location and affordable cost.

We have to believe that as long as student success is the focus of our work and that the open door philosophy remains critical to our mission, offering a bachelor's degree does not change our focus; rather, we will continue to be the last great hope for access to education and will still be all about community.

Thank you for your consideration of this proposal. Please contact me if you would like to further discuss the details.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara Kavalier", written over a circular stamp or seal.

Barbara Kavalier, Ph.D.  
President  
St. Charles Community College

4601 Mid Rivers Mall Drive  
Cottleville, MO 63376-2865  
636-922-8000  
stchas.edu

## Overview of Intent

In response to recent Missouri legislation, increased accreditation standards, mounting healthcare and workforce demands, and growing student and employer needs, St. Charles Community College (SCC) investigated and considered the broad impact of offering a baccalaureate degree in Occupational Therapy Assistant (OTA).

In the subsequent proposal, SCC and the OTA program considered and addressed several educational, industry, and programmatic factors outlined in Missouri House Bill 758. Per this legislation, community colleges may expand their missions to offer bachelor's degrees when...

"...in the case of applied bachelor's degrees, the level of education required for employment in a field increases..."

The Accreditation Council for Occupational Therapy Education (ACOTE) developed new baccalaureate standards for 2018 to address increasing professional responsibilities and knowledge gaps in current associate-level OTA programs and practice.

"...doing so would not unnecessarily duplicate an existing program..."

At this time, no institution in the state of Missouri offers a baccalaureate degree in OTA.

"...collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers..."

Collaboration with a four-year institution is not possible because upper-level coursework for a completion of bachelor's of OTA is unavailable and a bachelor's of OTA degree does not exist. Collaboration with a university who would be interested in developing a new bachelor's of OTA program will not meet the students' needs because new applications will not be reviewed by ACOTE for a minimum of three to five years. This timeline for new program review by ACOTE will not address industry or employers' immediate needs nor will it address workforce demand due to the extensive waitlist. The Department of Labor and Statistics states the field of OTA will grow 28% in the state of Missouri by 2025.

"...the institution has the academic and financial capacity to offer the program in a high-quality fashion."

With full, 10-year accreditation granted by ACOTE, SCC's OTA Program has implemented a competency-based curriculum and other critical infrastructure necessary to meet baccalaureate requirements including faculty, fieldwork sites, physical program space allocation, and support staff.

The following documentation will provide compelling information in support of this mission expansion. The narrative demonstrates how St. Charles Community College has positioned itself for this expansion by hiring excellent and innovative faculty and staff, obtaining additional real estate and lab-space for student training, cultivating expertise on-site to design the program, and implementing an effective competency-based curriculum which provides essential infrastructure for the new OTA Bachelor's-level Standards. This proposal also demonstrates that St Charles Community College is in a unique position to be an early adopter of educating bachelors prepared OTA's, both in Missouri and in the national educational marketplace. The proposal also demonstrates how the OTA Program expansion would positively impact workplace preparedness for students and meet forecasted workplace demand, therefore an expansion of the SCC mission to offer a Bachelors of Applied Science in Occupational Therapy Assistant is merited.

**St. Charles Community College**  
**Bachelors of Applied Science in Occupational Therapy Assistant Narrative**

**Narrative Introduction**

St. Charles Community College (SCC) and the Occupational Therapy Assistant (OTA) Program are submitting a letter of intent to initiate the process for a comprehensive review of academic program proposals to the Missouri Department of Higher Education (MDHE) and the Coordinating Board of Higher Education (CBHE).

Historically, community colleges offer degrees and coursework that generally lead to the granting of certificates, diplomas, or associate degrees. The OTA program and SCC request the state broaden the mission to allow SCC to offer a bachelor's degree of applied science in Occupational Therapy Assistant due to changes in the academic standards of the profession, which were necessitated by a growing and evolving healthcare system.

St. Charles Community College considered and investigated several factors in the decision to request a broadening of the mission. These factors include the Accreditation Council for Occupational Therapy Education (ACOTE) new baccalaureate standards, the passing of legislation in Missouri which allows community colleges to offer a bachelor's degree for programs that meet a workforce need, the employment and educational landscape throughout the state of Missouri, the quality and preparedness of the OTA program at SCC to offer a bachelor's degree, the interest of students and community partners, and the feasibility of collaborating with other institutions to address the healthcare needs in the state of Missouri. The following narrative is a description of the analysis and points of consideration.

Certified Occupational Therapy Assistant (COTA) and Occupational Therapist (OTR) are two distinct practitioners within the profession of Occupational Therapy. Each of these distinct practitioners has a different set of educational standards, professional licensure, and certification requirements. Therefore, articulating from an OTA program to an OT program is not feasible as each is a separate and unique degree path.

## ACOTE Rationale – Baccalaureate Standards

ACOTE has independent authority to set standards for the profession's educational programs. This includes setting the entry-level degree for the occupational therapist and occupational therapy assistant.

AOTA's Representative Assembly (RA) convened an Ad Hoc Committee to do a feasibility study in 2015 regarding degree level for the OTA. The committee looked at the following areas:

1. Defining expectations of practice for an OTA in the next decade.
2. Growth in content to address changes in practice.
3. Impact of any changes in entry-level degree requirements for the occupational therapists (e.g., doctoral requirement) on occupational therapy assistant education and practice.
4. Readiness of host institutions to support a transition to the bachelor's requirement and the trend in community colleges to offer a limited number of bachelor's degrees.
5. Faculty workforce including occupational therapy assistants with post-baccalaureate degrees.
6. Impact of regulatory changes associated with the Affordable Care Act (ACA) and impact on reimbursement.
7. The potential impact of increased costs on key stakeholders (i.e. students, employers, etc.)
8. Requiring the entry-level degree to be at the doctoral level could push more potential students into occupational therapy assistant programs because of the increased costs of a doctoral versus masters-level program.

ACOTE developed and approved occupational therapy assistant baccalaureate-level Standards in August 2018. This provides OTA programs the ability to transition their programs to the baccalaureate level to address some of the **knowledge gaps** identified in the first three bullets above. They felt that it was the path to maintain and retain occupational therapy assistants' patency in the future healthcare workforce. ACOTE believes that providing the additional content will equip students with the skills needed to address the issues related to complex healthcare systems and complex patients.

After an extensive two-and-a-half year process, multiple surveys to the communities of interest, and several open hearings, ACOTE adopted new accreditation standards for baccalaureate-degree-level occupational therapy assistant programs, and associate-degree-level occupational therapy assistant programs. Programs will be required to comply with the new 2018 Standards by July 31, 2020.

This action came after ACOTE had carefully studied the issue and weighed the various community perspectives over the last three years. The Council recognized that the challenges faced in a constantly evolving academic and professional landscape require a clear strategic vision and that our profession must be prepared to adapt and change to meet these challenges.

Independent reviews of the practice environment and policy literature identified that the majority of health policy papers support the need for entry-level practitioners better prepared to practice and compete in a constantly changing health care delivery system.



At a meeting in April of 2019, a decision was made about dual points of entry for OT and OTA academic programs:

Following the conclusion of a robust and collaborative process with leaders and members of the American Occupational Therapy Association (AOTA), on April 4, 2019, AOTA's Representative Assembly determined that occupational therapists may enter the profession at the master's or doctorate level, while occupational therapy assistants may enter the profession at the associate or baccalaureate level. This is now the official policy of AOTA for entry into the occupational therapy profession.

The AOTA Representative Assembly (RA) is responsible for establishing professional standards and policies for AOTA and the profession, including the scope of the profession and professional practice and the degree requirement for entry into the profession, as provided in the AOTA Bylaws.

ACOTE is recognized by the U.S. Department of Education and the Council for Higher Education Accreditation (CHEA) as the programmatic accreditor for the profession of occupational therapy. ACOTE has complete autonomy in establishing accreditation and education standards to evaluate entry-level educational programs; developing and implementing policies, rules, and procedures for conducting accreditation reviews; and making accreditation decisions with respect to entry-level educational programs.

As the accrediting body for the profession and in light of the Assembly's April 4th determination, ACOTE will accept letters of intent for doctoral level, master's level, bachelor's level, and associate level educational programs effective immediately.

"The Application Review" states "ACOTE will accept and review a maximum of 6 Candidacy Applications during a given cycle. The acceptance of Candidacy Applications will be based on the receipt date of the Letter of Intent (if signed by the program director) or the date of notification that a program director has been hired. After the 6-program cap is reached, programs will be subject to the next available review cycle and planned student admission must be delayed accordingly. Please note that the initial accreditation process takes approximately 1 to 2 years to complete and the first class schedule may need to be adjusted to allow completion of the initial accreditation process prior to graduation.

Beginning with Candidacy Applications due in August 2020, ACOTE is requiring that a qualified program director must be hired full time and on-site 1 year prior to the submission of the Candidacy Application. A qualified academic fieldwork coordinator must be hired full-time and on-site 6 months prior to the submission of the Candidacy Application. At least 1 year prior to the submission date for the Candidacy Application, the program must notify the Accreditation Department ([accred@aota.org](mailto:accred@aota.org)) that a qualified program director has been hired full-time in order to proceed with the initial accreditation process. Otherwise, the Candidacy Application submission slot will be made available to the first program on the waiting list or to the next Applicant program with a hired qualified program director." The next available opportunity to apply for candidacy and to participate in the review cycle for new programs is 2023.

### **SCC Conclusion – ACOTE Rationale**

While associate-degree-level programs for OTA have the option to remain an associate degree or transition to a bachelor's degree, SCC believes it is our responsibility to begin the transition to a baccalaureate degree as soon as possible to best serve the needs of our community. SCC is accredited by ACOTE and therefore will not be subject to the “new candidacy” timeline—SCC can apply immediately.

OTA faculty and SCC administration have focused strategic vision and aligned curriculum to address vital aspects of our program’s mission to provide “...opportunities for academic excellence and student success to enable attainment of personal and professional goals in a global society.” In alignment with the college’s mission to respond to community needs, SCC’s OTA program continues to strengthen curriculum in order to meet the changes in a dynamic health care environment. The baccalaureate standards put forth by ACOTE will guide the program in addressing the potential “**knowledge gap**” areas for the future OTA practitioners in the state of Missouri to best serve the evolving health care needs in our community.

## Missouri Legislation

The Missouri Legislature passed legislation in 2018 to allow community colleges to expand their mission to offer bachelor's degrees “where the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, and when doing so would not unnecessarily duplicate an existing program, collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, and the institution has the academic and financial capacity to offer the program in a high-quality manner. Quality for such baccalaureate degree programs shall be evaluated at least in part by the delivery of upper-level coursework or competencies, and defined by accreditation or compliance with the Higher Learning Commission (HLC) standards for bachelor's degrees.”

### **SCC Conclusion – Missouri Legislation**

The passing of this legislation indicates that Missouri Legislature recognizes the need for additional academic offerings. Students and the citizens of the state of Missouri will be beneficiaries of this legislation because they will receive the knowledge and training they need to meet growing workforce demands. SCC and the OTA program would like to expand their mission to offer a baccalaureate degree to provide opportunities for academic excellence and student success throughout our service area.

Students who become future OTA practitioners in the state of Missouri will best serve the evolving health care needs in our region with the additional education a bachelor's of OTA degree will provide. Many legislative and educational bodies recognize that rural counties are among the fastest-growing groups and account for a growing portion of the state's population, including working adults, low-income, and first-generation students who are all in need of additional quality education and essential job skills to meet workforce needs. The service area of SCC encompasses several of these rural counties and vulnerable communities.

## **Market Analysis/Feasibility Study**

### **Employment and Educational Landscape**

After contacting the Missouri Department of Higher Education to determine the feasibility of an application to expand the Academic Program, SCC chose to pursue a summary review of internal practices and a snapshot study of the Missouri OTA Marketplace from both an educator's and industry specialist's perspective.

### **Marketplace Study Objective**

SCC commissioned River Henge Partners LLC to perform a Missouri Marketplace Study to provide data relative to the Occupational Therapy Assistant ("OTA") workforce qualifications for graduate placement within the state of Missouri. The "OTA Missouri Marketplace Engagement Data Study" ("Data Study") was designed to capture data on positions marketed upon exit of educational institution and employer's qualifications to confirm additional skills-sets or professional-level requirements.

### **Third-Party Review and Reporting**

Separately, River Henge Partners LLC, a business-consulting firm specializing in industry-sector data analytics, was commissioned to provide Summary Reporting of the external Study findings. River Henge Partners is a private sector catalyst rooted in data research, analytics, and hands-on experience to guide master-planned economic development. With a combined 30 years of experience in economic development - including urban and rural planning and another 20 years in data research and analysis, River Henge Partners offers customized data for communities and industries in any economic and industry sector.

### **Considerations of the Study**

#### ***Geographic Boundaries***

Reporting criteria is limited to the state of Missouri for education and industry defined marketplaces. Since both the OTA Educational Program requirements and the Professional OTA certification are national, consideration accounts for prevailing industry standards.

#### ***Job Title Specificity***

OTA's are referred to as COTA's in the workforce. This title points to the passage of the National Board for Certification in Occupational Therapy (NBCOT) Board Certified Exam, which OTA's must pass to practice within their profession and license as per Missouri state requirements.

#### ***Marketplace Engagement***

The data gathered reached into the State of Missouri's educational environment, active labor market, and collected job descriptions and positions, which posed an industry standard. The Study process engaged both educators who have direct responsibility in transitioning students to the workforce and industry experts (department heads, therapy managers, talent acquisition) who work daily with OTAs in their respective work environments. The direct marketplace engagement provides a snapshot of what is happening within the industry today from a workplace and education/workforce training perspective.

#### ***Meeting Educational Challenges***

AOTA maintains that Innovation within Higher Education is "Alternate delivery models that increase accessibility and decrease costs." This includes competency-based degrees such as the OTA degree program. There is a shift in OT education that changes the entry-points for students seeking certification. ACOTE has mandated that there will be dual points of entry for the occupational therapist namely masters and doctoral level by July 1, 2027.

The educational gap created between the supervising OT and the OTA explains one of the rationales for ACOTE to introduce a bachelor's degree point of entry to OTA professional certification. The move in profession to a bachelor's requirement underscores the knowledgebase-need Missouri's industry professionals already are experiencing.

Two key observations from the Study include:

1. The required education, field work experience and training is entirely Industry driven
2. Industry is pushing for additional education and experience to provide a base to increase OTA responsibility and to bridge the knowledge base divide between OT's and OTAs.

SCC College states the OTA Program is uniquely aligned and positioned to provide enhanced professional entry-level requirements for a Baccalaureate Degree of Occupational Therapy Assistant in addition to offering an updated curriculum for their current Associate of Applied Science Degree (A.A.S) that is competency based and informed by workforce needs.

### **Workplace Feedback**

#### ***Education Survey- Salient Points***

Of forty-three (43) higher education schools offering degrees and programming that reach throughout Missouri's Occupational Therapy Spectrum, there are sixteen (16) colleges, universities and technical schools that are focused on OTA programming. However, within the sixteen (16), there are only nine (9) unique active OTA programs accredited through ACOTE, of which two (2) are private schools. A Consortium of schools accounts for one (1) unique active program but represents seven (7) advertised programs. Three (3) of the nine (9) unique OTA programs are in the St. Louis Region, including St. Charles Community College.

#### ***Industry Survey – Salient Points***

During the Study, the data research firm found ninety (90) active job listings referencing keywords "OTA," "COTA", and "Occupational Therapy Assistants". Forty-one (41) companies posted listings including health systems, home health, skilled nursing, acute and inpatient care, medical spas, rehabilitation centers, psychiatric centers and Professional Management companies. Twenty-one (21) companies were selected to provide job position sampling and marketplace feedback. Twelve (12) confirmed OT use as part of their healthcare protocol. Eight (8) companies responded with contextual feedback.

#### ***Marketplace***

According to the "2018 Current Trends in accreditation and Higher Education" presentation by AOTA on April 19, 2018, the US Bureau of Labor Statistics indicates that Occupational Therapy Assistants is the 15th fastest growing occupation in the US, with predicted Job Growth from 2016-2026 equaling >28%. The results of the OTA Missouri Marketplace Engagement Study supports a rapid progression of industry adoption. The Study results suggested the two industries within healthcare experiencing the most opportunity for COTA placement are the skilled nursing and home health industries. Furthermore, interview respondents indicated that there are multiple driving factors. These include change in regulations, which expanded responsibilities of the OTA, shift in direct patient care by the OT into a purely administrative and oversight role leaving the OTA in an even more essential position as the primary patient care provider, and shift in insurance billing (PTPM) which affects the billed time and company reimbursement processes.

### ***Industry Outliers***

For the study, researchers did gather subjective examples of non-traditional OTA job positions, which were subject to the opinion of the author. Formal Study search parameters did not specifically meter non-traditional job titles, unless otherwise inclusive of with COTA qualification within the definition or job search, as those bleed outside the spectrum of verifiable COTA-qualified job positions. Industry respondents were all within the health-care field. Educators indicated they are seeing expanded interest from corporate and non-traditional workplaces seeking an OTA knowledge base as a key member of their staff. Examples for this are ergonomic specialists, wellness coaching, program design and chronic disease support foundations.

### ***Analysis***

1. The education, field work experience, and training required is entirely Industry driven
2. Typical entry-level employment is in a clinical setting, which is considered “traditional” in the health-care field
3. Industries include hospitals, clinics, mental health, pediatrics, acute-care and skilled nursing
4. Some industry outliers exist - school districts (still a traditional placement), private- based placements that are entrepreneurial (i.e. adaptive martial arts; therapeutic horseback riding, tele-health and wellness/job coaches)
5. The role of the OTA throughout the health-care industry is changing
6. Industry expectation of OTA performance breach typical curriculum-based training and include professional communication, time management, stress management, administrative and reporting responsibilities and a certain amount of physicality to perform tasks on the floor and in the field.

### ***Study Outcomes***

1. Both educators and industry specialists have seen a shift in responsibility to the OTA for direct patient care
2. According to industry experts commenting during marketplace engagement, the role of an OTA in the health-care field will be more critical as their responsibilities increase and as insurance reimbursement and billing regulations come online.
3. Educators maintain that the demand is outstripping placement and as awareness of OTA skill-sets increase, more corporate and private emerging fields will open.
4. Industry is pushing for additional education and experience to provide a base to increase OTA responsibility and to bridge the knowledge base divide between OT’s and OTA’s.

## Narrative Conclusion

Occupational Therapy helps people across the lifespan to do the things they want and need to do through the therapeutic use of everyday activities (occupations). Practitioners are tasked to enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability.

Occupational Therapy Assistants are licensed, certified, professional health care providers who plays a vital role in patient well-being by providing direct patient care, instructional training, and human interaction. According to the industries represented in Marketplace Engagement, OTAs represent a critical link in patient recovery and wellness.

The expected amount of education, fieldwork, and experience prior to the OTA entering the workforce is expanding to meet the roles and responsibilities within the healthcare field and respective industries. Per the recommendation of the nationally accrediting body, the spectrum of education provided as an entry-point into the field is shifting to match market demand and the realistic functional role of the professional.

Outside of the healthcare industry, the role of the OTA is changing. As corporate awareness about the Occupational Therapy and the skillset of a qualified COTA grows, emerging fields will follow. This introduces new markets, creates competition for an OTA outside of their current respective certified fields, and places new relevance on the healthcare fields' demand for increased knowledgebase and fieldwork experience.

According to the 2018 MO Economic Report, conducted by the Missouri Department of Economic Development, The Health Care and Social Assistance industry sector is the number one employer in Missouri. Market trends indicate the Healthcare and Social Services industry is growing. Health Care and Business / Management related jobs are the most in demand occupations within the state.

SCC currently offers an Associate of Applied Science in OTA. There exists the faculty interest and expertise to expand to include an OTA Bachelor's Degree program. This interest aligns with newly released recommendations for professional educational standards.

The College has positioned for this expansion by the staffing, real estate and lab-space for student training. The expertise is already on-site to design the program. This affords the College a unique position as an early adopter, in both Missouri and the national educational marketplace.

If successful in receiving MDHE and CBHE approval for expansion, the defined opportunities for the student and institution are: 1) student educational attainment, 2) workforce need, 3) community engagement, 4) program innovation, and 5) affordability for the student. The proposed OTA Program expansion positively influences workplace preparedness and meets forecasted marketplace demand and an expansion of the SCC mission to offer a Bachelors of Applied Science in Occupational Therapy Assistant is warranted.

**St. Charles Community College**  
**Occupational Therapy Assistant Program Analysis**

**Program Mission**

The current mission of the Occupational Therapy Assistant (OTA) Program is to “provide opportunities for academic excellence and student success to enable attainment of personal and professional goals in a global society.” We consider the American Occupational Therapy Association’s (AOTA) Vision 2025 of providing culturally responsive and customized care to maximize the quality of life for all people and the academic standards developed by the Accreditation Council of Occupational Therapy Education (ACOTE) as guiding principles. The OTA Program provides its students with the opportunity to acquire the knowledge, skills, behaviors, and attitudes necessary for ethical, competent, and reflective practice to fulfill their growing professional roles. In keeping with these missions, the OTA program strives to meet the dynamic health care needs of our local communities. The OTA program seeks to further implement its mission by providing the following in a bachelor’s of applied science degree at our institution:

- The highest quality instruction and practice to its students using evidence-based innovative instructional methods and technology that is accessible and financially affordable.
- A solid foundation in the fundamental knowledge, skills, and attitudes needed for the growing demands of bachelors prepared entry-level competence as an occupational therapy practitioner in a variety of settings and working with a variety of populations.
- A consistent commitment to strategically focus on the scholarship of teaching and learning and the scholarship of application for both faculty and students to support research and foster innovation to benefit the community.
- A comprehensive competency focused curriculum that integrates studies in science, math, humanities, communication, social sciences, and critical thinking.
- Experiences emphasizing the need for lifelong learning, keeping up with the dynamic nature of healthcare, and the importance of evidence-based practice as essential components of competent bachelor level practitioners who can meet evolving workforce demands.



## Program Philosophy

Consistent with the profession's philosophical base, the OTA program at St. Charles Community College (SCC) acknowledges individuals as complex, active beings who "have an innate need and right to engage in meaningful occupations throughout their lives. Participation in these occupations influences their development, health, and well-being" (Gupta et al., 2011). Engagement in occupation is complex and multidimensional; various integrated factors contribute to the quality of participation, including client factors, performance skills, performance patterns, contexts, and environments as well as understanding the activity demands. (AOTA, 2014). The delivery of occupational therapy services is client-centered, with practitioners using clinical reasoning, the therapeutic relationship, and a code of ethics to support clients' goals; the occupational therapy practitioner seeks to "maximize health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living." (AOTA, Vision 2025).

Students in the OTA Program are regarded as occupational beings; as such, they learn and grow through participation in meaningful occupation in the role of an OTA student. Therefore, the OTA program is student-centered to foster success by developing students' skills through planning the curricular demands providing a positive learning environment that mirrors the changing healthcare and community environment. The program seeks to integrate and balance the students' abilities, needs, occupational roles and contexts in developing the skills needed to perform the roles of a direct service provider, member of a profession, and educator/facilitator/manager of service. This process is facilitated by the application of self-directed learning and key components of Knowles adult learning theories. "Instruction should facilitate self-direction, in a relevant context, take into account the wide range of different backgrounds of learners; materials and activities should allow for different levels/types of previous experience, and should allow learners to discover things and knowledge for themselves." (Manning, 2007, p 104).

The OTA Program respects students as adult learners and supports their growth through a multifaceted approach in the curriculum design. Teaching approaches use didactic instruction, experiential learning, professional collaboration, community engagement, technology, and cultivation of clinical reasoning. Faculty facilitate the development of role competencies. The curriculum is grounded in this philosophy and is based on the programs graduate outcomes.

The faculty work closely with students to provide clear instructional guidance to meet professional standards as well as apply flexibility in instructional approaches with a focus on teaching, learning, and application of skills to ensure student success. Faculty recognize the need to expand the use of technology and foster innovation to provide learning experiences that facilitate competence in an increasingly evolving healthcare system, which demands value and client-driven outcomes across care settings. The OTA Program empowers students to competently and confidently demonstrate the role of direct service provider; member of a profession; and educator, facilitator, and manager to the best of their abilities.

## Curriculum Design

The OTA program reflects the mission and values of the college in its belief that learning is a lifelong process that continues beyond formal academic training and fieldwork experiences. The program envisions a model that focuses on three primary roles—direct service provider of care, educator and manager of health care services, and members of a profession. The OTA Program uses three methods of learning (Theory, Practice, Application in Context) that the OTA practitioner assumes in order to bridge the gap between theory and practice to successfully fulfill the expectations of OT practice.

The use of these three roles and methods in conjunction with the OT Practice Framework, Standards of Practice for Occupational Therapy, AOTA Fieldwork Evaluation, ACOTE standards, and Knowles' Principles of Androgyny serve as organizing framework in determining and facilitating the knowledge, skills, or attitudes necessary to establish entry-level competency for the OTA practitioner. The following outcomes provide a guide for the knowledge, skills, and attitudes needed to engage in each role of the OTA:

1. Demonstrate the knowledge, skills, and attitudes to successfully fulfill the demands of each role.
2. Consistently engage in effective communication and interpersonal skills.
3. Establish appropriate teaching-learning competencies that apply to diverse audiences
4. Demonstrate the ability to serve as an advocate for various populations, facilities, communities, institutions, and the profession of Occupational Therapy.
5. Demonstrate the ability to effectively collaborate with an interdisciplinary team.
6. Demonstrate a broad scope of knowledge of the ethical, legal, regulatory, and professional codes that inform the practice of Occupational Therapy.
7. Develop the ability to apply and use technology and resources to support evidence-based practice.

In designing and assessing learning and teaching strategies, the parallel between therapy and education is emphasized. Just as client treatment is a multi-sensory process that requires active participation from the client engaged in meaningful activities, OTA education at SCC is a multi-sensory process requiring active participation and self-direction from the student engaged in the meaningful activities of their education.

The curriculum is designed to be delivered in a semester format of didactic work combined with a variety of Level I fieldwork experiences and two (2) Level II experiences in addition to a Baccalaureate Project to complete the program.

The Baccalaureate Project is designed to provide an in-depth experience in one or more of the following:

1. Clinical practice skills
2. Administration
3. Leadership
4. Advocacy
5. Education

This project allows students to demonstrate the application of knowledge gained that distinguishes them as bachelors prepared practitioners who will meet the growing demands of the workforce.

**SCC and Missouri Department of Higher Education**  
**“Preparing Missourians to Succeed: A Blueprint for Higher Education”**

SCC’s OTA Program developed methods to attain the goals outlined by the Missouri Department of Higher Education’s (MDHE) “Preparing Missourians to Succeed: A Blueprint for Higher Education.” Those methods are described below.

**Goal 1: Attainment**

“Missouri will increase the proportion of working-age adults with high quality, affordable postsecondary credentials to 60 percent by 2025.”

According to the Stronger MO through Higher Education Report, “The data shows that increasing attainment is a particular challenge in rural counties, so ensuring that all communities have access to high-quality higher education is essential. Missouri must also increase college success among the fast-growing groups that will account for a growing proportion of the state’s population, including working adults, low-income and first-generation students, and students of color. Meeting the educational needs of these 21st-century students will help build Missouri’s economy and ensure a bright future for the state.” The goal is to increase the attainment of a college degree for Missourians to 60% by 2025.

St. Charles Community College serves the following counties in MO with the percentage of Missouri adults (ages 25-64) with at least an associate degree:

- St. Charles - 46.92%
- Callaway - 30.84%
- Lincoln - 21.70%
- Montgomery - 22.20%
- Pike - 18.16%
- Warren - 25.76%

SCC will be able to provide accessible, affordable, and high quality higher education to several vulnerable populations in MO and systematically increases attainment to close achievement gaps.

Experts from the Center on Education and the Workforce at Georgetown University said that, by 2018, 523,000 of the expected 898,000 job vacancies in Missouri would require postsecondary credentials. Indeed, 59 percent of all Missouri jobs require postsecondary education in 2018.

With increased expectations in the field of Occupational Therapy and increased expectations of autonomy and advanced skill demonstration, a bachelor’s degree of OTA will provide the current, future, and potentially former graduates of SCC’s OTA Program an affordable, accessible, and high quality bachelor's degree to meet growing professional and workforce demands.

Having a competency-based curriculum and a baccalaureate project that is designed to enhance vital skills for employment and addresses the needs, styles, and ability, of a multitude of learners, will allow working-age adults in the above counties, the state of Missouri, and beyond an opportunity to attain a quality and impactful post-secondary degree.

**Goal 2: Affordability**

“Missouri will rank among the 10 most affordable states in which to obtain a postsecondary degree or certificate by 2025.”

The average college debt among student loan borrowers in America is \$32,731, according to the Federal Reserve. This is an increase of approximately 20% from 2015-2016. Most borrowers have between \$25,000 and \$50,000 outstanding in student loan debt. Nevertheless, more than 600,000 borrowers in the country are over \$200,000 in student debt, and that number may continue to increase.

Missouri currently ranks 32nd nationally with 58% of Missourians having an average of \$27,108 in student loan debt. The average student loan debt of an SCC-OTA program graduate is \$2000.

In comparison, the following estimates outline the cost of a bachelor’s-level degree (or 120 credit hours) at regional institutions.

<b>St. Charles Community College</b>	<b>\$21,240.00</b>
Maryville University*	\$113,880.00
Saint Louis University*	\$181,696.00
University of Missouri	\$51,687.00
University of Missouri – St. Louis	\$44,856.00
Washington University*	\$209,520.00

\* Denotes schools currently offering pre-Occupational Therapy baccalaureate education. As noted, no bachelor’s-level OTA programs exist.

Students obtaining a Bachelor's of Applied Science in OTA from SCC would graduate with less student loan debt in comparison to four-year institutions. As of the submission of this proposal, no Bachelors of OTA programs exist in the state of Missouri. The next available opportunity for new programs to apply for candidacy and participate in the review cycle is 2023.

Considering the distinction between the professions and educational standards, articulation from OTA to OT is impossible. OTA graduates interested in pursuing an OT degree would need to complete a bachelor’s degree and then apply to a master’s program. Each degree prepares students for drastically different professional distinctions.

### **Goal 3: Quality**

“Missouri will produce graduates with high-quality postsecondary degrees and certificates that are valuable and relevant to individuals, employers, communities, and the state.”

Consistent with the college’s mission for providing opportunities for academic excellence and student success to enable attainment of personal and professional goals in a global society, the OTA program provides its students with the opportunity to acquire the knowledge, skills, behaviors, and attitudes necessary for ethical, competent, and reflective practice to fulfill their professional roles. In keeping with the college’s mission to respond to the community, the OTA program strives to meet the dynamic health care needs of our communities. The OTA program seeks to implement its mission by providing:

- the highest quality instruction and practice to its students using evidence-based innovative instructional methods and technology that is accessible and financially affordable;
- a solid foundation in the fundamental knowledge, skills, and attitudes needed for the growing demands of bachelors prepared entry-level competence as an occupational therapy practitioner in a variety of settings and working with a variety of populations;
- a consistent commitment to strategically focus on the scholarship of teaching and learning and the scholarship of application for both faculty and students to support research and foster innovation to benefit the community;
- a comprehensive competency focused curriculum that integrates studies in science, math, humanities, communication, social sciences, and critical thinking; and
- experiences emphasizing the need for lifelong learning, keeping up with the dynamic nature of healthcare, and the importance of evidence-based practice as essential components of competent bachelor level practitioners who can meet evolving workforce demands.

SCC’s OTA program is ACOTE accredited with a 10-year term before a review. According to ACOTE, 10-year review cycles are granted to programs that have no areas of noncompliance and have demonstrated exceptional educational quality. As outlined below, SCC graduates excel on the National Board for Certification in Occupational Therapy (NBCOT).

- The average pass rate nationally is 91%.
- The average pass rate for Missouri OTA programs over a three-year period is 87.31%.
- The average pass rate for SCC’s OTA program over a three-year period is 100%.

According to the MDHE’s “Enhanced Missouri Student Achievement Study”:

- The average graduation rate from 2-year, public institutions in the state of Missouri is a 19.46% (over a three-year period).
- The national average is roughly 40%.
- The average graduation rate from SCC’s OTA program is 89%.

Based on SCC-graduate surveys, 94% of students graduating from the OTA program are employed in their field within six months of graduation and board certification. Employer and student surveys show 95-100% satisfaction with program learning, employment status, and demonstration of work performance.

ACOTE standards for faculty numbers and composition for bachelor-level OTA programs must have at least three full-time faculty, 50% of whom must hold a minimum of a master's degree. SCC currently has four full-time and two adjunct faculty. Among the full-time faculty, 50% hold a minimum of a master's degree. The faculty at SCC possess a wide clinical and academic background and have been approved by ACOTE.

#### **Goal #4: Research and Innovation**

“Missouri will be a top 10 state for investment in academic research by 2025.”

According to “Preparing Missourians to Succeed: A Blueprint for Higher Education,” Missouri currently ranks as 10th in business-led research investment. Unfortunately, Missouri ranks 18th in academic-led research investment. SCC can invest in academic research. The creation of a Bachelor in Occupational Therapy Assistant will result in a new degree program that includes student participation in academic research as a standard for accreditation.

ACOTE provides accreditation standards for academic programs who educate and train Occupational Therapy practitioners. Occupational Therapy practitioners consist of two distinctions, Occupational Therapists (OT) and Occupational Therapy Assistants (OTA). The standards for the Bachelor of OTA have an increased emphasis on research, development, and quality to address the growing need for autonomous and entrepreneurially minded practitioners.

Providing a bachelor degree program in OTA will increase research at state institutions. ACOTE developed additional baccalaureate project standards and enhanced curricular standards, which require graduates of a Bachelor of OTA program to understand the use of quantitative and qualitative methods for data analysis, demonstrate an understanding of instructional design methods for preparing to work in an academic setting, and to develop skills for supervision, management, quality assurance, and improvement for program development. These standards are designed to address the growing need for additional educational content to meet the demands of the dynamic and evolving job market.

The faculty of St Charles Community College designed and implemented an integrated and progressive faculty-led fieldwork program to facilitate the success of students throughout the competency-based learning curriculum. Faculty and students will be able to utilize this model to do new academic research. The faculty currently supervise OTA students during level II fieldwork at three community-based sites. These sites provide a unique opportunity where the student in the OTA baccalaureate program could actively engage in and contribute to components of research, quality improvement, and program development while completing their fieldwork. In keeping with the AOTA’s Vision 2025, these community sites are with underserved populations including pediatrics, geriatrics, and mental health. The American Occupational Therapy Association has the vision to guide the profession beyond the Centennial Vision. Vision 2025 states: “As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.” The research that would be generated could be used to create or enhance solutions for these populations who are living, working, and engaging in our communities.

### **Goal #5 Investment, Advocacy & Partnerships**

“Missouri will promote increased investment in post-secondary education through increased advocacy and powerful partnerships with education, business, government, and communities.”

St. Charles Community College OTA program has clinical contracts with a variety of clinical, non-clinical, and community-based organizations. These settings allow students to participate in clinical partnerships and practice in both traditional and emerging areas of practice. Embedded in our curriculum are also faculty-led fieldwork opportunities where students and faculty work with community partners to develop and enhance their current offerings and to provide students with progressive participation as they develop competency skills. Both Level I and Level II Faculty-Led Fieldwork rotations are available at an Adult Dementia Specific Day Program, Community Mental Health Day Program, and at a Child Development Center (ages 3 months-5 years).

Our fieldwork experience has been very positive overall with students participating in community sites. The benefit to the community and the benefit to the student's academic preparedness and job readiness is undeniable. However, one of the barriers in many emerging areas of practice is that some employment opportunities in the community require a Bachelor's degree. The educational needs to participate in program development, supervision, quality assurance, and quality improvement, etc. require additional baccalaureate content.

ACOTE developed a set of baccalaureate project standards to address the growing educational demands of the profession and to encourage the development of community and industry partnerships to meet the educational needs of the students and enhance workforce demands.

The Baccalaureate Project is designed to provide an in-depth experience in one or more of the following: 1) Clinical practice skills, Administration, 2) Leadership, 3) Advocacy 4) Education. This project allows the students to demonstrate the application of knowledge gained that distinguishes them as bachelors prepared practitioner who can meet the growing demands of the workforce.

“Level II fieldwork in the emerging practice fields of wellness and community health (WCH) stands out as a natural means to accomplish this goal; embedding a wellness and prevention service component into traditional fieldwork settings could also provide students with experience and in-demand skills. It is well known that students are often offered therapy positions at sites where they have completed traditional fieldwork (Rodger et al., 2007). In nontraditional fieldwork settings, some occupational therapy positions have been created in response to sites' experiences with occupational therapy students in fieldwork and service learning opportunities (Muñoz, Provident, & Hansen, 2004). The development of prevention-focused fieldwork could be a win-win approach. The students who have this experience will gain new knowledge and perspectives that are relevant to practice regardless of the setting. Additionally, the sites in which they work would become more aware of what occupational therapy has to offer and how it benefits their current services. As fieldwork introduces each incoming class of therapists to practice, there should be increased availability of occupational therapy positions in WCH services.”

There are endless opportunities to collaborate with education, business, government and community entities. Offering a bachelor's degree would yield additional partnerships and allow SCC's OTA students to enhance their contribution to the community through Baccalaureate Projects. This is in direct correlation with Vision 2025: “As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.”



### **Resources, faculty, staff, and space allocations in support of Bachelor's Degree Program**

Despite statewide budget restrictions, the Dean of Nursing and Allied Health along with the administration of St. Charles Community College are good financial stewards and consistent advocates for the OTA program. The OTA budget was expanded this year to address several needs including additional faculty to accommodate curriculum updates, changes, and course development. Additional funding was also granted for professional development, innovation and technology, and supplies for curriculum adjustments.

SCC purchased the building at # 1 Academy Place Dardenne Prairie, MO 63368 in February 2017. After the purchase, administration provided the OTA department with increased lab space including a simulated lab for OTA. As a result of the need for growth and potential to expand the OTA program, the following shared spaces for allied health students were developed: computer lab, simulated central supply, and competency skills practice rooms. Semi-private faculty office space was also added to accommodate the increase in OTA faculty. The program director has a private office, and there are multiple private areas for counseling students when needed.

The OTA program now has four full-time and two (core) adjunct faculty to accommodate changes to the curriculum and projected growth of an additional student cohort. Faculty have varying and diverse content specialties. The Program Director has been working with and mentoring all faculty on curriculum development, course design, and content implementation. Additionally, one of our administrative assistants has been reclassified and has been given the opportunity for professional development in the areas of clinical records and data collection. We also have allied health counselors on-site to facilitate student enrollment, retention, and student success through an embedded advising model. All of these additions have allowed the OTA department to grow and develop in accordance with our strategic plan and college mission and philosophy and position our program well to develop and implement bachelor's level curriculum.

### **Student Interest and Community Support**

St Charles Community surveyed former graduates of the OTA program and asked if a bachelor's degree was offered at the time they enrolled, would they have sought a bachelor's degree. 100% of the respondents replied strongly agree on a Likert scale of strongly disagree to strongly agree. 92% of the respondents replied strongly agree that they would enroll in a post-professional or bachelor's completion option for students who already graduated from SCC.

St. Charles Community College and the OTA program reached out to community partners and received multiple letters of support from fieldwork partners, industry leaders, administrators, constituents, higher education personnel, and public officials. Both SCC and the OTA program have diligently worked to build and maintain an excellent reputation in the community and validated in these responses. The support and interest in SCC pursuing a bachelor's degree in OTA speaks to the community interest, need, and confidence in the program.

### **Feasibility of working with other institutions and the process of seeking accreditation**

Occupational therapy practitioners are either occupational therapists or occupational therapy assistants. Both distinctions are skilled health care professionals who use research and scientific evidence to ensure their interventions are effective. Because there are two distinct roles within the profession, which have separate and distinct educational outcomes, licensure standards, and certification requirements. Collaboration with other institutions to bridge from OTA to an OT is unavailable. Occupational Therapy is in a unique professional and educational situation in that collaboration is neither feasible nor a viable means of meeting the needs of students and employers.

Institutions of higher education in the state of Missouri currently offer curriculum for OT, at either masters or doctoral level, or OTA at the associate-level. When asked, public universities were unwilling to provide documentation citing a lack of bachelor-level OTA coursework. The absence of upper-level, ACOTE-approved OTA coursework precludes institutions from offering a bachelor-level degree in OTA. At this time, universities in the state of Missouri are ineligible to offer a Bachelor's in Applied Science for OTA; the next availability for new program review is 2023. St. Charles Community College has demonstrated its readiness to become the first institution to offer this unique degree path.

An occupational therapy assistant program seeking accreditation for a new entry-level degree program should first seek approval to offer a baccalaureate degree from the institution, the educational licensing and/or governing board(s) of the state(s) in which the program is to be offered, and the institutional accrediting body. The program does not need to have degree-granting authority at the time of the Letter of Intent but must have that authority at the time the Candidacy Application is submitted. No fees are required and there is no cap on submission of Candidacy Applications for currently accredited programs transitioning from the associate-degree level programs to the baccalaureate degree level.

SCC granted the OTA program approval to pursue mission expansion and develop bachelor-level curriculum. This proposal is an attempt to seek approval from the state governing board. If the OTA program is granted the mission expansion by MDHE and CBHE and is allowed to continue with the new academic program proposal process, the program will submit a letter of intent to ACOTE and an application for candidacy. Since the OTA program at SCC is already accredited by ACOTE, it is not considered a new program and therefore will be able to immediately apply for candidacy.

Any institution who intends to offer a bachelor's of OTA program must follow ACOTE Candidacy Requirements. Included in these requirements is the hiring of a qualified program director one year prior to submitting a letter of intent and would apply to all public, 4-year institutions in the state of Missouri. New programs cannot accept students until meeting initial requirements and waiting until application review is available. This process could take a minimum of three to five years.

June 17, 2019

Courtney Barrett, M.Ed., OTR/L, CBIS  
Associate Professor - Program Director  
Occupational Therapy Assistant Program  
St Charles Community College  
#1 Academy Place, Dardenne  
Prairie, MO 63368

Ms. Barrett:

Here is the letter that you requested which provides a rationale for ACOTE's decision to offer two points of entry (associate's level & baccalaureate level) for the occupational therapy assistant.

AOTA's Representative Assembly (RA) convened an Ad Hoc Committee to do a feasibility study in 2015 regarding degree level for the occupational therapy assistant. The committee looked at the following areas:

1. Defining expectations of practice for an OTA in the next decade.
2. Growth in content to address changes in practice.
3. Impact of any changes in entry-level degree requirements for the occupational therapists (e.g., doctoral requirement) on occupational therapy assistant education and practice.
4. Readiness of host institutions to support a transition to the bachelor's requirement and the trend in community colleges to offer a limited number of bachelor's degrees.
5. Faculty workforce including occupational therapy assistants with post-baccalaureate degrees.
6. Impact of regulatory changes associated with the Affordable Care Act (ACA) and impact on reimbursement.
7. The potential impact of increased costs on key stakeholders (i.e. students, employers, etc.)
8. Requiring the entry-level degree to be at the doctoral level could push more potential students into occupational therapy assistant programs because of the increased costs of a doctoral versus masters-level program.

See attached appendix for the full detailed report.

ACOTE developed and approved occupational therapy assistant baccalaureate level Standards in August 2018. This was done to provide occupational therapy assistant programs with the option to transition their programs to the baccalaureate level to address some of the **knowledge gaps** identified in bullets 1-3 above. They felt that it was the path to maintain and retain occupational therapy assistants' patency in the future healthcare workforce. ACOTE believes that providing the additional content will equip students with the skills needed to address the issues related to complex healthcare systems and complex patients. If I can be of further assistance, please contact me at [ssalvant@aota.org](mailto:ssalvant@aota.org).

Sincerely,



Sabrina Salvant, EdD, MPH, OTR/L  
Director of Accreditation



**Steve Ehlmann**  
County Executive

**Joann Leykam**  
Director of Administration

**Jennifer George**  
Assistant Director of Administration

**John Greifzu**  
Assistant Director of Administration

June 26, 2019

Missouri Department of Higher Education  
205 Jefferson Street  
PO Box 1469  
Jefferson City, MO 65102-1469

To Whom it May Concern,

It is my pleasure to offer a letter of support for St. Charles Community College's proposal to expand their Occupational Therapy Assistant (OTA) program to offer a Bachelor of Applied Science degree. For more than 30 years, St. Charles County has been the fastest growing part of the St. Louis region and the fastest growing county in Missouri. With nearly 400,000 residents, a well-trained healthcare workforce is vital to our region and is one of the top priorities for the county.

St. Charles Community College is well known both locally and in surrounding counties for the high level of skill, knowledge, and practical understanding possessed by graduates of their health care programs. Expansion of the Occupational Therapy Assistant program will be an exciting step forward both for our citizens who want to begin or expand their careers and for our community of healthcare providers who are in need of skilled professionals.

I would appreciate your strong consideration for approval of the proposal presented by St. Charles Community College.

Sincerely,

A handwritten signature in cursive script, appearing to read "Steve Ehlmann".

Steve Ehlmann  
County Executive  
St. Charles County Government



Community  
Strong

*Inspiring a culture  
of health and  
wellbeing in St.  
Charles County*

June 26, 2019

Dr. Barbara Kavalier-President  
St. Charles Community College  
4601 Mid Rivers Mall Dr.  
Cottleville, MO 63376

Dear Dr. Kavalier,

I am writing on behalf of Community Strong in support of the St. Charles Community College's continual efforts to meet the complex needs of healthcare through first-class educational standards. We strongly support St. Charles Community College and your laser focus to provide the highest level of education possible to your students.

As an organization, whose mission is to inspire a culture of health and wellbeing in our community we strongly value our partnership and collaborative efforts with St. Charles Community College. St. Charles Community College affords us critical pieces of support through not only first class curriculum but meeting very specific needs our community has for workforce development. St Charles Community College is a reputable leader not only in the education realm but through community involvement as evidenced through your support of the county wide health initiative led by Community Strong. We look forward to working with you to continue to create an epidemic of health and wellness in St. Charles County to inspire and educate our community.

If I can be an additional source of information or recommendation for your goals and objectives, please do not hesitate to reach out via email at [cfiggins@edcsc.com](mailto:cfiggins@edcsc.com) or phone 636-229-5282.

Sincerely,

  
Carissa Figgins

Executive Director

Community Strong-EDC

27 June, 2019

Zora Mulligan, J.D.  
Commissioner of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, Missouri 65102-1469

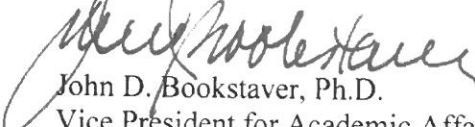
Dear Ms. Mulligan:

I am proud to lend my support to the proposal by St. Charles Community College to offer a bachelor's of applied science degree in the field of Occupational Therapy Assistant (OTA). This field has done significant work in the past few years to adapt to the changing landscape in medicine and respond to the needs of patients, other healthcare professionals, and insurers. Because of the expanding scope of practice in the field and the need for OTAs to assume managerial roles, the employability of OTAs increasingly depends upon their ability to attain bachelors' degrees.

We have wonderful relationships with our four-year partners throughout the state, and we articulate many programs with them. However, no bachelor's programs in OTA exist anywhere in the state. Recently I spoke with Dr. Thomas George, Chancellor of the University of Missouri-St. Louis. While he was unwilling to relate such in writing, he verbally confirmed that UMSL does not award this degree nor offer classes in the field. Given this fact and the realities of new program approval by the Accreditation Council for Occupational Therapy Education (ACOTE) that are outlined in our proposal, collaboration and articulation are not possible now, nor would they be for many years.

I am confident that our proposal has considerable merit, and I respectfully request that the Missouri Department of Higher Education and the Coordinating Board for Higher Education give it full consideration through its comprehensive review process.

Sincerely,



John D. Bookstaver, Ph.D.

Vice President for Academic Affairs and Enrollment Management

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

To whom it may concern:

I am writing this letter of support for the Occupational Therapy Assistant (OTA) Program at St Charles Community College (SCC) to pursue and provide a bachelor's degree of applied science for the Occupational Therapy Assistant.

Since the state of Missouri now has legislation in place that allows community colleges to offer a bachelor's degree for a program that meets a workforce demand and demonstrates that the level of education to offer professional services increases to a bachelor's level, I would like to articulate why St Charles Community College's Occupational Therapy Assistant Program is an excellent candidate.

We have enjoyed the benefits of the OTA program's commitment to academic excellence and service to the community through our fieldwork partnership. We believe the OTA program continues to fulfill their responsibility to best serve the needs of our community in addressing the evolving nature of healthcare service delivery and we believe the additional bachelors curriculum would be of great benefit both the students and our community.

Specifically, we believe the students of SCC would be able to provide enhanced services to our population if given the opportunity to create, develop, and engage in additional programming through their Baccalaureate Project. The Occupational Therapy Assistant Program provides its students with the opportunity to develop the knowledge, skills, behaviors, and attitudes necessary for ethical, competent, and reflective practice in fulfilling their professional roles. That dedication to excellence is evident in the fieldwork students we have worked with from St Charles Community College.

I trust SCC's OTA program to provide the current, future, and potentially former graduates an affordable, accessible, and high quality bachelor's degree to meet growing professional and workforce demands. I support the OTA program in working to expand their mission to respond to the growing needs of our community. I encourage you to support the OTA program in allowing them to develop additional opportunities to meet the dynamic health care needs of our community.

Sincerely,



Paula Morrissey, RN  
Director of Seniors & Co. Adult Day Services

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

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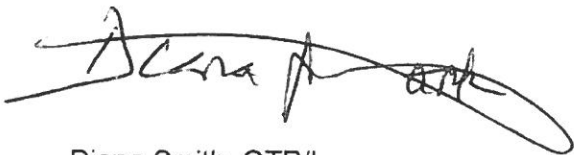
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Sincerely,

A handwritten signature in black ink, appearing to read "Diana Smith", with a large, sweeping flourish extending to the right.

Diana Smith, OTR/L  
Director of Rehabilitation  
Villages of St. Peters





Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

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Sincerely,

Tyler McClain  
Clubhouse Supervisor  
Headway Clubhouse  
322 McDonough St.  
St. Charles MO 63301

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

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Sincerely,

Kathy Drews  
Director, St. Charles Community College CDC

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

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Sincerely,

*Katherine Mauer*  
Associate Director CDC

**Professional Accreditation Sources:**

2018 ACOTE Standards and Interpretive Guide  
2018 OTA-B Candidacy Application  
2015 Ad Hoc OTA Education Committee Executive Summary Report  
ACOTE Accreditation Process for New Programs Application Review  
ACOTE Description of the Process for Transitioning Programs  
Remaining Slots for New Program Applications - AOTA  
AOTA Vision 2025  
AOTA Journal: Fieldwork Opportunities for Enhancing Occupational Therapy's Role in Preventive Care  
AOTA Journal: Occupational Therapy Practitioners: A key member of the Community Behavioral Health team

**Missouri Educational and Legislative Sources:**

A stronger MO through Higher Education Report  
MDHE Blueprint for Education Goals Overview  
MDHE Blueprint for Education Executive Summary  
Missouri Comprehensive Fee Survey for Public Institutions of Higher Education: FY2019 Two-Year  
Missouri Comprehensive Fee Survey for Public Institutions of Higher Education: FY 2019 Four-Year  
Missouri House Bill 758

**College and OTA Program Sources:**

OTA Bridge to Bachelor Market Report - May 2019  
SCC OTA Program Mission Philosophy and Curriculum Design  
St Charles Community College Faculty Data Forms  
Letters of Support

SCC/MSU Joint BOTA Degree Plan

Semester 1	Course Name	Credit Hours
MAT 147	Healthcare Statistics	3
PSY 101	Introduction to Psychology	3
GenEd Civics	PolSci/Gov	3
COM 110	Interpersonal Communication	3
ENG 102	English Comp II	3
OTA 100	Intro to OTA Baccalaureate Project	1
Semester Credits:		16
Semester 2	Course Name	Credit Hours
OTA 200	Occupational Justice and Social Determinants of Health	3
GenEd/C42 Elective	History of Disability & Marginalized Populations	3
PSY 210	Human Growth & Development	3
OTA 215	Functional Anatomy & Kinesiology	3
SOC 341	Medical Sociology	3
Semester Credits:		15
Semester 3	Course Name	Credit Hours
IPE 378	Healthcare Quality Management	3
CDF 532	Family Advocacy	3
EDU 247	Multicultural Education	3
OTA 200	Occupational Science	3
OTA 201	Applied A&P in Health & Disease	4
Semester Credits:		16
Semester 4	Course Name	Credit Hours
BUS 105	Business Ethics	3
IPE 379	Interprofessional Perspectives on Population Health	3
IPE 382	Intro to Health Insurance and Managed Care	3
OTA 301	Foundations of Occupational Therapy	3
OTA 311	Engaging in Occupation Across the Lifespan	3
Semester Credits:		15
Semester 5	Course Name	Credit Hours
BMS 599	Health Literacy in the Human Services	3
MGM 340	Principles of Management	3
OTA 305	Foundations of OTA Practice I	5
OTA 315	Foundations of OTA Practice Lab I	3
OTA 325	Foundations of OTA Field Experience	2
Semester Credits:		16
Semester 6	Course Name	Credit Hours
OTA 405	Foundations of OTA Practice II	5
OTA 415	Foundations of OTA Practice Lab II	3
OTA 425	Foundations of OTA Field Experience II	3
OTA 302	Bacalaureate Project	3
OTA 312	OTA Portfolio	1
Semester Credits:		15
Semester 7	Course Name	Credit Hours

SCC/MSU Joint BOTA Degree Plan

OTA 406	Foundations of OTA Practice III	5
OTA 416	Foundations of OTA Practice Lab III	3
OTA 426	Foundations of OTA Field Experience III	3
OTA 402	Bacalaureate Project II	3
OTA 412	OTA Portfolio II	1
	Semester Credits:	15
<b>Semester 8</b>	<b>Course Name</b>	<b>Credit Hours</b>
OTA 427	OTA Practicum	4
OTA 428	OTA Practicum	4
OTA 407	OTA Capstone	2
OTA 404	Bacalaureate Project III	2
	Semester Credits:	12
	Total Credits:	120

**MSU/SCC BAS-OTA Degree Plan**

NOTE: SCC Admission Requirements Include English Composition I and Beginning Algebra

**Courses taught by MSU include 9 credit hours towards the GenEd block and 21 hours of upper level coursework.**

<b>Semester 1</b>	<b>Course Name</b>	<b>Credit Hours</b>
MAT 147	Healthcare Statistics	3
<b>PSY 101</b>	<b>Introduction to Psychology</b>	<b>3</b>
<b>GenEd Civics</b>	<b>PolSci/Gov</b>	<b>3</b>
<b>COM 110</b>	<b>Interpersonal Communication</b>	<b>3</b>
ENG 102	English Comp II	3
OTA 100	Intro to OTA Baccalaureate Project	1
	Semester Total	16

<b>Semester 3</b>	<b>Course Name</b>	<b>Credit Hours</b>
<b>IPE 378</b>	<b>Healthcare Quality Management</b>	<b>3</b>
<b>CDF 532</b>	<b>Family Advocacy</b>	<b>3</b>
EDU 247	Multicultural Education	3
OTA 200	Occupational Science	3
OTA 201	Applied A&P in Health & Disease	4
	Semester Total	16

<b>Semester 5</b>	<b>Course Name</b>	<b>Credit Hours</b>
<b>BMS 599</b>	<b>Health Literacy in the Human Services</b>	<b>3</b>
<b>MGM 340</b>	<b>Principles of Management</b>	<b>3</b>
OTA 305	Foundations of OTA Theory I	5
OTA 315	Foundations of OTA Practice I	3
OTA 325	Foundations of OTA Field Experience	2
	Semester Total	16

<b>Semester 7</b>	<b>Course Name</b>	<b>Credit Hours</b>
OTA 406	Foundations of OTA Theory III	5
OTA 416	Foundations of OTA Practice III	3
OTA 426	Foundations of OTA Field Experience III	3
OTA 402	Baccalaureate Project II	3
OTA 412	OTA Portfolio II	1
	Semester Total	15

<b>Semester 2</b>	<b>Course Name</b>	<b>Credit Hours</b>
OTA 200	Occupational Justice & Social Determinants of Health	3
GenEd/C42 Elective	History of Disability & Marginalized Populations	3
PSY 210	Human Growth & Development	3
OTA 215	Functional Anatomy & Kinesiology	3
SOC 341	Medical Sociology	3
	Semester Total	15

<b>Semester 4</b>	<b>Course Name</b>	<b>Credit Hours</b>
BUS 105	Business Ethics	3
<b>IPE 379</b>	<b>Interprofessional Perspectives on Population Health</b>	<b>3</b>
<b>IPE 382</b>	<b>Intro to Health Insurance and Managed Care</b>	<b>3</b>
OTA 301	Foundations of Occupational Therapy	3
OTA 311	Engaging in Occupation Across the Lifespan	3
	Semester Total	15

<b>Semester 6</b>	<b>Course Name</b>	<b>Credit Hours</b>
OTA 405	Foundations of OTA Theory II	5
OTA 415	Foundations of OTA Practice II	3
OTA 425	Foundations of OTA Field Experience II	3
OTA 302	Baccalaureate Project	3
OTA 312	OTA Portfolio	1
	Semester Total	15

<b>Semester 8</b>	<b>Course Name</b>	<b>Credit Hours</b>
OTA 427	OTA Practicum I	4
OTA 428	OTA Practicum II	4
OTA 407	OTA Capstone	2
OTA 404	Baccalaureate Project III	2
	Semester Total	12

**Total Credit Hours 120**

## **Amended and Restated Memorandum of Understanding**

This Amended and Restated Memorandum of Understanding (“Amended Agreement”) is made on September 1, 2020, by and between St. Charles Community College, 4201 Mid Rivers Mall Drive, Cottleville, MO 63376, (hereinafter referred to as “SCC”) and The Board of Governors of Missouri State University, 901 S. National Avenue, Springfield, MO 65897, (hereinafter referred to as “MSU”) for the purposes of further describing the mutual obligations and commitments of the Parties regarding the Project as described in the Memorandum of Understanding entered into between SCC and MSU made on March 4, 2020 (“Agreement”).

WHEREAS SCC and MSU entered into the Agreement for the purpose of achieving the various aims and objectives relating to a joint degree of Bachelor of Applied Science in occupational therapy assistant (the “Project”), the Agreement is herein attached and incorporated as Schedule 1.

WHEREAS SCC and MSU wish to further articulate certain operational aspects regarding the Projects and more fully set forth the mutual obligations and commitments regarding the Project.

NOW THEREFORE, the Parties herein enter into this Amended Agreement

**1. Project / Degree.** The Degree details, including the courses required and the institution responsible for the instruction, are set forth more fully in Schedule 2. Provided that all necessary approvals have been obtained, Section 3.B., the Parties will begin to offer the Degree during the fall 2021 semester.

**2. Term.** Notwithstanding Term as set forth in the Agreement, this Amended Agreement (and the Agreement) may be terminated, with or without cause, by either Party following sixty (60) days prior written notice; provided that both Parties will work together in good faith to successfully conclude any existing Degree student who is already enrolled in the Degree prior to such termination.

**3. Mutual Obligations of the Parties**

- A. The parties shall mutually develop admissions criteria for student to the Degree.
- B. The parties shall work mutually and individually to receive all necessary internal and external approvals required for the Degree to be offered at their respective institutions and a diploma awarded at the completion of the Degree including, without limitation, approval from the Coordinating Board of Higher Education (“CBHE”), Missouri Department of Higher Education & Workforce Development (“MDHEWD”), the Higher Learning Commission (“HLC”), the Accreditation Council for Occupational Therapy Education (“ACOTE”), and/or any institutional committees necessary to review institutional degree programs.
- C. The parties shall apply their unique policies and procedures, including any policies regarding student conduct and academic integrity to students in the Degree program as it relates to the students’ participation in courses at the relevant institution. The parties agree to reasonably share information regarding students in the Degree program consistent with the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).



- D. The parties will not discriminate on the basis of race, color, national origin (including ancestry, or any other subcategory of national origin recognized by applicable law), religion, sex (including marital status, family status, pregnancy, sexual orientation, gender identity, gender expression, or any other subcategory of sex recognized by applicable law), age, disability, veteran status, genetic information, or any other basis protected by applicable law in the Project. Sex discrimination encompasses sexual harassment, which includes sexual violence, and is strictly prohibited by Title IX of the Education Amendments of 1972.
- E. The parties will apply their own institution specific academic integrity policies regarding any issues related to allegations of violations of same.

**4. Party Specific Obligations:**

A. SCC's party specific obligations:

- 1. SCC will have primary responsibility for admitting students to the Degree program based on the mutually agree on the admissions criteria for the Degree program from which SCC will evaluate students. As identified in Section 3.B., MSU will admit, for purposes of this Project, any student SCC admits to the Degree program pursuant to that admissions criteria.
- 2. SCC will be designated as the home institution for purposes of the distribution of federal financial aid to students in the Degree program, including the processing of veteran's educational benefits. SCC will charge to Degree program students the tuition rate reflected on Schedule 2 for all credits delivered in the Program. Moreover, SCC will be the only institution from which students in the Degree program will be able to obtain scholarships in addition to federal financial aid.

B. MSU's party specific obligations:

- 1. MSU will admit, for purposes of this Project, any student SCC admits to the Degree program pursuant to the mutually agreed to admissions criteria established by the parties. MSU will create the necessary tracking courses sufficient to facilitate the Degree program student's progress.
- 2. MSU will charge to SCC the tuition rate reflected on Schedule B, which shall be no more than its current tuition rate minus ten (10%) percent. MSU agrees to invoice SCC for all credit hours taken by students in the Degree program as indicated in Schedule 2. MSU agrees to work with SCC to the extent that SCC is unable to collect payment from Degree students. SCC should notify MSU of its failure to collect from a Degree student any amounts associated with courses conveyed by MSU. MSU will not collect from SCC any such amounts following notice from SCC.

5. **Entire Agreement.** This Amended Agreement, along with the Agreement form the entire agreement between the parties regarding the subject matter hereto. Should there be any conflict between this Amended Agreement and the Agreement, this Amended Agreement shall control. This Amended Agreement shall be signed on behalf of St. Charles Community College by Dr. Barbara Kavalier,

President of St. Charles Community College, and on behalf of Missouri State University by Clifton M. Smart, its President. This Amended Agreement shall be effective as of the date first written above.

**St. Charles Community College**



Dr. Barbara Kavalier  
President, St. Charles Community College

**The Board of Governors of  
Missouri State University**



Clifton M. Smart  
President, Missouri State University

## Schedule 1



St. Charles CC and  
MSU re Joint Degree

**Schedule 2**

Degree: Bachelor of Applied Science Degree in Occupational Therapy Assistant

Diploma Issued Jointly: Missouri State University and St. Charles Community College

Total Degree Credit Hours: 120.

Institution: Missouri State University

Credit Allotment: 30

**Courses:**

Course Name	Credit Hour	Tuition Rate
IPE 379 – Interprofessional Perspectives on Public Health	3	\$292
IPE 382 – Introduction to Health Insurance and Managed Care	3	\$292
MGT 340 – Principles of Management	3	\$305
BMS 599 – Health Literacy in the Human Services	3	\$292
CFD 532 – Family Advocacy	3	\$269
IPE 378 – Health Quality Management	3	\$292
SOC 341 – Medical Sociology	3	\$269

Degree students will be required to take nine (9) credit hours (3 courses) of general education courses (e.g. PSY 101, COM 110, and GenEd/Civics). The tuition rate for any general education course taken by a Degree student will be no more than \$292.

Institution: St. Charles Community College

Credit Allotment: 90

**Courses:**

Course Name	Credit Hour
BUS 105 Business Ethics	3
EDU 247 Multicultural Education	3
ENG 102 English Comp II	3
GenEd/C42 Elective History of Disability & Marginalized Populations	3
MAT 147 Healthcare Statistics	3
OTA 425 Foundations of OTA Field Experience II	3
OTA 100 Intro to OTA Baccalaureate Project	1
OTA 200 Occupational Justice and Social Determinants of Health	3
OTA 200 Occupational Science	3
OTA 201 Applied A&P in Health & Disease	4
OTA 215 Functional Anatomy & Kinesiology	3

OTA 301	Foundations of Occupational Therapy	3	
OTA 302	Baccalaureate Project	3	
OTA 305	Foundations of OTA Theory I	5	
OTA 311	Engaging in Occupation Across the Lifespan	3	
OTA 312	OTA Portfolio	1	
OTA 315	Foundations of OTA Practice I	3	
OTA 325	Foundations of OTA Field Experience	2	
OTA 402	Baccalaureate Project II	3	
OTA 404	Baccalaureate Project III		2
OTA 405	Foundations of OTA Theory II	5	
OTA 406	Foundations of OTA Theory III	5	
OTA 407	OTA Capstone	2	
OTA 412	OTA Portfolio II	1	
OTA 415	Foundations of OTA Practice II	3	
OTA 416	Foundations of OTA Practice III	3	
OTA 426	Foundations of OTA Field Experience III	3	
OTA 427	OTA Practicum I	4	
OTA 428	OTA Practicum II	4	
PSY 210	Human Growth & Development	3	

Invoices will be sent to SCC after MSU's Change of Schedule Period has expired for the given semester. Such invoice shall be due and payable, subject to the Amended Agreement, within forty-five (45) days of receipt of the Invoice.

## OTA Bridge to Bachelor-Degree Market Report- St Charles CC

Report summarizing OTA Missouri Marketplace Engagement data research and project analysis, articulated to provide context and relevance to the Market Study



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Prepared by:



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*Disclaimer: This document is intended as informational in purpose and should not be construed to convey a guaranteed level of performance of the client or author. Statements within the report are subject to the opinions of survey respondents and examples drawn from public and private resources. Accuracy of data is limited in relevance to the snapshot of time in which the information was drawn.*

*The information contained herein may be proprietary to the data research company - River Henge Partners LLC and St. Charles Community College and is utilized for the purpose of analysis with the express permission of both parties. As such, public distribution of this document including online posting, reproduction other than for internal use, and distribution for commercial purposes is prohibited without the express written permission of the Data Provider(s).*

## Introduction

### Summary Explanation

St. Charles Community College (the “College”) has a long-standing history of investing in their community by providing quality education that matches community need. This includes an Associate of Applied Science Degree within the OTA Program that allows for general education and fieldwork specific to the degree, which translates to an 80+ hour program. In the fall of 2018, the Accreditation Council for Occupational Therapy Education (ACOTE®) released new standards of practice for the Occupational Therapy field. This new standard puts into practice a new entry-level enrollment for OTA national accreditation as a baccalaureate-level degree program.

Upon release, St. Charles Community College began reviewing their OTA Program (the “Program”) to confirm the viability, both technically and in operations, of expanding its current program offering to include a Bachelor of Arts Degree for Occupational Therapy Assistants to meet the changing dynamics of national professional standards. Technically, the College is a community college and by state statute and its own mission it serves to offer Associate Level Degrees and technical training. Operationally, the Program Chair has been watching the trend within the industry and has designed their program to meet and exceed those national industry qualifying standards.

After contacting the Missouri Department of Higher Education’s Coordinating Board for Higher Education (CBHE) to determine the feasibility of an application to expand the Academic Program, the College chose to pursue a summary review of internal practices and a snapshot study of the Missouri OTA Marketplace from both an educator’s and industry specialist’s perspective.

### OTA Program Exploration Objective

Occupational Therapy, by definition, is a client-centered health profession and the practice of helping people across the lifespan through therapeutic use of daily activities (occupations). This client practice ranges the spectrum in primary, preventative and tertiary care. There are two professional certifications in the field: 1) Occupational Therapist, which requires a masters or doctorate level degree plus certification/ licensure and 2) Occupational Therapist Assistant, which current requires an Associate-level degree plus licensure.

The College is pursuing an application with the Missouri Department of Higher Education to add a Baccalaureate Degree of OTA curriculum within the St. Charles Community College OTA Program. The Program’s objective aligns with national and state educational standards while meeting workplace demand and assisting students to attain the highest professional placement to the best of their abilities.

### OTA Program Requirements

- Proposed program aligns with AOTA – Vision 2025
- Proposed program aligns with MDHE Blueprint for Higher Education (2025 focus)
- Cost of Educational Attainment is Lower
  - Cost per credit hour is lower for proposed program than 4-year institution offering

### OTA Program Goals

- Increase Number of Students to meet Workforce Demand

- Align Student Qualifications / Degrees with Market Demands
  - Expectation of competency standards
- Increase direct Placement of Bachelor-level prepared Students to meet Industry

### **Marketplace Study Objective**

The College commissioned River Henge Partners LLC to perform a Missouri Marketplace Study to provide data relative to the Occupational Therapy Assistant (“OTA”) workforce qualifications for graduate placement within the state of Missouri. The “OTA Missouri Marketplace Engagement Data Study” (“Data Study”) was designed to capture data on positions marketed upon exit of educational institution and employer’s qualifications to confirm additional skills-sets or professional-level requirements.

### **Third-Party Review and Reporting**

Separately, River Henge Partners LLC, a business consulting firm specializing in industry-sector data analytics, was commissioned to provide Summary Reporting of the external Study findings. River Henge Partners is a private sector catalyst rooted in data research, analytics and hands-on experience to guide master-planned economic development.

With a combined 30 years of experience in economic development - including urban and rural planning and another 20 years in data research and analysis, River Henge Partners offers customized data for communities and industries in any economic and industry sector.

### **Scope of Work**

The Scope of Work for the “OTA Bridge to Bachelor-Degree Market Report- St Charles CC” (the “Report”) includes:

Articulated Report summarizing OTA Missouri Marketplace Engagement data research and project analysis, articulated to provide context and relevance to the Market Study

## **Report Background**

### **Report Purpose**

The purpose of the “OTA Bridge to Bachelor-Degree Market Report” is to draw together information gathered from the Study’s dataset and Interpretation of Summary Findings, conducted by a separate third-party company, and provide a contextual framework as a baseline consideration for the Program’s potential expansion.

### **Field Research**

#### Report Project Basis

The baseline data necessary for Reporting includes the confirmation of educational programs, job positions and placement and contextual information from education and industry that work directly with OTA workplace productivity (dataset from Study). Also included in review for reporting are the separate Analysis of the Study, the College’s Microburst session outline, and the foundation of national



accreditation requirements published by ACOTE®. The Report is a summation of the results of the St. Charles Community College Planning Session, Study, and Study Analysis.

### Exceptions

The Report is not designed to be a comprehensive business plan for the move to formalizing a bachelor program at the St. Charles Community College. While parts of the Report may be utilized in their application, should the College seek to pursue program expansion, this document is not intended as a comprehensive prospectus for the Program.

The Report is based on a snapshot of information, taken at the time of Study and Survey. The report does not reflect an opinion by the contracted third-party and should not be construed as an endorsement by any particular company, program, or person.

### **Dataset Conditions and Considerations**

Study parameters were limited to identifying and verifying positions currently marketed upon graduation from qualified Occupational Therapy educational programs and industries offering employment to confirm additional skill sets or professional level requirements. Qualifiers included: initial requirement matched OTA-level entry and operations which were located within the defined geographic scope.

Considerations in the Marketplace Study included a) educational institutions offering OT, OTA and Pre-OT programming operating in the state of Missouri, b) student placement (positions and industries) information post-exit, and c) job descriptions offered by company's advertising OTA positions, located within the geographic scope. Analysis of the Marketplace Study was conducted by a separate company.

### **Dataset- Methodology (Data Collection)**

Study Methodology for Education included:

- Collect Community College, College and University Data (Missouri)
- Confirm Program Definition
- Collect Data from question set – direct phone call

Study Methodology for Industry included:

- Keyword Research – Search Engine, Industry Database
- Catalog results – Job Title, Company, Location, Salary
- Collect 20-30 samples of detailed job postings
- Verify percentage of sampling to confirm qualifications- direct phone call

The two primary questions for Education Engagement were:

1. Outside of the OT and OTA job titles themselves, what other Positions are marketed to graduates?
2. Beyond healthcare, what other industries are hiring?

Three primary questions for Employer Engagement hiring OTA Graduates were:

1. Outside of the standard OTA requirements, what are you looking for in new hires?
2. How do you see the OTA Position and the requirements evolving in your industry?
3. What do you see as the evolution of the OTA Position in your business?

### Qualifiers for Analysis

The defined parameter for analysis is limited to current conditions as identified in the dataset provided. The Analysis is specific to employer engagement relative to the available workforce placement in the pre-defined marketplace. In review and consideration are:

- Position Response – Education
- Education Survey – Positions, Industry-type
- Position Sampling – Industries/Companies
- Employer Survey- Roles, Responsibilities (current), Future

Key qualifier for analysis:

- Clearly identified educational systems operating in the state of Missouri – and in good standing with ACOTE.
- Job placement within the state of Missouri
- Analysis of data to segregate additional educational or professional requirements, if any
- If available, analysis of contextual comment – subjective to the qualified person being interviewed

### Report Documentation

River Henge Partners reviewed the following documents for reference and inclusion:

- OTA Missouri Marketplace Engagement Study – Dataset Summary
- OTA Marketplace Engagement Analysis Summary Outline
- St Charles Community College provided information:
  - AOTA Current Trends in Accreditation and Higher Education April 2018 presentation
  - September 2018 ACOTE Standards
  - MDHE – A Blueprint for Higher Education (in Missouri)
  - St Charles Community College OTA Program Microburst Planning Outline
- 2018 MO Economic Report – Missouri Department of Economic Development

### Considerations

#### Geographic Boundaries

Reporting criteria is limited to the state of Missouri for education and industry defined marketplaces. Since both the OTA Educational Program requirements and the Professional OTA certification are national, consideration accounts for prevailing industry standards.

#### Job Title Specificity

OTA's are referred to as COTA's in the workforce. This points to the passage of the National Board for Certification in Occupational Therapy (NBOCOT) Board Certified Exam which OT's and OTA's pass to practice within their profession and license as per Missouri state requirements.

### Marketplace Engagement

The data gathered reached into the State of Missouri’s educational environment, active labor market, and collected job descriptions and positions which posed an industry standard. The raw data itself captures only part of the story. The Study process engaged both educators who have direct responsibility in transitioning students to the workforce and industry experts (department heads, therapy managers, talent acquisition) who work daily with OTAs in their respective work environs. This direct marketplace engagement provides a snapshot of what is happening within the industry today from a workplace and education/ workforce training perspective.

## Report Findings

### Key Definitions and Distinctions

Occupational Therapy: According to the American Occupational Therapy Association (AOTA), Occupational Therapy is the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Occupational therapy practitioners enable people of all ages to live life to its fullest by helping them promote health, and prevent - or live better with - injury, illness, or disability.

Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and providing supports for older adults experiencing physical and cognitive changes.

Occupational Therapists must complete a Masters-level Degree (MSOT) (MOT) or Doctorate (OTD), pass a national certification board test, and receive state licensure.

Occupational Therapy Program: Institutions which offer entry-level master's or doctoral programs that are accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®).

Occupational Therapy Assistants: AOTA states “Occupational Therapy Assistants play a key role in providing occupational therapy services in every area of practice.” A Certified Occupational Therapy Assistant (“COTA”) works similarly to a Physician’s Assistant, wherein they can work directly with a patient and direct program, under the supervision of an OT. There is a legal and technical separation of roles and responsibilities between the OT and OTA.

Occupational Therapy Assistant (“OTA”) Program: OTA programs are educational programs accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®). On-site evaluations for program accreditation are conducted at 5 or 7 year intervals for initial accreditation and 5, 7, or 10 year intervals for continuing accreditation.

Certification: The National Board for Certification in Occupational Therapy (“NBCOT”) administers a qualified exam which results, for those who pass, in a federally-designated professional certification required by most states in order to practice in their respective professional field. The standard definition of a COTA is an OTA who has passed the equivalent of the OTA bar to become nationally certified to practice in their respective field.

Licensure: In addition to professional certification, most states require the COTA to be licensed and registered in the state to practice professionally (i.e. Missouri Division of Professional Registration).

American Occupational Therapy Association (AOTA) Industry Standards: Across the board in the Occupational Therapy spectrum of education AOTA through ACOTE accreditation maintains “the dynamic nature of contemporary health and human services delivery systems provides opportunities for the (OT professional) to possess the necessary knowledge and skills as a direct care provider, educator, manager, leader, and advocate for the profession and the consumer.” The organization maintains that Innovation within Higher Education is “Alternate delivery models that increase accessibility and decrease costs.” This includes competency-based degrees such as the OTA degree program.

Missouri Board of Higher Education (MBHE) Educational Standards: The coordinated plan for higher education in Missouri states “the private and public benefits of higher education are the building blocks of a vibrant society, a thriving economy and a good quality of life for all Missourians.” Adopted by the Coordinating Board for Higher Education (CBHE), “Preparing Missourians to Succeed: A Blueprint for Higher Education” focuses on five core goals (abridged):

1. Educational Attainment
2. Affordability
3. Quality and Relevancy
4. Research and Innovation
5. Investment, Advocacy and Partnerships

St Charles Community College Mission Standards: The Mission states that SCC serves the community by focusing on academic excellence, student success, workforce advancement, and life-long learning within a global society. The Allied Health Field and OTA program directors both indicate that it is their mission to align with newly defined ACOTE standards and MDHE Blueprint Plan which list competency-based learning as vital for student education, alignment with industry and affordable cost of education.

### **Meeting Educational Challenge**

AOTA maintains that Innovation within Higher Education is “Alternate delivery models that increase accessibility and decrease costs.” This includes competency-based degrees such as the OTA degree program.

There is a shift in Occupational Therapy education that changes the entry-points for students seeking certification. ACOTE has mandated that the entry-level degree requirement for the occupational therapist will move to the doctoral level by July 1, 2027.

The educational gap created between the supervising OT and the OTA explains the rationale for ACOTE to introduce a bachelor’s degree point of entry to OTA professional certification. The move in profession to a bachelor’s requirement underscores the knowledgebase need Missouri’s industry professionals already are experiencing. Two key observations from the Study include:

- Education, field work experience and training required is entirely Industry driven
- Industry is pushing for additional education and experience to provide a base to increase OTA responsibility and to bridge the knowledgebase divide between OT’s and OTA’s.

St. Charles Community College states the OTA Program is uniquely aligned and positioned to provide enhanced professional entry-level requirements for a Baccalaureate Degree of Occupational Therapy

Assistant in addition to offering an updated curriculum for their current Associate of Applied Science Degree (A.A.S).

### **Workplace Feedback**

#### Education Survey- Salient Points

Of forty-three (43) higher education schools offering degrees and programming that reach throughout Missouri's Occupational Therapy Spectrum, there are sixteen (16) colleges, universities and technical schools that are focused on OTA programming. However, within the sixteen (16), there are only nine (9) unique active OTA programs accredited through ACOTE®, of which two (2) are private schools. A Consortium of schools accounts for one (1) unique active program but represents seven (7) advertised programs. Three (3) of the nine (9) unique OTA programs are in the St. Louis Region, including St. Charles Community College.

#### Industry Survey – Salient Points

During the Study, the data research firm found ninety (90) active job listings referencing key words “OTA”, “COTA”, and “Occupational Therapy Assistants”. Forty-one (41) companies posted listings including health systems, home health, skilled nursing, acute and inpatient care, medical spas, rehabilitation centers, psychiatric centers and Professional Management companies. Twenty-one (21) companies were selected to provide job position sampling and marketplace feedback. Twelve (12) confirmed OT use as part of their healthcare protocol. Eight (8) companies responded with contextual feedback. Key industry points to consider:

- Majority of positions are offered by professional management companies – which means that the entry-level person may work at multiple facilities within the region or work for managed care.
- 4 of 8 respondents utilize a management company for services within their facility
- Minimum expectation is that the OTA is a COTA, nationally certified and state licensed
- Missouri's per capita personal income was \$43,661 in the 2017, according to the 2018 Mo Economic Report – MERIC/MoDED
- Salary basis for COTA in Missouri is reported at a range between \$38,771- \$61,405 in the St. Louis marketplace with an average reported across the state at approximately \$55,000.

### **Challenges**

#### Marketplace

There is an industry stated trend showing decreasing utilization of OTA's in an inpatient and acute-care setting (traditionally strong placement) caused by the shift in patient turn-around and in-flux evaluations. Quite simply, patients are staying for shorter periods of time in the hospital setting and the patient load can be, according to those interviewed, 10-15 patient evaluations in-flux a day. Because of that, there may be a squeeze in local markets affecting placement of newly graduated students without significant fieldwork experience.

#### Operational (Local)

The identified need for OTA expansion is driven by workforce demand, competency-based student preparation, and professional placement. The challenges St. Charles Community College must overcome to introduce the new degree level are twofold: 1) accrediting body approval at the state and federal level and 2) unknown competition pursuing 4-year degree designation.

## **Opportunities**

### Marketplace

According to the “2018 Current Trends in accreditation and Higher Education” presentation by AOTA on April 19, 2018, the US Bureau of Labor Statistics indicates that Occupational Therapy Assistants is the 15<sup>th</sup> fastest growing occupation in the US, with predicted Job Growth from 2016-2026 equaling >28%.

The results of the OTA Missouri Marketplace Engagement Study supports a rapid progression of industry adoption. The Study results suggested the two industries within healthcare experiencing the most opportunity for COTA placement are the skilled nursing and home health industries.

Furthermore, interview respondents indicated that there are multiple driving factors such as change in regulations which expanded responsibilities of the OTA, shift in direct patient care by the OT into a purely administrative and oversight role leaving the OTA in an even more essential position as the primary patient care provider, and shift in insurance billing (PTPM) which affects the billed time and company reimbursement processes.

### Industry Outliers

For the Study Researchers did gather subjective examples of non-traditional OTA job positions, which were subject to the opinion of the author. Formal Study search parameters did not specifically meter non-traditional job titles, unless otherwise inclusive of with COTA qualification within the definition or job search, as those bleed outside the spectrum of verifiable COTA-qualified job positions. Industry respondents were all within the health-care field.

Educators indicated they are seeing expanded interest from corporate and non-traditional workplaces seeking an OTA knowledgebase as a key member of their staff. Examples for this are ergonomic specialists, wellness coaching, program design and chronic disease support foundations.

### Operational (Local)

The self-defined goals for OTA Program expansion are student centric. If successful in receiving approval for expansion, the defined opportunities for the student and institution are 1) student educational attainment, 2) workforce need, 3) community engagement, 4) program innovation, and 5) affordability for the student.

Opportunities Specific to St. Charles Community College and their area served include:

- Workforce Preparation and Placement
- Community Outreach/ Engagement
- Research and Innovation (within the OTA field)
- Affordability

## **Key Points**

### Planning

St. Charles Community College is currently offering an OTA Associate Degree program. Core components for expansion are already in place, should acceptance be granted to expand.

- Classes provide application of skills = COMPETENCY-BASED Curriculum Design
- Professional – Licensed Designation, Standards-driven versus generalized coursework
- St Charles Community College has already invested in the real estate in which to expand curriculum and lab work for additional programming and student enrollment.
- The expertise and leadership are already on-site to design the program.
- Staffing exists within the program department to meet a Bachelor-level degree and Associate-level curriculum.
- There exists the faculty interest to expand to include an OTA Bachelor's Degree program
- There is expressed student interest in both an Associate and Bachelor's Degree for OTA
- The private-sector field-work partners are willing to engage students as part of the learning environment which creates placement opportunities throughout the St. Louis Metro and Missouri
- Need an approved College Mission change and MDHE approval to expand to a baccalaureate-level program

### Analysis

- The Education, field work experience and training required is entirely Industry driven
- Typical entry-level employment is in a clinical setting, which is considered “traditional” in the health-care field
- Industries include hospitals, clinics, mental health, pediatrics, acute-care and skilled nursing
- Some industry outliers exist - school districts (still a traditional placement), private- based placements that are entrepreneurial (i.e. adaptive martial arts; therapeutic horseback riding, tele-health and wellness/job coaches)
- The role of the OTA throughout the health-care industry is changing
- Industry expectation of OTA performance breach typical curriculum-based training and include professional communication, time management, stress management, administrative and reporting responsibilities and a certain amount of physicality to perform tasks on the floor and in the field.

### Study Outcomes

- Both educators and industry specialist have seen a shift in responsibility to the OTA for direct patient care
- According to industry experts commenting during marketplace engagement, the role of an OTA in the health-care field will be more critical as their responsibilities increase and as insurance reimbursement and billing regulations come online.
- Educators maintain that the demand is outstripping placement and as awareness of OTA skill-sets increase, more corporate and private emerging fields will open.
- Industry is pushing for additional education and experience to provide a base to increase OTA responsibility and to bridge the knowledgebase divide between OT's and OTA's.

## Summary Conclusion

Occupational Therapy helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Practitioners are tasked to enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability.

Occupational Therapy Assistants are licensed, certified, professional health care providers who plays a vital role in patient well-being by providing direct patient care, instructional training, and human interaction. According to the industries represented in Marketplace Engagement, OTAs represent a critical link in patient recovery and wellness.

The expected amount of education, fieldwork and experience prior to OTA's entering the workforce is expanding to meet the roles and responsibilities within the healthcare field and those respective industries. Per the recommendation of the nationally accrediting body, the spectrum of education provided as an entry-point into the field is shifting to match market demand and the realistic functional role of the professional.

Outside of the healthcare industry, the role of the OTA is changing. As corporate awareness about the Occupational Therapy and the skillset of a qualified COTA grows, emerging fields will follow. This introduces new markets, creates competition for OTA's outside of their current respective certified fields, and places new relevance on the health-care fields demand for increased knowledgebase and fieldwork experience.

According to the 2018 MO Economic Report conducted by the Missouri Department of Economic Development, The Health Care and Social Assistance industry sector is the number one employer in Missouri. Market trends indicate the Healthcare and Social Services industry is growing. Health Care and Business / Management related jobs are the most in demand occupations within the state.

St. Charles Community College is currently offering an OTA Associate Degree program. There exists the faculty interest to expand to include an OTA Bachelor's Degree program. This interest aligns with newly released recommendations for professional educational standards.

The College has positioned for this expansion by the staffing, real estate and lab-space for student training. The expertise is already on-site to design the program. This affords the College a unique position as an early adopter, both in Missouri and the national educational marketplace.

If successful in receiving MBHE approval for expansion, the defined opportunities for the student and institution are 1) student educational attainment, 2) workforce need, 3) community engagement, 4) program innovation, and 5) affordability for the student. The proposed OTA Program expansion positively impacts workplace preparedness and meets forecasted marketplace demand.





August 18, 2020

Zora Mulligan  
Commissioner of Higher education  
Missouri Department of Higher Education & Workforce Development  
205 Jefferson St., 11th floor, P.O. Box 1469  
Jefferson City, Missouri 65102

Re: Response to St. Charles Community College, Occupational Therapy Assistant (OTA) Program Proposal

Dear Commissioner Mulligan,

Thank you for the opportunity to respond to and address the proposal submitted by St. Charles Community College (SCCC) to offer an Occupational Therapy Assistant (OTA) bachelor's degree. We recognize the important work and services St. Charles Community College (SCCC) has provided for their constituents and the state since their establishment in 1986. They hold HLC accreditation to offer associate level degrees and certificates, as well as specialized accreditations in programs, including accreditation for Occupational Therapy Assistant from the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA). SCCC is serving a workforce need for OTA's and their placement rates, board pass rates, and employer satisfaction data support the success in meeting that need.

Our primary concerns related to SCCC offering a bachelor's degree in OTA stems from the RSMo 163.191 statutory requirements for which a community college can offer baccalaureate degrees or applied bachelor's degrees. Several of these concerns were raised during the initial submission of the proposal and have not sufficiently been addressed in the current proposal. RSMo 163.191 outlines the following conditions:

- the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level, or
- in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, and
- when doing so would not unnecessarily duplicate an existing program
- collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers

- the institution has the academic and financial capacity to offer the program in a high-quality manner

The majority of these requirements have not been met as outlined below.

### **Increased educational requirements for accreditation or licensure**

In 2019, the Accreditation Council for Occupational Therapy Education (ACOTE), an independent associated advisory council of the Executive Board of the American Occupational Therapy Association (AOTA) did add baccalaureate accreditation criteria for the OTA program but did not change the entry-level requirements to the bachelor's degree. Both the associate's and bachelor's degrees meet entry-level requirements and students completing an associate's degree can enter the labor market and sit for the same licensing examination.

### **Increased level of education for employment**

The proposal presented does not convincingly demonstrate that employers are requiring a higher level of education. The high placement rates mentioned in the proposal as well as the high employer satisfaction level, indicate the current program and degree level is fulfilling the workforce and employer needs. The high pass rates of the licensure exam also indicate that the current associate's degree program and similar programs across the state, are effectively meeting the needs and students are successfully attaining licensure.

### **Would not unnecessarily duplicate an existing program.**

When SCCC originally proposed the OTA baccalaureate program, it would have been the only one in the state. With that said, the accreditation standards for the bachelor's level were just recently established and other institutions were considering addressing those changes as well. Since that time, the Coordinating Board approved the University of Missouri – Columbia's request to offer a bachelor's degree in OTA. The University of Missouri – Columbia is approved by HLC to offer bachelor level degrees and will not require substantive change approval from HLC. SCCC will require approval from HLC to offer degrees at the baccalaureate level. This was not addressed in the proposal nor was an anticipated timeline for the process provided.

There are currently sixteen programs throughout the state offering some type of OTA programming. Nine of those programs are ACOTE accredited. Data collected by MDHEWD on 11 of the institutions granting associate level OTA degrees, show that in academic year 2018-2019 there were 372 students enrolled across those programs and 151 completers that year. The proposal did not address whether SCCC's program and current programs in the state have the capacity to meet current student and employer demand. Information on how a bachelor's degree would specifically meet capacity needs was not specifically addressed.

### **Collaboration with a university is not feasible**

The proposal states that collaboration with a four-year institution is not possible because no four-year

institution is offering a bachelor's degree in OTA and therefore no upper level courses exist. Collaborative opportunities were offered to SCCC and upper level courses do exist as part of existing bachelor's level OT programs, health studies programs, and the recently approved OTA program offered by MU. The proposed collaboration with Missouri State University (MSU) is unclear but appears to allow for only the teaching of general education courses by MSU. Apart from being able to teach the general education courses on the SCCC campuses, this is the same opportunity offered all state institutions as a component of CORE42.

**The institution has the academic and financial capacity**

The financial capacity and documentation of financial projections does not focus on the institution's ability to effectively offer and sustain the proposed program. The primary financial emphasis addresses the cost of tuition for the students and how attending a program at the community college would be more cost effective for the students. It does not address the additional costs needed for dedicated faculty and additional support or expenses needed to support the baccalaureate degree requirements. There are no projected enrollments for the baccalaureate program and associated revenue/expense data.

**Summary**

In order for a community college to offer a bachelor's degree, the statutory criteria must be met. The accreditation requirements have not changed to require a bachelor's degree for licensure but instead now allows for dual entry into OTA and licensure. Evidence of the employment demand for OTA's shows strong growth over the next several years, but there is no compelling evidence that employers are requiring a baccalaureate degree. The proposed collaboration is limited in its scope and does not capitalize on the inherent strengths each institution provides to their students and their constituents. The proposal lacks information regarding the institution's capacity to support and sustain a bachelor's level OTA program. For these reasons, we oppose the proposal and recommend that the Coordinating Board of Higher Education not approve the degree.

Thank you for the opportunity to provide comments on this phase II proposal. Please feel free to let me know if you have any questions regarding any of the information presented in this letter. We look forward to the upcoming Coordinating Board of Higher Education meetings on this matter.

Sincerely,



Mike Godard, Ph.D.  
Provost  
Southeast Missouri State University

Cc: Dr. Carlos Vargas, President



MISSOURI

August 18, 2020

Zora Mulligan, Commissioner of Higher Education  
Missouri Department of Higher Education and Workforce Development  
301 W. High Street  
P.O. Box 1469  
Jefferson City, MO 65201-1469

Commissioner Mulligan,

This letter is in response to the request for public comment regarding the St. Charles Community College's (SCCC) Phase II proposal to offer a bachelor's degree in Occupational Therapy Assistant (OTA). We continue to have serious concerns that this proposal does not meet the statutory requirements for community college bachelor's degrees, and we recommend that it not be approved.

We do not oppose community college bachelor's degrees altogether. We provided a letter indicating support for the respiratory therapy proposals put forward by Ozark Technical College (OTC) and St. Louis Community College (STLCC). When the relevant criteria are met, allowing community colleges to offer bachelor's degrees can be an efficient way to provide critical programs. When the criteria are not met, they can undermine the effectiveness of higher education in our state.

**The level of education required for licensure or employment in the field has not increased to the baccalaureate level.**

As the Department concluded in September 2019, the criterion that the level of education required for licensure increase to the baccalaureate level has not been met (Attachment A). Additionally, the workforce analysis included with the Phase II proposal does not support the claim that the level of education required for employment in the field has increased.

Level of education required for licensure

The American Occupational Therapy Association (AOTA) and the Accreditation Council for Occupational Therapy Education (ACOTE) have indicated that they do not believe that a bachelor's degree could or should be required for licensure as an occupational therapy assistant. The profession's dual entry-point is a very recent development, and neither AOTA nor ACOTE has indicated that the profession will move toward a single entry-point in the near or distant future. SCCC's Phase II proposal prematurely assumes the future adoption of a policy before the evidence exists to support that conclusion. This is in contrast to the respiratory therapy case, where the policy is clear.

Level of education required for employment

UM does not dispute SCCC's market analysis conducted by River Henge Partners, LLC., but it does not provide any indication that Missouri employers are planning to

*require* bachelor's degrees for employment as an occupational therapy assistant. Receiving licensure remains the paramount consideration, something that can still be achieved through the two-year degree.

The market analysis actually confirms the opposite: That SCCC stands better positioned to support workforce development and the *Blueprint for Higher Education* by focusing on its current two-year degree. With the profession growing substantially in the coming years and OTA positions offering above average salaries, OTA represents a career path that can provide Missourians with a high-paying job in a short period of time. Community colleges are well-positioned to thrive within their current mission of granting two-year degrees.

**This program would unnecessarily duplicate an existing program.**

The Coordinating Board approved the University of Missouri – Columbia's (MU) four-year OTA degree in November 2019. MU opened admissions for its program this month for a cohort that will start in August 2021. The main document included in SCCC's Phase II proposal has not been updated in over year and as a result fails to account for this and other important changes. For example, the process for securing a position to submit a candidacy application to transition an existing OTA program has changed, and SCCC's existing program will no longer provide the institution with preferential consideration. The soonest SCCC could begin offering the degree to students would be Fall 2024, per [ACOTE's new policy](#).

As highlighted in the preceding section, demand for a bachelor's degree in the profession is uncertain, particularly when SCCC's two-year option remains an excellent value for students looking to jump straight into the workforce. MU will serve as a case study for the state and enable us to answer important questions with greater certainty than we can at this time concerning the actual scope and statewide distribution of student and employer demand for this specific bachelor's degree.

Any immediate workforce need can be met immediately through a stackable credential style collaboration that draws entirely on existing resources. MU currently has a fully online Bachelor of Health Science (BHS) program with an emphasis in Occupational Therapy that is well-suited to serve SCCC students. Students would complete SCCC's existing, high-quality two-year program, earn their OTA licensure, and complete the MU BHS within two-years. In addition to enhancing these students' qualifications as an OTA, completion of this versatile program would enable students to pursue a broader arrange of career paths beyond occupational therapy or to seamlessly matriculate to graduate studies.

**(3) Collaboration is feasible, but the ambiguity around feasibility remains a concern.**

SCCC's proposal indicates that a collaboration is not feasible, which both fails to account for its plans with Missouri State University as well as the noted possibility of a collaboration with MU.

What does it mean for a collaboration to be feasible, and who makes that determination? Allowing a two-year institution to be the sole arbiter of what makes a collaboration feasible creates a clear moral hazard. Two-year institutions stand to benefit internally from offering

baccalaureate degrees, while the negative consequences of doing so are experienced externally in the form of inefficiencies, duplication, and mission creep. For similar reasons, prospective four-year partners should not be the sole arbiter, either. Rather, both prospective partners should have a voice at the table, and a set of common criteria should be developed to guide the discussions.

Several ideas for common criteria have been developed collaboratively and through an iterative process by the four-year Chief Academic Officers and shared with the department on June 4, 2020, as a starting point. This includes ensuring that collaborative agreements be mutually beneficial to both institutions, that some guardrails be in place to acknowledge four-year institution's existing expertise, and that efficient use of state resources be a priority.

It is difficult to assess the efficiency of this proposal, as neither the Phase I nor the Phase II proposal provide "a comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program," despite this being a requirement for Phase I proposals outlined in the Department's *Plan for Comprehensive Review of Academic Program Proposals* (Attachment B). At a minimum, SCCC should be required to submit a budget at least as rigorous, if not more so, as new programs slated for routine review are required to do, allowing the CBHE to make an informed decision about the efficiency of this proposal relative to other possibilities.

#### **(4) The details regarding the collaboration with MSU are unclear.**

In addition to updating the preliminary proposal to highlight that a collaboration not only feasible but planned, SCCC and MSU should provide more detailed information regarding the nature of the collaboration beyond the MOU included provided in the materials for March 2020 CBHE meeting. Just as the initial approvals of a community college bachelor's degree will have outside impact due to their precedent setting power, so too are any initial collaborations that come out of this process and was is deemed acceptable.

The degree plan included in the Phase II proposal should specify which institutions will offer which courses, who will provide the faculty members, and other details pertinent to how the various details of the MOU will be implemented in practice. Other elements that have been left unaddressed include but are not limited to:

- The organizational structure / governing plan for the program (i.e., day-to-day decision-making, resolution of academic issues, etc.)
- Admissions requirements for the collaborative program
- Assignment of program faculty and faculty reporting lines
- Use of distance technologies for instruction, advising, etc.
- Delineation of intellectual property issues relative to curriculum and scholarship
- Portability of student assistantships, stipends and financial aid
- Division of programmatic income and expenses

At the August 4 CBHE meeting, it was indicated that the full scope of the collaboration would be made clear at the September CBHE meeting, at which point the proposal will be voted on. This is an inadequate approach that gives neither the CBHE nor Missouri's public institutions of higher education the opportunity to fully consider and debate the nature and appropriateness of

the proposal. There is no reason for a matter of such importance to be decided with incomplete information.

## **Conclusions**

Unlike Ozark Technical College and St. Louis Community College's proposals to offer bachelor's degrees in Respiratory Therapy, St. Charles Community College's Phase II proposal a bachelor's degree in Occupational Therapy Assistant does not meet the criteria outlined in state statute. There have been significant changes in the programmatic landscape, as well as in ACOTE policy, since SCCC submitted its original proposal, which has been re-submitted for the purposes of the Phase II proposal. As a result, many of the claims made in the proposal are no longer accurate and out-of-date.

The proposal fails to demonstrate that the level of education required for either licensure or employment has increased to the baccalaureate level, does not account for the progress of MU's CBHE-approved program in the same area, and provides incomplete information regarding the proposed collaboration with Missouri State University. We strongly oppose the proposal and ask that the Coordinating Board not approve the degree.

Thank you for the opportunity to comment on this proposal. Please do not hesitate to reach out if you have questions or comments regarding any of the information or arguments presented in this letter. We look forward to the coming CBHE meetings on this subject.

Thank you,



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University of Missouri System

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## **Attachments:**

- A. CBHE Board Book Tab 8 Attachment B: Additional Criteria -- St. Charles Community College Bachelor of Applied Science in Occupational Therapy Assistant (Sept. 11, 2019)
- B. CBHE Board Book Tab 12 Pages 2-3: Plan for Comprehensive Review of Academic Program Proposals (June 7, 2018)



## Tab 8 Comprehensive Review

Coordinating Board for Higher Education  
September 11, 2019

### BACKGROUND

The Coordinating Board for Higher Education discharges its responsibility for coordinating, reviewing, and approving proposed new degree programs by the authority given in §§ 173.005 and 173.030, RSMo. At its June 8, 2017, meeting, the CBHE adopted a revised process for the review of new academic program proposals. This new process, prompted by recommendations from the Higher Education System Review Task Force, streamlined the review of academic program proposals and changes to existing academic programs to allow institutions more flexibility to meet workforce and student needs while also maintaining fidelity to their core missions.

The revised process as codified in administrative rule 6 CSR 10-4.010 Submission of Academic Information, Data and New Programs animates three levels of review: staff, routine, and comprehensive reviews. **Staff review** applies to minor program changes while **routine review** applies to proposed programs that fit clearly within an institution's CBHE-approved mission, do not unnecessarily duplicate existing programs, are offered at the institution's main campus or CBHE-approved off-site location, build on existing programs and faculty expertise, and can be launched with minimal expense to the institution.

A **comprehensive review** of a program is triggered by the presence of one or more of the following criteria:

- The institution will incur substantial costs to launch and sustain the program;
- The program includes offering degrees at the baccalaureate level or higher that fall within the Classification of Instructional Program (CIP) code of 14, Engineering;
- The program is outside an institution's CBHE-approved mission;
- The program will include the offering of a doctoral degree (applicable only to non-University of Missouri institutions); or
- The program will include the offering of an education specialist degree.

For community colleges proposing to offer a bachelor's degree, the following additional criteria is required, as outlined in § 163.191(1), RSMo:

***“Community college course offerings shall generally lead to the granting of certificates, diplomas, or associate degrees, and may include baccalaureate degrees only when authorized by the coordinating board for higher education in circumstances where the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, and when doing so would not unnecessarily duplicate an existing program, collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, and the institution has the academic and financial capacity to offer the program in a high-quality manner.”***

For proposals selected for comprehensive review, institutions are required to demonstrate that a good-faith effort was made to explore the feasibility of offering the program in collaboration with an institution already approved to offer the program, the program contributes substantially to the goals in the CBHE's *Blueprint for Higher Education*, the institution has the capacity to ensure the program is delivered in a high-quality manner, and there is a clear plan for how the proposed program will meet the articulated workforce need.

Preliminary proposals for comprehensive review are submitted to the CBHE by July 1 of each year and posted for public comment for 20 working days. Although this revised framework was adopted in 2017, this is the first year that proposals were received for consideration. The Coordinating Board will determine which proposals to move forward with and reach a decision at the September board meeting. Staff recommendations will ordinarily be made by February, with final consideration by the CBHE in March. Staff will work with institutions whose proposals are selected for a full comprehensive review to submit any additional materials.



The following proposals were received by July 1, 2019, for preliminary review and posted for public comment July 1-31, 2019:

- [Lincoln University, Education Specialist, Clinical Mental Health Counseling](#)
- [Missouri State University, Doctorate of Defense and Strategic Studies](#)
- [St. Charles Community College, Bachelor of Applied Science in Occupational Therapy Assistant](#)

## **CURRENT STATUS**

### ***Lincoln University***

Lincoln University's proposal to offer the Education Specialist degree in Clinical Mental Health Counseling is an outgrowth of a change in licensure that will soon require counseling programs to move to 60 credit hours at the master's level to bring Missouri into alignment with other states. Lincoln University received no comments regarding its proposed program during the posted public comment period. Lincoln University currently offers an Education Specialist in Educational Leadership, and offering the education specialist degree is within the mission of the institution. However, administrative rule 6 CSR 10-4.010 identifies the education specialist degree as one trigger for the comprehensive review. Staff recommend moving the proposal forward to the next level of review.

### ***Missouri State University***

Missouri State University's proposal to offer a Doctorate of Defense and Strategic Studies is an expansion of their Defense and Strategic Studies graduate program. A letter from the University of Missouri was attached as part of the proposal, stating the university does not plan to offer this degree. Missouri State University received only one comment (Attachment A) during the comment period asking them to also examine the Mershon Center for International Strategic Studies and cross disciplinary work in national security policy. This comment was provided to the institution for review. Missouri State University already offers professional doctorates in nursing practice, physical therapy, and audiology, further supporting that this program is within the mission of the institution. However, administrative rule 6 CSR 10-4.010 identifies offering a doctorate as one trigger for the comprehensive review. Staff recommend moving the proposal forward to the next level of review.

### ***St. Charles Community College***

St. Charles Community College's proposal to offer the Bachelor of Applied Science in Occupational Therapy Assistant seeks to transition the institution's existing associate degree in OTA to a bachelor degree. As indicated above, §163.191, RSMo, provides additional criteria (Attachment B) that community colleges must meet to offer bachelor degrees. The MDHE received two comments about the proposal: one submitted on behalf of a majority of public university chief academic officers (Attachment C), and one from the University of Missouri System (Attachment D). The comments outlined concerns that St. Charles Community College had not met two statutory criteria (a change in the required level of education and that establishing collaboration with a university is not feasible). After review of the proposal submitted by St. Charles Community College, staff recommend that the proposal not move forward for comprehensive review because the statutory criteria have not been met.

## **RECOMMENDATION**

Staff recommend that the CBHE move forward with comprehensive review of the proposals by Lincoln University to offer an Education Specialist Degree in Clinical Mental Health Counseling and by Missouri State University to offer a Doctorate of Defense and Strategic Studies. Staff recommend that the CBHE not move forward with reviewing the proposal by St. Charles Community College to offer a Bachelor of Applied Science in Occupational Therapy Assistant in the comprehensive review cycle this year.

## **ATTACHMENTS**

- A. Comment: Missouri State University Doctorate in Defense and Strategic Studies

- B. Additional Criteria: St. Charles Community College Bachelor of Applied Science in OTA
- C. Comment: Four Year Joint Letter-St. Charles Community College Bachelor of Applied Science in OTA
- D. Comment: University of Missouri System Joint Letter-St. Charles Community College Bachelor of Applied Science in OTA
- E. Proposal: Lincoln University's Education Specialist in Clinical Mental Health Counseling Program
- F. Proposal: Missouri State University's Doctorate of Defense and Strategic Studies Program
- G. Proposal: St. Charles Community College's Bachelor of Applied Science in Occupational Therapy Assistant Program

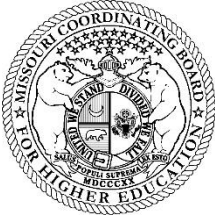
**Tab 8 Attachment B**  
**Additional Criteria--St. Charles Community College Bachelor of Applied Science in Occupational Therapy Assistant**

**St. Charles Community College**  
**Bachelor of Applied Science in Occupational Therapy Assistant**

<p><b>For community colleges proposing to offer a bachelor's degree, the following additional criteria is required, as outlined in § 163.191(1), RSMo:</b></p>	
<p><i>The level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, AND</i></p>	<p><b><u>Did not meet criterion.</u></b></p> <p>In April 2019, the Accreditation Council for Occupational Therapy Education (ACOTE), an independent associated advisory council of the Executive Board of the American Occupational Therapy Association (AOTA), declined to make bachelor's degrees the sole entry-level credential for the profession and instead specifically indicated that both associate and bachelor's degree holders can enter the labor market.</p> <p>The Missouri Division of Professional Registration confirmed that associate and baccalaureate level OTA students will sit for the same licensing examination.</p> <p>2018 Bureau of Labor Statistics data provided by ACOTE indicate that occupational therapy assistants need an associate degree from an accredited occupational therapy assistant program.</p> <p>ACOTE indicated nearly 70% of OTAs are employed in a hospital, long-term care facility, skilled nursing facility, or school. No indication was found that these work settings would increase salaries with a higher entry-level degree. They also indicated that a 2019 exploration of general job search platforms did not reveal specified degree levels as a requirement for most jobs, with the exception of those in academia.</p>
<p><i>When doing so would not unnecessarily duplicate an existing program, collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, AND</i></p>	<p><b><u>Did not meet criterion.</u></b></p> <p>Although there are no issues with duplication of the degree (it does not currently exist), there is insufficient evidence that collaboration with a university is not feasible or another approach would not be a viable means of meeting the needs of students and employers. Submitted documentation that a university did not offer a program that did not exist at the time of the conversation is not evidence that collaboration is not feasible.</p>

**The institution has the academic and financial capacity to offer the program in a high-quality manner.**

Meets criterion.



Tab 12

## Plan for Comprehensive Review of Academic Program Proposals

Coordinating Board for Higher Education  
June 7, 2018

### BACKGROUND

The Higher Education System Review Task Force in its report to the Coordinating Board recommended the process for reviewing and approving proposals for new academic programs be updated to allow institutions to meet state workforce needs. MDHE staff and institutional representatives developed a three-tiered approach to new academic program review, which included a comprehensive review path for institutions to propose programs outside their mission. In anticipation of pending legislation removing certain statutory restrictions on degrees offered at public institutions of higher education being enacted, MDHE staff has developed guidelines for submitting proposals under the comprehensive review umbrella. These guidelines discussed below have been excerpted from 6 CSR 10-4.010, which the Coordinating Board approved in December 2016 and is now in the final stages of the rulemaking process.

### CURRENT STATUS

The 2018-2019 review cycle commences on July 1, 2018, and institutions must submit preliminary proposals for new academic programs requiring comprehensive review by that date. As this is year two of the revised program review process, the CBHE will consider as many as five proposals, with no more than three proposals from either public universities or public two-year institutions.

#### Preliminary Proposals

In order to avoid unnecessary expenses associated with a full comprehensive review, institutions will submit by July 1, 2018, a preliminary proposal for consideration. The preliminary proposal is a statement of the institution's intent and provides MDHE staff an opportunity to assess which programs should be considered for a full comprehensive review. The CBHE, in its sole discretion and in consultation with MDHE staff, will determine by its September meeting which of the preliminary proposals to evaluate through a full comprehensive review. Proposals selected for a full comprehensive review will submit the additional elements to submit a complete proposal for comprehensive review. The Coordinating Board will take action on these proposals in March 2019.

#### Timeline for Conducting Comprehensive Reviews

May-June	MDHE strongly encourages institutions to notify the Assistant Commissioner for Academic Affairs prior to submitting a preliminary proposal for comprehensive review to assess informally the appropriateness of the institution's request and its capacity to comply with the requirements and expectations of the comprehensive review.
July 1	Preliminary proposals for new academic programs requiring comprehensive review due to the MDHE.
July-September	MDHE staff will determine which five proposals of those submitted received will be evaluated fully through the comprehensive review process.
September-February	MDHE staff will work with each institution with a proposal undergoing comprehensive review to ensure the proposal is complete and the CBHE has all the information and data necessary to approve or disapprove the proposed program.
March	The Coordinating Board for Higher Education will take action on the proposals considered through comprehensive review.

## **Elements of a Complete Proposal for Comprehensive Review**

Each institution seeking approval for a program requiring comprehensive review will submit a complete proposal for the Coordinating Board's approval. A complete proposal will be submitted and reviewed over two phases, a preliminary and final phase.

### **Phase I**

An institution seeking approval for an academic program requiring a comprehensive review will first submit a preliminary proposal to MDHE staff by July 1, 2018. The MDHE will provide forms for this initial step. The preliminary proposal will include the following:

- A. Evidence that the proposing institution has explored the feasibility of collaboration with other institutions whose mission or service region encompasses the proposed program. At a minimum, the proposing institution must include letters from the chief academic officers of both the proposing institution and other institutions involved in exploring the feasibility of collaboration attesting to the nature of the discussions and explaining why collaboration in this instance is not feasible.
- B. The proposal should identify and explain in detail which of the [Blueprint for Higher Education](#) goals the new program will advance.
- C. The proposal must include evidence that the institution has the capacity to launch the program in a high-quality manner. This should include:
  1. An assessment of the offering institution's capacity to offer the new program in terms of general, academic, and student service support, including faculty resources that are appropriate for the program being proposed (e.g. faculty credentials, use of adjunct faculty, and faculty teaching workloads);
  2. A comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program;
  3. Evidence indicating there is sufficient student interest and capacity to support the program, and, where applicable, sufficient capacity for students to participate in clinical or other external learning requirements, including library resources, physical facilities and instruction equipment; and
  4. Where applicable, a description of accreditation requirements for the new program and the institution's plans for seeking accreditation.

### **Phase II**

If the proposal is accepted for further evaluation, the institution will be asked to prepare materials for a complete proposal.

- A. The proposing institution will consult with MDHE staff to identify an external review conducted by a team that includes faculty experts in the discipline of the program to be offered and administrators from institutions already offering programs in the discipline and at the degree level proposed. If appropriate, the external review team may include employer or industry experts. The exact size of the external review team may vary depending on the nature of the proposed program but generally will consist of five to nine individuals. The proposing institution will bear all costs associated with the external review.

B. The proposal must provide clear and compelling evidence that the proposed program is needed.

This will include:

1. An explanation with supporting documentation demonstrating that the program does not unnecessarily duplicate other programs in the applicable geographic area, as described in subsection (10)(C) of the administrative rule;
2. In consultation with MDHE staff and with consideration of input offered by the external review team described above, the proposing institution will present a rigorous analysis demonstrating a strong and compelling workforce need for the program, which might include data from a credible source, an analysis of changing program requirements, the current and future workforce and other needs of the state, and letters of support from local or regional businesses indicating a genuine need for the program;
3. The institution will provide a clear plan to meet the articulated workforce need, including:
  - a. Aligning curriculum with specific knowledge and competencies needed to work in the field(s) or occupation(s) described in the workforce need analysis in part (II) of this subparagraph;
  - b. Providing students with external learning experiences to increase the probability that they will remain in the applicable geographic area after graduation; and
  - c. A plan for assessing the extent to which the new program meets that need when implemented.

The Coordinating Board will apply the same comprehensive review criteria and standards used to approve baccalaureate degree programs at four-year public institutions in the comprehensive review process when considering proposals from two-year institutions to offer baccalaureate degrees.

## **RECOMMENDATION**

This is an information item only.

August 24, 2020

Zora Mulligan, Commissioner of Higher Education  
Missouri Department of Higher Education and Workforce Development  
301 W. High Street P.O. Box 1469  
Jefferson City, MO 65201-1469

Commissioner Mulligan,

To address concerns brought forth during the second round of public comments, St. Charles Community College (SCC) will provide context regarding the partnership between SCC and Missouri State University (MSU) in the development of the Bachelor's of Applied Science in Occupational Therapy Assistant (OTA). SCC was advised that their original proposal was in phase two of the review process and needed additional documentation to the detailed market analysis and the progress on choosing a four-year partner. As advised, SCC provided the required addendums including the market analysis and a degree plan. Below is a narrative response to the second round of public comments.

The degree plan outlined by SCC in cooperation with MSU was designed not only to meet the Accreditation Council for Occupational Therapy Education (ACOTE) baccalaureate standards, but also support community and industry needs. Both industry trends and ACOTE standards speak to gaps in the education of an associate-prepared OTA, specifically in the areas of program development, education, and understanding of social and healthcare policy as critical skill-sets for the future of the profession, particularly as they pertain to caring for marginalized and underserved populations. The coursework chosen in collaboration with MSU reflects the leadership skills and social aspects of healthcare necessary to support these populations in our communities.

SCC has an established and sustainable OTA program with ACOTE baccalaureate standards surrounding number of faculty, fieldwork sites, and instructional space currently in place. The baccalaureate content will be integrated throughout the program with a culminating project designed to address community health needs in the areas of mental health, aging in place, and community-based early intervention. The expanded general education courses, upper-level courses taught by MSU, and the OTA baccalaureate capstone project will elevate the current program to meet ACOTE standards and community needs.

As SCC's four-year partner, MSU will deliver 21 credit hours of upper-level coursework and nine credit hours of general education coursework chosen to support the evolving needs in healthcare practice. The combination of upper-level coursework, MSU faculty expertise, and the diversity of thought present in majors-level university courses will



uniquely position program graduates to be healthcare leaders, changing the landscape of practice in our community as called on by ACOTE. MSU has indicated this combination of courses could lead to a future certificate in healthcare leadership, further enhancing the workforce in the state. This baccalaureate proposal continues to honor the pillars in the blueprint of higher education and the philosophy of higher education by including 42 credit hours of general education coursework. As an applied degree, courses that satisfy general education requirements were intentionally selected to support industry standards and develop healthcare leaders.

SCC and MSU are in the process of finalizing an MOU which addresses tuition, financial aid, program expense, registration, program admission, and advising for students in the proposed program. The MOU will be submitted by September 4, 2020, as advised by MDHE staff. Included with this response is a degree plan and detailed institutional responsibility for course offerings. Both SCC and MSU have faculty, staff, and student support resources currently in place to meet the needs of program expansion. This includes technology to support remote learning, physical capacity, and fieldwork sites. Policies and procedures of the institution responsible for instruction will govern related faculty reporting structure, ownership of intellectual property, and resolution of student grievances. SCC will bear the responsibility of meeting, maintaining, and reporting on all ACOTE standards.

St. Charles Community College appreciates the opportunity to respond to comments made by University of Missouri and Southeast Missouri State University.

Thank you,



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Dear Coordinating Board for Higher Education,

The External Review Team has completed the review of the St. Charles Community College (SCCC) proposed Occupational Therapy Assistant (OTA) program expansion to include a Bachelor of Science degree in OTA. As stated in RSMo 163.191, community college offerings typically lead to certificates, diplomas, or associate degrees, and may include baccalaureate degrees when authorized by CBHE. SCCC is proposing the OTA program and the provided justifications meet the criteria outlined in the statutory process.

### **Recommendation**

The Review Team has conducted a review of the Phase II proposal, the accompanying supporting documents, and compared these with the criteria set out by the Missouri Department of Higher Education & Workforce Development (MDHEWD), State of Missouri House Bill 758, and the new Accreditation Council for Occupational Therapy Education (ACOTE) baccalaureate standards. After thorough review and discussion, the External Review Team reached consensus that an overwhelming majority of the requirements as established through statute and administrative rule were not met or were not fully met.

**Therefore, it is the Team consensus to not recommend the SCCC program expansion proposal for approval.**

A response to the public comments from SCCC was shared two days prior to this report's completion date. The response focused on the MOU with Missouri State and did not address the bulk of the concerns raised or those concerns expressed in this document.

Findings of the Review Team are summarized below according to criteria from each of the governing/accrediting bodies.

### **Analysis**

Administrative rule in [6 CSR 10-4.010](#)

**Evidence of good faith effort to explore the feasibility of collaboration with other institutions whose mission or service region encompasses the proposed program.**

**NOT MET:** 6 CSR 10-4.010 states that evidence of a good faith effort to explore the feasibility of collaboration with other institutions and that at a minimum, that will include letters from chief academic officers involved in exploring the feasibility and why collaboration is or is not feasible. The proposal submitted does not provide detail on what options were explored and why they were or were not feasible. The SCCC/Missouri State

University (MSU) MOU provided limited information on the collaboration and structure of the collaboration. Details that were addressed and concerns the review committee had include:

- A typical collaboration between two and four-year granting institutions is mutually beneficial, and the institutions offer portions of programs that align with their mission and focus. The proposal mentions MSU teaching only general education courses.
- MSU has ACOTE accreditation for its Master's in Occupational Therapy program. There is no mention of whether they would pursue OTA accreditation.
- Baccalaureate granting institutions in Missouri were willing to collaborate with SCCC. The proposals shows SCCC offering all content/discipline specific courses and the baccalaureate project.
- The proposal states that other collaboration would not meet the needs of students because ACOTE has an extensive waitlist for new accreditations. ACOTE changed their guideline and is no longer differentiating between applications for new programs and those for existing programs. Institutions are able to seek accreditation for new program accreditation in a timely manner.
- At the time of the proposal, there were no bachelor level OTA programs in the state, but there were four-year institutions with upper-level courses, the University of Missouri, a public institution, and Central Methodist University, a private institution.

**Evidence that the offering institution is contributing substantially to the 2014 CBHE's Blueprint for Higher Education pursuant to section 173.020(4), RSMo, and is committed to advancing the goals of that plan.**

1. Evidence of institutional capacity to launch the program in a high-quality manner, including: An external review conducted by a team including faculty experts in the discipline to be offered and administrators from institutions already offering programs in the discipline and at the degree level proposed. The review must include an assessment of the offering institution's capacity to offer the new program in terms of general, academic, and student service support, including faculty resources that are appropriate for the program being proposed (e.g. faculty credentials, use of adjunct faculty, and faculty teaching workloads);

**NOT FULLY MET:** The institution's capacity to offer the new program was not sufficiently demonstrated in the proposal. The SCCC Proposal states that SCCC has four full-time faculty and two adjunct faculty. Two of the full-time faculty have a "minimum of a master's degree." Details were not provided to link the faculty with the credential and the expectations for teaching, faculty workload and faculty support information was not provided. Information on student services or other areas that may need additional resources due to expansion of a different degree level was not provided.

2. A comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program.

**NOT MET:** The financial capacity and documentation of financial projections did not focus on the institution's ability to meet that need. The primary financial emphasis addressed the cost of tuition for the students and how attending a program at the community college would be more cost effective to the students. It does not address the additional costs needed for dedicated faculty or additional resources needed to support the baccalaureate degree. There are no projected enrollments for the baccalaureate program and associated revenue/expense data. There is mention of the purchase of a new building which adds additional rooms, labs, and office space but no specifics were offered regarding capacity or budget needs to support the facilities and program.

3. Evidence indicating there is sufficient student interest and capacity to support the program, and, where applicable, sufficient capacity for students to participate in clinical or other external learning requirements, including library resources, physical facilities, and instruction equipment;

**NOT FULLY MET:** A market analysis firm (report provided as additional materials) conducted an analysis of student interest, community need, including a number of active job listings and workforce need, and adequate facilities and clinical partners. The market analysis supported the need for OTA graduates and the growing employment opportunities. The report did not address the need for the bachelor's degree and that employers are currently demanding that degree level. Student interest was briefly addressed as SCCC provided survey data that 100% of former graduates who responded would have sought a bachelor's degree and that 92% of the respondents strongly agree they would enroll in a bachelor's completion option. The number of respondents was not provided.

4. Where applicable, a description of accreditation requirements for the new program and the institution's plans for seeking accreditation

**NOT MET:** ACTOE accreditation at the baccalaureate level requires that students "demonstrate the ability to synthesize in-depth knowledge in a practice area through the development and completion of a baccalaureate project in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education." The proposal does not make it clear that SCC will meet the ACOTE criteria or provide details on the baccalaureate project.

At this time SCCC does not have regional accreditation from the Higher Learning Commission (HLC) to offer a bachelor's degree which would be a pre-requisite to seeking professional accreditation.

**Evidence that the proposed program is needed, including:**

1. Documentation demonstrating that the program does not unnecessarily duplicate other programs in the applicable geographic area, as described in subsection (9)(C) of this rule;

**NOT MET:** In the proposal, the Market Report conducted by River Henge Partners LLC states that: "throughout Missouri's Occupational Therapy Spectrum, there are sixteen colleges, universities and technical schools that are focused on OTA programming."

Their report mentioned nine accredited through ACOTE and three programs in the St. Louis region. The proposal did not detail the need for additional programming in the region or that current programs do not have the capacity to meet the regional need.

2. A rigorous analysis demonstrating a strong and compelling workforce need for the program, which might include data from a credible source, an analysis of changing program requirements, the current and future workforce, and other needs of the state, and letters of support from local or regional businesses indicating a genuine need for the program

**NOT MET:** The OT profession continues to support the associate degree as the entry level; currently there are no OTA baccalaureate degree graduates. Workforce data from AOTA still support 2-year entry. Workforce data in the proposal support the need for OTAs but not specifically the need for baccalaureate prepared OTAs.

3. A clear plan to meet the articulated workforce need, including:

a. Aligning curriculum with specific knowledge and competencies needed to work in the field(s) or occupation(s) described in the workforce need analysis in part (II) of this subparagraph

**NOT MET** – Course titles and curriculum design were provided by SCCC. Comparison of ACOTE standards with course objectives was not provided; therefore it was not possible to determine curriculum alignment to competencies or workforce needs.

b. Providing students with external learning experiences to increase the probability that they will remain in the applicable geographic area after graduation

**NOT MET** – Descriptions of learning experiences and partnerships combined with workforce data did not indicate the probability that students would be able to obtain employment in their geographical area. Further, it was unclear if the letters of support were related to the bachelor's project and fieldwork required for the baccalaureate degree.

c. A plan for assessing the extent to which the new program meets that need when implemented

**NOT MET** – No plan for assessing whether the new program meets current needs was provided. However, SCCC did attempt to make a case for the need of the bachelor's degree (see section on need). It is implied that obtaining and sustaining AOTA accreditation would ensure quality but whether needs are being met is not explicitly addressed.

If you have questions regarding our review, please contact Zora Mulligan, Commissioner of Higher Education, Missouri Department of Higher Education & Workforce Development.

Thank you for the opportunity to review this program expansion proposal.

## Comprehensive Review Table of Elements

Criteria	Excerpt of SCCC Evidence	Team Response
<b>Elements of a Complete Proposal for Comprehensive Review 6 CSR 10-4.010. A complete proposal includes the following:</b>		
<p>Evidence of good faith effort to explore the feasibility of collaboration with other institutions whose mission or service region encompasses the proposed program. Include letters from the chief academic officers of both the proposing institution and other institutions involved in exploring the feasibility of collaboration attesting to the nature of the discussions and explaining why collaboration in this instance is not feasible.</p>	<p>Collaboration with other institutions to bridge from OTA to an OT is unavailable.</p> <p>When asked, public universities were unwilling to provide documentation citing a lack of bachelor-level OTA coursework. The absence of upper-level, ACOTE-approved OTA coursework precludes institutions from offering a bachelor-level degree in OTA. At this time, universities in the state of Missouri are ineligible to offer a Bachelor's in Applied Science for OTA; the next availability for new program review is 2023.</p> <p>Given this fact and the realities of new program approval by the Accreditation Council for Occupational Therapy Education (ACOTE) that are outlined in our proposal, collaboration and articulation are not possible now nor would they be for many years.</p> <p>" ... collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers ... "</p> <p>The bulk of the coursework in the degree, including all OTA coursework, will occur at SCC; MSU may provide faculty in person at SCC or online for the delivery of general education course offered by MSU;</p>	<p><b>NOT MET.</b></p> <p>The proposal submitted does not provide detail on what options were explored and why they were or were not feasible. The SCCC/Missouri State University (MSU) MOU provided limited information on the collaboration and structure of the collaboration. Details that were addressed and concerns the review committee had include</p> <ul style="list-style-type: none"> <li>• A typical collaboration between two and four-year granting institutions is mutually beneficial, and the institutions offer portions of programs that align with their mission and focus. The proposal mentions MSU teaching only general education courses.</li> <li>• MSU has ACOTE accreditation for its Master's in Occupational Therapy program. There is no mention of whether they would pursue OTA accreditation.</li> <li>• Baccalaureate granting institutions in Missouri were willing to collaborate with SCCC. The proposal shows SCCC offering all content/discipline specific courses and the baccalaureate project.</li> <li>• The proposal states that other collaboration would not meet the needs of students because ACOTE has an extensive waitlist for new accreditations. ACOTE changed their guideline and is no longer differentiating between applications for new programs and those for existing programs. Institutions are able to seek</li> </ul>

		<p>accreditation for new program accreditation in a timely manner.  <a href="https://acoteonline.org/policy-changes-december-2019/">https://acoteonline.org/policy-changes-december-2019/</a></p> <ul style="list-style-type: none"> <li>At the time of the proposal, there were no bachelor level OTA programs in the state, but there were four-year institutions with upper-level courses, the University of Missouri, a public institution, and Central Methodist University, a private institution.</li> </ul>
<p><b>Evidence that the offering institution is contributing substantially to the CBHE’s Blueprint for Higher Education</b> as adopted on February 4, 2016, pursuant to section 173.020(4), RSMo, and is committed to advancing the goals of that plan;</p>		
<p>Evidence of institutional capacity to launch the program in a high-quality manner, including:</p> <ul style="list-style-type: none"> <li>An external review conducted by a team including faculty experts in the discipline to be offered and administrators from institutions already offering programs in the discipline and at the degree level proposed. The review must include an assessment of the offering institution’s capacity to offer the new program in terms of general, academic, and student service support, including faculty resources that are appropriate for the program being proposed (e.g. faculty credentials, use of adjunct faculty, and faculty teaching workloads);</li> </ul>	<p>SCC currently offers an Associate of Applied Science in OTA. There exists the faculty interest and expertise to expand to include an OTA Bachelor’s Degree program. This interest aligns with newly released recommendations for professional educational standards.</p> <p>ACOTE standards for faculty numbers and composition for bachelor-level OTA programs must have at least three full -time faculty, 50% of whom must hold a minimum of a master’s degree. SCC currently has four fulltime and two adjunct faculty. Among the full-time faculty, 50% hold a minimum of a master’s degree. The faculty at SCC possess a wide clinical and academic background and have been approved by ACOTE.</p> <p>The OTA program now has four full-time and two (core) adjunct faculty to accommodate changes to the curriculum and projected growth of an additional student cohort. Faculty have varying and diverse content specialties. The Program Director has been working with and mentoring all faculty on curriculum development, course design, and content implementation. Additionally, one of our administrative assistants has been reclassified and has been given the opportunity for</p>	<p><b>NOT FULLY MET.</b></p> <p>The institution’s capacity to offer the new program was not sufficiently demonstrated in the proposal. The SCCC Proposal states that SCCC has four full-time faculty and two adjunct faculty. Two of the full-time faculty have a “minimum of a master’s degree.” Details were not provided to link the faculty with the credential and the expectations for teaching, faculty workload and faculty support information was not provided. Information was not provided on how the existing faculty would be able to manage the increased requirements, courses, and students of an added degree level. The Information on student services or other areas that may need additional resources due to expansion of a different degree level was not provided.</p>

	<p>professional development in the areas of clinical records and data collection. We also have allied health counselors on-site to facilitate student enrollment, retention, and student success through an embedded advising model. All of these additions have allowed the OTA department to grow and develop in accordance with our strategic plan and college mission and philosophy and position our program well to develop and implement bachelor's level curriculum.</p>	
<ul style="list-style-type: none"> <li>A comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program;</li> </ul>	<p>"Missouri will rank among the 10 most affordable states in which to obtain a postsecondary degree or certificate by 2025."</p> <p>The average college debt among student loan borrowers in America is \$32,731, according to the Federal Reserve. This is an increase of approximately 20% from 2015-2016. Most borrowers have between \$25,000 and \$50,000 outstanding in student loan debt. Nevertheless, more than 600,000 borrowers in the country are over \$200,000 in student debt, and that number may continue to increase.</p> <p>Missouri currently ranks 32nd nationally with 58% of Missourians having an average of \$27,108 in student loan debt. The average student loan debt of an SCC-OTA program graduate is \$2000.</p> <p>In comparison, the following estimates outline the cost of a bachelor's-level degree (or 120 credit hours) at regional institutions.</p> <p>Despite statewide budget restrictions, the Dean of Nursing and Allied Health along with the administration of St. Charles Community College</p>	<p><b>NOT MET.</b></p> <p>The financial capacity and documentation of financial projections did not focus on the institution's ability to meet that need. The primary financial emphasis addressed the cost of tuition for the students and how attending a program at the community college would be more cost effective to the students. It does not address the additional costs needed for dedicated faculty or additional resources needed to support the baccalaureate degree. There are no projected enrollments for the baccalaureate program and associated revenue/expense data. There is mention of the purchase of a new building which adds additional rooms, labs, and office space but no specifics were offered regarding capacity or budget needs to support the facilities and program.</p>



	<p>are good financial stewards and consistent advocates for the OTA program. The OTA budget was expanded this year to address several needs including additional faculty to accommodate curriculum updates, changes, and course development. Additional funding was also granted for professional development, innovation and technology, and supplies for curriculum adjustments.</p> <p>SCC purchased the building at# 1 Academy Place Dardenne Prairie, MO 63368 in February 2017. After the purchase, administration provided the OTA department with increased lab space including a simulated lab for OTA. As a result of the need for growth and potential to expand the OTA program, the following shared spaces for allied health students were developed: computer lab, simulated central supply, and competency skills practice rooms. Semi-private faculty office space was also added to accommodate the increase in OTA faculty. The program director has a private office, and there are multiple private areas for counseling students when needed.</p>	
<ul style="list-style-type: none"> <li>Evidence indicating there is sufficient student interest and capacity to support the program, and, where applicable, sufficient capacity for students to participate in clinical or other external learning requirements, including library resources, physical facilities, and instruction equipment</li> </ul>	<p><b>Student Interest and Community Support</b>  St Charles Community surveyed former graduates of the OTA program and asked if a bachelor's degree was offered at the time they enrolled, would they have sought a bachelor's degree. 100% of the respondents replied strongly agree on a Likert scale of strongly disagree to strongly agree. 92% of the respondents replied strongly agree that they would enroll in a post-professional or bachelor's completion option for students who already graduated from SCC.</p>	<p><b>NOT FULLY MET.</b>  A market analysis firm (report provided as additional materials) conducted an analysis of student interest, community need, including a number of active job listings and workforce need, and adequate facilities and clinical partners. The market analysis supported the need for OTA graduates and the growing employment opportunities. The report did not address the need for the bachelor's degree and that employers are currently demanding that degree level. Student interest was briefly addressed as SCCC provided survey data that 100% of former graduates who responded would have sought a bachelor's degree and that 92% of the respondents strongly agree</p>

		they would enroll in a bachelor's completion option. The number of respondents was not provided.
<ul style="list-style-type: none"> <li>Where applicable, a description of accreditation requirements for the new program and the institution's plans for seeking accreditation; and</li> </ul>	<p>ACOTE developed a set of baccalaureate project standards to address the growing educational demands of the profession and to encourage the development of community and industry partnerships to meet the educational needs of the students and enhance workforce demands.</p> <p>The Baccalaureate Project is designed to provide an in-depth experience in one or more of the following: 1) Clinical practice skills, 2) Administration, 3) Leadership, 4) Advocacy 5) Education. This project allows the students to demonstrate the application of knowledge gained that distinguishes them as bachelors prepared practitioner who can meet the growing demands of the workforce.</p> <p>"Level II fieldwork in the emerging practice fields of wellness and community health (WCH) stands out as a natural means to accomplish this goal; embedding a wellness and prevention service component into traditional fieldwork settings could also provide students with experience and in-demand skills. It is well known that students are often offered therapy positions at sites where they have completed traditional fieldwork (Rodger et al., 2007). In nontraditional fieldwork settings, some occupational therapy positions have been created in response to sites' experiences with occupational therapy students in fieldwork and service learning opportunities (Munoz, Provident, &amp; Hansen, 2004). The development of prevention-focused fieldwork could be a win-win approach. The students who have this experience will gain new knowledge and perspectives that are relevant to practice regardless of the setting. Additionally, the sites in which they work would become more</p>	<p><b>NOT MET.</b></p> <p>ACOTE accreditation at the baccalaureate level requires that students "demonstrate the ability to synthesize in-depth knowledge in a practice area through the development and completion of a baccalaureate project in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education." The proposal does not make it clear that SCC will meet the ACOTE criteria or provide details on the baccalaureate project.</p> <p>At this time SCCC does not have regional accreditation from the Higher Learning Commission (HLC) to offer a bachelor's degree which would be a pre-requisite to seeking professional accreditation.</p>

	<p>aware of what occupational therapy has to offer and how it benefits their current services. As fieldwork introduces each incoming class of therapists to practice, there should be increased availability of occupational therapy positions in WCH services."</p>	
<p><b>Evidence that the proposed program is needed, including:</b></p> <ul style="list-style-type: none"> <li>Documentation demonstrating that the program does not unnecessarily duplicate other programs in the applicable geographic area, as described in subsection (9)(C) of this rule;</li> </ul>	<p>" ... doing so would not unnecessarily duplicate an existing program ... " At this time, no institution in the state of Missouri offers a baccalaureate degree in OTA.</p> <p>Of forty-three (43) higher education schools offering degrees and programming that reach throughout Missouri's Occupational Therapy Spectrum, there are sixteen (16) colleges, universities and technical schools that are focused on OTA programming. However, within the sixteen (16), there are only nine (9) unique active OTA programs accredited through ACOTE, of which two (2) are private schools. A Consortium of schools accounts for one (1) unique active program but represents seven (7) advertised programs. Three (3) of the nine (9) unique OTA programs are in the St. Louis Region, including St. Charles Community College.</p>	<p><b><u>NOT MET.</u></b></p> <p>In the proposal, the Market Report conducted by River Henge Partners LLC states that: "throughout Missouri's Occupational Therapy Spectrum, there are sixteen colleges, universities and technical schools that are focused on OTA programming." Their report mentioned nine accredited through ACOTE and three programs in the St. Louis region. The proposal did not detail the need for additional programming in the region or that current programs do not have the capacity to meet the regional need.</p>
<ul style="list-style-type: none"> <li>A rigorous analysis demonstrating a strong and compelling workforce need for the program, which might include data from a credible source, an analysis of changing program requirements, the current and future workforce, and other needs of the state, and letters of support from local or regional businesses indicating a genuine need for the program; and</li> </ul>	<p>According to the "2018 Current Trends in accreditation and Higher Education" presentation by AOTA on April 19, 2018, the US Bureau of Labor Statistics indicates that Occupational Therapy Assistants is the 15th fastest growing occupation in the US, with predicted Job Growth from 2016-2026 equaling &gt;28%. The results of the OTA Missouri Marketplace Engagement Study supports a rapid progression of industry adoption. The Study results suggested the two industries within healthcare experiencing the most opportunity for COTA placement are the skilled nursing and home health industries. Furthermore, interview respondents indicated that there are multiple</p>	<p><b><u>NOT MET.</u></b></p> <p>Clear that the OTA profession still supports 2-year entry and there are currently no 4-year degree OTA graduates.</p> <p>Workforce data from AOTA still support 2-year entry.</p> <p>Workforce data in proposal support need for OTAs but not specifically a 4-year degree.</p> <p>No Missouri OTA job postings that indicate requirement or preference for a baccalaureate degree.</p>

	<p>driving factors. These include change in regulations, which expanded responsibilities of the OTA, shift in direct patient care by the OT into a purely administrative and oversight role leaving the OTA in an even more essential position as the primary patient care provider, and shift in insurance billing (PTPM) which affects the billed time and company reimbursement processes.</p> <p>During the Study, the data research firm found ninety (90) active job listings referencing key words “OTA”, “COTA”, and “Occupational Therapy Assistants”. Forty-one (41) companies posted listings including health systems, home health, skilled nursing, acute and inpatient care, medical spas, rehabilitation centers, psychiatric centers and Professional Management companies. Twenty-one (21) companies were selected to provide job position sampling and marketplace feedback. Twelve (12) confirmed OT use as part of their healthcare protocol. Eight (8) companies responded with contextual feedback.</p> <p>Industry is pushing for additional education and experience to provide a base to increase OTA responsibility and to bridge the knowledgebase divide between OT’s and OTA’s.</p>	
<p><b>A clear plan to meet the articulated workforce need including:</b></p>		
<ul style="list-style-type: none"> <li>Aligning curriculum with specific knowledge and competencies needed to work in the field(s) or occupation(s) described in the workforce need analysis in part (II) of this subparagraph;</li> </ul>	<p>The OTA Program respects students as adult learners and supports their growth through a multifaceted approach in the curriculum design. Teaching approaches use didactic instruction, experiential learning, professional collaboration, community engagement, technology, and cultivation of clinical reasoning. Faculty facilitate the development of role competencies. The curriculum is grounded in this philosophy and is based on the programs graduate outcomes.</p>	<p><b>NOT MET.</b> Course titles and curriculum design were provided by SCCC. Comparison of ACOTE standards with course objectives was not specifically provided therefore it was not possible to determine curriculum alignment to competencies or workforce needs.</p>

	<p>The use of these three roles and methods in conjunction with the OT Practice Framework, Standards of Practice for Occupational Therapy, ACTA Fieldwork Evaluation, ACOTE standards, and Knowles' Principles of Androgyny serve as organizing framework in determining and facilitating the knowledge, skills, or attitudes necessary to establish entry-level competency for the OTA practitioner. The following outcomes provide a guide for the knowledge, skills, and attitudes needed to engage in each role of the OTA:</p> <ol style="list-style-type: none"> <li>1. Demonstrate the knowledge, skills, and attitudes to successfully fulfill the demands of each role.</li> <li>2. Consistently engage in effective communication and interpersonal skills.</li> <li>3. Establish appropriate teaching-learning competencies that apply to diverse audiences</li> <li>4. Demonstrate the ability to serve as an advocate for various populations, facilities, communities, institutions, and the profession of Occupational Therapy.</li> <li>5. Demonstrate the ability to effectively collaborate with an interdisciplinary team.</li> <li>6. Demonstrate a broad scope of knowledge of the ethical, legal, regulatory, and professional codes that inform the practice of Occupational Therapy.</li> <li>7. Develop the ability to apply and use technology and resources to support evidence-based practice.</li> </ol>	
<ul style="list-style-type: none"> <li>• Providing students with external learning experiences to increase the probability that they will remain in the applicable geographic area after graduation; and</li> </ul>	<p>With nearly 400,000 residents, a well-trained healthcare workforce is vital to our region and is one of the top priorities for the county.</p> <p>The private-sector field-work partners are willing to engage students as part of the learning</p>	<p><b><u>NOT MET.</u></b> Learning experiences and partnerships described, combined with the workforce data, did not indicate probability students will be able to obtain employment in their geographical area. Further, it was unclear if the letters of support were related to capstone experiences</p>

	<p>environment which creates placement opportunities throughout the St. Louis Metro and Missouri</p> <p>Based on SCC-graduate surveys, 94% of students graduating from the OTA program are employed in their field within six months of graduation and board certification. Employer and student surveys show 95-100% satisfaction with program learning, employment status, and demonstration of work performance.</p> <p>Students who become future OTA practitioners in the state of Missouri will best serve the evolving health care needs in our region with the additional education a bachelor's of OTA degree will provide. Many legislative and educational bodies recognize that rural counties are among the fastest-growing groups and account for a growing portion of the state's population, including working adults, low-income, and first-generation students who are all in need of additional quality education and essential job skills to meet workforce needs. The service area of SCC encompasses several of these rural counties and vulnerable communities.</p> <p>St. Charles Community College OTA program has clinical contracts with a variety of clinical, non-clinical, and community-based organizations. These settings allow students to participate in clinical partnerships and practice in both traditional and emerging areas of practice. Embedded in our curriculum are also faculty-led fieldwork opportunities where students and faculty work with community partners to develop and enhance their current offerings and to provide students with progressive participation as they develop competency skills. Both Level I and Level II Faculty-Led Fieldwork rotations are available at</p>	<p>which are required for the BS in addition to fieldwork.</p>
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	<p>an Adult Dementia Specific Day Program, Community Mental Health Day Program, and at a Child Development Center (ages 3 months-5 years).</p>	
<ul style="list-style-type: none"> <li>• A plan for assessing the extent to which the new program meets that need when implemented.</li> </ul>		<p><b><u>NOT MET.</u></b>  A plan for assessing whether the new program meets current needs was not provided. The proposal attempted to make a case for the need of the bachelor's degree (see section on need). It is implied that obtaining and sustaining AOTA accreditation would ensure quality and needs being met but that is not explicitly stated.</p>

Addendum:

The External Review Team has completed the review of the St. Charles Community College (SCCC) proposed Occupational Therapy Assistant (OTA) program expansion to include a Bachelor of Applied Science degree in OTA.

After reviewing the amended Memorandum of Understanding between SCCC and Missouri State University, the External Review Team finds that the information presented in the updated MOU does not change the initial response of the review team.

As such, the review team maintains its finding that an overwhelming majority of the requirements as established through statute and administrative rule were not met or were not fully met.

External Review Team  
September 4, 2020



## External Review Team Membership

### Comprehensive External Review Team Occupational Therapy Assistant Phase II Proposal

<b>Name</b>	<b>Title</b>	<b>Institution</b>
Amy Ackerson	Associate Dean of Allied Health	Missouri State University-West Plains
Tresa Ryan	Health Information Technology Program	Missouri State University-West Plains
Rhonda Hutton-Gann	Dean Allied Health	State Fair Community College
Janet Clanton	Dean of Instruction	State Technical College of MO
Aaron Kliethermes	Dean of Institutional Effectiveness, Assessment, and Extended Programs	State Technical College of MO
Cynthia Ballentine	OTA Program Director	St. Louis Community College
Leslie Vogan	Academic Fieldwork Coordinator	St. Louis Community College
Doug Koch	Vice Provost	Southeast Missouri State University
Jason Wagganer	Interim Chair of Kinesiology, Nutrition and Recreation	Southeast Missouri State University
Tracy McGrady	Provost & Vice Chancellor for Academic Affairs	Ozarks Technical Community College
Rebecca (Becky) Jenkins	OTA Program Director	Ozarks Technical Community College
Roger McMillian	Provost	Mineral Area College
Timothy Wolf	Chair of the Department of Occupational Therapy and Associate Professor	University of Missouri-Columbia
Stephanie Allen	Assistant Teaching Professor of Occupational Therapy	University of Missouri-Columbia
Roxanne Vandermause	Interim Dean and Donald L. Ross Endowed Chair for Advancing Nursing Practice	University of Missouri-St. Louis
Sue Lasiter	PhD Program Director and Associate Professor in the School of Nursing and Health Studies	University of Missouri-Kansas City
Suzanne Gochis	Vice Chancellor of Instruction and Chief Academic Officer	Metropolitan Community College
Amber Jenkins	Coordinator, Occupational Therapy Assistant Program	Metropolitan Community College

Missouri Department of Higher Education & Workforce Development  
301 W. High St., Suite 860  
PO Box 1469  
Jefferson City, MO 65102

Dear Coordinating Board for Higher Education,

The External Review Team has completed the review of the St. Charles Community College (SCCC) proposed Occupational Therapy Assistant (OTA) program expansion to include a Bachelor of Science degree in OTA. As stated in RSMo 163.191, community college offerings typically lead to certificates, diplomas, or associate degrees, and may include baccalaureate degrees when authorized by CBHE. SCCC is proposing the OTA program and the provided justifications meet the criteria outlined in the statutory process.

### **Recommendation**

The Review Team has conducted a review of the Phase II proposal, the accompanying supporting documents, and compared these with the criteria set out by the Missouri Department of Higher Education & Workforce Development (MDHEWD), State of Missouri House Bill 758, and the new Accreditation Council for Occupational Therapy Education (ACOTE) baccalaureate standards. After thorough review and discussion, the External Review Team reached consensus that an overwhelming majority of the requirements as established through statute and administrative rule were not met or were not fully met.

### **Therefore, it is the Team consensus to not recommend the SCCC program expansion proposal for approval.**

A response to the public comments from SCCC was shared two days prior to this report's completion date. The response focused on the MOU with Missouri State and did not address the bulk of the concerns raised or those concerns expressed in this document.

Findings of the Review Team are summarized below according to criteria from each of the governing/accrediting bodies.

The St. Charles Community College (SCC) and Missouri State University (MSU) response to the External Review Team finding is written below in red. SCC/MSU have provided a response to each criterion as outlined. As a reminder, SCC was asked to leave their original proposal in queue in order to maintain the review timeline, find a four-year partner, submit a joint degree plan, and amend and restate the original Memorandum of Understanding. SCC has found a partner in Missouri State University (MSU), submitted the jointly outlined degree plan and submitted an Amended and Restated Memorandum of Understanding as requested by MDHE staff on or before 9/4/20. SCC/MSU replied to phase II comments from the University of Missouri-Columbia and Southeast Missouri State University. While neither SCC nor MSU were given the opportunity to participate in the External Review process, we appreciate the opportunity to outline our collaborative responses below.

### **Analysis**

Administrative rule in 6 CSR 10-4.010

**Evidence of good faith effort to explore the feasibility of collaboration with other institutions whose mission or service region encompasses the proposed program.**

**NOT MET:** 6 CSR 10-4.010 states that evidence of a good faith effort to explore the feasibility of collaboration with other institutions and that at a minimum, that will include letters from chief academic officers involved in exploring the feasibility and why collaboration is or is not feasible. The proposal submitted does not provide detail on what options were explored and why they were or were not feasible. The SCCC/Missouri State University (MSU) MOU provided limited information on the collaboration and structure of the collaboration. Details that were addressed and concerns the review committee had include:

A typical collaboration between two and four-year granting institutions is mutually beneficial, and the institutions offer portions of programs that align with their mission and focus. The proposal mentions MSU teaching only general education courses.

Not only was a good faith effort explored, SCC and MSU agreed to jointly offer the degree. The course work that Missouri State will deliver includes some general education courses (9 hours), but the majority (21 hours) will be upper division work that complements and supplements the BOTA program goals, including interprofessional healthcare leadership, which is also an essential skill tied to the baccalaureate project as outlined in the degree plan. The degree plan was a collaborative effort between institutions, is mutually beneficial, and offers portions that align with each institutions mission and focus.

SCC will bear the responsibility of meeting, maintaining, and reporting on all ACOTE standards. SCC will develop and teach all OTA coursework. MSU does not intend to pursue accreditation to offer a Bachelor's of OTA. ACOTE accreditation will rest with SCC. OTA and OT are distinct and separate professions. OTA remains a separate career path, is a terminal degree, and not intended to be a pathway into a graduate program in Occupational Therapy.

Baccalaureate granting institutions in Missouri were willing to collaborate with SCCC. The proposals show SCC offering all content/discipline specific courses and the baccalaureate project.

SCC has the resources to offer the discipline specific content, including a successful OTA program and subject matter experts. They desire to continue to offer the discipline specific courses, to provide continuity and consistency to enrolled students. MSU is well positioned to offer upper division coursework that will be complementary to the OTA program goals and student success. MSU does not have an OTA program, therefore content specific courses will remain with the appropriate institution. MSU will offer upper division coursework in the area of interprofessional healthcare leadership, which will position BOTA graduates to assume leadership roles in their communities.

The proposal states that other collaboration would not meet the needs of students because ACOTE has an extensive waitlist for new accreditations. ACOTE changed their guideline and is no longer differentiating between applications for new programs and those for existing programs. Institutions are able to seek accreditation for new program accreditation in a timely manner.

SCC and MSU are not proposing a new program but will transition the program from the associate level to the baccalaureate level. This process does not require a waiting period. New programs must adhere to the below policy.

According to the ACOTE website, the following policy states:  
ACOTE policy III.A.1., "The Application Review" states that "ACOTE will accept and review a maximum of 12 Candidacy Applications from new programs during a given cycle. The assignment of due dates for Candidacy Applications will be based on the receipt date of the Letter of Intent. After the 12-

program cap is reached, programs will be subject to the next available review cycle and planned student admission must be delayed accordingly.”

Beginning with Candidacy Applications due in August 2020, ACOTE is requiring that a qualified program director must be hired full-time and on-site 1 year prior to the submission of the Candidacy Application. A qualified academic fieldwork coordinator must be hired full-time and on-site 6 months prior to the submission of the Candidacy Application.

o At the time of the proposal, there were no bachelor level OTA programs in the state, but there were four-year institutions with upper-level courses, the University of Missouri, a public institution, and Central Methodist University, a private institution.

Currently no public institution in the state of Missouri offers a bachelor's of OTA degree or upper level coursework that awards a bachelor's of OTA. While there are other 4-year institutions in the state that could deliver upper level coursework, Missouri State was chosen as a partner. Their fee structure is the closest to SCC's, making cost to students comparable to SCC. [Estimates: CMU = \$1045/credit hour; Mizzou = \$947/credit hour; Missouri State = \$299/credit hour]. MSU's mission as a comprehensive institution that educates students to be global citizen scholars, committed to public affairs, aligns well with SCC's mission to promote academic excellence, student success, workforce advancement, and life-long learning within a global society.

**Evidence that the offering institution is contributing substantially to the 2014 CBHE's Blueprint for Higher Education pursuant to section 173.020(4), RSMo, and is committed to advancing the goals of that plan.**

1. Evidence of institutional capacity to launch the program in a high-quality manner, including: An external review conducted by a team including faculty experts in the discipline to be offered and administrators from institutions already offering programs in the discipline and at the degree level proposed. The review must include an assessment of the offering institution's capacity to offer the new program in terms of general, academic, and student service support, including faculty resources that are appropriate for the program being proposed (e.g. faculty credentials, use of adjunct faculty, and faculty teaching workloads);

**NOT FULLY MET:** The institution's capacity to offer the new program was not sufficiently demonstrated in the proposal. The SCCC Proposal states that SCCC has four full-time faculty and two adjunct faculty. Two of the full-time faculty have a "minimum of a master's degree." Details were not provided to link the faculty with the credential and the expectations for teaching, faculty workload and faculty support information was not provided. Information on student services or other areas that may need additional resources due to expansion of a different degree level was not provided

This proposal will transition the associate degree program to a baccalaureate program. Both institutions have strong student support systems in place and do not anticipate the need for additional services.

The OTA Department at SCC is currently comprised of five full-time faculty members and exceeds ACOTE faculty requirements for a baccalaureate degree. As an applied science, the OTA program is defined as a specialized career program. Both colleges employ subject matter experts in accordance with HLC guidelines surrounding education, training, and tested experience and will continue to adhere to guidelines set forth by accrediting bodies.

The requirement for institutional capacity to deliver the new program in the area of student services has been addressed and met. SCC and MSU have agreed to an MOU that outlines the student services functions. Teams from both institutions were involved in the creation of the MOU. The MOU clearly indicates how student services functions that include but are limited to; admission, registration, financial aid, academic integrity, and general support services will be delivered. Both institutions have the capacity to provide the services agreed on in the MOU. Therefore, this aspect of the requirement for the program review has been met.

2. A comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program

**NOT MET:** The financial capacity and documentation of financial projections did not focus on the institution's ability to meet that need. The primary financial emphasis addressed the cost of tuition for the students and how attending a program at the community college would be more cost effective to the students. It does not address the additional costs needed for dedicated faculty or additional resources needed to support the baccalaureate degree. There are no projected enrollments for the baccalaureate program and associated revenue/expense data. There is mention of the purchase of a new building which adds additional rooms, labs, and office space but no specifics were offered regarding capacity or budget needs to support the facilities and program

The OTA Department at SCC is currently comprised of five full-time faculty members, exceeding ACOTE faculty requirements for a baccalaureate degree.

SCC adopted a tiered tuition model to support program sustainability.

SCC recognizes the projected revenue will not meet projected expenses. SCC remains committed to its mission and believes offering this degree will help meet the needs of the vulnerable populations we serve.

When budgeting, SCC plans to fund all salaries and expenses related to the program. As a specialized career program, OTA is eligible for Carl Perkins funding and state enhancement grant funding due to the projected growth and need for the profession. These funds are applied after the budget process is complete.

In order to obtain and maintain ACOTE accreditation, the OTA program at SCC must routinely demonstrate it is meeting or exceeding ACOTE standards. SCC was granted permission by ACOTE to expand and grow the OTA program in 2018. As such, current ACOTE program accreditation provides evidence indicating there is sufficient student interest and capacity to support the program, and, where applicable, sufficient capacity for students to participate in clinical or other external learning requirements, including sufficient faculty, fieldwork placements, library resources, physical facilities, support staff, and instruction equipment.

**NOT FULLY MET:** A market analysis firm (report provided as additional materials) conducted an analysis of student interest, community need, including a number of active job listings and workforce need, and adequate facilities and clinical partners. The market analysis supported the need for OTA graduates and the growing employment opportunities. The report did not address the need for the bachelor's degree and that employers are currently demanding that degree level. Student interest was briefly addressed as SCC provided survey data that 100% of former graduates who responded would have sought a bachelor's degree and that 92% of the respondents strongly agree they would enroll in a bachelor's completion option. The number of respondents was not provided.

Demonstrate the ability to synthesize in-depth knowledge in a practice area through the development and completion of a baccalaureate project in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education

Since the degree does not yet exist, jobs in emerging practice areas included the job skills/competency requirements, job descriptions and educational requirements (of a bachelor's degree). Students with an associate degree did not possess the educational requirements, however often possessed the skills necessary to join and enhance those areas of the workforce. SCC has several community partners where Faculty Led Fieldwork programs exist. The partnerships were established in areas where populations are traditionally underserved and where the OT profession could better serve if sufficient opportunities exist. The fieldwork programs SCC established are in the areas of aging in place, community mental health, and early childhood services. These partnerships highlighted the need and allowed these settings to benefit from the skills and services an OTA practitioner could provide. Several of these partners were interested in hiring SCC graduates however the degree currently awarded by SCC (associates) does not meet the entry level requirements for employment (bachelor's degree). The upper division coursework offered by MSU, along with the baccalaureate project offered by SCC, are designed to focus on areas of administration, quality improvement/assurance, leadership, education, and advocacy. The baccalaureate project can be implemented at these fieldwork programs, with focus in the aforementioned areas, with the populations who are currently underserved in our community.

Included in the proposal were letters from various community partners who expressed their support and encouragement of SCC offering the Bachelor's degree. This phenomenon highlights the value of the OTA skill set, the contribution of these practitioners to these underserved communities and critical disparity in associate degree versus a bachelor's degree in OTA.

The number of respondents in the OTA student survey was 47 students at the time of the survey.

4. Where applicable, a description of accreditation requirements for the new program and the institution's plans for seeking accreditation

**NOT MET:** ACOTE accreditation at the baccalaureate level requires that students “demonstrate the ability to synthesize in-depth knowledge in a practice area through the development and completion of a baccalaureate project in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education.” The proposal does not make it clear that SCC will meet the ACOTE criteria or provide details on the baccalaureate project.

SCC addressed both the baccalaureate project and content in the narrative response and the degree plan. Both describe the baccalaureate project being threaded throughout the curriculum. The project includes experiential fieldwork opportunities in underserved areas in the community and supportive upper-level coursework to address the in-depth knowledge in administration, leadership, and advocacy. MSU will provide an essential theoretical component as well as a potential certificate in healthcare leadership.

At this time SCCC does not have regional accreditation from the Higher Learning Commission (HLC) to offer a bachelor's degree which would be a pre-requisite to seeking professional accreditation.

SCC does not currently hold HLC accreditation to offer a bachelor's degree. The degree will be jointly conferred and MSU is accredited through HLC to offer a bachelor's degree. If required to seek HLC approval, SCC is well-positioned to begin the process as it is currently completing a ten-year comprehensive self-study.

**Evidence that the proposed program is needed, including:**

1. Documentation demonstrating that the program does not unnecessarily duplicate other programs in the applicable geographic area, as described in subsection (9)(C) of this rule;

**NOT MET:** In the proposal, the Market Report conducted by River Henge Partners LLC states that: “throughout Missouri’s Occupational Therapy Spectrum, there are sixteen colleges, universities and technical schools that are focused on OTA programming.”

Their report mentioned nine accredited through ACOTE and three programs in the St. Louis region. The proposal did not detail the need for additional programming in the region or that current programs do not have the capacity to meet the regional need

Currently no public institution in the state of Missouri offers a bachelor's of OTA degree. There is a clear distinction in both education, scope of practice, and accreditation guidelines between Occupational Therapy and Occupational Therapy Assistant. As such, the bachelor’s prepared OTA will serve in a different capacity as an associate degree prepared OTA. The two do not compare.

2. A rigorous analysis demonstrating a strong and compelling workforce need for the program, which might include data from a credible source, an analysis of changing program requirements, the current and future workforce, and other needs of the state, and letters of support from local or regional businesses indicating a genuine need for the program

**NOT MET:** The OT profession continues to support the associate degree as the entry level; currently there are no OTA baccalaureate degree graduates. Workforce data from AOTA still support 2-year entry. Workforce data in the proposal support the need for OTAs but not specifically the need for baccalaureate prepared OTAs.

While the OT profession continues to support an associate degree as an option for entry-level practice, they also support the baccalaureate degree for the OTA as an option for entry-level practice. ACOTE established accreditation standards for a bachelor's of OTA degree to address the gaps in knowledge of an associate degree. A bachelor’s degree in healthcare administration does not provide students with the necessary focused skills as would an applied bachelor’s degree in Occupational Therapy Assistant. The bachelor’s degree in OTA would allow students to demonstrate their competency in clinical practice skills, administration, leadership, advocacy, and education specific to the field of occupational therapy and the contribution of a bachelor’s prepared OTA to the community SCC serves.

AOTA’s Vision 2025 states:

*“As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.”*

The pillars of Vision 2025 as follows:

- **Effective:** Occupational therapy is evidence based, client centered, and cost-effective.
- **Leaders:** Occupational therapy is influential in changing policies, environments, and complex systems.
- **Collaborative:** Occupational therapy excels in working with clients and within systems to produce effective outcomes.

- **Accessible:** Occupational therapy provides culturally responsive and customized services.
- **Equity, Inclusion, and Diversity:** We are intentionally inclusive and equitable and embrace diversity in all its forms.

Vision 2025 is designed to guide the profession beyond its 100-year anniversary, which was in 2017.

The pillars help further define and communicate the Vision’s core tenets to key stakeholders, including OTs, OTAs, educators, students, consumers, policymakers, and the general public.”

With these statements, AOTA is encouraging educators, policy makers, and OTAs to prepare both for present needs and prepare for the future needs of the populations the profession serve. With this degree plan and partnership, SCC and MSU are working to prepare our students for the future and to help facilitate and expand the OTA’s ability to participate in and contribute to Vision 2025. A bachelor's degree in OTA is clearly in the vision of AOTA and the future of the profession.

3. A clear plan to meet the articulated workforce need, including:

a. Aligning curriculum with specific knowledge and competencies needed to work in the field(s) or occupation(s) described in the workforce need analysis in part (II) of this subparagraph

**NOT MET** – Course titles and curriculum design were provided by SCCC. Comparison of ACOTE standards with course objectives was not provided; therefore it was not possible to determine curriculum alignment to competencies or workforce needs.

If the BOTA degree is approved, SCC will engage in the accreditation process to transition from the associates to bachelor's degree in OTA. This process includes a detailed description and review by qualified ACOTE accreditors who are experts in the field. The accreditation process is currently supportive of associate degree programs transitioning to baccalaureate degree programming and there is no waiting period to begin the transition. ACOTE will conduct a thorough review of curricular mapping and curriculum design to ensure ACOTE standards are met, which include competencies for addressing increased workforce needs.

b. Providing students with external learning experiences to increase the probability that they will remain in the applicable geographic area after graduation

**NOT MET** – Descriptions of learning experiences and partnerships combined with workforce data did not indicate the probability that students would be able to obtain employment in their geographical area. Further, it was unclear if the letters of support were related to the bachelor’s project and fieldwork required for the baccalaureate degree.

As stated in earlier comments, SCC has several community partners where Faculty Led Fieldwork programs exist in the SCC service area. Establishing these programs led to partner interest in hiring SCC graduates however the degree awarded (associates) did not meet the entry-level requirements for employment. Included in the proposal were letters from community partners expressing their support and encouragement of offering the Bachelor's degree.

c. A plan for assessing the extent to which the new program meets that need when implemented

**NOT MET** – No plan for assessing whether the new program meets current needs was provided. However, SCCC did attempt to make a case for the need of the bachelor’s degree (see section on need). It



is implied that obtaining and sustaining AOTA accreditation would ensure quality but whether needs are being met is not explicitly addressed.

An essential component of maintaining ACOTE accreditation is assessing and ensuring not only the quality of education and the meeting of the standards but also meeting the needs of students in terms of employment and satisfaction with the program. Maintaining ACOTE accreditation also requires programs report on outcomes of employer surveys which must be conducted annually to ensure employer satisfaction. An annual survey of program graduates must also be conducted and reported on to ensure preparation for, and ability to meet, workforce needs. SCC engages in rigorous and annual quality improvement and assurance measures and successfully maintain all accreditation.

If you have questions regarding our review, please contact Zora Mulligan, Commissioner of Higher Education, Missouri Department of Higher Education & Workforce Development.

Thank you for the opportunity to review this program expansion proposal.

SCC and MSU appreciate the opportunity to respond to this thorough review.

**Tab 13 Attachment M**  
**DHEWD Statutory Criteria Review**

**Occupational Therapy Assistant  
Comprehensive Review  
Statutory Criteria**

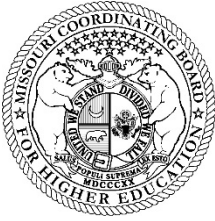
<b>For community colleges proposing to offer a bachelor's degree, the following additional criteria is required, as outlined in § 163.191(1), RSMo:</b>		
<b>Criterion</b>	<b>Criteria Met/Not Met</b>	<b>Information Requested and Request Dates</b>
The level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, AND	<b>Not Met</b> 1) Entry into the field will remain at the associate and bachelor's degree. 2) The Missouri Division of Professional Registration confirmed that associate and baccalaureate level OTA students will sit for the same licensing examination. 3) 2018 Employment Projections program, U.S. Bureau of Labor Statistics indicates the typical education needed for entry into the OTA field is the associate degree.	<ul style="list-style-type: none"> <li>• Statutory Requirement</li> <li>• Statewide OTA Meeting held 2/26/2019</li> <li>• Face-to-Face meeting at SCC held 8/20/2019</li> <li>• Call with John Bookstaver on 4/16/2020</li> <li>• Follow-up email to John Bookstaver on 4/27/2020</li> </ul>
When doing so would not unnecessarily duplicate an existing program, collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, AND	<b>Not Met</b> The Phase II proposal does not mention or discuss collaboration between SCC and MSU. There is also no information provided about the relationship between SCC and MSU regarding who would obtain accreditation (or be required to obtain accreditation).  Additionally, two four-year institutions in Missouri, the University of Missouri-Columbia and Central Methodist University, have proceeded to the Applicant Phase of the accreditation process, with the University of Missouri being slated to accept students in August 2021. There was no mention of these institutions in the Phase II proposal. There was also no mention of whether there would be a need for the community college to offer the program since two universities received approval.	<ul style="list-style-type: none"> <li>• Statutory Requirement</li> <li>• Statewide OTA Meeting held 2/26/2019</li> <li>• Face-to-Face meeting at SCC held 8/20/2019</li> <li>• Call with John Bookstaver on 4/16/2020</li> <li>• Follow-up email to John Bookstaver on 4/27/2020</li> </ul>
The institution has the academic and financial capacity to offer the program in a high-quality manner.	<b>Not Met</b> Although tuition information has been submitted, a comprehensive cost/revenue analysis summarizing the	<ul style="list-style-type: none"> <li>• Statutory Requirement</li> <li>• Statewide OTA Meeting held 2/26/2019</li> </ul>

	<p>actual costs for the program and information about how the institution intends to fund and sustain the program was not submitted.</p> <p>9/8/20 Addendum: SCC submitted stated in response to the External Review Team's Report that the program would be funded through Perkins funds, however, a comprehensive cost/revenue analysis with actual costs was provided.</p>	<ul style="list-style-type: none"> <li>• Face-to-Face meeting at SCC held 8/20/2019</li> <li>• Call with John Bookstaver on 4/16/2020</li> <li>• Follow-up email to John Bookstaver on 4/27/2020</li> </ul>
<p><b>Elements of a Complete Proposal for Comprehensive Review. A complete proposal includes the following, as outlined in 6 CSR 10-4.010:</b></p>		
<p>Evidence of good faith effort to explore the feasibility of collaboration with other institutions whose mission or service region encompasses the proposed program. At a minimum, this will include letters from the chief academic officers of both the proposing institution and other institutions involved in exploring the feasibility of collaboration attesting to the nature of the discussions and explaining why collaboration in this instance is not feasible;</p>	<p><b>Not Fully Met</b></p> <p>The Phase II proposal does not mention or discuss collaboration between SCC and MSU. There is also no information provided about the relationship between SCC and MSU regarding who would obtain accreditation (or be required to obtain accreditation). There is also no indication for why collaboration with other institutions is not feasible.</p>	<ul style="list-style-type: none"> <li>• Administrative Rule Requirement</li> <li>• Statewide OTA Meeting held 2/26/2019</li> <li>• Face-to-Face meeting at SCC held 8/20/2019</li> <li>• Call with John Bookstaver on 4/16/2020</li> <li>• Follow-up email to John Bookstaver on 4/27/2020</li> </ul>
<p>Evidence that the offering institution is contributing substantially to the CBHE's Blueprint for Higher Education as adopted on February 4, 2016, pursuant to section 173.020(4), RSMo, and is committed to advancing the goals of that plan; Evidence of institutional capacity to launch the program in a high-quality manner, including:</p> <ul style="list-style-type: none"> <li>• An external review conducted by a team including faculty experts in the discipline to be offered and administrators from institutions already offering programs in the discipline and at the degree level proposed.</li> </ul>	<p><b>See External Review Team documents attached.</b></p>	

<ul style="list-style-type: none"> <li>The review must include an assessment of the offering institution's capacity to offer the new program in terms of general, academic, and student service support, including faculty resources that are appropriate for the program being proposed (e.g. faculty credentials, use of adjunct faculty, and faculty teaching workloads);</li> </ul>	<p><b>Not Fully Met.</b></p>	
<ul style="list-style-type: none"> <li>A comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program;</li> </ul>	<p><b>Not Met</b> Although tuition information has been submitted, a comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program was not submitted.</p>	<ul style="list-style-type: none"> <li>Administrative Rule Requirement</li> <li>Statewide OTA Meeting held 2/26/2019</li> <li>Face-to-Face meeting at SCC held 8/20/2019</li> <li>Call with John Bookstaver on 4/16/2020</li> <li>Follow-up email to John Bookstaver on 4/27/2020</li> <li>Conversation with Amy Koehler on 7/31/2020</li> </ul>
<ul style="list-style-type: none"> <li>Evidence indicating there is sufficient student interest and capacity to support the program, and, where applicable, sufficient capacity for students to participate in clinical or other external learning requirements, including library resources, physical facilities, and instruction equipment; and</li> </ul>	<p><b>Not Fully Met</b> The proposal does not reference the development of the two programs at Central Methodist University and the University of Missouri-Columbia and impacts to student capacity, particularly clinical capacity, or whether there would be need for a community college to offer the program when two universities in Missouri will offer the program.</p>	<ul style="list-style-type: none"> <li>Administrative Rule Requirement</li> <li>Statewide OTA Meeting held 2/26/2019</li> <li>Face-to-Face meeting at SCC held 8/20/2019</li> <li>Call with John Bookstaver on 4/16/2020</li> <li>Follow-up email to John Bookstaver on 4/27/2020</li> <li>Conversation with Amy Koehler on 7/31/2020</li> </ul>
<ul style="list-style-type: none"> <li>Where applicable, a description of accreditation requirements for the new program and the institution's plans for seeking accreditation; and</li> </ul>	<p><b>Not Fully Met</b> There is not information regarding the full process of applying for accreditation through ACOTE, and HLC accreditation is mentioned only as an aside. According the HLC, the process for submitting a substantive process review for a mission change can be anywhere from 3-8 months.</p>	<ul style="list-style-type: none"> <li>Administrative Rule Requirement</li> <li>Statewide OTA Meeting held 2/26/2019</li> <li>Face-to-Face meeting at SCC held 8/20/2019</li> </ul>

		<ul style="list-style-type: none"> <li>• Call with John Bookstaver on 4/16/2020</li> <li>• Follow-up email to John Bookstaver on 4/27/2020</li> <li>• Conversation with Amy Koehler on 7/31/2020</li> </ul>
<p>Evidence that the proposed program is needed, including:</p> <ul style="list-style-type: none"> <li>• Documentation demonstrating that the program does not unnecessarily duplicate other programs in the applicable geographic area, as described in subsection (9)(C) of this rule;</li> </ul>	<p><b>Not Met</b> No reference to the University of Missouri or Central Methodist University programs that will be accepting students soon.</p>	<ul style="list-style-type: none"> <li>• Administrative Rule Requirement</li> <li>• Statewide OTA Meeting held 2/26/2019</li> <li>• Face-to-Face meeting at SCC held 8/20/2019</li> <li>• Call with John Bookstaver on 4/16/2020</li> <li>• Follow-up email to John Bookstaver on 4/27/2020</li> <li>• Conversation with Amy Koehler on 7/31/2020</li> </ul>
<ul style="list-style-type: none"> <li>• A rigorous analysis demonstrating a strong and compelling workforce need for the program, which might include data from a credible source, an analysis of changing program requirements, the current and future workforce, and other needs of the state, and letters of support from local or regional businesses indicating a genuine need for the program; and</li> </ul>	<p><b>Not Met</b> SCC has not shown that a bachelor's degree in OTA is necessary, only that students may need a bachelor's degree (which could be in any field), not specifically OTA.</p>	<ul style="list-style-type: none"> <li>• Administrative Rule Requirement</li> <li>• Statewide OTA Meeting held 2/26/2019</li> <li>• Face-to-Face meeting at SCC held 8/20/2019</li> <li>• Call with John Bookstaver on 4/16/2020</li> <li>• Follow-up email to John Bookstaver on 4/27/2020</li> <li>• Conversation with Amy Koehler on 7/31/2020</li> </ul>

<ul style="list-style-type: none"> <li>• A clear plan to meet the articulated workforce need, including: <ul style="list-style-type: none"> <li>○ Aligning curriculum with specific knowledge and competencies needed to work in the field(s) or occupation(s) described in the workforce need analysis in part (II) of this subparagraph;</li> <li>○ Providing students with external learning experiences to increase the probability that they will remain in the applicable geographic area after graduation; and</li> <li>○ A plan for assessing the extent to which the new program meets that need when implemented.</li> </ul> </li> </ul>	<p><b>Not Met</b></p> <p>SCC has provided a number of documents outlining the courses to be taken, but has not supplied knowledge and competencies documents, a detailed description of experiential learning aimed at increasing the probability that they will remain in the geographic area after graduation, nor a plan for assessing the extent to which the new program meets the need when implemented.</p>	<ul style="list-style-type: none"> <li>• Administrative Rule Requirement</li> <li>• Statewide OTA Meeting held 2/26/2019</li> <li>• Face-to-Face meeting at SCC held 8/20/2019</li> <li>• Call with John Bookstaver on 4/16/2020</li> <li>• Follow-up email to John Bookstaver on 4/27/2020</li> <li>• Conversation with Amy Koehler on 7/31/2020</li> </ul>
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Tab 13  
**St. Charles Community College Collaborative  
Comprehensive Review**

Coordinating Board for Higher Education  
September 16, 2020

## **BACKGROUND**

The Coordinating Board for Higher Education discharges its responsibility for coordinating, reviewing, and approving proposed new degree programs by the authority given in §§ 173.005 and 173.030, RSMo. The process for reviewing new degree program proposals is codified in administrative rule 6 CSR 10-4.010 *Submission of Academic Information, Data and New Programs*. While most programs are reviewed at the routine level (program meets requirements for mission, duplication, location, financial and institutional resources), the rule also provides an opportunity for institutions to propose programs outside of these parameters if certain qualifications are met, as part of the comprehensive review process.

For community colleges proposing to offer a bachelor's degree, the following additional criteria is required, as outlined in §163.191(1), RSMo:

*Community college course offerings shall generally lead to the granting of certificates, diplomas, or associate degrees, and may include baccalaureate degrees only when authorized by the coordinating board for higher education in circumstances where the level of education required in a field for accreditation or licensure increases to the baccalaureate degree level or, in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, and when doing so would not unnecessarily duplicate an existing program, collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, and the institution has the academic and financial capacity to offer the program in a high-quality manner.*

The review of proposals for Comprehensive Review is divided into two phases. In Phase I, institutions submit a proposal for consideration by the CBHE, which then decides whether to move forward with a full comprehensive review (Phase II). The CBHE, at its March 4, 2020 meeting, voted to move the SCC proposal to Phase II review. The Phase II proposal and supporting documentation [Attachments A-C] were posted for public comment for 20 working days, July 21, 2020, through August 18, 2020. A finalized MOU [Attachment D] was received on September 3, 2020 from St. Charles Community College and Missouri State University, at the request of the CBHE.

## **CURRENT STATUS**

An external review team [Attachment E] was established, as set forth in 6 CSR 10-4.010, to provide their expertise in reviewing the Phase II proposal submitted by SCC. The external review team consisted of 18 members from 11 institutions, comprised of two-year and four-year OT/OTA faculty and/or administrators, deans and directors of allied health programs, and chief academic officers, charged with reviewing the Phase II proposal and supporting documents according to the guidelines established in statute and codified in the administrative rule, and providing a written report and recommendation [Attachment F] to the CBHE. The team met five times between July 31 and August 28 to review the Phase II documents submitted by St. Charles Community College, the public comments received and SCC's response to the public comments, met electronically to review the updated MOU submitted by SCC on September 4, 2020, and provided an addendum to their initial report [Attachment G].

Public Comments Received

The public comment period for the Phase II proposal ended on August 18, 2020. Comments were received from Southeast Missouri State University [Attachment H] and University of Missouri-Columbia [Attachment I].

A brief summary of the comments received:

Criteria addressed in comments	Southeast Missouri State University Comment	University of Missouri Comment
Increased educational requirements for accreditation or licensure	The entry-level requirements have not changed to the bachelor's degree	Level of education required has not increased to the bachelor's level.
Increased level of education for employment	Proposal "does not convincingly demonstrate that employers are requiring a higher level of education."	Market analysis does not support that level of education for employment has increased.
Unnecessarily duplicate existing program	Since the OTA proposal was originally proposed, the University of MO-Columbia received approval from CBHE to offer the bachelor's degree in OTA. The proposal was not updated to address this issue.	University now has a bachelor's OTA program that will open for admission in August 2021. SCC documents have not been updated to reflect new programs or new ACOTE policy.
Collaboration with a university is not feasible	The proposed collaboration with Missouri State University is unclear.	Details regarding the collaboration with MSU are unclear.
Academic and financial capacity	"Documentation does not focus on the institution's ability to effectively offer and sustain the proposed program."	"...neither the Phase I nor the Phase II proposal provide 'a comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program...'"

SCC responded [Attachments J-L] to the public comments by providing a copy of the degree plan and instructional responsibility document, as well as indicated additional information regarding tuition and fee structure would be made available as part of the updated MOU.

#### External Review Team Report

The External Review Team provided a written report and recommendation, and an addendum after reviewing all documents submitted by SCC. In summary, the team determined that the materials submitted by SCC did not meet, or did not fully meet, the criteria as stipulated in the statute and rule, and they did not recommend approval of the proposed program. The full report and addendum are attached for CBHE review [Attachments F-G]. SCC also provided response to the External Review Team's report, provided in Attachment N.

In light of the findings by the External Review Team, and after independent review by DHEWD staff [Attachment M], the following recommendation is made to the CBHE.

#### **RECOMMENDATION**

Staff recommend that the Coordinating Board not approve the Bachelor of Applied Science in Occupational Therapy Assistant program proposal submitted by St. Charles Community College (as a standalone program or in collaboration with Missouri State University).



## **ATTACHMENTS**

- A. St. Charles Community College Phase II Proposal
- B. St. Charles Community College Market Analysis
- C. St. Charles Community College Degree Plan
- D. Updated Memorandum of Understanding
- E. External Review Team Membership
- F. External Review Team Report and Recommendation
- G. Addendum to External Review Team Report and Recommendation
- H. Public Comment from Southeast Missouri State University
- I. Public Comment from University of Missouri
- J. St. Charles Community College Response to Phase II Comments
- K. St. Charles Community College Degree Outline
- L. St. Charles Community College Instructional Responsibility
- M. DHEWD Statutory Criteria Review
- N. St. Charles Community College Response to External Review Team Report and Recommendation

**St. Charles Community College**

**Narrative Outlined as Requested - Using MDHE Rubric**

Although St. Charles Community College has no objection to posting, the material being provided does not change the SCC proposal, and thus posting and a comment period are not required by the regulation.

### **163.191(1), RSMo**

#### **Bachelor's degree in a field is needed/required - "Met"**

Changes to the level of education for occupational therapists left a gap between newly doctoral-prepared OTs and associate-prepared OTAs. There are tasks, assignments, and positions for which an associate-prepared OTA is no longer sufficient, but for which an OT with an advanced degree (masters or doctorate) is not required.

In response to this gap as well as changes in healthcare, which saw more OTs in administrative roles and OTAs acting as patient care providers, ACOTE established bachelor's level OTA standards. The bachelor's level standards provide additional education in leadership as well as necessary skills related to addressing complex healthcare systems and patients.

ACOTE saw untenable limitations in choosing one entry-level requirement over the other (i.e., bachelor's degree over associate degree) at this time:

1. Transitioning all OTA programs to a bachelor's degree at this time was not possible as some states, unlike Missouri, do not allow community colleges to offer bachelor's degrees.
2. Transitioning all OTA programs to a bachelor's degree at this time would in fact create a greater need for practitioners than already exists, specifically in rural areas which typically experience a dearth of providers.
3. ACOTE and AOTA did extensive research to determine that both levels of entry for the OTA are required to maintain OTA practitioners' patency in the current and future healthcare workforce.

With the help of an independent third party, SCC identified the largest needs in our community. Among them are needs that fit into the gap that ACOTE identified, those articulated in the third party Employer Survey Results, and those outlined in the ACOTE and AOTA charge to OT educators. These needs include bachelors-prepared providers with OTA skills in areas of community-based mental health, aging in place (in home), and early childhood programming.

SCC's community partners continue to have vacant positions as a result of a lack of qualified bachelors-prepared practitioners. Local community partners provide fieldwork opportunities and continue to support SCC's transition to a baccalaureate degree in OTA. Their pledge of support includes partnering for fieldwork and baccalaureate project opportunities in the SCC service area. This transition will allow community partners and OTA students to fill the gaps in both skills and local employment.

The needs of SCC's community partners to provide quality care with bachelors-prepared practitioners as well as ACOTE's identified need for the development of baccalaureate-level standards, demonstrates the level of education has risen to practice in certain areas of OTA—those represented in SCC's service region.

*See Appendix 1- ACOTE 2018 Standards, Appendix 2 - ACOTE Rationale Letter for Bachelors Standards, Appendix 3- Charge for OT and OT Educators, Appendix 4 - OTA Employer Survey Results, Appendix 5 - Translating OTA Skills for Employment Opportunities in Emerging Areas of Practice and Non-Traditional Areas, Appendix 6 - Letters of Support from Community Partners*

### **163.191(1), RSMo**

#### **Does Not Unnecessarily Duplicate Existing Program - "Met"**

Per MDHE there are only 2 new bachelor of OTA programs in Candidacy Status at 4-year institutions in mid Missouri (MU - public and CMU - private)

## **163.191(1), RSMo**

### **Evidence of Effort - Feasibility of Collaboration - “Met”**

Expanding SCC’s mission to include a bachelor’s degree in a health-related field requires three types of upper division courses and supervision: (1) the specialized coursework, including experiential coursework provided in laboratory or clinical (fieldwork) settings; (2) related coursework addressing broader issues, such as advanced clinical practice skills, leadership, advocacy, education and administration; and (3) general education courses. When ACOTE adopted its BOTA standards in 2018 and indicated its intention to make a BOTA a requirement for many OTA positions, tasks, and assignments that do not require a masters or doctoral level OT degree, SCC considered the challenge presented in each area, and its resources and experience in each.

The easiest and most logical area for SCC to undertake itself was (and is) (1), for three reasons. First, SCC already had the faculty, facilities, clinical/fieldwork placements, ACOTE accreditation experience, and teaching experience. Second, no Missouri college or university, even far from St. Charles County, had a BOTA program or offered upper division OTA courses. And third, no Missouri college or university had clinical/fieldwork placements readily accessible to SCC students sufficient to meet the experiential requirements of the BOTA. SCC, then, proposed—and still proposes—that it extend its existing, accredited associate program to complete the requirements of the BOTA.

SCC’s original proposal had SCC also adding the curriculum necessary for areas (2) and (3). SCC had the faculty and facilities to do both. But unlike (1), other Missouri colleges and universities were, and are, providing such coursework. All four-year colleges and schools provide (3), upper level general education courses; and those colleges and schools that offer allied health professions bachelor’s degrees don’t necessarily comprehensively offer (2), related upper division courses. And a number of state colleges and universities are already making many of the courses in (2) and (3) available remotely, either in person by arrangement with community colleges or others, or through distance learning. Recognizing the availability of such courses, CBHE encouraged SCC to partner with a four-year school.

Meanwhile (in preparation to submit the original proposal – July 2019), aware of the requirement that it determine whether collaboration was a viable alternative for SCC students, SCC had studied possible collaboration options. Again, no Missouri college or university offered a BOTA, so collaboration in the form of hosting an upper division program provided by another college or university was not an option. Prior to submitting the original proposal, SCC was directed by Rusty L. Monhollon, the Assistant Commissioner for Academic Affairs at that time to reach out to the University of Missouri St Louis (UMSL) to investigate feasibility of collaboration since UMSL is the primary public institution in the service area of SCC. The chancellor of UMSL, Dr. Thomas George, communicated in a phone conversation with Dr. John Bookstaver that UMSL was not interested in a BOTA program in cooperation with SCC and that he was willing to send a letter of verification. When Dr. Bookstaver requested the letter, Dr. George indicated he was no longer willing to offer one. SCC summarized this experience in a letter from Dr. Bookstaver that was submitted in the original proposal (see Appendix 7). Ultimately, SCC’s original proposal had SCC covering all three areas.

The CBHE’s encouragement to partner with a four-year college or university prompted SCC to take a fresh look at collaborative options. By that time, MU had announced that it would start a BOTA program and received approval from the state. But the MU program wasn’t a viable option for SCC students—even if it were made available in St. Charles County. That is true in part because the MU program, if imported to the SCC campus, would require nearly a full semester of additional coursework, and at MU’s significantly higher tuition rate. In addition, MU had expressed its direct opposition to SCC’s program expansion, and in doing so made no proposal to SCC for a collaborative or joint program that would build on SCC’s well-established OTA

program. It was apparent that MU was not interested in crafting a cooperative, joint program tailored to the needs of SCC students, but instead offering its own program, simply at a different location.

Recognizing that other colleges and universities offered the courses in areas (2), and that all offered those in (3), SCC spoke with various other schools regarding a collaborative program that would build on, rather than replace, SCC’s OTA experience and strengths. MSU offered the best option. It already had in its catalog the allied health-oriented coursework in area (2) that needs to be part of the upper division offerings of a BOTA—and experience in offering and willingness to offer that coursework to SCC students through remote learning. And MSU was willing to do so at SCC’s lower tuition rate. The MSU collaboration, then, makes the BOTA a viable option for SCC’s students.

See Appendix 7 - Letter from Dr. Bookstaver

**163.191(1), RSMo  
Academic and Financial Capacity to Offer the Program - “Met”**

SCC has invested significant resources to prepare for and plans to continue as such to develop and align curriculum, staffing, and facilities to offer a bachelor’s of OTA program which meets the standards required by ACOTE. SCC’s selection of MSU as a partner will allow both institutions to responsibly utilize resources to offer the degree. Both institutions will offer their respective curriculum for the BOTA program. SCC and MSU will offer the BOTA program with the same understanding as they do all of their health care programs. These healthcare programs are offered because they aid the community. Additionally, the cost of these programs are offset and are supplemented by general education coursework.

**NOTE: This does not include revenue from the Perkins Grant. FY20 Perkins Grant revenue for OTA was \$39,207. These calculations do not factor in 2% annual increase for wage and price inflation.**

<b>Academic Year:</b>	<b>FY2022</b>	<b>FY2023</b>	<b>FY2024</b>	<b>FY2025</b>	<b>FY2026</b>
Projected number of students	30	40	40	40	40
<b>Revenue:</b>					
Assumes 30 CH/student	\$185,400.00	\$247,200.00	\$247,200.00	\$247,200.00	\$247,200.00
Tier 2: \$206/CH (in-district)					
projected enrollment*30CH*\$206					
<b>Total Revenue:</b>	<b>\$185,400.00</b>	<b>\$247,200.00</b>	<b>\$247,200.00</b>	<b>\$247,200.00</b>	<b>\$247,200.00</b>
<b>Personnel Cost (Faculty &amp; Staff)</b>					
FT Faculty	\$250,543.00	\$250,543.00	\$250,543.00	\$250,543.00	\$250,543.00
PT Faculty	\$33,911.00	\$33,911.00	\$33,911.00	\$33,911.00	\$33,911.00
FT Faculty Overload	\$34,960.00	\$34,960.00	\$34,960.00	\$34,960.00	\$34,960.00
Other payroll expenses	\$92,868.00	\$92,868.00	\$92,868.00	\$92,868.00	\$92,868.00
<b>Subtotal Personnel Cost</b>	<b>\$412,282.00</b>	<b>\$412,282.00</b>	<b>\$412,282.00</b>	<b>\$412,282.00</b>	<b>\$412,282.00</b>
<b>Expenses:</b>					
Construction/Facilities	\$0	\$0	\$0	\$0	\$0

Furniture	\$0	\$0	\$0	\$0	\$0
Faculty & Staff Development	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00
Supplies	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00	\$3,640.00
Fees & Dues	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00
Contracted Services	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00	\$4,500.00
<b>Subtotal Expenses</b>	<b>\$19,140.00</b>	<b>\$19,140.00</b>	<b>\$19,140.00</b>	<b>\$19,140.00</b>	<b>\$19,140.00</b>
<b>Total Personnel Cost and Expenses</b>	<b>\$431,422.00</b>	<b>\$431,422.00</b>	<b>\$431,422.00</b>	<b>\$431,422.00</b>	<b>\$431,422.00</b>
<b>Contribution to the College</b>	<b>-\$246,022.00</b>	<b>-\$184,222.00</b>	<b>-\$184,222.00</b>	<b>-\$184,222.00</b>	<b>-\$184,222.00</b>

**6 CSR 10-4.010**

**A - Good Faith Effort to Explore Collaboration - “Met”**

see 163.191(1), RSMo Evidence of Effort - Feasibility of Collaboration - “Met”

**6 CSR 10-4.010**

**B - Contributing Substantially to CBHE Blueprint for Higher Education - “Met”**

Per MDHE outlined in the original proposal and criterion was met.

**6 CSR 10-4.010**

**C I - External Review Team - “Met”**

Per MDHE criterion met

**6 CSR 10-4.010**

**C II - Comprehensive Cost/Revenue Analysis - “Met”**

see 163.191(1), RSMo Academic and Financial Capacity to Offer the Program - “Met”

**6 CSR 10-4.010**

**C III - Evidence of Sufficient Student Interest “Met”**

SCC sent an anonymous email survey to SCC OTA graduates and current SCC OTA students. In the survey the following language was used, “SCC is considering offering a bachelor degree in OTA. This survey is designed to gather information regarding interest in this opportunity.” The survey consisted of two questions and the responses were a Likert scale:

**1 Strongly Disagree, 2 Disagree, 3 Neutral, 4 Agree, 5 Strongly Agree**

91 students have responded and a majority of students surveyed demonstrated significant interest in a bachelors of OTA option being offered at SCC.

The question and breakdown of Question 1 and Question 2 are below:

Question 1: “If a bachelor degree in OTA had been offered when you were attending SCC, you would have chosen the bachelor degree option.”

Students responded:

**80% Strongly Agree/Agree**

15% Neutral

5% Disagree/Strongly Disagree

Question 2: "If a bridge program from associates to bachelors degree of OTA was available at SCC, I would choose to return and obtain my bachelor degree."

Students responded:

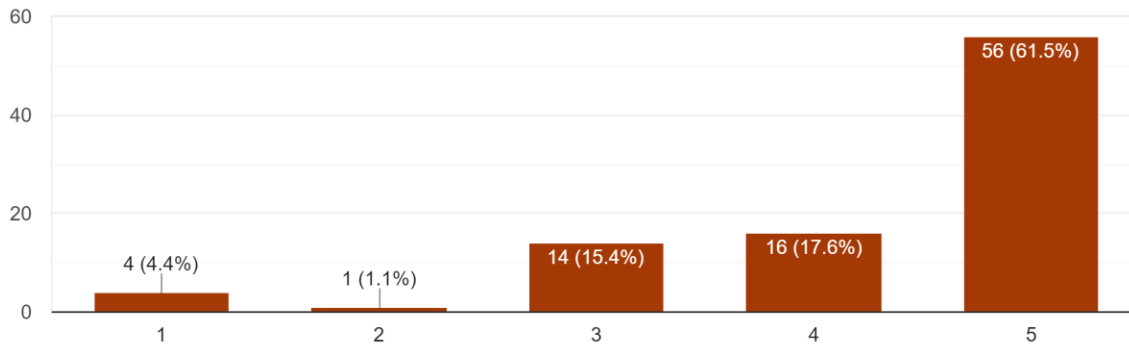
**76% Strongly Agree/Agree**

11% Neutral

13% Disagree/Strongly Disagree

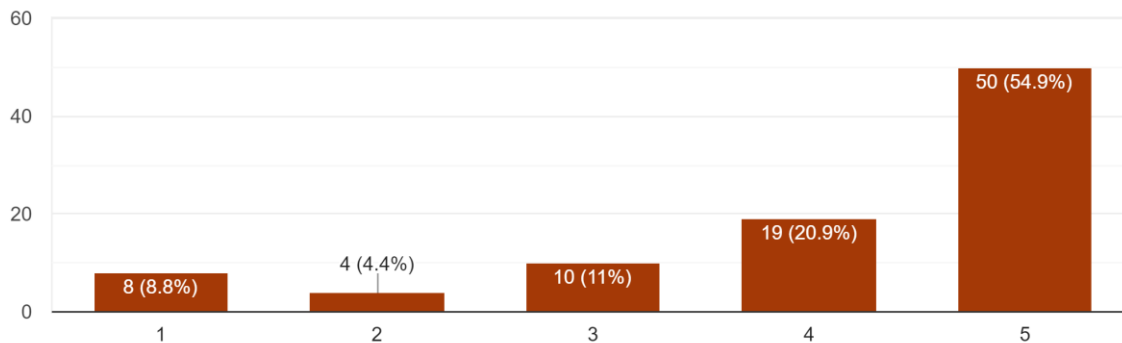
If a bachelor degree in OTA had been offered when you were attending SCC, you would have chosen the bachelor degree option.

91 responses



If a bridge program from associates to bachelors degree of OTA was available at SCC, I would choose to return and obtain my bachelor degree.

91 responses



## 6 CSR 10-4.010

### C III - Evidence of Capacity to Participate in (Fieldwork) External Learning Requirements - "Met"

SCC is required by ACOTE to maintain Clinical/Fieldwork contracts with businesses, clinics, schools, hospitals, etc. to maintain accreditation. SCC regularly partners with over 40 fieldwork sites, that take multiple students at a time, to offer external learning requirements (fieldwork) of two 8-week rotations per student. These sites include mainly regional employers in the SCC service area. SCC has contracts with hospital systems who deliver inpatient acute and rehab services, skilled nursing and long-term care facilities, outpatient rehab, home health agencies, and pediatric care. SCC also has contracts with local community based-settings who serve pediatric, adult, and older adult populations in the areas of mental health, wellness, early intervention, and

aging in place. Additionally, SCC has developed relationships with local community partners to offer unique faculty led fieldwork rotations designed to support and serve vulnerable populations. Additionally, these sites are also opportunities for the development and completion of baccalaureate projects. These current and future community partners have benefitted from the experience of partnering with SCC for these unique opportunities and provided letters of support for the bachelors of OTA program at SCC in the hopes for expanded benefits and a future with specially trained employees.

*See Appendix 1- ACOTE 2018 Standards, Appendix 2 - ACOTE Rationale Letter for Bachelors Standards, Appendix 3- Charge for OT and OT Educators, Appendix 5 - Translating OTA Skills for Employment Opportunities in Emerging Areas of Practice and Non-Traditional Areas, Appendix 6 - Letters of Support from Community Partners*

## **6 CSR 10-4.010**

### **C IV - Description of Accreditation Requirements and Plan to Seek Accreditation - “Met”**

SCC will seek accreditation approval from both the Higher Learning Commission (HLC) and the Accreditation Council for Occupational Therapy Education (ACOTE®). Both of these accreditors require approval from the state prior to seeking accreditation from either body.

#### **HLC “change of mission”**

In order to seek approval from our regional accreditor, HLC, SCC will submit a “Change in Mission or Student Body: Substantive Change Application.” Per the form, “This completed form will constitute [SCC’s] request for approval of a substantive change. This form will be the basis for review of this application....” The two part form requires SCC to substantiate the request and includes the change’s impact, institutional history, curriculum and instructional design, etc. In order for the application for substantive change to be reviewed, state approval is required.

No. 7 on the application reads: State Approvals. Attach documentation of state approvals that the institution has obtained for the proposed change. All required approvals must be obtained before submitting the application to HLC. If no approval is required, attach evidence that approval is not needed (e.g. applicable regulation, statute, or correspondence). Once approved, SCC will be ready to submit the request for Change in Mission.

#### **ACOTE process for transitioning from associate to BOTA**

SCC’s OTA Program currently holds ACOTE Accreditation status which is awarded based on compliance with the degree specific accreditation standards for an associate degree level. SCC has maintained ACOTE Accreditation for over 20 years.

ACOTE developed baccalaureate level standards which are required to attain a bachelor's degree in OTA. The accreditation process is extensive and requires documented evidence that all required baccalaureate standards are met.

Accredited programs transitioning to an entry level baccalaureate level program must follow a separate accreditation procedure from programs starting a new program for the new degree level program. The accreditation status of the existing program does not accrue to the new degree level program until the procedures for accreditation of the new program are successfully completed. The transition process begins with submitting a Letter of Intent to ACOTE



ACOTE recommends a program seeking accreditation for a new entry level degree program should first seek approval to offer the baccalaureate degree from the institution, the educational licensing and/or governing board(s) of the state(s) in which the program is to be offered, and the institutional accrediting body. The program does not need to have degree-granting authority at the time of the Letter of Intent, but must have that authority at the time the Candidacy Application is submitted.

SCC would begin the ACOTE accreditation process, by submitting the following documentation:

A Letter of Intent that is signed by 1) the chief executive officer of the sponsoring institution and 2) the occupational therapy assistant program director of the proposed program.

The Letter of Intent will include the following per ACOTE guidelines:

- a. Declare the intention of the institution(s) to develop and seek accreditation for the occupational therapy assistant program.
- b. Request entry into the first step of the accreditation process for new programs (the Candidacy Review).
- c. State that the institution(s) agree not to admit students into the program until Candidacy Status has been obtained from the Accreditation Council for Occupational Therapy Education (ACOTE).
- d. Provide evidence of all necessary approvals to offer the required degree from the institution, the educational licensing and/or governing board(s) of the state(s) in which the program is to be offered, and the institutional accrediting body. If these approvals have not yet been received, the program should provide a timeline indicating when the approvals will be received.
- e. Include information regarding SCC and MSU institutional accreditation status, the role of each institution in the cooperative or consortium arrangement, how the administration of the program will be managed, how the program will operate, and which institution(s) will grant the degree.
- f. The desired submission date for the Candidacy Application (April 15th for an August Candidacy Decision).
- g. The month and year the first class is projected to enter the new program (must be after Candidacy Status is awarded).
- h. The month and year the first class is projected to begin Level II fieldwork.
- i. The month and year the first class is projected to graduate.
- j. The year the first graduates are projected to sit for the National Board for Certification in Occupational Therapy (NBCOT) certification examination.
- k. SCC is fully accredited by ACOTE and is not on Probationary Accreditation.
- l. The program director possesses all of the experience and credentials required for a baccalaureate degree-level educational program.

SCC will submit a scanned copy of the Letter of Intent, completed Letter of Intent Data Form, the program director's CV, and evidence of all necessary approvals to offer the baccalaureate degree to ACOTE.

Upon receipt of the information to ACOTE, the Accreditation Department staff will provide the program with instructions for completing the Eligibility Application in ACOTE Online. Once that is submitted, staff will provide the Candidacy Application and a preliminary timeline for the accreditation process.

The Candidacy Application must be signed by the occupational therapy assistant program director, the dean or administrator overseeing the proposed program, and the chief executive officer of the sponsoring institution. Upon receipt, the Candidacy Application will be reviewed by a review team. The program director may be requested to provide additional written information to the review team to clarify or enhance submitted materials. The reviewers will submit a report at the next ACOTE meeting to recommend that ACOTE grant, defer action on, or deny Candidacy Status.

If the Application documents that the program meets the requirements for Candidacy Status and indicates the program's potential to achieve compliance with the Standards, the action will be to grant Candidacy Status. As soon as the institutional officials receive notification from ACOTE that the program has been granted Candidacy Status, they may admit students into the new program according to the approved timeline and move on to the second step, which is the pre-accreditation review.

AOTA will officially list the baccalaureate program as having Candidacy Status. If the information received from the applicant is incomplete and/or insufficient for evaluation, the program's application will be deferred.

Programs that have been granted Candidacy Status may proceed into the Pre-accreditation Review. The program will be required to submit a Report of Self-Study that addresses compliance with all of the ACOTE Accreditation Standards for a Baccalaureate-Degree-Level Educational Program for the Occupational Therapy Assistant. No Pre-accreditation Review fee will be charged. Assigned reviewers will conduct a comprehensive assessment of the program's compliance with the applicable ACOTE Accreditation Standards and will make a recommendation to ACOTE regarding the status of the program.

Based on the review, if ACOTE determines that the proposed program appears to be in substantial compliance with the ACOTE Accreditation Standards, ACOTE may:

1. Grant a status of pre-accreditation and proceed with an initial on-site evaluation or
2. Grant a status of accreditation without conducting an initial on-site evaluation.

Factors that ACOTE will consider when making this decision include the history of the program, the date of the last on-site evaluation, the date of the next scheduled on-site evaluation, and the ACOTE Standards that were in effect when the program had its last on-site evaluation.

If ACOTE determines that an initial on-site evaluation must be conducted prior to making an accreditation decision, the process will follow the steps outlined for the Initial On-Site Evaluation. Since the accredited program has been paying Annual Accreditation Fees that are designed to cover the cost of the on-site visit, no initial on-site fee will be charged.

In preparation for the initial on-site evaluation, the program director may be requested to submit current information to update the initial Report of Self-Study previously submitted, including any additional materials requested in the Report of Pre-accreditation Review. This material is submitted at least 2 months prior to the on-site. The members of the pre-accreditation review team are generally assigned to serve as either an on-site evaluator or paper reviewer for the on-site visit. At least two evaluators (members of the Roster of Accreditation Evaluators) conduct the 2½-day on-site evaluation. A summary report of the visit is made by the evaluators at the final on-site conference and institution officials are given access to the Evaluators' Report of On-Site Evaluation at that time. To expedite preparation of the report for ACOTE review and action, the program director is requested to submit a copy of the report with any corrections or comments to the AOTA Accreditation Department within one week after the on-site evaluation.

During the transition period, the accreditation status of the program must be maintained until at least the time that the new program is granted accreditation and the last student has graduated from the current program.

During this period, there will be special transition rules implemented related to the review of the program including requirements that must be met to remain compliant with recognition agencies (e.g., U.S. Department of Education and the Council for Higher Education Accreditation).

Since SCC's Letter of Intent will indicate transition to a baccalaureate-degree-level, the program's existing accredited associate-degree-level program will comply with the following reporting requirements:

1. Annual Reports: Must be submitted until the associate-degree-level program has withdrawn from accreditation.
2. Interim Reports: If the associate-degree-level program is scheduled to graduate its last class and voluntarily withdraw from the accreditation process 4 or more years after the reaccreditation on-site year, a full Interim Report will be required. **SCC submitted an Interim Report to ACOTE which was accepted with no areas of concern in August of 2020.**

If the associate-degree-level program is scheduled to graduate its last class and voluntarily withdraw from the accreditation process 3 or less years after the reaccreditation on-site year, an abbreviated Interim Report will be required.

Change in Transition Plan: For programs whose accreditation term is about to expire, a full Report of Self-Study and on-site is required prior to term expiration. If ACOTE is unable to reach a final decision prior to term expiration, the program's accreditation status will automatically remain in place until ACOTE makes its final decision.

*See Appendix 1- ACOTE 2018 Standards, Appendix 2 - ACOTE Rationale Letter for Bachelors Standards, Appendix 8 - HLC Mission Change Form*

#### **6 CSR 10-4.010**

##### **D I - Demonstrating Program Does Not Unnecessarily Duplicate Other Programs in the Applicable Geographic Area - "Met"**

see 163.191(1), RSMo - Does Not Unnecessarily Duplicate Existing Program - "Met"

#### **6 CSR 10-4.010**

##### **D II - Rigorous Analysis Demonstrate a Strong and Compelling Workforce Need**

see 163.191(1), RSMo Bachelor's degree in a field is needed/required - "Met"

see DIII – a-b-c Align Curriculum with Specific Knowledge and Competencies Needed to Work in the Field "Met", External Learning Experiences to Increase Probability to Remain in Local Area: "Met", Plan for Assessing Meeting Need - "Met"

##### **D III a/b - Align Curriculum with Specific Knowledge and Competencies Needed to Work in the Field "Met"**

ACOTE has specified the following competencies outlined below as the **necessary requirements to obtain a bachelor's degree in OTA**. The below skills and competencies also reflect the needs articulated by SCC community partners and local businesses. The dynamic nature of contemporary health and human services delivery systems requires the occupational therapy assistant to possess basic skills as a direct care provider, educator, manager, leader, and advocate for the profession and the consumer.

A graduate from an ACOTE accredited baccalaureate degree level occupational therapy assistant program is required to demonstrate these competency skills.

The below curriculum map outlines the theory, lab, and fieldwork course components that will meet the necessary bachelor's level requirements outlined by ACOTE.

<b>Semester 1</b>	<b>Course Name</b>	<b>Cr Hrs</b>	<b>ACOTE Bachelors Level Outcomes</b>
MAT 147	Healthcare Statistics	3	B1
PSY 101	Introduction to Psychology	3	B1
HIS 110	PolSci/Gov	3	B1
COM 110	Interpersonal Communication	3	B1, B11, B12, B13, B14
ENG 102	English Comp II	3	B1
OTA 100	Intro to OTA Baccalaureate Project	1	B2, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14, B15
<b>Semester 2</b>	<b>Course Name</b>	<b>Cr Hrs</b>	<b>ACOTE Bachelors Level Outcomes</b>
OTA 200	Occupational Justice and Social Determinants of Health	3	B1, B2, B3, B4, B5, B6, B7, B8
HIS 235	History of Disability & Marginalized Populations	3	B1, B2, B6, B8
PSY 210	Human Growth & Development	3	B1, B2, B6, B8
OTA 215	Functional Anatomy & Kinesiology	3	B1, B2, B3, B4, B5
SOC 341	Medical Sociology	3	B1, B9, B12, B13, B14
<b>Semester 3</b>	<b>Course Name</b>	<b>Cr Hrs</b>	<b>ACOTE Bachelors Level Outcomes</b>
IPE 378	Healthcare Quality Management	3	B1, B9, B12, B13, B14
CDF 532	Family Advocacy	3	B1, B9, B12, B13, B14
EDU 247	Multicultural Education	3	B1, B2, B13
OTA 200	Occupational Science	3	B2, B3, B4, B5, B6, B7, B8, B9, B10, B13
OTA 201	Applied A&P in Health & Disease	4	B1, B2, B3, B4, B5
<b>Semester 4</b>	<b>Course Name</b>	<b>Cr Hrs</b>	<b>ACOTE Bachelors Level Outcomes</b>
BUS 105	Business Ethics	3	B1, B9, B10, B11, B12, B13, B14
IPE 379	Interprofessional Perspectives on Population Health	3	B1, B2, B8, B9, B10, B12, B13, B14
IPE 382	Intro to Health Insurance and Managed Care	3	B1, B2, B8, B9, B10, B12, B13, B14
OTA 301	Foundations of Occupational Therapy	3	B2, B3, B4, B5, B6, B7, B8, B9, B10, B13
OTA 311	Engaging in Occupation Across the Lifespan	3	B2, B3, B4, B5, B6, B7, B8, B9, B10, B13
<b>Semester 5</b>	<b>Course Name</b>	<b>Cr Hrs</b>	<b>ACOTE Bachelors Level Outcomes</b>
BMS 599	Health Literacy in the Human Services	3	B1, B2, B8, B9, B10, B11, B12, B13, B14
MGM 340	Principles of Management	3	B1, B2, B8, B9, B10, B11, B12, B13, B14
OTA 305	Foundations of OTA Practice I	5	B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14
OTA 315	Foundations of OTA Practice Lab I	3	B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14
OTA 325	Foundations of OTA Field Experience	2	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14
<b>Semester 6</b>	<b>Course Name</b>	<b>Cr Hrs</b>	<b>ACOTE Bachelors Level Outcomes</b>
OTA 405	Foundations of OTA Practice II	5	B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14

OTA 415	Foundations of OTA Practice Lab II	3	B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14
OTA 425	Foundations of OTA Field Experience II	3	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14
OTA 302	Baccalaureate Project	3	B2, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14, B15
OTA 312	OTA Portfolio	1	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14
<b>Semester 7</b>	<b>Course Name</b>	<b>Cr Hrs</b>	<b>ACOTE Bachelors Level Outcomes</b>
OTA 406	Foundations of OTA Practice III	5	B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14
OTA 416	Foundations of OTA Practice Lab III	3	B2, B3, B4, B5, B6, B7, B8, B9, B10, B11, B12, B13, B14
OTA 426	Foundations of OTA Field Experience III	3	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14
OTA 402	Baccalaureate Project II	3	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14, B15
OTA 412	OTA Portfolio II	1	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14
<b>Semester 8</b>	<b>Course Name</b>	<b>Cr Hrs</b>	<b>ACOTE Bachelors Level Outcomes</b>
OTA 427	OTA Practicum	4	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14
OTA 428	OTA Practicum	4	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14
OTA 407	OTA Capstone	2	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14
OTA 404	Baccalaureate Project III	2	B2, B3, B4, B5, B6, B7, B8, B10, B11, B12, B13, B14, B15
		<b>Total: 120</b>	
<b>ACOTE Bachelors Level Objectives</b>			
<b>B1</b>	Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity.		
<b>B2</b>	Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.		
<b>B3</b>	Have achieved entry-level competence through a combination of didactic and fieldwork education.		
<b>B4</b>	Define theory as it applies to practice.		
<b>B5</b>	Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation.		
<b>B6</b>	Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, workplace, community, and other settings, as informed by the Occupational Therapy Practice Framework.		
<b>B7</b>	Be able to apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational Therapy Practice Framework.		
<b>B8</b>	Be prepared to be a lifelong learner to keep current with evidence-based professional practice.		
<b>B9</b>	Uphold the ethical standards, values, and attitudes of the occupational therapy profession.		
<b>B10</b>	Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery.		
<b>B11</b>	Be prepared to effectively collaborate with occupational therapists in service delivery.		

<b>B12</b>	Be prepared to effectively communicate and work inter-professionally with all who provide services and programs for persons, groups, and populations.
<b>B13</b>	Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services.
<b>B14</b>	Demonstrate active involvement in professional development, leadership, and advocacy.
<b>B15</b>	Demonstrate the ability to synthesize in-depth knowledge in a practice area through the development and completion of a baccalaureate project in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education.

### **D III - a/b External Learning Experiences to Increase Probability to Remain in Local Area: “Met”**

The OTA program reflects the missions and values of both SCC and MSU in its belief that learning is a lifelong process that continues beyond formal academic training and fieldwork experiences. Additionally, the curriculum is designed to address the needs of SCC local community partners who serve vulnerable populations in the areas of mental health, aging in place, and early childhood education. The program envisions a model that focuses on three primary roles (Direct Service Provider of Care, Educator/Manager of Health Care Services, Members of a Profession) and three methods of learning (Theory/Lecture, Lab/Practice, Fieldwork/Application in Context) that the OTA practitioner assumes in order to bridge the gap between theory and practice to successfully fulfill the bachelors level expectations of OTA practice as outlined by ACOTE.

The use of these three roles and methods in conjunction with needs of our local community serve as an organizing framework in determining and facilitating the knowledge, skills, or attitudes necessary to establish entry-level competency for the bachelors prepared occupational therapy assistant practitioner at SCC.

The curriculum is designed to be delivered in a semester format of didactic work combined with a variety of Level I fieldwork experiences and Level II fieldwork experiences in addition to a Baccalaureate Project to complete the program.

The Baccalaureate Project is designed to provide an in-depth experience in one or more of the following areas:

1. Clinical practice skills
2. Administration
3. Leadership
4. Advocacy
5. Education

This project allows students to demonstrate the application of knowledge gained that distinguishes them as bachelors prepared practitioners who can meet the growing demands of the workforce in our local community allowing them greater access to positions that require both the competency skills and a bachelor's degree. SCC's community partners, especially those who work with vulnerable populations, support the OTA program transitioning to a bachelor's degree and will provide baccalaureate project opportunities in addition to local employment opportunities in positions that are difficult to fill with an associates prepared OTA.

*See Appendix 1- ACOTE 2018 Standards, Appendix 3- Charge for OT and OT Educators, Appendix 4 - OTA Employer Survey Results, Appendix 5 - Translating OTA Skills for Employment Opportunities in Emerging Areas of Practice and Non-Traditional Areas, Appendix 6 - Letters of Support from Community Partners*

### D III - c Plan for Assessing Meeting Need - “Met”

SCC currently engages in annual program evaluation to maintain ACOTE accreditation. This program evaluation includes an assessment of how the program meets the needs of students and local employers. The below program evaluation plan outlines how this annual assessment is conducted and the actions taken.

#### PROGRAM EVALUATION PLAN

Program Goal and Related Outcomes	Measurement Criteria	Assessment Tool	Review Period	Review Process
<b>Faculty effectiveness in assigned teaching responsibilities</b>	90% of faculty will receive feedback from Program Coordinator related to teaching effectiveness	Faculty Evaluation & Feedback Form	Annually	Program Coordinator analyzes and then reviews Faculty Evaluation & Feedback Form with Faculty throughout the academic semester. Feedback on performance is provided, professional development opportunities and mentoring opportunities are discussed and implemented when necessary in accordance to strategic plan and professional development plans.
	75% of faculty will receive feedback from Dean related to teaching effectiveness and professional development opportunities	Faculty Evaluation Form		Dean previews and reviews Pre-Faculty Evaluation Form in the Fall and analysed and reviewed Completed Faculty Evaluation Forms in the Spring Semester. Professional development plans and relevance to strategic plans are considered.
	95% of students will survey courses in the spring and fall semesters	Student Surveys		Program Coordinator aggregates data from end of semester student course surveys and reports data to all faculty at curriculum meetings. Data is analyzed and needed updates to curriculum is discussed and implemented. Relevance to strategic plan is discussed.
<b>Student progression and retention</b>	At least 75% of students enrolled in OTA 105 by midterm will graduate from the OTA program within 2 years	Annual Report	Spring annually	Program Coordinator reviews and analyzes data with clinical records specialist, embedded academic advising, and director of operations in preparation for annual reports Any trends noted are discussed in curriculum meetings and necessary changes are implemented to improve semester to semester progression and retention.
<b>Fieldwork performance</b>	At least 90% of graduates will pass FW II experiences	FWPE	Spring annually	AFWC aggregates and analyzes all data from FWPE and discusses outcomes, trends, issues, and recommendations at curriculum meetings. Necessary changes to curriculum are discussed and implemented as indicated.
<b>Student evaluation of fieldwork experience</b>	90% of Fieldwork Students will complete SWFE	SEWFE	Spring annually	AFWC aggregates and analyzes all data from SEWFE and discusses outcomes, trends, issues, and recommendations at curriculum meetings. Necessary changes to curriculum are discussed and implemented as indicated.
<b>Student satisfaction with the program</b>	At least 80% of graduates will be highly satisfied or satisfied with the OTA program	Graduate Survey	Annually in fall	Program Coordinator analyzes data from the Graduate Survey and discusses outcomes, trends, issues with faculty at Spring faculty meetings. Necessary changes to curriculum are discussed and

	At least 80% of graduates will believe they are well prepared or adequately prepared to meet the program competencies (graduate outcomes)	Graduate Survey	Annually in fall	implemented as indicated.
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# List of Appendices:

Appendix 1 ACOTE 2018 Standards

Appendix 2 - ACOTE Rationale Letter for Bachelors Standards

Appendix 3- Charge for OT and OT Educators

Appendix 4 - OTA Employer Survey Results

Appendix 5 -Translating OTA Skills for Employment Opportunities in Emerging Areas of Practice and Non-Traditional Areas

Appendix 6 - Letters of Support from Community Partners

Appendix 7 - Letter from Dr Bookstaver

Appendix 8 - HLC Mission Change Form

## 2018 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide (effective July 31, 2020)

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
<b>PREAMBLE</b>				
	<p>The dynamic nature of contemporary health and human services delivery systems provides opportunities for the occupational therapist to possess the necessary knowledge and skills as a direct care provider, consultant, educator, manager, leader, researcher, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited doctoral-degree-level occupational therapy program must</p> <ul style="list-style-type: none"> <li>• Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity.</li> <li>• Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.</li> <li>• Have achieved entry-level competence through a combination of didactic, fieldwork, and capstone education.</li> <li>• Be prepared to evaluate and choose appropriate theory to inform practice.</li> <li>• Be prepared to articulate and apply occupational therapy theory through evidence-based evaluations and interventions to achieve expected outcomes as related to occupation.</li> <li>• Be prepared to articulate and apply</li> </ul>	<p>The dynamic nature of contemporary health and human services delivery systems requires the occupational therapist to possess basic skills as a direct care provider, consultant, educator, manager, leader, researcher, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited master's-degree-level occupational therapy program must</p> <ul style="list-style-type: none"> <li>• Have acquired, as a foundation for professional study, a breadth and depth of knowledge in the liberal arts and sciences and an understanding of issues related to diversity.</li> <li>• Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.</li> <li>• Have achieved entry-level competence through a combination of didactic and fieldwork education.</li> <li>• Be prepared to choose appropriate theory to inform practice.</li> <li>• Be prepared to articulate and apply occupational therapy theory through evidence-based evaluations and interventions to achieve expected outcomes as related to occupation.</li> <li>• Be prepared to articulate and apply therapeutic use of occupations with</li> </ul>	<p>The dynamic nature of contemporary health and human services delivery systems requires the occupational therapy assistant to possess basic skills as a direct care provider, educator, manager, leader, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited baccalaureate-degree-level occupational therapy assistant program must</p> <ul style="list-style-type: none"> <li>• Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity.</li> <li>• Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.</li> <li>• Have achieved entry-level competence through a combination of didactic and fieldwork education.</li> <li>• Define theory as it applies to practice.</li> <li>• Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation.</li> <li>• Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in</li> </ul>	<p>The dynamic nature of contemporary health and human services delivery systems requires the occupational therapy assistant to possess basic skills as a direct care provider, educator, manager, leader, and advocate for the profession and the consumer.</p> <p>A graduate from an ACOTE-accredited associate-degree-level occupational therapy assistant program must</p> <ul style="list-style-type: none"> <li>• Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity.</li> <li>• Be educated as a generalist with a broad exposure to the delivery models and systems used in settings where occupational therapy is currently practiced and where it is emerging as a service.</li> <li>• Have achieved entry-level competence through a combination of didactic and fieldwork education.</li> <li>• Define theory as it applies to practice.</li> <li>• Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation.</li> <li>• Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in</li> </ul>

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	<p>therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, workplace, community, and other settings, as informed by the Occupational Therapy Practice Framework.</p> <ul style="list-style-type: none"> <li>• Be able to plan and apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational Therapy Practice Framework.</li> <li>• Be prepared to be a lifelong learner to keep current with evidence-based professional practice.</li> <li>• Uphold the ethical standards, values, and attitudes of the occupational therapy profession.</li> <li>• Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery.</li> <li>• Be prepared to effectively collaborate with and supervise occupational therapy assistants in service delivery.</li> <li>• Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for</li> </ul>	<p>persons, groups, and populations for the purpose of facilitating performance and participation in activities, occupations, and roles and situations in home, school, workplace, community, and other settings, as informed by the Occupational Therapy Practice Framework.</p> <ul style="list-style-type: none"> <li>• Be able to plan and apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational Therapy Practice Framework.</li> <li>• Be prepared to be a lifelong learner to keep current with evidence-based professional practice.</li> <li>• Uphold the ethical standards, values, and attitudes of the occupational therapy profession.</li> <li>• Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery.</li> <li>• Be prepared to effectively collaborate with and supervise occupational therapy assistants in service delivery.</li> <li>• Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for persons, groups, and populations.</li> </ul>	<p>activities, occupations, and roles and situations in home, school, workplace, community, and other settings, as informed by the Occupational Therapy Practice Framework.</p> <ul style="list-style-type: none"> <li>• Be able to apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational Therapy Practice Framework.</li> <li>• Be prepared to be a lifelong learner to keep current with evidence-based professional practice.</li> <li>• Uphold the ethical standards, values, and attitudes of the occupational therapy profession.</li> <li>• Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery.</li> <li>• Be prepared to effectively collaborate with occupational therapists in service delivery.</li> <li>• Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for persons, groups, and populations.</li> <li>• Be prepared to advocate as a professional for access to occupational therapy services offered and for the</li> </ul>	<p>activities, occupations, and roles and situations in home, school, workplace, community, and other settings, as informed by the Occupational Therapy Practice Framework.</p> <ul style="list-style-type: none"> <li>• Be able to apply evidence-based occupational therapy interventions to address the physical, cognitive, functional cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts and environments to support engagement in everyday life activities that affect health, well-being, and quality of life, as informed by the Occupational Therapy Practice Framework.</li> <li>• Be prepared to be a lifelong learner to keep current with evidence-based professional practice.</li> <li>• Uphold the ethical standards, values, and attitudes of the occupational therapy profession.</li> <li>• Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery.</li> <li>• Be prepared to effectively collaborate with occupational therapists in service delivery.</li> <li>• Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for persons, groups, and populations.</li> </ul>

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	<p>persons, groups, and populations.</p> <ul style="list-style-type: none"> <li>• Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services.</li> <li>• Be prepared to be an effective consumer of the latest research and knowledge bases that support occupational therapy practice and contribute to the growth and dissemination of research and knowledge.</li> <li>• Demonstrate in-depth knowledge of delivery models, policies, and systems related to practice in settings where occupational therapy is currently practiced and settings where it is emerging.</li> <li>• Demonstrate active involvement in professional development, leadership, and advocacy.</li> <li>• Demonstrate the ability to synthesize in-depth knowledge in a practice area through the development and completion of a doctoral capstone in one or more of the following areas: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development.</li> </ul>	<ul style="list-style-type: none"> <li>• Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services.</li> <li>• Be prepared to be an effective consumer of the latest research and knowledge bases that support occupational therapy practice and contribute to the growth and dissemination of research and knowledge.</li> <li>• Demonstrate active involvement in professional development, leadership, and advocacy.</li> </ul>	<p>recipients of those services.</p> <ul style="list-style-type: none"> <li>• Demonstrate active involvement in professional development, leadership, and advocacy.</li> <li>• Demonstrate the ability to synthesize in-depth knowledge in a practice area through the development and completion of a baccalaureate project in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education.</li> </ul>	<ul style="list-style-type: none"> <li>• Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services.</li> <li>• Demonstrate active involvement in professional development, leadership, and advocacy.</li> </ul>
<p><i>FOR ALL STANDARDS LISTED BELOW, IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD IN ORDER FOR THE AREA OF NONCOMPLIANCE TO BE REMOVED.</i></p>				

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<b>SECTION A: GENERAL REQUIREMENTS</b>				
<b>A.1.0. SPONSORSHIP AND ACCREDITATION</b>				
<b>A.1.1. Institutional Accreditation</b>				
A.1.1.	The sponsoring institution(s) and affiliates, if any, must be accredited by the recognized regional accrediting authority. For programs in countries other than the United States, ACOTE will determine an equivalent external review process.	The sponsoring institution(s) and affiliates, if any, must be accredited by the recognized regional accrediting authority. For programs in countries other than the United States, ACOTE will determine an equivalent external review process.	The sponsoring institution(s) and affiliates, if any, must be accredited by the recognized regional accrediting authority.	The sponsoring institution(s) and affiliates, if any, must be accredited by a recognized regional or national accrediting authority.
<b>A.1.2. Institutional Authority</b>				
A.1.2.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate doctoral degree-granting authority.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority, or the institution must be a program offered within the military services.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority, or the institution must be a program offered within the military services.
<b>A.1.3. Institutional Setting</b>				
A.1.3.	Accredited occupational therapy educational programs must be established in senior colleges, universities, or medical schools.	Accredited occupational therapy educational programs must be established in senior colleges, universities, or medical schools.	Accredited occupational therapy assistant educational programs must be established in community, technical, junior, and senior colleges; universities; medical schools; or military institutions.	Accredited occupational therapy assistant educational programs must be established in community, technical, junior, and senior colleges; universities; medical schools; vocational schools or institutions; or military institutions.
<b>A.1.4. Sponsoring Institution Responsibilities</b>				
A.1.4.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered. This would include course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE OCCUPATIONAL THERAPY DOCTORATE (OTD) AND DOCTOR OF OCCUPATIONAL THERAPY (DrOT).</i></p>	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE MASTER OF OCCUPATIONAL THERAPY (MOT), MASTER OF SCIENCE IN OCCUPATIONAL THERAPY (MSOT), AND MASTER OF SCIENCE (MS). PROGRAMS OFFERING COMBINED BACCALAUREATE/MASTER'S (BS/MS OR BS/MOT) DEGREES ARE STRONGLY ENCOURAGED TO AVOID USING "BACCALAUREATE IN OCCUPATIONAL THERAPY" AS THE BACCALAUREATE PORTION OF THE DEGREE NAME TO AVOID CONFUSING THE PUBLIC. DEGREE NAMES FOR THE BACCALAUREATE PORTION OF THE PROGRAM MOST COMMONLY USED ARE "BACCALAUREATE IN HEALTH SCIENCES," "BACCALAUREATE IN ALLIED HEALTH," "BACCALAUREATE IN OCCUPATIONAL SCIENCE," AND "BACCALAUREATE IN HEALTH STUDIES."</i></p>	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE BACHELOR OF SCIENCE (BS) AND THE BACHELOR OF ARTS (BA).</i></p>	<p><i>THE DEGREES MOST COMMONLY CONFERRED ARE THE ASSOCIATE OF APPLIED SCIENCE (AAS) AND ASSOCIATE OF SCIENCE (AS).</i></p>
<b>A.1.5. Notification Requirements</b>				
A.1.5.	<p>The program must:</p> <ul style="list-style-type: none"> <li>• Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change.</li> <li>• Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation.</li> <li>• Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program.</li> <li>• Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director.</li> <li>• Pay accreditation fees within 90 days of the invoice date.</li> </ul>	<p>The program must:</p> <ul style="list-style-type: none"> <li>• Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change.</li> <li>• Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation.</li> <li>• Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program.</li> <li>• Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director.</li> <li>• Pay accreditation fees within 90 days of the invoice date.</li> </ul>	<p>The program must:</p> <ul style="list-style-type: none"> <li>• Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change.</li> <li>• Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation.</li> <li>• Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program.</li> <li>• Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director.</li> <li>• Pay accreditation fees within 90 days of the invoice date.</li> </ul>	<p>The program must:</p> <ul style="list-style-type: none"> <li>• Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change.</li> <li>• Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation.</li> <li>• Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program.</li> <li>• Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director.</li> <li>• Pay accreditation fees within 90 days of the invoice date.</li> </ul>

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	<ul style="list-style-type: none"> <li>Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information.</li> <li>Agree to a site visit date before the end of the period for which accreditation was previously awarded.</li> <li>Demonstrate honesty and integrity in all interactions with ACOTE.</li> <li>Comply with the current requirements of all ACOTE policies.</li> </ul>	<ul style="list-style-type: none"> <li>Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information.</li> <li>Agree to a site visit date before the end of the period for which accreditation was previously awarded.</li> <li>Demonstrate honesty and integrity in all interactions with ACOTE.</li> <li>Comply with the current requirements of all ACOTE policies.</li> </ul>	<ul style="list-style-type: none"> <li>Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information.</li> <li>Agree to a site visit date before the end of the period for which accreditation was previously awarded.</li> <li>Demonstrate honesty and integrity in all interactions with ACOTE.</li> <li>Comply with the current requirements of all ACOTE policies.</li> </ul>	<ul style="list-style-type: none"> <li>Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the period of time designated by ACOTE. All reports must be complete and contain all requested information.</li> <li>Agree to a site visit date before the end of the period for which accreditation was previously awarded.</li> <li>Demonstrate honesty and integrity in all interactions with ACOTE.</li> <li>Comply with the current requirements of all ACOTE policies.</li> </ul>

**A.2.0. ACADEMIC RESOURCES**

**A.2.1. Program Director**

A.2.1.	<ul style="list-style-type: none"> <li>The program must identify an individual as the program director who is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.</li> <li>The program director must be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a doctoral degree awarded by an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education (USDE). The doctoral degree is not limited to</li> </ul>	<ul style="list-style-type: none"> <li>The program must identify an individual as the program director who is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.</li> <li>The program director must be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a doctoral degree awarded by an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education (USDE). The doctoral degree is not limited to</li> </ul>	<ul style="list-style-type: none"> <li>The program must identify an individual as the program director who is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.</li> <li>The program director must be an initially certified occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a minimum of a master's degree awarded by an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education</li> </ul>	<ul style="list-style-type: none"> <li>The program must identify an individual as the program director who is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The director may be assigned other institutional duties that do not interfere with the management and administration of the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met.</li> <li>The program director must be an initially certified occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The program director must hold a minimum of a master's degree awarded by an institution that is accredited by a regional accrediting body recognized by the U.S. Department of Education</li> </ul>
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STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	<p>a doctorate in occupational therapy.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> <ul style="list-style-type: none"> <li>• The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include: <ul style="list-style-type: none"> <li>○ Clinical practice as an occupational therapist.</li> <li>○ Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting.</li> <li>○ Scholarship (e.g., scholarship of application, scholarship of teaching and learning).</li> <li>○ Understanding of the role of the occupational therapy assistant.</li> <li>○ At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postbaccalaureate level.</li> </ul> </li> <li>• The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.</li> <li>• The program director position cannot be shared.</li> </ul>	<p>a doctorate in occupational therapy.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> <ul style="list-style-type: none"> <li>• The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include: <ul style="list-style-type: none"> <li>○ Clinical practice as an occupational therapist.</li> <li>○ Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting.</li> <li>○ Scholarship (e.g., scholarship of application, scholarship of teaching and learning).</li> <li>○ Understanding of the role of the occupational therapy assistant.</li> <li>○ At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level.</li> </ul> </li> <li>• The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.</li> <li>• The program director position cannot be shared.</li> </ul>	<p>(USDE). The master's degree is not limited to a master's degree in occupational therapy.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> <ul style="list-style-type: none"> <li>• The program director must have a minimum of 5 years of documented experience in the field of occupational therapy. This experience must include: <ul style="list-style-type: none"> <li>○ Clinical practice as an occupational therapist or occupational therapy assistant.</li> <li>○ Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting.</li> <li>○ Scholarship (e.g., scholarship of application, scholarship of teaching and learning).</li> <li>○ Understanding of and experience with occupational therapy assistants.</li> <li>○ At least 2 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level.</li> </ul> </li> <li>• The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.</li> <li>• The program director position cannot be shared.</li> </ul>	<p>(USDE). The master's degree is not limited to a master's degree in occupational therapy.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p> <ul style="list-style-type: none"> <li>• The program director must have a minimum of 5 years of documented experience in the field of occupational therapy. This experience must include: <ul style="list-style-type: none"> <li>○ Clinical practice as an occupational therapist or occupational therapy assistant.</li> <li>○ Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting.</li> <li>○ Scholarship (e.g., scholarship of application, scholarship of teaching and learning).</li> <li>○ Understanding of and experience with occupational therapy assistants.</li> <li>○ At least 2 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level.</li> </ul> </li> <li>• The program director must be responsible for the management and administration of the program, including planning, evaluation, budgeting, selection of faculty and staff, maintenance of accreditation, and commitment to strategies for professional development.</li> <li>• The program director position cannot be shared.</li> </ul>



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<p><i>A DOCTORAL OR MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.</i></p> <p><i>A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL OR NATIONAL ACCREDITATION SINCE THAT TIME.</i></p>				
<p><b>A.2.2. FTE Faculty Composition</b></p>				
A.2.2.	<i>(No related Standard)</i>	<i>(No related Standard)</i>	<p>The program must have at least three full-time equivalent (FTE) faculty positions at each accredited location where the program is offered.</p> <p>At a minimum, each program must have a core faculty who is an occupational therapist and a core faculty who is an occupational therapy assistant.</p>	<p>The program must have at least two full-time equivalent (FTE) faculty positions at each accredited location where the program is offered.</p> <p>At a minimum, each program must have a core faculty who is an occupational therapist and a core faculty who is an occupational therapy assistant.</p>
<p><i>IN ORDER TO DEMONSTRATE COMPLIANCE WITH THIS STANDARD, THERE MUST BE ONE CORE FACULTY MEMBER WHO IS PRIMARILY PRACTICING AS AN OCCUPATIONAL THERAPIST AND ONE CORE FACULTY MEMBER WHO IS PRIMARILY PRACTICING AS AN OCCUPATIONAL THERAPY ASSISTANT. FOR THE PURPOSE OF THIS STANDARD, PRACTICE IS CONSIDERED EITHER OTA CLINICAL PRACTICE OR OTA EDUCATION.</i></p>				
<p><b>A.2.3. Program Director and Faculty Qualifications</b></p>				
A.2.3.	<p>The program director and faculty must possess:</p> <ul style="list-style-type: none"> <li>The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.</li> <li>Documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning). Evidence of expertise in teaching assignments might include documentation of continuing professional development, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources.</li> </ul>	<p>The program director and faculty must possess:</p> <ul style="list-style-type: none"> <li>The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.</li> <li>Documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning). Evidence of expertise in teaching assignments might include documentation of continuing professional development, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources.</li> </ul>	<p>The program director and faculty must possess:</p> <ul style="list-style-type: none"> <li>The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.</li> <li>Documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning). Evidence of expertise in teaching assignments might include documentation of continuing professional development, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources.</li> </ul>	<p>The program director and faculty must possess:</p> <ul style="list-style-type: none"> <li>The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution.</li> <li>Documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning). Evidence of expertise in teaching assignments might include documentation of continuing professional development, relevant experience, faculty development plan reflecting acquisition of new content, incorporation of feedback from course evaluations, and other sources.</li> </ul>

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	<ul style="list-style-type: none"> <li>The expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>The expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>The expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>The expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.</li> </ul>
<b>A.2.4. Academic Fieldwork Coordinator</b>				
A.2.4.	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time and support to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The academic fieldwork coordinator must have at least 2 years of clinical practice experience as an occupational therapist and hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p>	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time and support to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The academic fieldwork coordinator must have at least 2 years of clinical practice experience as an occupational therapist and hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p>	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time and support to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be an occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The academic fieldwork coordinator must have at least 2 years of clinical practice experience as an occupational therapist or occupational therapy assistant and hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized regional or national accrediting body.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p>	<p>The program must identify an individual for the role of academic fieldwork coordinator who is specifically responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The academic fieldwork coordinator may be assigned other institutional duties that do not interfere with the management and administration of the fieldwork program. The institution must document that the academic fieldwork coordinator has sufficient release time and support to ensure that the needs of the fieldwork program are being met.</p> <p>This individual must be an occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The academic fieldwork coordinator must have at least 2 years of clinical practice experience as an occupational therapist or occupational therapy assistant and hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized regional or national accrediting body.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p>
	<i>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM</i>	<i>A MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM</i>	<i>A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM</i>	<i>A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM</i>

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	<i>AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.</i>	<i>AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.</i>	<i>AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL OR NATIONAL ACCREDITATION SINCE THAT TIME.</i>	<i>AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL OR NATIONAL ACCREDITATION SINCE THAT TIME.</i>
<b>A.2.5. Doctoral Capstone Coordinator</b>				
A.2.5.	<p>The program must identify an individual for the role of capstone coordinator who is specifically responsible for the program's compliance with the capstone requirements of Standards Section D.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE. The capstone coordinator may be assigned other institutional duties that do not interfere with the management and administration of the capstone program. The institution must document that the capstone coordinator has sufficient release time and support to ensure that the needs of the capstone program are being met.</p> <p>This individual must be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. The capstone coordinator must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p>	<i>(No related Standard)</i>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
	<i>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD</i>			

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	<i>ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.</i>			
<b>A.2.6. Licensed OT and OTA Faculty</b>				
A.2.6.	<p>Core faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the additional location is located.</p> <p>For programs outside of the United States or its jurisdictions, core faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p>	<p>Core faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the additional location is located.</p> <p>For programs outside of the United States or its jurisdictions, core faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p>	<p>Core faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the additional location is located.</p> <p>For programs outside of the United States or its jurisdictions, core faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p>	<p>Core faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant.</p> <p>Faculty in residence and teaching at additional locations must be currently licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the additional location is located.</p> <p>For programs outside of the United States or its jurisdictions, core faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.</p>
<b>A.2.7. Faculty Degrees</b>				
A.2.7.	<p>All full-time core faculty who are occupational therapy practitioners teaching in the program must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body. The doctoral degree is not limited to a doctorate in occupational therapy.</p> <p>At least 50% of full-time core faculty must have a post-professional doctorate.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p>	<p>The majority of full-time core faculty who are occupational therapy practitioners teaching in the program must hold a doctoral degree. All full-time faculty must hold a minimum of a master's degree. All degrees must be awarded by an institution that is accredited by a USDE-recognized regional accrediting body. The degrees are not limited to occupational therapy.</p> <p>At least 50% of full-time core faculty must hold a doctoral degree. The program director is counted as a faculty member.</p> <p>At least 25% of full-time core faculty must have a post-professional doctorate.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will</p>	<p>The majority of full-time core faculty who are occupational therapy practitioners teaching in the program must hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized regional accrediting body. All full-time faculty must hold a minimum of a baccalaureate degree that is awarded by an institution that is accredited by a USDE-recognized regional or national accrediting body. The degrees are not limited to occupational therapy.</p> <p>At least 50% of full-time core faculty must hold a minimum of a master's degree. The program director is counted as a faculty member.</p> <p>For degrees from institutions in countries</p>	<p>All full-time core faculty who are occupational therapy practitioners teaching in the program must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized regional or national accrediting body. The degrees are not limited to occupational therapy.</p> <p>For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.</p>

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		determine an alternative and equivalent external review process.	other than the United States, ACOTE will determine an alternative and equivalent external review process.	
	<i>A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.</i>	<i>A DOCTORAL OR MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.</i>	<i>A MASTER'S OR BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME. A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.</i>	<i>A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM AN INSTITUTION THAT WAS NOT REGIONALLY OR NATIONALLY ACCREDITED IS CONSIDERED ACCEPTABLE TO MEET THIS STANDARD ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.</i>
<b>A.2.8. Site Coordinator</b>				
A.2.8.	For programs with additional location(s), the program must identify a full-time core faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional location(s), the program must identify a full-time core faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional location(s), the program must identify a full-time core faculty member who is an occupational therapy practitioner as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional location(s), the program must identify a full-time core faculty member who is an occupational therapy practitioner as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.
<b>A.2.9. Sufficient Faculty</b>				
A.2.9.	The occupational therapy faculty at each location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal.  Faculty responsible for content related to research methodology and mentoring students on scholarly projects must demonstrate ongoing scholarly achievement and research expertise.	The occupational therapy faculty at each location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal.  Faculty responsible for content related to research methodology and mentoring students on scholarly projects must demonstrate ongoing scholarly achievement and research expertise.	The occupational therapy assistant faculty at each location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal.	The occupational therapy assistant faculty at each location where the program is offered must be sufficient in number to ensure appropriate curriculum design, content delivery, and program evaluation. Multiple adjuncts, part-time faculty, or full-time faculty may be configured to meet this goal.

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<b>A.2.10. Clerical and Support Staff</b>				
A.2.10.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, fieldwork and doctoral capstone requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, and fieldwork requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, fieldwork, and baccalaureate project requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, and fieldwork requirements, including support for any portion of the program offered by distance education.
<b>A.2.11. Budget</b>				
A.2.11.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.
<b>A.2.12. Adequate Space</b>				
A.2.12.	<ul style="list-style-type: none"> <li>• Adequate classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution and assigned to the occupational therapy program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.</li> <li>• The program director and faculty must have office space consistent with institutional practice.</li> <li>• Adequate space must be provided for the private advising of students.</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution and assigned to the occupational therapy program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.</li> <li>• The program director and faculty must have office space consistent with institutional practice.</li> <li>• Adequate space must be provided for the private advising of students.</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution and assigned to the occupational therapy assistant program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.</li> <li>• The program director and faculty must have office space consistent with institutional practice.</li> <li>• Adequate space must be provided for the private advising of students.</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution and assigned to the occupational therapy assistant program on a priority basis. If laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use.</li> <li>• The program director and faculty must have office space consistent with institutional practice.</li> <li>• Adequate space must be provided for the private advising of students.</li> </ul>
<b>A.2.13. Equipment, Supplies, and Evaluative and Treatment Methodologies</b>				
A.2.13.	<ul style="list-style-type: none"> <li>• Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic, fieldwork, and doctoral capstone components of the curriculum.</li> <li>• Students must be given access and</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic and fieldwork components of the curriculum.</li> <li>• Students must be given access and opportunity to use the evaluative and</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic, fieldwork, and baccalaureate project components of the curriculum.</li> <li>• Students must be given access and</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic and fieldwork components of the curriculum.</li> <li>• Students must be given access and opportunity to use the evaluative and</li> </ul>

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	opportunity to use the evaluative and treatment methodologies that reflect current evidence-based practice in the geographic area served by the program.	treatment methodologies that reflect current evidence-based practice in the geographic area served by the program.	opportunity to use the evaluative and treatment methodologies that reflect current evidence-based practice in the geographic area served by the program.	treatment methodologies that reflect current evidence-based practice in the geographic area served by the program.
<b>A.2.14. Library, Reference Materials, Instructional Aids, and Technology</b>				
A.2.14.	<ul style="list-style-type: none"> <li>Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, support, and resource centers.</li> <li>Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Student support services must also be available.</li> </ul>	<ul style="list-style-type: none"> <li>Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, support, and resource centers.</li> <li>Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Student support services must also be available.</li> </ul>	<ul style="list-style-type: none"> <li>Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, support, and resource centers.</li> <li>Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Student support services must also be available.</li> </ul>	<ul style="list-style-type: none"> <li>Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, and other reference materials needed to meet the requirements of the curriculum. This may include, but is not limited to, libraries, online services, interlibrary loan, support, and resource centers.</li> <li>Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives and teaching methods. Student support services must also be available.</li> </ul>
<b>A.2.15. Distance Education</b>				
A.2.15.	<p>If any portion of the program is offered through distance education, it must include:</p> <ul style="list-style-type: none"> <li>A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit.</li> <li>Technology and resources that are adequate to support a distance-learning environment.</li> <li>A process to ensure that faculty are adequately trained and skilled to use distance education methodologies.</li> </ul> <p>The program must provide documentation of the processes involved and evidence of implementation.</p>	<p>If any portion of the program is offered through distance education, it must include:</p> <ul style="list-style-type: none"> <li>A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit.</li> <li>Technology and resources that are adequate to support a distance-learning environment.</li> <li>A process to ensure that faculty are adequately trained and skilled to use distance education methodologies.</li> </ul> <p>The program must provide documentation of the processes involved and evidence of implementation.</p>	<p>If any portion of the program is offered through distance education, it must include:</p> <ul style="list-style-type: none"> <li>A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit.</li> <li>Technology and resources that are adequate to support a distance-learning environment.</li> <li>A process to ensure that faculty are adequately trained and skilled to use distance education methodologies.</li> </ul> <p>The program must provide documentation of the processes involved and evidence of implementation.</p>	<p>If any portion of the program is offered through distance education, it must include:</p> <ul style="list-style-type: none"> <li>A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit.</li> <li>Technology and resources that are adequate to support a distance-learning environment.</li> <li>A process to ensure that faculty are adequately trained and skilled to use distance education methodologies.</li> </ul> <p>The program must provide documentation of the processes involved and evidence of implementation.</p>

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<b>A.3.0. STUDENTS</b>				
<b>A.3.1. Admission Criteria</b>				
A.3.1.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.
<b>A.3.2. Admission Policies</b>				
A.3.2.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.	Policies pertaining to standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and prerequisite educational or work experience requirements must be readily accessible to prospective students and the public.
<b>A.3.3. Credit for Previous Courses/Work Experience</b>				
A.3.3.	The program must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate doctoral Standards.	The program must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate master's Standards.	The program must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate baccalaureate Standards.	The program must document implementation of a mechanism to ensure that students receiving credit for previous courses and/or work experience have met the content requirements of the appropriate associate's Standards.
<b>A.3.4. Criteria for Successful Completion</b>				
A.3.4.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.	Criteria for successful completion of each segment of the educational program and for graduation must be given in advance to each student.
<b>A.3.5. Evaluation on a Regular Basis</b>				
A.3.5.	Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: <ul style="list-style-type: none"> <li>• Student progress</li> <li>• Professional behaviors</li> <li>• Academic standing</li> </ul>	Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: <ul style="list-style-type: none"> <li>• Student progress</li> <li>• Professional behaviors</li> <li>• Academic standing</li> </ul>	Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: <ul style="list-style-type: none"> <li>• Student progress</li> <li>• Professional behaviors</li> <li>• Academic standing</li> </ul>	Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: <ul style="list-style-type: none"> <li>• Student progress</li> <li>• Professional behaviors</li> <li>• Academic standing</li> </ul>
<b>A.3.6. Student Support Services</b>				
A.3.6.	Students must be informed of and have access to the student support services that are provided to other students in the	Students must be informed of and have access to the student support services that are provided to other students in the	Students must be informed of and have access to the student support services that are provided to other students in the	Students must be informed of and have access to the student support services that are provided to other students in the



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	institution. Distance students must have access to the same resources as campus students.	institution. Distance students must have access to the same resources as campus students.	institution. Distance students must have access to the same resources as campus students.	institution. Distance students must have access to the same resources as campus students.
<b>A.3.7. Advising by Faculty</b>				
A.3.7.	Advising related to professional coursework, professional behaviors, fieldwork education, and the doctoral capstone must be the responsibility of the occupational therapy faculty.	Advising related to professional coursework, professional behaviors, and fieldwork education must be the responsibility of the occupational therapy faculty.	Advising related to coursework in the occupational therapy assistant program, professional behaviors, fieldwork education, and the baccalaureate project must be the responsibility of the occupational therapy assistant faculty.	Advising related to coursework in the occupational therapy assistant program, professional behaviors, and fieldwork education must be the responsibility of the occupational therapy assistant faculty.
<b>A.4.0. PUBLIC INFORMATION &amp; POLICIES</b>				
<b>A.4.1. Accurate Program Publications</b>				
A.4.1.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must accurately reflect the program offered.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must accurately reflect the program offered.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must accurately reflect the program offered.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must accurately reflect the program offered.
<b>A.4.2. Publication of Program Outcomes</b>				
A.4.2.	<p>Accurate and current information regarding student and program outcomes must be readily available to the public on the program's web page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> <li>• Program graduates</li> <li>• Graduation rates</li> </ul> <p>The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.</p>	<p>Accurate and current information regarding student and program outcomes must be readily available to the public on the program's web page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> <li>• Program graduates</li> <li>• Graduation rates</li> </ul> <p>The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.</p>	<p>Accurate and current information regarding student and program outcomes must be readily available to the public on the program's web page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> <li>• Program graduates</li> <li>• Graduation rates</li> </ul> <p>The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.</p>	<p>Accurate and current information regarding student and program outcomes must be readily available to the public on the program's web page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years:</p> <ul style="list-style-type: none"> <li>• Program graduates</li> <li>• Graduation rates</li> </ul> <p>The program must provide the direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.</p>
<p>PROGRAMS MAY USE EITHER CALENDAR YEAR OR ACADEMIC YEAR WHEN PUBLISHING THE TOTAL NUMBER OF PROGRAM GRADUATES AND GRADUATION RATES FROM THE PREVIOUS 3 YEARS AS LONG AS THE TIME FRAME IS CLEARLY DELINEATED. THE NUMBER OF PROGRAM GRADUATES MUST BE TOTALED FOR THE 3-YEAR REPORTING PERIOD. IF THE PROGRAM HAS ONLY ONE OR TWO YEARS OF GRADUATE DATA, THIS MUST BE MADE AVAILABLE AND TOTALED. THE TOTAL MAY BE IN THE FORM OF A NARRATIVE OR WITHIN A GRID. THE TOTAL NUMBER OF PROGRAM GRADUATES AND GRADUATION RATES MUST BE POSTED ON THE PROGRAM'S WEB PAGE. THE PROGRAM MUST PROVIDE AN ACTIVE DIRECT LINK TO THE NBCOT PROGRAM DATA RESULTS ON THE PROGRAM'S HOME PAGE: <a href="https://www.nbcot.org/en/educators/home#schoolperformance">HTTPS://WWW.NBCOT.ORG/EN/EDUCATORS/HOME#SCHOOLPERFORMANCE</a> (PREFERRED LINK) OR <a href="https://secure.nbcot.org/data/schoolstats.aspx">HTTPS://SECURE.NBCOT.ORG/DATA/SCHOOLSTATS.ASPX</a>.</p>				

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<b>A.4.3. Publication of ACOTE Information</b>				
A.4.3.	The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, website, and program-related brochures or flyers available to prospective students. An active link to <a href="http://www.acoteonline.org">www.acoteonline.org</a> must be provided on the program's home page.	The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, website, and program-related brochures or flyers available to prospective students. An active link to <a href="http://www.acoteonline.org">www.acoteonline.org</a> must be provided on the program's home page.	The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, website, and program-related brochures or flyers available to prospective students. An active link to <a href="http://www.acoteonline.org">www.acoteonline.org</a> must be provided on the program's home page.	The program's accreditation status and the name, address, and telephone number of ACOTE must be published in all of the following materials used by the institution: catalog, website, and program-related brochures or flyers available to prospective students. An active link to <a href="http://www.acoteonline.org">www.acoteonline.org</a> must be provided on the program's home page.
<i>SAMPLE WORDING: "THE OCCUPATIONAL THERAPY/OCCUPATIONAL THERAPY ASSISTANT PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA), LOCATED AT 4720 MONTGOMERY LANE, SUITE 200, BETHESDA, MD 20814-3449. ACOTE'S TELEPHONE NUMBER, C/O AOTA, IS (301) 652-AOTA, AND ITS WEB ADDRESS IS <a href="http://WWW.ACOTEONLINE.ORG">WWW.ACOTEONLINE.ORG</a>."</i>				
<b>A.4.4. Published Policies and Procedures</b>				
A.4.4.	<p>The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:</p> <ul style="list-style-type: none"> <li>• Policy and procedures for processing student and faculty grievances must be defined and published.</li> <li>• Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.</li> <li>• Student probation, suspension, and dismissal must be published and made known.</li> <li>• Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures) must be documented and made known.</li> <li>• Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included. This includes</li> </ul>	<p>The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:</p> <ul style="list-style-type: none"> <li>• Policy and procedures for processing student and faculty grievances must be defined and published.</li> <li>• Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.</li> <li>• Student probation, suspension, and dismissal must be published and made known.</li> <li>• Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures) must be documented and made known.</li> <li>• Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included. This includes</li> </ul>	<p>The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:</p> <ul style="list-style-type: none"> <li>• Policy and procedures for processing student and faculty grievances must be defined and published.</li> <li>• Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.</li> <li>• Student probation, suspension, and dismissal must be published and made known.</li> <li>• Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures) must be documented and made known.</li> <li>• Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included. This includes</li> </ul>	<p>The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following:</p> <ul style="list-style-type: none"> <li>• Policy and procedures for processing student and faculty grievances must be defined and published.</li> <li>• Student withdrawal and refunds of tuition and fees must be published and made known to all applicants.</li> <li>• Student probation, suspension, and dismissal must be published and made known.</li> <li>• Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students, and faculty (including infection control and evacuation procedures) must be documented and made known.</li> <li>• Graduation requirements, tuition, and fees must be accurately stated, published, and made known to all applicants. When published fees are subject to change, a statement to that effect must be included. This includes</li> </ul>

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	fees associated with distance education.	fees associated with distance education.	fees associated with distance education.	fees associated with distance education.
<b>A.4.5. Ability to Benefit</b>				
A.4.5.	A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit.	A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit.	A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit.	A program admitting students on the basis of ability to benefit (defined by the USDE as admitting students who do not have either a high school diploma or its equivalent) must publicize its objectives, assessment measures, and means of evaluating the student's ability to benefit.
<b>A.4.6. Progression, Retention, Graduation, Certification, and Credentialing Requirements</b>				
A.4.6.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.	Documentation of all progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.
	<i>SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPIST, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT®). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE AN OCCUPATIONAL THERAPIST, REGISTERED (OTR). IN ADDITION, ALL STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."</i>		<i>SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPY ASSISTANT, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT®). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE A CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA). IN ADDITION, ALL STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."</i>	
<b>A.4.7. Completion in a Timely Manner</b>				
A.4.7.	The program must have a documented and published policy to ensure that students complete all graduation, fieldwork, and the doctoral capstone requirements in a timely manner. This policy must include a statement that all Level II fieldwork and the doctoral capstone must be completed within a time frame established by the program.	The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program.	The program must have a documented and published policy to ensure that students complete all graduation, fieldwork, and the baccalaureate project requirements in a timely manner. This policy must include a statement that all Level II fieldwork and the baccalaureate project must be completed within a time frame established by the program.	The program must have a documented and published policy to ensure that students complete all graduation and fieldwork requirements in a timely manner. This policy must include a statement that all Level II fieldwork must be completed within a time frame established by the program.
	<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE DOCTORAL CAPSTONE WITHIN [XX]</i>		<i>SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE BACCALAUREATE PROJECT WITHIN</i>	

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	<i>MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>	<i>COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>	<i>[XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>	<i>COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."</i>
<b>A.4.8. Student Records</b>				
A.4.8.	Records regarding student admission, enrollment, fieldwork, doctoral capstone, and achievement must be maintained and kept in a secure setting consistent with Family Educational Rights and Privacy Act regulations. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution.	Records regarding student admission, enrollment, fieldwork, and achievement must be maintained and kept in a secure setting consistent with Family Educational Rights and Privacy Act regulations. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution.	Records regarding student admission, enrollment, fieldwork, baccalaureate project, and achievement must be maintained and kept in a secure setting consistent with Family Educational Rights and Privacy Act regulations. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution.	Records regarding student admission, enrollment, fieldwork, and achievement must be maintained and kept in a secure setting consistent with Family Educational Rights and Privacy Act regulations. Grades and credits for courses must be recorded on students' transcripts and permanently maintained by the sponsoring institution.
<b>A.5.0. CURRICULUM FRAMEWORK</b> <b>The curriculum framework is a description of the program that includes the program's mission, philosophy, and curriculum design.</b>				
<b>A.5.1. Curriculum—Preparation to Practice as a Generalist</b>				
A.5.1.	The curriculum must include preparation to practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.
<b>A.5.2. Curriculum—Preparation and Application of In-depth Knowledge</b>				
A.5.2.	The curriculum design must include course objectives and learning activities demonstrating preparation and application of in-depth knowledge in practice skills, research skills, administration, leadership, program and policy development, advocacy, education, or theory through a combination of a capstone experience and a capstone project.	<i>(No related Standard)</i>	The curriculum design must include course objectives and learning activities demonstrating preparation and application of in-depth knowledge in practice skills, administration, leadership, advocacy, or education through the baccalaureate project.	<i>(No related Standard)</i>

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<b>A.5.3. Program Length</b>				
A.5.3.	The occupational therapy doctoral degree must be awarded after a period of study such that the total time to the degree, including both preprofessional and professional preparation, equals a minimum of 6 FTE academic years. The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.	The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.	The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.	The program must document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate.
<b>A.5.4. Program Mission and Philosophy</b>				
A.5.4.	<ul style="list-style-type: none"> <li>• The statement of the mission of the occupational therapy program must: <ul style="list-style-type: none"> <li>○ Be consistent with and supportive of the mission of the sponsoring institution.</li> <li>○ Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.</li> </ul> </li> <li>• The statement of philosophy of the occupational therapy program must: <ul style="list-style-type: none"> <li>○ Reflect the current published philosophy of the profession.</li> <li>○ Include a statement of the program's fundamental beliefs about human beings and how they learn.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The statement of the mission of the occupational therapy program must: <ul style="list-style-type: none"> <li>○ Be consistent with and supportive of the mission of the sponsoring institution.</li> <li>○ Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.</li> </ul> </li> <li>• The statement of philosophy of the occupational therapy program must: <ul style="list-style-type: none"> <li>○ Reflect the current published philosophy of the profession.</li> <li>○ Include a statement of the program's fundamental beliefs about human beings and how they learn.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The statement of the mission of the occupational therapy assistant program must: <ul style="list-style-type: none"> <li>○ Be consistent with and supportive of the mission of the sponsoring institution.</li> <li>○ Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.</li> </ul> </li> <li>• The statement of philosophy of the occupational therapy assistant program must: <ul style="list-style-type: none"> <li>○ Reflect the current published philosophy of the profession.</li> <li>○ Include a statement of the program's fundamental beliefs about human beings and how they learn.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The statement of the mission of the occupational therapy assistant program must: <ul style="list-style-type: none"> <li>○ Be consistent with and supportive of the mission of the sponsoring institution.</li> <li>○ Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions.</li> </ul> </li> <li>• The statement of philosophy of the occupational therapy assistant program must: <ul style="list-style-type: none"> <li>○ Reflect the current published philosophy of the profession.</li> <li>○ Include a statement of the program's fundamental beliefs about human beings and how they learn.</li> </ul> </li> </ul>
<b>A.5.5. Curriculum Design</b>				
A.5.5.	The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content,	The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content,	The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content,	The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The design must identify curricular threads and educational goals and describe the selection of the content,

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	scope, and sequencing of coursework. The instructional design must reflect the curriculum and ensure appropriate content delivery.	scope, and sequencing of coursework. The instructional design must reflect the curriculum and ensure appropriate content delivery.	scope, and sequencing of coursework. The instructional design must reflect the curriculum and ensure appropriate content delivery.	scope, and sequencing of coursework. The instructional design must reflect the curriculum and ensure appropriate content delivery.
<b>A.5.6. Scholarship Agenda</b>				
A.5.6.	The program must have a documented agenda of scholarship that reflects the curriculum design and mission of the program and institution.	The program must have a documented agenda of scholarship that reflects the curriculum design and mission of the program and institution.	The program must have a documented agenda of scholarship that reflects the curriculum design and mission of the program and institution.	The program must have a documented agenda of scholarship that reflects the curriculum design and mission of the program and institution.
<b>A.5.7. Written Syllabi and Assessment Strategies</b>				
A.5.7.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.  Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies must be aligned with course objectives and required for progress in the program and graduation.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.  Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies must be aligned with course objectives and required for progress in the program and graduation.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.  Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies must be aligned with course objectives and required for progress in the program and graduation.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Programs must also demonstrate the consistency between course syllabi and the curriculum design.  Assessment strategies to assure the acquisition of knowledge, skills, attitudes, professional behaviors, and competencies must be aligned with course objectives and required for progress in the program and graduation.
<b>A.6.0. STRATEGIC PLAN AND PROGRAM ASSESSMENT</b>				
<b>For programs that are offered at more than one location, the program's strategic plan, evaluation plan, and results of ongoing evaluation must address each program location as a component of the overall plan.</b>				
<b>A.6.1. Strategic Plan</b>				
A.6.1.	The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork and doctoral capstone sites). A program strategic plan must reflect a minimum of a 3-year period and include, but need not be	The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program strategic plan must reflect a minimum of a 3-year period and	The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites and baccalaureate project). A program strategic plan must reflect a minimum of a 3-year period and include, but need not be	The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth, scholarship, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program strategic plan must reflect a minimum of a 3-year period and

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	<p>limited to:</p> <ul style="list-style-type: none"> <li>Evidence that the plan is based on program evaluation and an analysis of external and internal environments.</li> <li>Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.</li> <li>Specific measurable action steps with expected timelines by which the program will reach its long-term goals.</li> <li>Person(s) responsible for action steps.</li> <li>Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.</li> </ul>	<p>include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>Evidence that the plan is based on program evaluation and an analysis of external and internal environments.</li> <li>Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.</li> <li>Specific measurable action steps with expected timelines by which the program will reach its long-term goals.</li> <li>Person(s) responsible for action steps.</li> <li>Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.</li> </ul>	<p>limited to:</p> <ul style="list-style-type: none"> <li>Evidence that the plan is based on program evaluation and an analysis of external and internal environments.</li> <li>Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.</li> <li>Specific measurable action steps with expected timelines by which the program will reach its long-term goals.</li> <li>Person(s) responsible for action steps.</li> <li>Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.</li> </ul>	<p>include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>Evidence that the plan is based on program evaluation and an analysis of external and internal environments.</li> <li>Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.</li> <li>Specific measurable action steps with expected timelines by which the program will reach its long-term goals.</li> <li>Person(s) responsible for action steps.</li> <li>Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.</li> </ul>
<b>A.6.2. Professional Development Plans</b>				
A.6.2.	<p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor (electronic/typed signature is acceptable). At a minimum, the plan must include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, scholarly activity).</li> <li>Evidence of currency in the areas of teaching responsibilities.</li> <li>Specific measurable action steps with expected timelines by which the faculty member will achieve the goals.</li> <li>Evidence of annual updates of action steps and goals as they are met or as circumstances change.</li> </ul>	<p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor (electronic/typed signature is acceptable). At a minimum, the plan must include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, scholarly activity).</li> <li>Evidence of currency in the areas of teaching responsibilities.</li> <li>Specific measurable action steps with expected timelines by which the faculty member will achieve the goals.</li> <li>Evidence of annual updates of action steps and goals as they are met or as circumstances change.</li> </ul>	<p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor (electronic/typed signature is acceptable). At a minimum, the plan must include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, scholarly activity).</li> <li>Evidence of currency in the areas of teaching responsibilities.</li> <li>Specific measurable action steps with expected timelines by which the faculty member will achieve the goals.</li> <li>Evidence of annual updates of action steps and goals as they are met or as circumstances change.</li> </ul>	<p>The program director and each faculty member who teaches two or more courses must have a current written professional growth and development plan. Each plan must contain the signature of the faculty member and supervisor (electronic/typed signature is acceptable). At a minimum, the plan must include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>Goals to enhance the faculty member's ability to fulfill designated responsibilities (e.g., goals related to areas of teaching responsibility, teaching effectiveness, scholarly activity).</li> <li>Evidence of currency in the areas of teaching responsibilities.</li> <li>Specific measurable action steps with expected timelines by which the faculty member will achieve the goals.</li> <li>Evidence of annual updates of action steps and goals as they are met or as circumstances change.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals.</li> <li>• The individual faculty member's designated responsibilities (e.g., every plan does not need to include scholarly activity if this is not part of the faculty member's responsibilities. Similarly, if the faculty member's primary role is research, he or she may not need a goal related to teaching effectiveness).</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals.</li> <li>• The individual faculty member's designated responsibilities (e.g., every plan does not need to include scholarly activity if this is not part of the faculty member's responsibilities. Similarly, if the faculty member's primary role is research, he or she may not need a goal related to teaching effectiveness).</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals.</li> <li>• The individual faculty member's designated responsibilities (e.g., every plan does not need to include scholarly activity if this is not part of the faculty member's responsibilities).</li> </ul>	<ul style="list-style-type: none"> <li>• Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals.</li> <li>• The individual faculty member's designated responsibilities (e.g., every plan does not need to include scholarly activity if this is not part of the faculty member's responsibilities).</li> </ul>
<b>A.6.3. Program Evaluation</b>				
A.6.3.	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for analysis about the extent to which the program is meeting its stated goals and objectives to inform strategic changes. This must include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>• Faculty effectiveness in their assigned teaching responsibilities.</li> <li>• Effectiveness of instructional design.</li> <li>• Students' competency in professional behaviors.</li> <li>• Students' progression through the program.</li> <li>• Student retention rates.</li> <li>• Fieldwork and doctoral capstone performance evaluation.</li> <li>• Student evaluation of fieldwork and the doctoral capstone experience.</li> <li>• Evaluation of doctoral capstone outcomes.</li> <li>• Student satisfaction with the program.</li> <li>• Graduates' performance on the NBCOT certification exam.</li> <li>• Graduates' job placement and performance as determined by employer satisfaction.</li> <li>• Graduates' scholarly activity (e.g., presentations, publications, grants</li> </ul>	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for analysis about the extent to which the program is meeting its stated goals and objectives to inform strategic changes. This must include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>• Faculty effectiveness in their assigned teaching responsibilities.</li> <li>• Effectiveness of instructional design.</li> <li>• Students' competency in professional behaviors.</li> <li>• Students' progression through the program.</li> <li>• Student retention rates.</li> <li>• Fieldwork performance evaluation.</li> <li>• Student evaluation of fieldwork experience.</li> <li>• Student satisfaction with the program.</li> <li>• Graduates' performance on the NBCOT certification exam.</li> <li>• Graduates' job placement and performance as determined by employer satisfaction.</li> </ul> <p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An</p>	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for analysis about the extent to which the program is meeting its stated goals and objectives to inform strategic changes. This must include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>• Faculty effectiveness in their assigned teaching responsibilities.</li> <li>• Effectiveness of instructional design.</li> <li>• Students' competency in professional behaviors.</li> <li>• Students' progression through the program.</li> <li>• Student retention rates.</li> <li>• Fieldwork and baccalaureate project performance evaluation.</li> <li>• Student evaluation of fieldwork and the baccalaureate project experience.</li> <li>• Evaluation of baccalaureate project outcomes.</li> <li>• Student satisfaction with the program.</li> <li>• Graduates' performance on the NBCOT certification exam.</li> <li>• Graduates' job placement and performance as determined by employer satisfaction.</li> </ul> <p>Programs must routinely and</p>	<p>Programs must routinely secure and document sufficient qualitative and quantitative information to allow for analysis about the extent to which the program is meeting its stated goals and objectives to inform strategic changes. This must include, but need not be limited to:</p> <ul style="list-style-type: none"> <li>• Faculty effectiveness in their assigned teaching responsibilities.</li> <li>• Effectiveness of instructional design.</li> <li>• Students' competency in professional behaviors.</li> <li>• Students' progression through the program.</li> <li>• Student retention rates.</li> <li>• Fieldwork performance evaluation.</li> <li>• Student evaluation of fieldwork experience.</li> <li>• Student satisfaction with the program.</li> <li>• Graduates' performance on the NBCOT certification exam.</li> <li>• Graduates' job placement and performance as determined by employer satisfaction.</li> </ul> <p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An</p>



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	<p>obtained, state and national leadership positions, awards).</p> <p>Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p>	<p>annual report summarizing analysis of data and planned action responses must be maintained.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p>	<p>systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An annual report summarizing analysis of data and planned action responses must be maintained.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p>	<p>annual report summarizing analysis of data and planned action responses must be maintained.</p> <p>The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.</p>

**A.6.4. Certification Exam Pass Rate**

A.6.4.	<p>The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.</p>	<p>The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.</p>	<p>The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.</p>	<p>The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.</p>
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**SECTION B: CONTENT REQUIREMENTS**

The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and evaluation methods to document that students meet these outcomes. Level II Fieldwork, the Baccalaureate Project, or the Doctoral Capstone Experience and Project syllabi may not be used to document compliance with a section B content Standard.

**B.1.0. FOUNDATIONAL CONTENT REQUIREMENTS**

Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in the sciences must also be evident in professional coursework. The student will be able to:

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<b><i>B.1.1. Human Body, Development, and Behavior</i></b>				
B.1.1.	Demonstrate knowledge of: <ul style="list-style-type: none"> <li>• The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.</li> <li>• Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.</li> <li>• Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.</li> </ul>	Demonstrate knowledge of: <ul style="list-style-type: none"> <li>• The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.</li> <li>• Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.</li> <li>• Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.</li> </ul>	Demonstrate knowledge of: <ul style="list-style-type: none"> <li>• The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.</li> <li>• Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.</li> <li>• Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.</li> </ul>	Demonstrate knowledge of: <ul style="list-style-type: none"> <li>• The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics.</li> <li>• Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology.</li> <li>• Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.</li> </ul>
<b><i>B.1.2. Sociocultural, Socioeconomic, Diversity Factors, and Lifestyle Choices</i></b>				
B.1.2.	Apply, analyze, and evaluate the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Apply and analyze the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Apply knowledge and appreciation of the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology).	Explain the role of sociocultural, socioeconomic, and diversity factors, as well as lifestyle choices in contemporary society to meet the needs of persons, groups, and populations (e.g., principles of psychology, sociology, and abnormal psychology).
<b><i>B.1.3. Social Determinants of Health</i></b>				
B.1.3.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an analysis of the epidemiological factors that impact the public health and welfare of populations.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an analysis of the epidemiological factors that impact the public health and welfare of populations.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions. This must include an understanding of the epidemiological factors that impact the public health and welfare of populations.
<b><i>B.1.4. Quantitative Statistics and Qualitative Analysis</i></b>				
B.1.4.	Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice.	Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice.	<i>(No related Standard)</i>	<i>(No related Standard)</i>

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<b>B.2.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES</b>				
<b>Current and relevant interprofessional perspectives including rehabilitation, disability, and developmental as well as person/population-environment-occupation models, theories and frameworks of practice. The program must facilitate the development of the performance criteria listed below. The student will be able to:</b>				
<b><i>B.2.1. Scientific Evidence, Theories, Models of Practice, and Frames of Reference</i></b>				
B.2.1.	Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.
<b><i>B.2.2. Theory Development</i></b>				
B.2.2.	Explain the process of theory development in occupational therapy and its desired impact and influence on society.	Explain the process of theory development and its importance to occupational therapy.	Define the process of theory development and its importance to occupational therapy.	Define the process of theory development and its importance to occupational therapy.
<b>B.3.0. BASIC TENETS OF OCCUPATIONAL THERAPY</b>				
<b>Coursework must facilitate development of the performance criteria listed below. The student will be able to:</b>				
<b><i>B.3.1. OT History, Philosophical Base, Theory, and Sociopolitical Climate</i></b>				
B.3.1.	Analyze and evaluate occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Analyze occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.
<b><i>B.3.2. Interaction of Occupation and Activity</i></b>				
B.3.2.	Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.	Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.	Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.	Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors.
<b><i>B.3.3. Distinct Nature of Occupation</i></b>				
B.3.3.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.	Explain to consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the general public the distinct nature of occupation and the evidence that occupation supports performance, participation, health, and well-being.

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<b><i>B.3.4. Balancing Areas of Occupation, Role in Promotion of Health, and Prevention</i></b>				
B.3.4.	Apply, analyze, and evaluate scientific evidence to explain the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.	Apply and analyze scientific evidence to explain the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.	Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.	Demonstrate knowledge of scientific evidence as it relates to the importance of balancing areas of occupation; the role of occupation in the promotion of health; and the prevention of disease, illness, and dysfunction for persons, groups, and populations.
<b><i>B.3.5. Effects of Disease Processes</i></b>				
B.3.5.	Analyze and evaluate the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.	Analyze the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.	Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.	Demonstrate knowledge of the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury on occupational performance.
<b><i>B.3.6. Activity Analysis</i></b>				
B.3.6.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to formulate the intervention plan.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to formulate the intervention plan.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context(s) and environments, and client factors to implement the intervention plan.
<b><i>B.3.7. Safety of Self and Others</i></b>				
B.3.7.	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	Demonstrate sound judgment in regard to safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.

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B.4.0.	<p><b>REFERRAL, SCREENING, EVALUATION, AND INTERVENTION PLAN</b></p> <p>The process of referral, screening, evaluation, and diagnosis as related to occupational performance and participation must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence.</p> <p><b>INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION</b></p> <p>The process of formulation and implementation of the therapeutic intervention plan to facilitate occupational performance and participation must be client centered and culturally relevant; reflective of current and emerging occupational therapy practice; based on available evidence; and based on theoretical perspectives, models of practice, and frames of reference.</p> <p>These processes must consider the needs of persons, groups, and populations.</p> <p>The program must facilitate development of the performance criteria listed below. The student will be able to:</p>		<p><b>SCREENING, EVALUATION, AND INTERVENTION PLAN</b></p> <p>The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in cooperation with the occupational therapist and must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence. These processes must consider the needs of persons, groups, and populations.</p> <p><b>INTERVENTION AND IMPLEMENTATION</b></p> <p>The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational therapist and must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p> <p>The program must facilitate development of the performance criteria listed below. The student will be able to:</p>	
<b>B.4.1. Therapeutic Use of Self</b>				
B.4.1.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.
<b>B.4.2. Clinical Reasoning</b>				
B.4.2.	Demonstrate clinical reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions to address client factors, performance patterns, and performance skills.	Demonstrate clinical reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions to address client factors, performance patterns, and performance skills.	Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.	Demonstrate clinical reasoning to address occupation-based interventions, client factors, performance patterns, and performance skills.
<b>B.4.3. Occupation-Based Interventions</b>				
B.4.3.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.	Utilize clinical reasoning to facilitate occupation-based interventions that address client factors. This must include interventions focused on promotion, compensation, adaptation, and prevention.
<b>B.4.4. Standardized and Nonstandardized Screening and Assessment Tools</b>				
B.4.4.	Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment	Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment	Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based	Contribute to the evaluation process of client(s)' occupational performance, including an occupational profile, by administering standardized and nonstandardized screenings and assessment tools and collaborating in the development of occupation-based

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	<p>methods must take into consideration cultural and contextual factors of the client.</p> <p>Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p>	<p>methods must take into consideration cultural and contextual factors of the client.</p> <p>Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p>	<p>intervention plans and strategies.</p> <p>Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p>	<p>intervention plans and strategies.</p> <p>Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors to deliver evidence-based intervention plans and strategies.</p> <p>Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.</p>
<b>B.4.5. Application of Assessment Tools and Interpretation of Results</b>				
B.4.5.	<p>Select and apply assessment tools, considering client needs, and cultural and contextual factors.</p> <p>Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols.</p> <p>Interpret the results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context).</p>	<p>Select and apply assessment tools, considering client needs, and cultural and contextual factors.</p> <p>Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols.</p> <p>Interpret the results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context).</p>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
<b>B.4.6. Reporting Data</b>				
B.4.6.	<p>Collect, analyze, and report data in a systematic manner for evaluation of client and practice outcomes. Report evaluation results and modify practice as needed.</p>	<p>Collect, analyze, and report data in a systematic manner for evaluation of client and practice outcomes. Report evaluation results and modify practice as needed.</p>	<p>Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.</p>	<p>Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.</p>
<b>B.4.7. Interpret Standardized Test Scores</b>				
B.4.7.	<p>Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.</p>	<p>Interpret criterion-referenced and norm-referenced standardized test scores on the basis of an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.</p>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
<b>B.4.8. Interpret Evaluation Data</b>				
B.4.8.	<p>Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team.</p>	<p>Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team.</p>	<i>(No related Standard)</i>	<i>(No related Standard)</i>

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<b><i>B.4.9. Remediation and Compensation</i></b>				
B.4.9.	Design and implement intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Design and implement intervention strategies to remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.	Demonstrate an understanding of the intervention strategies that remediate and/or compensate for functional cognitive deficits, visual deficits, and psychosocial and behavioral health deficits that affect occupational performance.
<b><i>B.4.10. Provide Interventions and Procedures</i></b>				
B.4.10.	Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.  This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Recommend and provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.  This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.  This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.	Provide direct interventions and procedures to persons, groups, and populations to enhance safety, health and wellness, and performance in occupations.  This must include the ability to select and deliver occupations and activities, preparatory methods and tasks (including therapeutic exercise), education and training, and advocacy.
<b><i>B.4.11. Assistive Technologies and Devices</i></b>				
B.4.11.	Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Assess the need for and demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.	Explain the need for and demonstrate strategies with assistive technologies and devices (e.g., electronic aids to daily living, seating and positioning systems) used to enhance occupational performance and foster participation and well-being.
<b><i>B.4.12. Orthoses and Prosthetic Devices</i></b>				
B.4.12.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.  Train in the safe and effective use of prosthetic devices.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.  Train in the safe and effective use of prosthetic devices.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.  Train in the safe and effective use of prosthetic devices.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation.  Train in the safe and effective use of prosthetic devices.
<b><i>B.4.13. Functional Mobility</i></b>				
B.4.13.	Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.

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<b><i>B.4.14. Community Mobility</i></b>				
B.4.14.	Evaluate the needs of persons, groups, and populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation and community access.	Evaluate the needs of persons, groups, and populations to design programs that enhance community mobility, and implement transportation transitions, including driver rehabilitation and community access.	Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access.	Provide training in techniques to enhance community mobility, and address transportation transitions, including driver rehabilitation and community access.
<b><i>B.4.15. Technology in Practice</i></b>				
B.4.15.	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> <li>• Electronic documentation systems</li> <li>• Virtual environments</li> <li>• Telehealth technology</li> </ul>	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> <li>• Electronic documentation systems</li> <li>• Virtual environments</li> <li>• Telehealth technology</li> </ul>	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> <li>• Electronic documentation systems</li> <li>• Virtual environments</li> <li>• Telehealth technology</li> </ul>	Demonstrate knowledge of the use of technology in practice, which must include: <ul style="list-style-type: none"> <li>• Electronic documentation systems</li> <li>• Virtual environments</li> <li>• Telehealth technology</li> </ul>
<b><i>B.4.16. Dysphagia and Feeding Disorders</i></b>				
B.4.16.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.
<b><i>B.4.17. Superficial Thermal, Deep Thermal, and Electrotherapeutic Agents and Mechanical Devices</i></b>				
B.4.17.	Demonstrate knowledge and use of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Demonstrate knowledge and use of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.
<b><i>B.4.18. Grade and Adapt Processes or Environments</i></b>				
B.4.18.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.



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<b><i>B.4.19. Consultative Process</i></b>				
B.4.19.	Demonstrate, evaluate, and plan the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.	Demonstrate, evaluate, and plan the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.	Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.	Engage in the consultative process with persons, groups, programs, organizations, or communities in collaboration with inter- and intraprofessional colleagues.
<b><i>B.4.20. Care Coordination, Case Management, and Transition Services</i></b>				
B.4.20.	Demonstrate, evaluate, and plan care coordination, case management, and transition services in traditional and emerging practice environments.	Demonstrate, evaluate, and plan care coordination, case management, and transition services in traditional and emerging practice environments.	Demonstrate, evaluate, and plan care coordination and case management. Understand and articulate transition services in traditional and emerging practice environments.	Understand and articulate care coordination, case management, and transition services in traditional and emerging practice environments.
<b><i>B.4.21. Teaching–Learning Process and Health Literacy</i></b>				
B.4.21.	<p>Demonstrate, evaluate, and utilize the principles of the teaching–learning process using educational methods and health literacy education approaches:</p> <ul style="list-style-type: none"> <li>• To design activities and clinical training for persons, groups, and populations.</li> <li>• To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.</li> </ul>	<p>Demonstrate, evaluate, and utilize the principles of the teaching–learning process using educational methods and health literacy education approaches:</p> <ul style="list-style-type: none"> <li>• To design activities and clinical training for persons, groups, and populations.</li> <li>• To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.</li> </ul>	<p>Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches:</p> <ul style="list-style-type: none"> <li>• To design activities and clinical training for persons, groups, and populations.</li> <li>• To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.</li> </ul>	<p>Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches:</p> <ul style="list-style-type: none"> <li>• To design activities and clinical training for persons, groups, and populations.</li> <li>• To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.</li> </ul>
<b><i>B.4.22. Need for Continued or Modified Intervention</i></b>				
B.4.22.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.	Monitor and reassess, in collaboration with the client, caregiver, family, and significant others, the effect of occupational therapy intervention and the need for continued or modified intervention, and communicate the identified needs to the occupational therapist.
<b><i>B.4.23. Effective Communication</i></b>				
B.4.23.	Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.	Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.	Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.	Identify occupational needs through effective communication with patients, families, communities, and members of the interprofessional team in a responsive and responsible manner that supports a team approach to the promotion of health and wellness.

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<b><i>B.4.24. Effective Intraprofessional Collaboration</i></b>				
B.4.24.	Demonstrate effective intraprofessional OT/OTA collaboration to: <ul style="list-style-type: none"> <li>Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process.</li> <li>Demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants.</li> </ul>	Demonstrate effective intraprofessional OT/OTA collaboration to: <ul style="list-style-type: none"> <li>Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process.</li> <li>Demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants.</li> </ul>	Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process.	Demonstrate effective intraprofessional OT/OTA collaboration to explain the role of the occupational therapy assistant and occupational therapist in the screening and evaluation process.
<b><i>B.4.25. Principles of Interprofessional Team Dynamics</i></b>				
B.4.25.	Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate knowledge of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate awareness of the principles of interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.
<b><i>B.4.26. Referral to Specialists</i></b>				
B.4.26.	Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies.	Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies.	Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.	Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.
<b><i>B.4.27. Community and Primary Care Programs</i></b>				
B.4.27.	Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, and populations.	Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, and populations.	Identify and communicate to the occupational therapist the need to design community and primary care programs to support occupational performance for persons, groups, and populations.	Identify and communicate to the occupational therapist the need to design community and primary care programs to support occupational performance for persons, groups, and populations.
<b><i>B.4.28. Plan for Discharge</i></b>				
B.4.28.	Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional team by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.

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<b>B.4.29. Reimbursement Systems and Documentation</b>				
B.4.29.	<p>Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy.</p> <p>Documentation must effectively communicate the need and rationale for occupational therapy services.</p>	<p>Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy.</p> <p>Documentation must effectively communicate the need and rationale for occupational therapy services.</p>	<p>Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy.</p> <p>Documentation must effectively communicate the need and rationale for occupational therapy services.</p>	<p>Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, third party, private payer), treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and coding and documentation requirements that affect consumers and the practice of occupational therapy.</p> <p>Documentation must effectively communicate the need and rationale for occupational therapy services.</p>
<p><b>B.5.0. CONTEXT OF SERVICE DELIVERY, LEADERSHIP, AND MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES</b></p> <p><b>Context of service delivery includes knowledge and understanding of the various contexts, such as professional, social, cultural, political, economic, and ecological, in which occupational therapy services are provided.</b></p> <p><b>Management and leadership skills of occupational therapy services include the application of principles of management and systems in the provision of occupational therapy services to persons, groups, populations, and organizations.</b></p> <p><b>The program must facilitate development of the performance criteria listed below. The student will:</b></p>				
<b>B.5.1. Factors, Policy Issues, and Social Systems</b>				
B.5.1.	<p>Identify, analyze, and evaluate the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.</p>	<p>Identify, analyze, and evaluate the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.</p>	<p>Identify and explain the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations to promote policy development and social systems as they relate to the practice of occupational therapy.</p>	<p>Identify and explain the contextual factors; current policy issues; and socioeconomic, political, geographic, and demographic factors on the delivery of occupational therapy services for persons, groups, and populations and social systems as they relate to the practice of occupational therapy.</p>
<b>B.5.2. Advocacy</b>				
B.5.2.	<p>Identify, analyze, and advocate for existing and future service delivery models and policies, and their potential effect on the practice of occupational therapy and opportunities to address societal needs.</p>	<p>Identify, analyze, and advocate for existing and future service delivery models and policies, and their potential effect on the practice of occupational therapy and opportunities to address societal needs.</p>	<p>Explain the role and responsibility of the practitioner to advocate for changes in service delivery policies, effect changes in the system, recognize opportunities in emerging practice areas, and advocate for opportunities to expand the occupational therapy assistant's role.</p>	<p>Explain the role and responsibility of the practitioner to advocate for changes in service delivery policies, effect changes in the system, recognize opportunities in emerging practice areas, and advocate for opportunities to expand the occupational therapy assistant's role.</p>

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<b><i>B.5.3. Business Aspects of Practice</i></b>				
B.5.3.	Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning.	Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning.	Explain the business aspects of practice including, but not limited to, the development of business plans, financial management, program evaluation models, and strategic planning.	Explain an understanding of the business aspects of practice including, but not limited to, financial management, billing, and coding.
<b><i>B.5.4. Systems and Structures That Create Legislation</i></b>				
B.5.4.	Identify and evaluate the systems and structures that create federal and state legislation and regulations and their implications and effects on persons, groups, and populations, as well as practice and policy.	Identify and evaluate the systems and structures that create federal and state legislation and regulations and their implications and effects on persons, groups, and populations, as well as practice.	Identify the systems and structures that create federal and state legislation and regulations, and their implications and effects on persons, groups, and populations, as well as practice.	Define the systems and structures that create federal and state legislation and regulations, and their implications and effects on persons, groups, and populations, as well as practice.
<b><i>B.5.5. Requirements for Credentialing and Licensure</i></b>				
B.5.5.	Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Provide care and programs that demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.
<b><i>B.5.6. Market the Delivery of Services</i></b>				
B.5.6.	Demonstrate leadership skills in the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options, and formulation and management of staffing for effective service provision.	Demonstrate the ability to plan, develop, organize, and market the delivery of services to include the determination of programmatic needs and service delivery options, and formulation and management of staffing for effective service provision.	Identify the need and demonstrate the ability to participate in the development, marketing, and management of service delivery options.	Identify the need and demonstrate the ability to participate in the development, marketing, and management of service delivery options.
<b><i>B.5.7. Quality Management and Improvement</i></b>				
B.5.7.	Demonstrate leadership skills in the ability to design ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes.	Demonstrate the ability to design ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes.	Identify the need for and evaluate processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services.	Participate in the documentation of ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services.

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<b>B.5.8. Supervision of Personnel</b>				
B.5.8.	<p>Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.</p> <p>Analyze staff development and professional abilities and competencies of supervised staff as they relate to job responsibilities.</p>	<p>Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non-occupational therapy personnel.</p>	<p>Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.</p>	<p>Define strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.</p>
<p><b>B.6.0. SCHOLARSHIP</b></p> <p>Promotion of science and scholarly endeavors will serve to describe and interpret the scope of the profession, build research capacity, establish new knowledge, and interpret and apply this knowledge to practice. The program must facilitate development of the performance criteria listed below. The student will be able to:</p>				
<b>B.6.1. Scholarly Study</b>			<b>B.6.1. Professional Literature and Scholarly Activities</b>	
B.6.1.	<ul style="list-style-type: none"> <li>• Critique quantitative and qualitative research in order to analyze and evaluate scholarly activities, which contribute to the development of a body of knowledge. This includes the: <ul style="list-style-type: none"> <li>○ Level of evidence</li> <li>○ Validity of research studies</li> <li>○ Strength of the methodology</li> <li>○ Relevance to the profession of occupational therapy</li> </ul> </li> <li>• Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions.</li> <li>• Design and implement a scholarly study that aligns with current research priorities and advances knowledge translation, professional practice, service delivery, or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning).</li> </ul> <p>This may include a literature review that requires analysis and synthesis of data. Systematic reviews that require analysis and synthesis of data meet the requirement for this Standard.</p>	<ul style="list-style-type: none"> <li>• Critique quantitative and qualitative research in order to analyze and evaluate scholarly activities, which contribute to the development of a body of knowledge. This includes the: <ul style="list-style-type: none"> <li>○ Level of evidence</li> <li>○ Validity of research studies</li> <li>○ Strength of the methodology</li> <li>○ Relevance to the profession of occupational therapy.</li> </ul> </li> <li>• Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions.</li> <li>• Participate in scholarly activities that align with current research priorities and advances knowledge translation, professional practice, service delivery, or professional issues (e.g., Scholarship of Integration, Scholarship of Application, Scholarship of Teaching and Learning).</li> </ul> <p>This may include a literature review that requires analysis and synthesis of data. Systematic reviews that require analysis and synthesis of data meet the requirement for this Standard. A research project is not required for this Standard, and narrative</p>	<ul style="list-style-type: none"> <li>• Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.</li> <li>• Explain how scholarly activities and literature contribute to the development of the profession.</li> </ul>	<ul style="list-style-type: none"> <li>• Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.</li> <li>• Explain how scholarly activities and literature contribute to the development of the profession.</li> </ul>

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		reviews do not meet this Standard.		
<b>B.6.2. Quantitative and Qualitative Methods</b>				
B.6.2.	Select, apply, and interpret quantitative and qualitative methods for data analysis to include: <ul style="list-style-type: none"> <li>Basic descriptive, correlational, and inferential quantitative statistics.</li> <li>Analysis and synthesis of qualitative data.</li> </ul>	Demonstrate an understanding and use of quantitative and qualitative methods for data analysis to include: <ul style="list-style-type: none"> <li>Basic descriptive, correlational, and inferential quantitative statistics.</li> <li>Analysis and synthesis of qualitative data.</li> </ul>	Understand the use of quantitative and qualitative methods for data analysis that include: <ul style="list-style-type: none"> <li>Basic descriptive, correlational, and inferential quantitative statistics.</li> <li>Analysis and synthesis of qualitative data.</li> </ul>	Understand the difference between quantitative and qualitative research studies.
<b>B.6.3. Scholarly Reports</b>				
B.6.3.	Create scholarly reports appropriate for presentation or for publication in a peer-reviewed journal that support skills of clinical practice. The reports must be made available to professional or public audiences.	Demonstrate the skills necessary to write a scholarly report in a format for presentation or publication, which may be made available to professional or public audiences.	Demonstrate the skills to understand a scholarly report.	Demonstrate the skills to understand a scholarly report.
<b>B.6.4. Locating and Securing Grants</b>				
B.6.4.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and program development. Create grant proposals to support scholarly activities and program development.	Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for scholarly activities and program development.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
<b>B.6.5. Ethical Policies and Procedures for Research</b>				
B.6.5.	Demonstrate an understanding of how to design a scholarly proposal in regards to ethical policies and procedures necessary to conduct human-subject research, educational research, or research related to population health.	Demonstrate an understanding of the ethical policies and procedures for human-subject research, educational research, or research related to population health.	<i>(No related Standard)</i>	<i>(No related Standard)</i>
<b>B.6.6. Preparation for Work in an Academic Setting</b>				
B.6.6.	Demonstrate an understanding and apply the principles of instructional design and teaching and learning in preparation for work in an academic setting.	Demonstrate an understanding and apply the principles of instructional design and teaching and learning in preparation for work in an academic setting.	Understand the principles of instructional design and teaching and learning in preparation for work in an academic setting.	Understand the principles of teaching and learning in preparation for work in an academic setting.

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<b>B.7.0. PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES</b>				
<b>Professional ethics, values, and responsibilities include an understanding and appreciation of ethics and values of the profession of occupational therapy. Professional behaviors include the ability to advocate for social responsibility and equitable services to support health equity and address social determinants of health; commit to engaging in lifelong learning; and evaluate the outcome of services, which include client engagement, judicious health care utilization, and population health. The program must facilitate development of the performance criteria listed below. The student will be able to:</b>				
<b><i>B.7.1 Ethical Decision Making</i></b>				
B.7.1.	Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and <i>AOTA Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and <i>AOTA Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and <i>AOTA Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Demonstrate knowledge of the American Occupational Therapy Association (AOTA) <i>Occupational Therapy Code of Ethics</i> and <i>AOTA Standards of Practice</i> and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.
<b><i>B.7.2. Professional Engagement</i></b>				
B.7.2.	Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies.	Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies.	Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies.	Demonstrate knowledge of how the role of a professional is enhanced by participating and engaging in local, national, and international leadership positions in organizations or agencies.
<b><i>B.7.3. Promote Occupational Therapy</i></b>				
B.7.3.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.	Promote occupational therapy by educating other professionals, service providers, consumers, third-party payers, regulatory bodies, and the public.
<b><i>B.7.4. Ongoing Professional Development</i></b>				
B.7.4.	Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.	Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.	Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.	Identify and develop strategies for ongoing professional development to ensure that practice is consistent with current and accepted standards.
<b><i>B.7.5. Personal and Professional Responsibilities</i></b>				
B.7.5.	Demonstrate knowledge of personal and professional responsibilities related to: <ul style="list-style-type: none"> <li>• Liability issues under current models of service provision.</li> <li>• Varied roles of the occupational therapist providing service on a contractual basis.</li> </ul>	Demonstrate knowledge of personal and professional responsibilities related to: <ul style="list-style-type: none"> <li>• Liability issues under current models of service provision.</li> <li>• Varied roles of the occupational therapist providing service on a contractual basis.</li> </ul>	Demonstrate knowledge of personal and professional responsibilities related to: <ul style="list-style-type: none"> <li>• Liability issues under current models of service provision.</li> <li>• Varied roles of the occupational therapy assistant providing service on a contractual basis.</li> </ul>	Demonstrate knowledge of personal and professional responsibilities related to: <ul style="list-style-type: none"> <li>• Liability issues under current models of service provision.</li> <li>• Varied roles of the occupational therapy assistant providing service on a contractual basis.</li> </ul>

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<b>SECTION C: FIELDWORK EDUCATION</b>				
<b>C.1.0: FIELDWORK EDUCATION</b> <b>Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. The fieldwork experience is designed to promote clinical reasoning and reflective practice, transmit the values and beliefs that enable ethical practice, and develop professionalism and competence in career responsibilities. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under the supervision of qualified personnel serving as a role model. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will:</b>				
<b>C.1.1. Fieldwork Program Reflects the Curriculum Design</b>				
C.1.1.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.	Ensure that the fieldwork program reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork experiences in traditional, nontraditional, and emerging settings strengthen the ties between didactic and fieldwork education.
<b>C.1.2. Criteria and Process for Selecting Fieldwork Sites</b>				
C.1.2.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience.	Document the criteria and process for selecting fieldwork sites, to include maintaining memoranda of understanding, complying with all site requirements, maintaining site objectives and site data, and communicating this information to students prior to the start of the fieldwork experience.
<b>C.1.3. Fieldwork Objectives</b>				
C.1.3.	Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience.  Ensure that fieldwork objectives for all experiences include a psychosocial objective.	Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience.  Ensure that fieldwork objectives for all experiences include a psychosocial objective.	Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience.  Ensure that fieldwork objectives for all experiences include a psychosocial objective.	Document that academic and fieldwork educators agree on established fieldwork objectives prior to the start of the fieldwork experience, and communicate with the student and fieldwork educator about progress and performance throughout the fieldwork experience.  Ensure that fieldwork objectives for all experiences include a psychosocial objective.



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<b>C.1.4. Ratio of Fieldwork Educators to Students</b>				
C.1.4.	Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision, and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to provide frequent assessment of student progress in achieving stated fieldwork objectives.
<b>C.1.5. Sufficient Fieldwork Agreements</b>				
C.1.5.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7.	Ensure that fieldwork agreements are sufficient in scope and number to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.4.7.
<b>C.1.6. Level I and II Fieldwork MOUs</b>				
C.1.6.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.	The program must have evidence of valid memoranda of understanding in effect and signed by both parties from the onset to conclusion of the Level I fieldwork and the Level II fieldwork if it involves an entity outside of the academic program. (Electronic memoranda of understanding and signatures are acceptable.) Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the memorandum of understanding.
<p><i>IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS USED TO COUNT TOWARD PART OF A LEVEL I FIELDWORK, THEN A MEMORANDUM OF UNDERSTANDING IS REQUIRED. IF A FIELD TRIP, OBSERVATION, OR SERVICE LEARNING ACTIVITY IS NOT USED TO COUNT TOWARD PART OF THE LEVEL I FIELDWORK, THEN NO MEMORANDUM OF UNDERSTANDING IS REQUIRED.</i></p> <p><i>WHEN A MEMORANDUM OF UNDERSTANDING IS ESTABLISHED WITH A MULTISITE SERVICE PROVIDER (E.G., CONTRACT AGENCY, CORPORATE ENTITY), THE ACOTE STANDARDS DO NOT REQUIRE A SEPARATE MEMORANDUM OF UNDERSTANDING WITH EACH PRACTICE SITE.</i></p>				
<b>C.1.7. Fieldwork in Behavioral Health or Psychological and Social Factors</b>				
C.1.7.	At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.	At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.	At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.	At least one fieldwork experience (either Level I or Level II) must address practice in behavioral health, or psychological and social factors influencing engagement in occupation.

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<b>The goal of Level I fieldwork is to introduce students to fieldwork, apply knowledge to practice, and develop understanding of the needs of clients. The program will:</b>				
<b><i>C.1.8. Qualified Level I Fieldwork Supervisors</i></b>				
C.1.8.	Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists.	Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists.	Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists.	Ensure that personnel who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician assistants, teachers, social workers, physicians, speech language pathologists, nurses, and physical therapists.
<b><i>C.1.9. Level I Fieldwork</i></b>				
C.1.9.	<p>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</p> <p>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none"> <li>• Simulated environments</li> <li>• Standardized patients</li> <li>• Faculty practice</li> <li>• Faculty-led site visits</li> <li>• Supervision by a fieldwork educator in a practice environment</li> </ul> <p>All Level I fieldwork must be comparable in rigor.</p>	<p>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</p> <p>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none"> <li>• Simulated environments</li> <li>• Standardized patients</li> <li>• Faculty practice</li> <li>• Faculty-led site visits</li> <li>• Supervision by a fieldwork educator in a practice environment</li> </ul> <p>All Level I fieldwork must be comparable in rigor.</p>	<p>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</p> <p>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none"> <li>• Simulated environments</li> <li>• Standardized patients</li> <li>• Faculty practice</li> <li>• Faculty-led site visits</li> <li>• Supervision by a fieldwork educator in a practice environment</li> </ul> <p>All Level I fieldwork must be comparable in rigor.</p>	<p>Document that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Ensure that Level I fieldwork enriches didactic coursework through directed observation and participation in selected aspects of the occupational therapy process, and includes mechanisms for formal evaluation of student performance.</p> <p>The program must have clearly documented student learning objectives expected of the Level I fieldwork.</p> <p>Level I fieldwork may be met through one or more of the following instructional methods:</p> <ul style="list-style-type: none"> <li>• Simulated environments</li> <li>• Standardized patients</li> <li>• Faculty practice</li> <li>• Faculty-led site visits</li> <li>• Supervision by a fieldwork educator in a practice environment</li> </ul> <p>All Level I fieldwork must be comparable in rigor.</p>

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
<b>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will:</b>			<b>The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The program will:</b>	
<b><i>C.1.10. Length of Level II Fieldwork</i></b>				
C.1.10.	Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.  The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	Require a minimum of 24 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.  The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	Require a minimum of 16 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.  The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of three different settings.	Require a minimum of 16 weeks' full-time Level II fieldwork. This may be completed on a part-time basis, as defined by the fieldwork placement in accordance with the fieldwork placement's usual and customary personnel policies, as long as it is at least 50% of an FTE at that site.  The student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of three different settings.
<b><i>C.1.11. Qualified Level II Fieldwork Supervisors</i></b>				
C.1.11.	Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork.  Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.	Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork.  Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.	Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist or occupational therapy assistant prior to the onset of the Level II fieldwork.  Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.	Document and verify that the student is supervised by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the supervision of an occupational therapist) who has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist or occupational therapy assistant prior to the onset of the Level II fieldwork.  Ensure that the student supervisor is adequately prepared to serve as a fieldwork educator prior to the Level II fieldwork. The supervising therapist may be engaged by the fieldwork site or by the educational program.
<b><i>C.1.12. Evaluating the Effectiveness of Supervision</i></b>				
C.1.12.	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision	Document a mechanism for evaluating the effectiveness of supervision (e.g., student evaluation of fieldwork) and for providing resources for enhancing supervision

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	(e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).	(e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).	(e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).	(e.g., materials on supervisory skills, continuing education opportunities, articles on theory and practice).
<b>C.1.13. Level II Fieldwork Supervision</b>				
C.1.13.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.
<b>C.1.14. Fieldwork Supervision Where No OT Services Exist</b>				
C.1.14.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.
<b>C.1.15. Evaluation of Student Performance on Level II Fieldwork</b>				
C.1.15.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Student</i> or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student</i> or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA <i>Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student</i> or equivalent).

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<b><i>C.1.16. Fieldwork Supervision Outside the U.S.</i></b>				
C.1.16.	Document and verify that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has at least 1 year of experience in practice prior to the onset of Level II fieldwork.	Document and verify that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has at least 1 year of experience in practice prior to the onset of Level II fieldwork.	Document and verify that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has at least 1 year of experience in practice prior to the onset of Level II fieldwork.	Document and verify that students attending Level II fieldwork outside the United States are supervised by an occupational therapist who graduated from a program approved by the World Federation of Occupational Therapists and has at least 1 year of experience in practice prior to the onset of Level II fieldwork.
<p><b>D.1.0. DOCTORAL CAPSTONE</b></p> <p>The doctoral capstone shall be an integral part of the program's curriculum design. The goal of the doctoral capstone is to provide an in-depth exposure to one or more of the following: clinical practice skills, research skills, administration, leadership, program and policy development, advocacy, education, and theory development.</p> <p>The doctoral capstone consists of two parts:</p> <ul style="list-style-type: none"> <li>• Capstone project</li> <li>• Capstone experience</li> </ul> <p>The student will complete an individual capstone project to demonstrate synthesis and application of knowledge gained.</p> <p>The student will complete an individual 14-week capstone experience that must be started after completion of all coursework and Level II fieldwork, and completion of preparatory activities defined in D.1.3.</p> <p>The doctoral capstone coordinator will:</p>			<p><b>D.1.0. BACCALAUREATE PROJECT</b></p> <p>The goal of the baccalaureate project is to provide an in-depth experience in one or more of the following: clinical practice skills, administration, leadership, advocacy, and education.</p> <p>The individual or group project allows student(s) to demonstrate application of knowledge gained. The baccalaureate project shall be an integral part of the program's curriculum design.</p> <p>The program will:</p>	
<b><i>D.1.1. Doctoral Capstone Reflects Curriculum Design</i></b>			<b><i>D.1.1. Baccalaureate Project Reflects Curriculum Design</i></b>	
D.1.1.	Ensure that the doctoral capstone reflects the sequence and scope of content in the curriculum design so the doctoral capstone can allow for development of in-depth knowledge in the designated area of interest.	<i>(No related Standard)</i>	Ensure that the baccalaureate project reflects the sequence and scope of content in the curriculum design so the baccalaureate project can allow for development of in-depth knowledge in the designated area of interest.	<i>(No related Standard)</i>

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<b><i>D.1.2. Design of Doctoral Capstone</i></b>			<b><i>D.1.2. Design of Baccalaureate Project</i></b>	
D.1.2.	Ensure that the doctoral capstone is designed through collaboration of the faculty and student, and provided in setting(s) consistent with the program's curriculum design, including individualized specific objectives and plans for supervision.	<i>(No related Standard)</i>	Ensure that the baccalaureate project is designed through collaboration of the faculty and the student(s), including individualized specific objectives.	<i>(No related Standard)</i>
<b><i>D.1.3. Preparation for Doctoral Capstone Project</i></b>				
D.1.3.	Ensure that preparation for the capstone project includes a literature review, needs assessment, goals/objectives, and an evaluation plan. Preparation should align with the curriculum design and sequence and is completed prior to the commencement of the 14-week doctoral capstone experience.	<i>(No related Standard)</i>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
<b><i>D.1.4. MOUs for Doctoral Capstone Experience</i></b>				
D.1.4.	Ensure that there is a valid memorandum of understanding for the doctoral capstone experience, that, at a minimum, includes individualized specific objectives, plans for supervision or mentoring, and responsibilities of all parties. The memorandum of understanding must be signed by both parties.	<i>(No related Standard)</i>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
<b><i>D.1.5. Length of Doctoral Capstone Experience</i></b>				
D.1.5.	Require that the length of the doctoral capstone experience be a minimum of 14 weeks (560 hours). This may be completed on a part-time basis and must be consistent with the individualized specific objectives and capstone project. No more than 20% of the 560 hours can be completed off site from the mentored practice setting(s), to ensure a concentrated experience in the designated area of interest. Time spent off site may include independent study activities such as research and writing. Prior fieldwork or work experience may not be substituted for this doctoral capstone experience.	<i>(No related Standard)</i>	<i>(No related Standard)</i>	<i>(No related Standard)</i>

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<b><i>D.1.6. Mentor for Doctoral Capstone</i></b>				
D.1.6.	Document and verify that the student is mentored by an individual with expertise consistent with the student's area of focus prior to the onset of the doctoral capstone experience. The mentor does not have to be an occupational therapist.	<i>(No related Standard)</i>	<i>(No related Standard)</i>	<i>(No related Standard)</i>
<b><i>D.1.7. Evaluation of Doctoral Capstone Experiences</i></b>			<b><i>D.1.7. Evaluation of Baccalaureate Project</i></b>	
D.1.7.	Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the doctoral capstone experience.	<i>(No related Standard)</i>	Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the baccalaureate project.	<i>(No related Standard)</i>
<b><i>D.1.8. Doctoral Capstone Project</i></b>			<b><i>D.1.8. Baccalaureate Project</i></b>	
D.1.8.	Ensure completion and dissemination of an individual doctoral capstone project that relates to the doctoral capstone experience and demonstrates synthesis of in-depth knowledge in the focused area of study.	<i>(No related Standard)</i>	Ensure completion and presentation of a report of the individual or group project demonstrating in-depth knowledge in the focused area of study.	<i>(No related Standard)</i>

## GLOSSARY

### Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist, Master's-Degree-Level Educational Program for the Occupational Therapist, Baccalaureate-Degree-Level Educational Program for the Occupational Therapy Assistant, and Associate-Degree-Level Educational Program for the Occupational Therapy Assistant

*Definitions given below are for the purposes of this document.*

**ABILITY TO BENEFIT:** A phrase that refers to a student who does not have a high school diploma or its recognized equivalent, but is eligible to receive funds under the Title IV Higher Education Act programs after taking an independently administered examination and achieving a score, specified by the Secretary of the U.S. Department of Education (USDE), indicating that the student has the ability to benefit from the education being offered.

**ACADEMIC CALENDAR:** The official institutional document that lists registration dates, semester/quarter stop and start dates, holidays, graduation dates, and other pertinent events. Generally, the academic year is divided into two major semesters, each approximately 14 to 16 weeks long. A smaller number of institutions have quarters rather than semesters. Quarters are approximately 10 weeks long; there are three major quarters and the summer session.

**ACTIVITIES:** Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement (American Occupational Therapy Association [AOTA], 2014).

**ADVOCACY:** Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations. Efforts undertaken by the practitioner are considered advocacy, and those undertaken by the client are considered self-advocacy and can be promoted and supported by the practitioner (AOTA, 2014).

**AFFILIATE:** An entity that formally cooperates with a sponsoring institution in implementing the occupational therapy educational program.

**AREAS OF OCCUPATION:** Activities in which people engage: activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation.

**ASSESSMENTS:** "Specific tools or instruments that are used during the evaluation process" (AOTA, 2010, p. S107).

**ASSIST:** To aid, help, or hold an auxiliary position.

**BACCALAUREATE PROJECT:** An in-depth experience in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, and education.

**BEHAVIORAL HEALTH:** Refers to mental/emotional well-being and/or actions that affect wellness. Behavioral health problems include substance use disorders; alcohol and drug addiction; and serious psychological distress, suicide, and mental disorders (Substance Abuse and Mental Health Administration, 2014).

**BODY FUNCTIONS:** "Physiological functions of body systems (including psychological functions)" (World Health Organization [WHO], 2001).

**BODY STRUCTURES:** "Anatomical parts of the body, such as organs, limbs, and their components" that support body functions (WHO, 2001).

**BUSINESS PLANS (DEVELOPMENT OF):** The process of putting together a plan for a new endeavor that looks at the product, the marketing plan, the competition, and the personnel in an objective and critical manner.

**CAPSTONE COORDINATOR:** Faculty member who is specifically responsible for the program's compliance with the capstone requirements of Standards Section D.1.0 and is assigned to the occupational therapy educational program as a full-time core faculty member as defined by ACOTE.

**CAPSTONE EXPERIENCE:** A 14-week full-time in-depth exposure in a concentrated area that may include on-site and off-site activities that meets developed goals/objectives of the doctoral capstone.

**CAPSTONE PROJECT:** A project that is completed by a doctoral-level student that demonstrates the student's ability to relate theory to practice and to synthesize in-depth knowledge in a practice area that relates to the capstone experience.



**CARE COORDINATION:** The process that links clients with appropriate services and resources.

**CASE MANAGEMENT:** A system to ensure that individuals receive appropriate health care services.

**CLIENT:** Person or persons (including those involved in the care of a client), group (collective of individuals [e.g., families, workers, students, or community members]), or population (collective of groups or individuals living in a similar locale [e.g., city, state, or country] or sharing the same or like concerns) (AOTA, 2014).

**CLIENT-CENTERED SERVICE DELIVERY:** An orientation that honors the desires and priorities of clients in designing and implementing interventions.

**CLIENT FACTORS:** Specific capacities, characteristics, or beliefs that reside within the person and that influence performance in occupations. Client factors include values, beliefs, and spirituality; body functions; and body structures (AOTA, 2014).

**CLINICAL REASONING:** Complex multifaceted cognitive process used by practitioners to plan, direct, perform, and reflect on intervention.

**COLLABORATE:** To work together with a mutual sharing of thoughts and ideas.

**COMPETENT:** To have the requisite abilities/qualities and capacity to function in a professional environment.

**CONSORTIUM:** Two or more higher education institutions having a formal agreement to share resources for the operation of an educational program.

**CONSUMER:** The direct and/or indirect recipient of educational and/or practitioner services offered.

**CONTEXT/CONTEXTUAL FACTORS AND ENVIRONMENT:**

**CONTEXT:** The variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, personal, temporal, and virtual aspects.

**ENVIRONMENT:** The external physical and social environment that surrounds the client and in which the client's daily life occupations occur.

**CONTEXT OF SERVICE DELIVERY:** The knowledge and understanding of the various contexts in which occupational therapy services are provided.

**COOPERATIVE PROGRAM:** Two administrative entities having a cooperative agreement to offer a single program. At least one of the entities must hold degree-granting authority as required by the ACOTE Standards.

**CRITERION-REFERENCED:** Tests that compare the performance of an individual to that of another group, known as the *norm group*.

**CULTURAL CONTEXT:** Customs, beliefs, activity patterns, behavioral standards, and expectations accepted by the society of which a client is a member. The cultural context influences the client's identity and activity choices (AOTA, 2014).

**CURRICULUM DESIGN:** An overarching set of assumptions that explains how the curriculum is planned, implemented, and evaluated. Typically, a curriculum design includes educational goals and curriculum threads and provides a clear rationale for the selection of content, the determination of scope of content, and the sequence of the content. A curriculum design is expected to be consistent with the mission and philosophy of the sponsoring institution and the program.

**CURRICULUM THREADS:** Curriculum threads, or *themes*, are identified by the program as areas of study and development that follow a path through the curriculum and represent the unique qualities of the program, as demonstrated by the program's graduates. Curriculum threads are typically based on the profession's and program's vision, mission, and philosophy (e.g., occupational needs of society, critical thinking/professional reasoning, diversity/globalization).

**DIAGNOSIS:** The process of analyzing the cause or nature of a condition, situation, or problem. Diagnosis as stated in Standard B.4.0. refers to the occupational therapist's ability to analyze a problem associated with occupational performance and participation.

**DISTANCE EDUCATION:** Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include

- the Internet
- one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices
- audio conferencing
- video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course.

**DISTANCE EDUCATION DELIVERY MODEL:** There is one curriculum with some (or all) of the students receiving the didactic portion of the program taught via distance education from the primary campus. The didactic portion of the program is delivered to all students (irrespective of whether it is delivered in person or by distance education) by the same instructors. Students may receive the experiential and lab components either at the primary campus or at other locations.

**DOCTORAL CAPSTONE:** An in-depth exposure to a concentrated area, which is an integral part of the program's curriculum design. This in-depth exposure may be in one or more of the following areas: clinical practice skills, research skills, scholarship, administration, leadership, program and policy development, advocacy, education, and theory development. The doctoral capstone consists of two parts: the capstone experience and the capstone project.

**DOCTORAL DEGREE—RESEARCH/SCHOLARSHIP:** A PhD or other doctor's degree that requires advanced work beyond the master's level, including the preparation and defense of a dissertation based on original research, or the planning and execution of an original project demonstrating substantial artistic or scholarly achievement. Some examples of this type of degree include EdD, DMA, DBA, DS, DA, and DM, and others, as designated by the awarding institution (Integrated Postsecondary Education Data System [IPEDS], 2016).

**DRIVER REHABILITATION:** Specialized evaluation and training to develop mastery of specific skills and techniques to effectively drive a motor vehicle independently and in accordance with state department of motor vehicles regulations.

**DYSPHAGIA:** Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client's ability to swallow independently or safely (AOTA, 2017).

**EATING:** "...keeping and manipulating food or fluid in the mouth and swallowing it" (AOTA, 2014, p. S19).

**FEEDING:** "...setting up, arranging, and bringing food [or fluid] from the plate or cup to the mouth; sometimes called self-feeding" (AOTA, 2014, p. S19).

**SWALLOWING:** "...moving food from the mouth to the stomach" (AOTA, 2014, p. S19).

**ENTRY-LEVEL OCCUPATIONAL THERAPIST:** The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapist with less than 1 year of experience.

**ENTRY-LEVEL OCCUPATIONAL THERAPY ASSISTANT:** The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapy assistant with less than 1 year of experience.

**EVALUATION:** "The process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results" (AOTA, 2010, p. S107).

**EQUITY:** The absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO, 2017a).

**EXPERIENTIAL LEARNING:** Method of educating through first-hand experience. Skills, knowledge, and experience are acquired outside of the traditional academic classroom setting and may include service learning projects.

#### **FACULTY:**

**FACULTY, CORE:** Faculty members employed in the occupational therapy educational program whose job responsibilities, at a minimum, include curriculum design, teaching, and student advisement, regardless of the position title.

**FACULTY, ADJUNCT:** Persons who are responsible for teaching or instruction on a part-time basis. These faculty are considered nonsalaried, non-tenure-track faculty members who are paid for each class they teach.

**FACULTY-LED SITE VISITS:** Faculty-facilitated experiences in which students will be able to participate in, observe, and/or study clinical practice first-hand.

**FACULTY PRACTICE:** Service provision by a faculty member(s) to persons, groups, and/or populations.

**FIELDWORK COORDINATOR:** Faculty member who is responsible for the development, implementation, management, and evaluation of fieldwork education.

**FIELDWORK EDUCATOR:** An individual, typically a clinician, who works collaboratively with the program and is informed of the curriculum and fieldwork program design. This individual supports the fieldwork experience, serves as a role model, and holds the requisite qualifications to provide the student with the opportunity to carry out professional responsibilities during the experiential portion of their education.

**FRAME OF REFERENCE:** A set of interrelated, internally consistent concepts, definitions, postulates, and principles that provide a systematic description of a practitioner's interaction with clients. A frame of reference is intended to link theory to practice.

**FULL-TIME EQUIVALENT (FTE):** An equivalent position for a full-time faculty member (as defined by the institution). A full-time equivalent can be made up of no more than three individuals.

**GRADUATION RATE:** The total number of students who graduated from a program within 150% of the published length of the program, divided by the number of students on the roster who started in the program.

**HABITS:** "Acquired tendencies to respond and perform in certain consistent ways in familiar environments or situations; specific, automatic behaviors performed repeatedly, relatively automatically, and with little variation" (Boyt Schell et al., 2014, p. 1234).

**HEALTH:** "State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity" (WHO, 2006).

**HEALTH INEQUITIES:** Health inequities involve more than inequality with respect to health determinants and access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms (WHO, 2017a).

**HEALTH LITERACY:** Degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. (National Network of Libraries of Medicine, 2011).

**HEALTH MANAGEMENT AND MAINTENANCE:** Developing, managing, and maintaining routines for health and wellness promotion, such as physical fitness, nutrition, decreased health risk behaviors, and medication routines (AOTA, 2014).

**HEALTH PROMOTION:** The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior toward a wide range of social and environmental interventions (WHO, 2017a).

**HEALTH/PUBLIC POLICY:** The basic policy or set of policies forming the foundation of public laws; health policy refers to specific policies as they relate to health and health care.

**INDIVIDUAL VS. POPULATION VS. INSTITUTION** (regarding values, customs, beliefs, policy, power/decision making): Being aware of the different needs of perspectives: of one person, as opposed to a specific population, as opposed to the needs and concerns of a society or organization. Each has different values, needs, beliefs, and concerns. Each also may have different degrees of power and ability to make decisions that will affect others.

**INSTRUCTIONAL DESIGN:** Assessment of the learning materials and methods that are aligned with the curriculum and convey content to meet the needs of the student.

**INTERPROFESSIONAL COLLABORATIVE PRACTICE:** "Multiple health workers from different professional backgrounds provide comprehensive services by working with patients, families, carers, and communities to deliver the highest quality of care" (WHO, 2010).

**INTERPROFESSIONAL EDUCATION:** When two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010). "An educational activity that occurs between two or more professionals within the same discipline, with a focus on participants to work together, act jointly, and cooperate" (Jung et al., 2010, p. 235).

**INTRAPROFESSIONAL COLLABORATIVE PRACTICE:** The relationship between occupational therapists and occupational therapy assistants that is based on mutual respect, effective communication, and professionalism to promote the highest quality of care in service delivery (Dillon, 2001).

**MEMORANDUM OF UNDERSTANDING (MOU):** A document outlining the terms and details of an agreement between parties, including each party's requirements and responsibilities. A fieldwork memorandum of understanding may be signed by any individual who is authorized by the institution to do so on its behalf.

**MENTAL HEALTH:** A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2014).

**MENTORING:** A relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee). A mentor has more experience and knowledge than the mentee.

**MISSION:** A statement that explains the unique nature of a program or institution and how it helps fulfill or advance the goals of the sponsoring institution, including religious missions.

**MODEL OF PRACTICE:** The set of theories and philosophies that defines the views, beliefs, assumptions, values, and domain of concern of a particular profession or discipline. Models of practice delimit the boundaries of a profession.

**OCCUPATION:** Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes (AOTA, 2014).

**OCCUPATIONAL PROFILE:** Summary of the client's occupational history and experiences, patterns of daily living, interests, values, and needs (AOTA, 2014).

**OCCUPATIONAL THERAPY:** The art and science of applying occupation as a means to effect positive, measurable change in the health status and functional outcomes of a client by a qualified occupational therapist and/or occupational therapy assistant (as appropriate).

**OCCUPATIONAL THERAPY PRACTITIONER:** An individual who is initially credentialed as an occupational therapist or an occupational therapy assistant.

**OCCUPATION-BASED INTERVENTION:** A type of occupational therapy intervention—a client-centered intervention in which the occupational therapy practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, needs, health, and participation in daily life.

**ORGANIZATION:** Entity composed of individuals with a common purpose or enterprise, such as a business, industry, or agency (AOTA, 2014).

**OUTCOMES:** The effect the process has had on the people targeted by it. These might include, for example, changes in their self-perceived health status or changes in the distribution of health determinants, or factors that are known to affect their health, well-being, and quality of life (WHO, 2017b).

**PARTICIPATION:** Active engagement in occupations.

**PERFORMANCE PATTERNS:** Habits, routines, roles, and rituals used in the process of engaging in occupations or activities; these patterns can support or hinder occupational performance (AOTA, 2014).

**PERFORMANCE SKILLS:** Goal-directed actions that are observable as small units of engagement in daily life occupations. They are learned and developed over time and are situated in specific contexts and environments (Fisher & Griswold, 2014).

**PHILOSOPHY:** The underlying belief and value structure for a program that is consistent with the sponsoring institution and that permeates the curriculum and the teaching learning process.

**PHYSICAL AGENT MODALITIES:** Procedures and interventions that are systematically applied to modify specific client factors when neurological, musculoskeletal, or skin conditions are present that may limit occupational performance (AOTA, 2012).

**DEEP THERMAL AGENTS:** Modalities such as therapeutic ultrasound, phonophoresis, short-wave diathermy, and other commercially available technologies.

**ELECTROTHERAPEUTIC AGENTS:** Modalities that use electricity and the electromagnetic spectrum to facilitate tissue healing, improve muscle strength and endurance, decrease edema, modulate pain, decrease the inflammatory process, and modify the healing process. Electrotherapeutic agents include but are not limited to neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), high-voltage galvanic stimulation for tissue and wound repair (ESTR), high-voltage pulsed current (HVPC), direct current (DC), iontophoresis, and other commercially available technologies (Bracciano, 2008).

**MECHANICAL DEVICES:** Modalities such as vasopneumatic devices and continuous passive motion.

**SUPERFICIAL THERMAL AGENTS:** Modalities such as hydrotherapy, whirlpool, cryotherapy (cold packs, ice), fluidotherapy, hot packs, paraffin, water, infrared, and other commercially available superficial heating and cooling technologies.

(Skills, knowledge, and competencies for entry-level practice are derived from AOTA practice documents. For institutions in states where regulations restrict the use of physical agent modalities, it is recommended that students be exposed to the modalities offered in practice to allow students' knowledge and expertise with the modalities in preparation for the NBCOT examination and for practice outside of the state in which the educational institution resides.)

**POPULATION-BASED INTERVENTIONS:** Interventions focused on promoting the overall health status of the community by preventing disease, injury, disability, and premature death. A population-based health intervention can include assessment of the community's needs, health promotion and public education, disease and disability prevention, monitoring of services, and media interventions. Most interventions are tailored to reach a subset of a population, although some may be targeted toward the population at large. Populations and subsets may be defined by geography, culture, race and ethnicity, socioeconomic status, age, or other characteristics. Many of these characteristics relate to the health of the described population (Keller et al., 2002).

**POPULATION HEALTH:** "The health outcomes of a group of individuals including the distribution of such outcomes within the group" (Kindig & Stoddart, 2003, p. 381). "Population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, and environmental factors" (Institute of Medicine [IOM], 2015, para. 4).

**POPULATIONS:** Collective of groups of individuals living in a similar locale (e.g., city, state, country) or sharing the same or like characteristics or concerns (AOTA, 2014).

**POST-PROFESSIONAL DOCTORATE:** "The highest award a student can earn for graduate study" (IPEDS, 2016) and that is conferred upon completion of a program providing the knowledge and skills beyond the basic entry level for persons who are already occupational therapy practitioners (AOTA, 2016).

**PREPARATORY METHODS AND TASKS:** Methods and tasks that prepare the client for occupational performance, used either as part of a treatment session in preparation for or concurrently with occupations and activities or as a home-based engagement to support daily occupational performance. Often preparatory methods are interventions that are done to clients without their active participation and involve modalities, devices, or techniques (AOTA, 2014).

**PREVENTION:** Education or health promotion efforts designed to identify, reduce, or prevent the onset and reduce the incidence of unhealthy conditions, risk factors, diseases, or injuries (AOTA, 2013a).

**PRIMARY CARE PROGRAMS:** The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (IOM, 1994; Patient Protection and Affordable Care Act of 2010, 2012)

**PROGRAM DIRECTOR** (associate-degree-level and baccalaureate-degree-level occupational therapy assistant): An initially certified occupational therapist or occupational therapy assistant who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The program director must hold a minimum of a master's degree.

**PROGRAM DIRECTOR** (master's-degree-level and doctoral-degree level occupational therapist): An initially certified occupational therapist who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. The program director must hold a doctoral degree.

**PROGRAM EVALUATION:** A continuing system for routinely and systematically analyzing data to determine the extent to which the program is meeting its stated goals and objectives.

**PSYCHOSOCIAL FACTORS:** "Psychosocial as pertaining to the influence of social factors on an individual's mind or behaviour, and to the interrelation of behavioural and social factors" (Martikainen et al., 2002, p. 1091).

**RECOGNIZED REGIONAL OR NATIONAL ACCREDITING AUTHORITY:** Regional and national accrediting agencies recognized by the USDE and/or the Council for Higher Education Accreditation (CHEA) to accredit postsecondary educational programs/institutions. The purpose of recognition is to ensure that the accrediting agencies are reliable authorities for evaluating quality education or training programs in the institutions they accredit.

**Regional accrediting bodies recognized by USDE:**

- Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges (ACCJC/WASC)
- Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges (ACSCU/WASC)
- Higher Learning Commission, North Central Association of Colleges and Schools (HLC)
- Middle States Commission on Higher Education, Middle States Association of Colleges and Schools (MSCHE)
- New England Commission of Higher Education (NECHE)
- Northwest Commission on Colleges and Universities (NWCCU)
- Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)

**National accrediting bodies recognized by USDE:**

- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Commission of Career Schools and Colleges (ACCSC)
- Accrediting Council for Continuing Education and Training (ACCET)
- Council on Occupational Education (COE)
- Distance Education Accrediting Commission (DEAC)
- New York State Board of Regents

**REFLECTIVE PRACTICE:** Thoughtful consideration of one’s experiences and knowledge when applying such knowledge to practice. Reflective practice includes being coached by professionals.

**RELEASE TIME:** Period when a person is freed from regular duties, especially teaching, to allow time for other tasks or activities.

**RETENTION RATE:** A measure of the rate at which students persist in their educational program, calculated as the percentage of students on the roster after the add period, from the beginning of the previous academic year who are again enrolled at, or graduated prior to, the beginning of the subsequent academic year.

**SCHOLARSHIP:** “A systematic investigation...designed to develop or to contribute to generalizable knowledge” (Public Welfare: Protection of Human Subjects, 2009). Scholarship is made public, subject to review, and part of the discipline or professional knowledge base (Glassick et al., 1997). It allows others to build on it and further advance the field (AOTA, 2009).

**SCHOLARSHIP AGENDA:** Captures scholarship in the areas of teaching, research, and/or service. It engages faculty in academically relevant works that simultaneously meet campus mission and goals, meet the needs of the program, and are reflected in the curriculum design.

**SCHOLARSHIP OF DISCOVERY:** Engagement in activity that leads to the development of knowledge for its own sake. The Scholarship of Discovery encompasses original research that contributes to expanding the knowledge base of a discipline (Boyer, 1990).

**SCHOLARSHIP OF INTEGRATION:** Investigations making creative connections both within and across disciplines to integrate, synthesize, interpret, and create new perspectives and theories (Boyer, 1990).

**SCHOLARSHIP OF APPLICATION:** Practitioners apply the knowledge generated by Scholarship of Discovery or Integration to address real problems at all levels of society (Boyer, 1990). In occupational therapy, an example would be the application of theoretical knowledge to practice interventions or to teaching in the classroom.

**SCHOLARSHIP OF TEACHING AND LEARNING:** “Involves the systematic study of teaching and/or learning and the public sharing and review of such work through presentations, publications, and performances” (McKinney, 2007, p. 10).

**SENIOR COLLEGE:** A college that holds degree-granting authority that includes baccalaureate-degree-level education.

**SIMULATED ENVIRONMENTS:** A setting that provides an experience similar to a real-world setting in order to allow clients to practice specific occupations (e.g., driving simulation center, bathroom or kitchen centers in a rehabilitation unit, work hardening units or centers).

**SKILL:** The ability to use one's knowledge effectively and readily in execution or performance.

**SOCIAL DETERMINANTS OF HEALTH:** Conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems (WHO, 2017c).

**SPONSORING INSTITUTION:** The identified legal entity that assumes total responsibility for meeting the minimal standards for ACOTE accreditation.

**STANDARDIZED PATIENT:** An individual who has been trained to portray in a consistent, standardized manner, a patient/client with occupational needs.

**STRATEGIC PLAN:** A comprehensive plan that articulates the program's future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program's strategic plan must include, but need not be limited to

- Evidence that the plan is based on program evaluation and an analysis of external and internal environments
- Long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program
- Specific measurable action steps with expected timelines by which the program will reach its long-term goals
- Person(s) responsible for action steps
- Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

**SUPERVISE:** To direct and inspect the performance of workers or work.

**SUPERVISION, DIRECT:** Two-way communication that occurs in real time and offers both audio and visual capabilities to ensure opportunities for timely feedback.

**SUPERVISOR:** One who ensures that tasks assigned to others are performed correctly and efficiently.

**THEORY:** A set of interrelated concepts used to describe, explain, or predict phenomena.

**TELEHEALTH:** The application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Occupational therapy services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, using store-and-forward technologies. Occupational therapy practitioners can use telehealth as a mechanism to provide services at a location that is physically distant from the client, thereby allowing for services to occur where the client lives, works, and plays, if that is needed or desired (AOTA, 2013b).

**TRANSFER OF CREDIT:** A term used in higher education to award a student credit for courses earned in another institution prior to admission to the occupational therapy or occupational therapy assistant program.

**VIRTUAL ENVIRONMENTS:** An environment in which communication occurs by means of airwaves or computers in the absence of physical contact. The virtual context includes simulated, real-time, or near-time environments such as chat rooms, email, video conferencing, or radio transmissions; remote monitoring via wireless sensors; or computer-based data collection.

**WELLNESS:** Perception of and responsibility for psychological and physical well-being as these contribute to overall satisfaction with one's life situation (Boyt Schell et al., 2014, p. 1243).

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June 17, 2019

Courtney Barrett, M.Ed., OTR/L, CBIS  
Associate Professor - Program Director  
Occupational Therapy Assistant Program  
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#1 Academy Place, Dardenne  
Prairie, MO 63368

Ms. Barrett:

Here is the letter that you requested which provides a rationale for ACOTE's decision to offer two points of entry (associate's level & baccalaureate level) for the occupational therapy assistant.

AOTA's Representative Assembly (RA) convened an Ad Hoc Committee to do a feasibility study in 2015 regarding degree level for the occupational therapy assistant. The committee looked at the following areas:

1. Defining expectations of practice for an OTA in the next decade.
2. Growth in content to address changes in practice.
3. Impact of any changes in entry-level degree requirements for the occupational therapists (e.g., doctoral requirement) on occupational therapy assistant education and practice.
4. Readiness of host institutions to support a transition to the bachelor's requirement and the trend in community colleges to offer a limited number of bachelor's degrees.
5. Faculty workforce including occupational therapy assistants with post-baccalaureate degrees.
6. Impact of regulatory changes associated with the Affordable Care Act (ACA) and impact on reimbursement.
7. The potential impact of increased costs on key stakeholders (i.e. students, employers, etc.)
8. Requiring the entry-level degree to be at the doctoral level could push more potential students into occupational therapy assistant programs because of the increased costs of a doctoral versus masters-level program.

See attached appendix for the full detailed report.

ACOTE developed and approved occupational therapy assistant baccalaureate level Standards in August 2018. This was done to provide occupational therapy assistant programs with the option to transition their programs to the baccalaureate level to address some of the **knowledge gaps** identified in bullets 1-3 above. They felt that it was the path to maintain and retain occupational therapy assistants' patency in the future healthcare workforce. ACOTE believes that providing the additional content will equip students with the skills needed to address the issues related to complex healthcare systems and complex patients. If I can be of further assistance, please contact me at [ssalvant@aota.org](mailto:ssalvant@aota.org).

Sincerely,



Sabrina Salvant, EdD, MPH, OTR/L  
Director of Accreditation

## 2018 National Conference: VP of AOTA

**Advocate for legislation** that supports consumer access to OT in all settings (e.g., home health, mental health)

Work with physicians in **primary care to holistically address patient barriers to health** (e.g., medication management, home modifications)

**Demonstrate** how OT improves your clients' health, well-being, and quality of life

Strive toward the **Triple Aim: improved patient quality and satisfaction, improved population health, and reduced per-capita costs of care**

**Address emerging societal needs**

**Encourage** the growing diversity in the profession

Share **evidence** that OT improves function and reduces costs

**Provide transition programs, education, and supports** to help clients succeed

Practice **holistically** to address physical, cognitive, and environmental barriers

## 2019 National Conference: Presidential of AOTA Address

**Healthcare changes' impact on graduate competencies:**

1. **Demonstrate OT's Distinct value and quality outcomes in existing practice settings and delivery models**
2. **Adapt to new practice settings and delivery models** through identifying the value of Occupation-Based interventions to address health

**In existing practice settings:**

1. Graduate practitioners will need to demonstrate the ability to:
  - a. **Access relevant research, evidence, & knowledge translation**
  - b. **Provide evidence-informed and occupation based interventions**
  - c. Demonstrate **resilience** (avoid burnout)
  - d. **Identify and measure "value"**
  - e. **Advocate** for OT's value
  - f. **Practice at top of license**

**In new practice settings:**

1. Graduates practitioners will be prepared to:
  - a. **Lead in health management, maintenance, and promotion** (distinct from the disease management model)
  - b. **Address social determinants & adaptive performance patterns** (drivers of health & life expectancy)
  - c. **Identify and advocate** for the role of occupations in achieving health and self management (individuals, groups, & populations)
  - d. **Overcome the challenges of community-based practice**

**OTA MISSOURI MARKETPLACE SURVEY - EMPLOYER PERSPECTIVE**  
**St Charles Community College**

Conducted by: River Henge Partners LLC

**Marketplace Employer Engagement Data Set Summary:**

River Henge Partners LLC surveyed Qualified as Department Directors, Managers, Talent Acquisition Directors pulled at random from the Company listing on Job Position Samplings. **In the master data-set, there were ninety (90) Active Job Listings from forty-one (41) unique companies.** There were 21 Companies representing sixty-nine (69) OTA-specific Job positings selected for sample verification and review. Of those companies, ten (10) companies confirmed OTA use, two (2) companies confirmed OT exclusive use with not OTA's within their program. Eight (8) companies provided contextual OTA feedback to the three Study Questions.

**Job Posting Employers- Study Questions**

**Job Position Requirements**

**Question: Outside Standard OTA , what are you looking for in new hires?**

**Industry Perspective - OTA Role and Responsibility**

**Question: How do you see the OTA Position and ateh requirements evolving in your industry?**

**Business Perspective - OTA Role and Responsibility**

**Question: What do you see as the evolution of the OTA Position in your business?**

*All data contained herein is informational in nature and subject to the qualified opinion of the professional responding. The data represented is the joint property of River Henge Partners LLC and St. Charles Community College and as such cannot be published or copied without express written permission granted by both parties.*

**CONFIDENTIAL BUSINESS DOCUMENT**

**OTA Missouri Marketplace Engagement Survey - Employer Survey Response**

<b>Company Type</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>
Hospital System	no OTA's in their Therapy Services (workplace therapy program) - do have placement in inpatient and skilled	Experience 13 years - OTA need primarily AA, On the job training in their respective specialty area, supervision evaluations.	formerly was hard to do OTA in home health setting because of supervision requirements
Home Health Agency	OTA's have to be certified. Working in the field - independent, personable. Understand documentation, time management. <b>Little oversight so have to be self-motivated and adaptable to different environments. Want experience but can train.</b>	<b>Historically, home health didn't have OTA's, the therapy work has been done by OT's. Now with the change in their function and responsibility, OTAs are more independent and there's less hand holding required by OT's. For the industry the type of work with OT was typically in clinic with direct supervision. adding types of therapy in home health has added to the ability to expand therapy options. baby boomers are living longer and access to care in the home has become critical</b>	<b>with our business (utilizing OTA's) means we're able to see more patients. OT's cost more. Insurance likes the use of OTA's because likes OTA billing per episode (more visits in 60 days). Helps keep the person independent. With OTA's less paperwork, more patients in a day. there's a higher demand for home health, so field for OTA's is definitely growing. especially in eldercare with longer life-spans and chronic diseases. hope that doctors, clinics and hospitals see home-health as a viable partner.</b>
Skilled Nursing Facility that leases space to contract health services	COTA's are employees of Innovate Rehab which has space within the Skilled nursing facility. Use their service as offering of rehabilitation services.		
Skilled Nursing and Rehabilitation Facility	have to be certified and licensed. In skilled nursing, really like to see more emphasis on training in lymphedema. As patents age, more need. OTR and PTA - pushing for more schooling. Make sure they have the basic stuff, more thorough curriculum mix with hands on experience before coming to the setting.	<b>in terms of industry, with their experience outpatient use is not as prevalent, and seemed to be declining. seems like more need for OTA or PTA's. In skilled nursing there's a big need for OTA and it's evolving in a positive fashion. Depends on the industry. OTA's are harder to find in their area.</b>	<b>for the business, OTA is still a positive evolution, great need. Hiring now. The use of OTA's is evolving as we need them. Will continue to utilize OTA's.</b>
Professional Health Care Provider Management Company	have to get their state license (COTA). There is a new payment system coming online, PTPM and they had better become familiar with that system. Other than that, there's not any other specific specialties	<b>in the skilled nursing industry, seems like moving away from OT's doing direct patient therapy. They're taking on more of an administration and supervision role and expecting Assistants to provide direct patient care. That's driven by the PTPM system.</b>	<b>for our business in skilled nursing, means that the OTA becomes even more critical because of that direct line of care</b>
Hospital Inpatient Therapy and Rehabilitation Center	going into an acute setting. Need to learn quickly, ADC, mobility, self care, trauma. Would be good for them to know more about wound care and lymphedema management as those are time intensive	in the industry, we're getting hammered with evaluations and the roles are shifting as patients flow in and out more quickly. Less use for OTA and PTA in inpatient and acute care. Possibly home health, skilled nursing and outpatient positions.	the Hospital doesn't have skilled nursing, and rehab is managed separately from outpatient. See a shift in home-health (and outpatient-based services)
Psychiatric Center	hospital does not employ OTAs, OTs require BLS, employed by Kindred Care		
Hospital - Inpatient Services	looking for experience in inpatient acute rehab. Higher neuro patients so more complicated than ortho. <b>Does not typically hire new graduates. Field work is required. The big problem is the gap in education - 2 years program for OTA's versus now a doctorate for OT's. Leaves a difference of five years versus what used to be a 2 year gap in education. the skill level is fine, but the knowledge gap is bigger.</b>	<b>For OTA's evolving in the industry, hope they get more education. Not sure how it's going to work as have not been in the hiring position for a long time. An observation is that more of the industry (acute, inpatient) are steering away from using OTA's across the board. the biggest problem is the amount of evaluations which are in-flux (10-15 per day) OTA's are not qualified so it leaves those open, so less likely to utilize OTA's. don't know about skilled nursing as have been out of that field</b>	<b>for the company itself, haven't given the evolution of OTA's a lot of thought. Will continue to utilize because there is a need and a value. Problem is that insurance requirements are changing. If they're role becomes limited on the type of insurance by state and program.</b>

## Translating OTA skills for Employment Opportunities

### Using Vision 2025 to Guide the Way

<https://www.aota.org/publications-news/otp/archive/2018/vision-2025.aspx>

### OT Vision 2025

Occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.

Four “pillars” help articulate how our efforts need to be focused to attain the Vision. They are:

- **Effective:** Occupational therapy is evidence-based, client-centered, and cost-effective.
- **Leaders:** Occupational therapy is influential in changing policies, environments, and complex systems.
- **Collaborative:** Occupational therapy excels in working with clients and within systems to produce effective outcomes.
- **Accessible:** Occupational therapy provides culturally responsive and customized services.

### Job Descriptions and Postings with Skills of an OTA that Require a Bachelor's Degree

Careers at Easter Seals

<http://www.easterseals.com/midwest/who-we-are/careers-at-easter-seals/>

Careers at Places for People

<https://www.placesforpeople.org/employment/>

Careers at Peter and Paul Communities

<https://ppcsinc.org/about-us/employment/>

Careers at Independence Center

<https://www.independencecenter.org/>

Careers at Big Brothers and Sisters

<https://www.bbbsemo.org/about/careers/>

Careers at YMCA

<https://secure3.entertimeonline.com/ta/6096898.jobs?JobsSearch>

Missouri School Jobs

<https://www.moreap.net/>

Careers at Compass Community Mental Health

<https://careers.compasshealthnetwork.org/en-US/search?keywords=&location=&facetcategory=health%20care>

### OTA Non-Traditional Jobs

- Business Owner/Entrepreneur
- Start a Private Practice
- Corporate Health Consulting
- Home Modification Specialist
- Assistive Technology Professional
- Medical Equipment Salesperson
- Case Manager
- Educator
- Administrator
- Community-Based Mental Health
- Driving Rehabilitation
- Ergonomics and Workplace Evaluator, Workstation Ergonomics
- Insurance Auditor
- Low Vision Specialist
- Writer
- Rehabilitation Intake Coordinator

Sources:

<https://www.myotspot.com/alternative-career-paths-occupational-therapists/>

<https://pdhtherapy.com/2018/07/6-non-traditional-occupational-therapy-jobs/>

<https://stories.universaldesign.org/my-journey-to-a-non-traditional-occupational-therapy-jobfb61b4439a76>

### **OTA Additional Qualifications**

- regular attendance
- Current CPR certification
- Valid driver's license and proof of auto insurance
- Ability to communicate in English, both verbally and in writing
- Good problem-solving skills
- Good computer skills including use of desktop computers and handheld devices with ability to learn company or customer systems
- Must be able to maintain confidentiality regarding patient, employee and company proprietary information
- Must have the ability to relate professionally and positively and work cooperatively with patients, families, and other employees at all levels
- adhering to safety practices
- applying assessment instruments
- operating equipment used in occupational therapy
- operating standard office equipment including pertinent software applications
- preparing and maintaining accurate records
- student behavior management skills
- adaptive equipment
- professional writing skills
- occupational therapy models, practices and theories.
- being attentive to detail
- communicating with diverse groups
- maintaining confidentiality
- working as part of a team
- displaying tact and courtesy
- being empathetic and nonjudgmental
- establishing and maintaining effective relationships, especially with patients
- Mobility, standing, pushing, pulling, reaching, bending, walking, heavy lifting, fine hand coordination
- ability to hear
- ability to read and write
- ability to detect odors
- ability to remain calm under stress
- Hearing (corrected) adequate for oral/aural communication with patients, staff, family, visitors, etc
- Vision (corrected) adequate for reading
- Intelligible speech and normal language / cognitive skills.
- Must be able to push patients in a wheelchair or stretchers
- Lifting of patients\*, equipment or supplies will be required up to 20 pounds frequently, up to 50 pounds occasionally and up to 100 pounds rarely
- Sitting, standing, and walking required throughout the day
- Job duties sometimes require climbing stairs, kneeling, twisting, bending; on occasion,

crouching, crawling and reaching overhead

- Must be able to transfer patients
- Must be able to demonstrate any appropriate exercise and activities to patients / caregivers
- Work in a fast-paced clinical environment
- Weekend and holiday work may be required
- Work environment is primarily indoors but occasionally outdoor
- Several task and job duties involve a risk of exposure to Bloodborne Pathogens and other potentially infectious materials (OPIM)





929 Rolling Thunder Drive

O'Fallon, MO 63368-4090

Phone: 636.561.1900 · Fax: 636.625.1901

Email: [info@stlouislife.org](mailto:info@stlouislife.org)

Website: [www.stlouislife.org](http://www.stlouislife.org)

December 8, 2020

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

To Whom It May Concern:

We are writing this letter of support for the Occupational Therapy Assistant (OTA) program at St. Charles Community College (SCCC) to pursue and provide a bachelor's degree for OTA.

Legislation in Missouri allows community colleges to offer a bachelor's degree for a program that meets a workforce demand and demonstrates that the level of education of education to offer professional services increases to a bachelor's level. We would like to articulate why SCCC's OTA program is an excellent candidate for our business and community.

We work at St. Louis Life, an independent living program in O'Fallon, MO that serves adults with intellectual and developmental disabilities. The OTA program and their students have shown a commitment to academic excellence and our residents have benefited greatly through our fieldwork partnership with them. We have witnessed that the OTA program meets and exceeds their responsibility to serve our community by demonstrating excellence in a constantly evolving healthcare landscape. The additional bachelor's curriculum including the baccalaureate project would improve upon their ability to serve our community, our residents, and future students.

We believe the students of SCCC would build upon the services they already provide to St. Louis Life and greatly improve our resident's quality of life. If given the opportunity to create, develop, and engage in additional programming through their baccalaureate program, we believe that the students who go through this additional education and experience would be fantastic candidates for employment in our organization and in our community. We have seen firsthand that the OTA program provides their students with everything they need and more. The students are given the opportunity to develop the knowledge, professional skills, behaviors, and attitudes needed to fulfill their professional roles. The fieldwork students we have hosted have demonstrated ethical behavior, competent use of professional skills, and constant professionalism. They have adapted very well to our fast paced workplace and we believe the SCCC OTA program's dedication to excellence is why these students have been so prepared to work at St. Louis Life.

We trust SCCC's OTA program to provide the current, future, and potentially former graduates an affordable, accessible, and high quality bachelor's degree in an ever growing and more demanding healthcare field. We wholeheartedly encourage you to support the OTA program in allowing them to develop additional opportunities to meet the dynamic health care needs of our community, vulnerable populations, and the businesses that serve them.

Sincerely,

Andy Conover  
Executive Director

John Covilli, DPT  
Activities Coach



Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

To whom it may concern:

I am writing this letter of support for the Occupational Therapy Assistant (OTA) Program at St Charles Community College (SCC) to pursue and provide a bachelor's degree for OTA and I would like to articulate why SCC's OTA Program is an excellent candidate for our business and community.

We have enjoyed the benefits of the OTA program's commitment to academic excellence and service to the community through our unique fieldwork partnership in addressing the needs of the mental health population we serve. We believe the OTA program continues to fulfill their responsibility to best serve the needs of our community and we believe the additional bachelor's curriculum including the baccalaureate project would be of great benefit not only to the students but also to our business and the populations we serve.

Specifically, we believe the students of SCC would be able to provide enhanced and much needed services to our clients who are often underserved. If given the opportunity to create, develop, and engage in additional programming through their Baccalaureate Project, we believe the students who have this degree and experience would be excellent candidates for employment for our business and in our community. SCC's dedication to excellence is evident in the fieldwork students we have worked with from and we are excited to welcome any baccalaureate OTA student from SCC to work with us.

I trust SCC's OTA program to provide current, future, and potentially former graduates an affordable, accessible, and high-quality bachelor's degree to meet growing workforce demands of our community and our business. I support the OTA program in working to expand their mission to respond to these needs. I encourage you to support SCC and allow them to develop additional opportunities to meet the dynamic health care needs of our community, vulnerable populations, and the businesses that serve them.

Sincerely,

Tyler McClain, MSW  
Director, Headway Clubhouse  
8073 Mexico Rd  
St. Peters MO 63376  
tmclain@compasshn.org  
C: 636-328-4364



“Experience Person Centered Care”

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469

To whom it may concern:

I am writing this letter of support for the Occupational Therapy Assistant (OTA) Program at St Charles Community College (SCC) to pursue and provide a bachelor's degree for OTA.

Since the state of Missouri now has legislation in place that allows community colleges to offer a bachelor's degree for a program that meets a workforce demand and demonstrates that the level of education to offer professional services increases to a bachelor's level, I would like to articulate why SCC's OTA Program is an excellent candidate for our business and community.

We have enjoyed the benefits of the OTA program's commitment to academic excellence and service to the community through our fieldwork partnership. We believe the OTA program continues to fulfill their responsibility to best serve the needs of our community in addressing the evolving nature of healthcare service delivery and we believe the additional bachelor's curriculum including the baccalaureate project would be of great benefit not only to the students but also to our business and the populations we serve.

Specifically, we believe the students of SCC would be able to provide enhanced and much needed services to our vulnerable populations. If given the opportunity to create, develop, and engage in additional programming through their Baccalaureate Project, we believe the students who have this additional degree and experience would be excellent candidates for employment in our business and in our community. The Occupational Therapy Assistant Program provides its students with the opportunity to develop the knowledge, skills, behaviors, and attitudes necessary for ethical, competent, and reflective practice in fulfilling their professional roles. That dedication to excellence is evident in the fieldwork students we have worked with from St. Charles Community College.

I trust SCC's OTA program to provide the current, future, and potentially former graduates an affordable, accessible, and high quality bachelor's degree to meet growing professional and workforce demands of our community and our business. I support the OTA program in working to expand their mission to respond to the growing needs of our community. I encourage you to support the OTA program in allowing them to develop additional opportunities to meet the dynamic health care needs of our community, vulnerable populations, and the businesses that serve them.

Sincerely,

Ann Groomes, RN, President

115 Piper Hill Drive Suite 100, St. Peters, MO 63376

Missouri Department of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, MO 65102-1469



To whom it may concern:

I am writing this letter of support for the Occupational Therapy Assistant (OTA) Program at St Charles Community College (SCC) to pursue and provide a bachelor's degree for OTA.

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Specifically, we believe the students of SCC would be able to provide enhanced and much needed services to our vulnerable populations. If given the opportunity to create, develop, and engage in additional programming through their Baccalaureate Project, we believe the students who have this additional degree and experience would be excellent candidates for employment in our business and in our community. The Occupational Therapy Assistant Program provides its students with the opportunity to develop the knowledge, skills, behaviors, and attitudes necessary for ethical, competent, and reflective practice in fulfilling their professional roles. That dedication to excellence is evident in the fieldwork students we have worked with from St. Charles Community College.

I trust SCC's OTA program to provide the current, future, and potentially former graduates an affordable, accessible, and high quality bachelor's degree to meet growing professional and workforce demands of our community and our business. I support the OTA program in working to expand their mission to respond to the growing needs of our community. I encourage you to support the OTA program in allowing them to develop additional opportunities to meet the dynamic health care needs of our community, vulnerable populations, and the businesses that serve them.

Sincerely,

A handwritten signature in blue ink that reads 'Tiffany C. Dill'.

Tiffany C. Dill  
Founder, Inclusive Design Alliance - STL

27 June, 2019

Zora Mulligan, J.D.  
Commissioner of Higher Education  
205 Jefferson Street  
P.O. Box 1469  
Jefferson City, Missouri 65102-1469

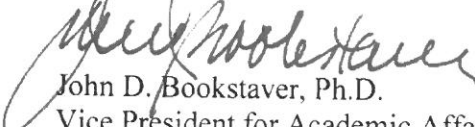
Dear Ms. Mulligan:

I am proud to lend my support to the proposal by St. Charles Community College to offer a bachelor's of applied science degree in the field of Occupational Therapy Assistant (OTA). This field has done significant work in the past few years to adapt to the changing landscape in medicine and respond to the needs of patients, other healthcare professionals, and insurers. Because of the expanding scope of practice in the field and the need for OTAs to assume managerial roles, the employability of OTAs increasingly depends upon their ability to attain bachelors' degrees.

We have wonderful relationships with our four-year partners throughout the state, and we articulate many programs with them. However, no bachelor's programs in OTA exist anywhere in the state. Recently I spoke with Dr. Thomas George, Chancellor of the University of Missouri-St. Louis. While he was unwilling to relate such in writing, he verbally confirmed that UMSL does not award this degree nor offer classes in the field. Given this fact and the realities of new program approval by the Accreditation Council for Occupational Therapy Education (ACOTE) that are outlined in our proposal, collaboration and articulation are not possible now, nor would they be for many years.

I am confident that our proposal has considerable merit, and I respectfully request that the Missouri Department of Higher Education and the Coordinating Board for Higher Education give it full consideration through its comprehensive review process.

Sincerely,



John D. Bookstaver, Ph.D.

Vice President for Academic Affairs and Enrollment Management



## Change in Mission or Student Body

### Substantive Change Application

---

Institution:                      City, State:

Name of person completing this application:

Title:                       Phone:                       Email:

Date Submitted:

This completed form will constitute your request for approval of a substantive change. This form will be the basis for review of this application. The questions are designed to elicit brief, succinct, detailed information, rather than a narrative or references to extensive supporting documents. Do not attach other documents unless they are specifically requested in the questions and are germane to the request. Excluding attachments, the completed application form should be no more than 12–15 pages on a single classification of change. The total submission, including attachments, should not exceed 200 pages.

If the person completing this application is not the CEO, CAO or the Accreditation Liaison Officer of the institution, it is understood that the person completing and submitting this application has consulted with and informed those individuals and has been authorized to submit this form on the institution's behalf.

Please note: HLC plans to update its application forms annually, on or about September 1 of each year. However, if an application form was accessed more than 90 days prior to filing, please visit [hlcommission.org/change](https://hlcommission.org/change) to ensure that there have been no changes to the form in the intervening time.

Submit the completed application as a single PDF file at [hlcommission.org/upload](https://hlcommission.org/upload). Select “Change Requests” from the list of submission options to ensure the application is sent to the correct HLC staff member.

### Part 1: General Questions

---

- 1. Requested Change(s).** Concisely describe the change for which the institution is seeking approval.
- 2. Does another characteristic of the change requested in this application require prior HLC approval?** (Example: new programs, contractual arrangement etc.)

- No
- Yes

If yes, please explain and submit the relevant application form (or indicate the date on which it was submitted):

### 3. Classification of Change Request.

*Note: not every substantive change requires prior review and approval. Visit [hlcommission.org/change](https://hlcommission.org/change) to make certain that current HLC policy requires the institution to seek approval.*

An institution submitting more than one change request should complete multiple applications, one for each type of change. The types of change requests include:

- Change in mission
- Change in student body
- Competency-based education (including credit-based; direct assessment; hybrid) programs
- Contractual arrangement
- Substantially changing the clock or credit hours or content required for a program
- Change in academic calendar (e.g., quarters to semester) or change in credit allocation
- Provisional Plan (with or without Teach-Out agreements, as applicable)
- Distance or correspondence education
- New programs
- Certificate programs
- Branch campuses and additional locations
- Access to HLC’s Notification Program for Additional Locations

### 4. Financial Stability

a. Did the institution’s most recent independent audit opinion express doubt about the institution’s ability to operate as a going concern or identify any material weakness related to financial stability?

- No
- Yes

b. Complete the [Financial Data Worksheet](#) for your institution using the most recent monthly financial statements. Attach the worksheet and the most recent set of summary month end financial statements.

c. Explain your institution’s financial ability to provide the capital investment to underwrite the requested change until it becomes independently sustainable. Please provide, by academic term, projections of expected revenue until the capital investment is recouped (break-even point).

Total capital investment:

Define academic term (e.g., quarters, semesters, other):

	Academic Term 1	Academic Term 2	Academic Term 3	Academic Term 4
# Expected Students				
Projected Revenue <sup>1</sup>				
Projected Expense <sup>2</sup>				
<b>Projected Profit/(Loss)</b>				

<sup>1</sup> Incl. tuition and student fees

<sup>2</sup> Incl. all direct expenses—salaries, rent, debt services, etc.—and indirect expenses, such as overhead allocations.

d. Are there any circumstances present currently that will trigger a requirement for a Provisional Plan under [HLC’s Teach-Out policy](#)?

No

Yes

5. **Special conditions.** Indicate whether any of the conditions identified below fit the institution (Yes or No). If Yes, explain the situation in the space provided.

a) Is the institution, in its relations with other institutional or specialized accrediting agencies, currently under or recommended for a negative status or action (e.g., withdrawal, probation, sanction, warning, show-cause, etc.)?

b) Is the institution now undergoing or facing substantial monitoring, special review, or financial restrictions from the U.S. Dept. of Education or other federal or state government agencies?



c) Has the institution's senior leadership or board membership experienced substantial resignations or removals in the past year?

d) Is the institution experiencing other pressures that might affect its ability to implement the proposal (e.g., a collective bargaining dispute or a significant lawsuit)?

6. **Internal Approvals.** Attach documentation of internal (faculty, board) approvals that the institution has obtained for the proposed change. **All required approvals must be obtained before submitting the application to HLC.** If no approval is required, attach evidence that approval is not needed (e.g. applicable regulation, statute, or correspondence).

7. **State Approvals.** Attach documentation of state approvals that the institution has obtained for the proposed change. **All required approvals must be obtained before submitting the application to HLC.** If no approval is required, attach evidence that approval is not needed (e.g. applicable regulation, statute, or correspondence).

8. **System Approvals.** If applicable, attach documentation of system approval that the institution has obtained for the proposed change. **All required approvals must be obtained before submitting the application to HLC.** If no approval is required, attach evidence that approval is not needed (e.g. applicable regulation, statute, or correspondence). Check the box below if the institution is not part of a system.

Not Applicable

9. **Foreign Country Approval(s).** If applicable, attach documentation of foreign country approval(s) that the institution has obtained for the proposed change. **All required approvals must be obtained before submitting the application to HLC.** If no approval is required, attach evidence that approval is not needed. Check the box below if the proposed change is not related to offerings in a foreign country.

Not Applicable

10. **Specialized Accreditation.** Complete this section only if specialized accreditation is required for licensure or practice in program(s) covered by this change application.

The institution has already obtained the appropriate specialized accreditation. Attach a copy of the letter from the agency granting accreditation.

The institution has begun the process of seeking or plans to seek specialized accreditation. Specify the name of the agency and the timeline for completing the process in the space below. (If approval is a multi-stage process, the institution should contact the HLC staff liaison to discuss the timeline before submitting this change application form.)

- The institution does not plan to seek specialized accreditation. Provide a rationale for not seeking this accreditation in the space below.

**11. Changes Requiring Visits.** This section is not for HLC-mandated visits such as additional location confirmation visits or campus evaluation visits.

Note: Complete this section only if the institution is already aware that the proposed change will need to be reviewed through a visit. The institution may submit Part 1 of the change request application to begin the process of scheduling a Change Visit or adding the proposed change to an already scheduled visit. The full application must be submitted at a later date. (If the institution is unsure whether a visit is required, leave this section blank and submit the full change application. HLC will advise the institution based on the information provided.)

a) Select the type of visit the institution is requesting:

- Request to schedule a Change Visit.

Change Visits typically are scheduled approximately four months from the date an institution submits its change request. The full change application and other required materials will be due to HLC and the peer review team eight weeks before the visit date. See [Change Visit: Required Materials and Submission Procedures](#) for more information.

- Request to embed a Change Visit into an already scheduled visit.

**Note:** Such requests must be submitted at least six months before the visit date. HLC staff will determine whether to embed a Change Visit based on peer reviewer availability and the complexity of the scheduled visit, among other factors. HLC may not be able to accommodate all requests.

Specify type of visit and date scheduled:

The institution's full change application should be submitted along with other materials required for the already scheduled visit.

- b) Provide URLs to the institution's Faculty/Staff Handbook and Catalog below. If the URLs are not available, please provide PDF versions of these documents when submitting other required materials prior to the visit.

Faculty/Staff Handbook URL:

Catalog URL:

## Part 2: Topic-Specific Questions

---

### Section A. Characteristics of the Change Requested

1. How will the proposed change impact the historical intent, mission, nature, culture, organization and people of the institution?
2. What change, if any, will occur in the mission statement and mission-related documents (vision, goals and purposes)?
3. What change, if any, will occur in the number, demographics and composition of the student body?
4. Specify the timeline used to implement the proposed change.

### **Section B. Institution's History**

5. What experience, if any, has the institution had in changing its mission or student body?
6. What are the reasons and driving forces for the proposed change?

### **Section C. Institutional Planning for Change of Mission or Student Body**

7. What are the institution's plans to implement and sustain the proposed change?
8. What impact might the proposed change in mission or student body have on challenges identified as part of or subsequent to the last HLC review and how has the institution addressed the challenge(s)?
9. What controls are in place to ensure that the information presented to all the constituencies in advertising, brochures and other communications will be accurate?
10. How does the institution ensure that financial planning and budgeting for the change are realistic (projected budgets, recent audit reports, revenue streams, cost of facilities, and projected facility and equipment costs)?

## **Section D. Curriculum and Instructional Design**

11. Describe the involvement of appropriately credentialed faculty and experienced staff necessary to accomplish the proposed change (curriculum development and oversight, evaluation of instruction, and assessment of learning outcomes).

12. What change, if any, will occur in the programs offered by the institution?

## **Section E. Institutional Staffing, Faculty and Student Support**

13. What impact will the proposed change have on institutional staffing and support services? Explain any increases in faculty and staff, listing any new, changed, or eliminated faculty or administrative positions.

14. What impact will the proposed change have on faculty workload and overall composition of the faculty (full-time or part-time)?

15. In light of the new mission or student body, describe how the institution will make learning resources and support services available to students (student support services, library resources, academic advising, and financial aid counseling)?

## **Section F. Evaluation**

16. Describe the expected outcomes of the proposed change and the process and measures the institution will use to document the achievement of its expected outcomes.

**From:** [HE.Academic Program Actions](#)  
**To:** [Woody, Mara](#); [Vedenhaupt, Laura](#)  
**Subject:** FW: Public Comments on New Program Proposals [#17]  
**Date:** Thursday, December 24, 2020 6:02:40 PM

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I had mentioned that I would log in and check the comment portal for Respiratory Therapy, and while we didn't receive anything further today, we did receive this comment on the OTA program. Thanks and take care, Alicia

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**From:** Department of Higher Education <no-reply@wufoo.com>  
**Sent:** Thursday, December 24, 2020 2:48 PM  
**To:** HE.Academic Program Actions <he.academicprogramactions@dhewd.mo.gov>  
**Subject:** Public Comments on New Program Proposals [#17]

Name	Rebecca Fenton
Email	<a href="mailto:rfenton@centralmethodist.edu">rfenton@centralmethodist.edu</a>
School/Organization	Central Methodist University
Program *	Occupational Therapy Assistant

#### Comments

It is exciting that ACOTE provided updated standards, expanding the entry-level degree options for OTA and OT practitioners. This is the next progression in our profession, and I understand the trepidation of schools who have offered associate level degrees as they contemplate the loss of an academic offering since ACOTE has mandated that the entry-level degree for the occupational therapy assistant will move to the baccalaureate level by July 1, 2027. Further, they have stated that, only entry-level baccalaureate occupational therapy assistant degree programs will be eligible to receive or maintain ACOTE accreditation status as of July 1, 2027.

Current workforce trends and academic trends support further review before extending higher degree granting rights to schools that primarily serviced a separate and distinct population from bachelor level degree organizations. Items to consider, the AOTA 2019 Salary & Workforce Survey revealed that 34% of OTAs already have a bachelor's degree in another field therefore there are bachelor level HCPs in the workforce, the most common primary work setting for OTAs is the skilled nursing facility, that more than one fourth of OT/OTA practitioners work in a secondary setting, those who work in schools, hospitals, and SNFs are most likely to work in a secondary setting and in 2018 nearly 16% of practitioners revealed they are considering leaving the field. This is the highest number since 2000. In addition, current identified issues relating to OT/OTA programs growth and employment saturation include cluster of programs. Current social media conversations revolve around impact of COVID on job security for OTAs since OTRs can work in the facility and complete all tasks, over saturation of OTAs in urban settings due to prevalence/cluster of OTA schools, and changes in federal reimbursement models for the OTA.

In Missouri two schools have officially started the transition process to offer an OTA Bachelor Degree; they include University of Missouri and Central Methodist University. There are 13 schools across the United States working through this process: <https://acoteonline.org/schools/ota-baccalaureate/>

Current OTA programs do have the option to bridge their current students and practicing graduates into a OTA-B Post professional online degree program; Central Methodist University offers a unique post professional online degree designed specifically for licensed practicing OTA's who have earned an associate level degree. CMU is creating articulation agreements with schools to facilitate these bridge partnerships. This program officially began in Fall 2020.

<https://www.centralmethodist.edu/academics/undergraduate/ota-b-completion/index.html>

A lot of changes are occurring in healthcare in response to many contributing factors, OTAs are not immune to these changes or challenges. Before we change the academic market in Missouri, I am curious about the following points:

1. Will SCC and MSU formally apply to ACOTE for formal transition to the Bachelor's level degree? If so, what is their proposed timeline? <https://acoteonline.org/wp-content/uploads/2020/04/Transitioning-Education-Levels-FAQ.pdf>

<https://acoteonline.org/wp-content/uploads/2020/04/Transitioning-Education-Levels-FAQ.pdf>

2. Can SCC provide the details regarding open positions referred to in this statement; SCC's community partners continue to have vacant positions as a result of a lack of qualified bachelors-prepared practitioners". Are these OTA positions or general HealthCare Practitioner positions?

3. The ACOTE Academic Fieldwork Standards sections C.1.1 – C.1.16. did not change and remain the same for AAS/AS OTA and OTA-B: file:///Users/becky/Downloads/2018-ACOTE-Standards-1.pdf.

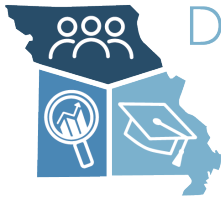
4. If community colleges can transition from Associate level OTA degree plans to Bachelor Level Degree plans will these programs continue to benefit from state dollars (A+ money) since this financial incentive is not extended to four-year private universities? Or will these dollars also be extended to students wishing to attend a four-year university? How will Missouri ensure that this extension is fair and equitable to other similar programs, specifically private colleges/universities?

5. To ponder; For the past four years Missouri students have had the option to attend a 4-year university which offers an OTA associate level degree which can be combined with a Bachelor's degree completion program and yet they continue to choose community college options due to financial incentives; specifically, lower tuition and A+ dollars. The addition of the OTA Bachelor Degree entry level option provides 4-year universities with a niche and an option that allows them to set themselves apart from the 2-year school.

6. Is it worth waiting to see how well the MU and CMU OTA-B degree is perceived by students, to see if workforce trends support the expansion, etc?

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# DEPARTMENT OF HIGHER EDUCATION & WORKFORCE DEVELOPMENT

## Comprehensive Review Evaluation Matrix

Proposing Institution: St. Charles Community College

Proposed Degree: Bachelor of Applied Science in Occupational Therapy Assistant

Review Completed by: DHEWD

Updated December 23, 2020

For community colleges proposing to offer a bachelor's degree, the following criteria is required, as outlined in § 163.191(1), RSMo:

Criterion:	Evidence:	DHEWD Finding:
<p>The level of education required in a field for accreditation or licensure increases to the baccalaureate degree level OR,</p> <p>in the case of applied bachelor's degrees, the level of education required for employment in a field increases to that level, AND</p>	<p>Trigger: level of education required for entry. OTA Market Report. Phase I proposal (pages 29-33, letters of support from local employers). Additional Items Submitted Dec 2020: letters of support from local employers (pages 80-83), Translating Skills for OTA Employment Opportunities (pages 77-79).</p>	<p><b>Pending.</b> Need evidence/data to prove trigger requirement is met.</p>
<p>When doing so would not unnecessarily duplicate an existing program,</p>	<p>There are two Bachelor OTA programs at 4-year institutions in mid-Missouri area: MU and CMU.</p>	<p><b>Criteria met.</b></p>
<p>collaboration with a university is not feasible or the approach is not a viable means of meeting the needs of students and employers, AND</p>	<p>MSU Partnership Proposal. Phase I proposal (pages, 1, 20, 28 - Letter from Dr. John Bookstaver). Additional Items Submitted Dec 2020: SCC letter explaining why collaboration is not possible with MU's proposal (pages 3-4).</p>	<p><b>Criteria met.</b></p>
<p>The institution has the academic and financial capacity to offer the program in a high-quality manner.</p>	<p>Phase I Proposal (page 4, Overview of Intent) OTA Market Report (page 11, Summary Conclusion).</p>	<p>See criteria below in item C that needs to be submitted.</p>

<p>Elements of a Complete Proposal for Comprehensive Review, as outlined in 6 CSR 10-4.010. A complete proposal includes the following:</p>		
<p>A. Evidence of good faith effort to explore the feasibility of collaboration with other institutions whose mission or service region encompasses the proposed program. At a minimum, this will include letters from the chief academic officers of both the proposing institution and other institutions involved in exploring the feasibility of collaboration attesting to the nature of the discussions and explaining why collaboration in this instance is not feasible;</p>	<p>MSU Partnership Proposal. Phase I proposal (pages, 1, 20, 28 - Letter from Dr. John Bookstaver). Additional Items Submitted Dec 2020: SCC letter explaining why collaboration is not possible with MU's proposal (pages 3-4).</p>	<p>Criteria met.</p>
<p>B. Evidence that the offering institution is contributing substantially to the CBHE's Blueprint for Higher Education as adopted on February 4, 2016, pursuant to section 173.020(4), RSMo, and is committed to advancing the goals of that plan;</p>	<p>Phase I proposal (pages 14-19, SCC and Missouri Department of Higher Education).</p>	<p>Criteria met.</p>
<p>C. Evidence of institutional capacity to launch the program in a high-quality manner, including:</p>		
<p>I. An external review conducted by a team including faculty experts in the discipline to be offered and administrators from institutions already offering programs in the discipline and at the degree level proposed. The review must include an assessment of the offering institution's capacity to offer the new program in terms of general, academic, and student service support, including faculty resources that are appropriate for the program being proposed (e.g. faculty credentials, use of adjunct</p>	<p>Phase II Proposal: External Review Team Report and Recommendation.</p>	<p>Criteria met – external review team was convened.</p>



faculty, and faculty teaching workloads);		
II. A comprehensive cost/revenue analysis summarizing the actual costs for the program and information about how the institution intends to fund and sustain the program;	Additional Items Submitted Dec 2020: Academic and Financial Capacity to Offer the Program (pages 4-5).	Criteria met.
III. Evidence indicating there is sufficient student interest and capacity to support the program, and, where applicable, sufficient capacity for students to participate in clinical or other external learning requirements, including library resources, physical facilities, and instruction equipment; and	Phase I proposal (page 20, Student Interest and Community Support), (page 23, Resources, faculty and staff...) Phase I proposal (pages 29-33, letters of support from local employers). Additional Items Submitted Dec 2020: Evidence of Sufficient Student Interest (pages 5-6; Evidence of Capacity to Participate in External Learning Requirements (pages 6-7). Phase II proposal (pages 38-40, MOU) Response to External Review Team (pages 3-4).	Criteria met.
IV. Where applicable, a description of accreditation requirements for the new program and the institution's plans for seeking accreditation; and	Phase I proposal (pages 3-5, ACOTE rationale – Baccalaureate standards). Accreditation requirements provided. Additional Items Submitted Dec 2020: Description of accreditation requirements and plan to seek accreditation (pages 7-10).	Criteria met.
D. Evidence that the proposed program is needed, including:		
I. Documentation demonstrating that the program does not unnecessarily duplicate other programs in the applicable	There are two Bachelor OTA programs at 4-year institutions in mid-Missouri area: MU and CMU.	Criteria met.

geographic area, as described in subsection (9)(C) of this rule;		
<p>II. A rigorous analysis demonstrating a strong and compelling workforce need for the program, which might include data from a credible source, an analysis of changing program requirements, the current and future workforce, and other needs of the state, and letters of support from local or regional businesses indicating a genuine need for the program; and</p>	<p>OTA Market Report. Phase I proposal (pages 29-33, letters of support from local employers). Additional Items Submitted Dec 2020: letters of support from local employers (pages 80-83), Translating Skills for OTA Employment Opportunities (pages 77-79).</p>	<p><b>Pending.</b> Analysis needs to be submitted and include points in the criteria: Data from a credible source, changing program requirements, needs of the state, and/or letters of support indicating need for BOTA.</p>
<p>III. A clear plan to meet the articulated workforce need, including:</p>		
<p>a. Aligning curriculum with specific knowledge and competencies needed to work in the field(s) or occupation(s) described in the workforce need analysis in part (II) of this subparagraph;</p>	<p>Additional Items Submitted Dec 2020: Align curriculum with specific knowledge and competencies needed to work in the field (pages 10-13).</p>	<p><b>Criteria met.</b></p>
<p>b. Providing students with external learning experiences to increase the probability that they will remain in the applicable geographic area after graduation; and</p>	<p>Evidence of Capacity to Participate in External Learning Requirements (pages 6-7).</p>	<p><b>Criteria met.</b></p>
<p>c. A plan for assessing the extent to which the new program meets that need when implemented.</p>	<p>Additional Items Submitted Dec 2020: Plan for Assessing Meeting Need (pages 14-15).</p>	<p><b>Criteria met.</b></p>