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.

Academic Year:	FY2022	FY2023	FY2024	FY2025	FY2026
Projected number of students	30	40	40	40	40
Revenue:					
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					
Total Revenue:	**$185,400.00**	**$247,200.00**	**$247,200.00**	**$247,200.00**	**$247,200.00**
Personnel Cost (Faculty & Staff)					
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
Subtotal Personnel Cost	**$412,282.00**	**$412,282.00**	**$412,282.00**	**$412,282.00**	**$412,282.00**
Expenses:					
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
Subtotal Expenses	**$19,140.00**	**$19,140.00**	**$19,140.00**	**$19,140.00**	**$19,140.00**
Total Personnel Cost and Expenses	**$431,422.00**	**$431,422.00**	**$431,422.00**	**$431,422.00**	**$431,422.00**
Contribution to the College	**-$246,022.00**	**-$184,222.00**	**-$184,222.00**	**-$184,222.00**	**-$184,222.00**

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."
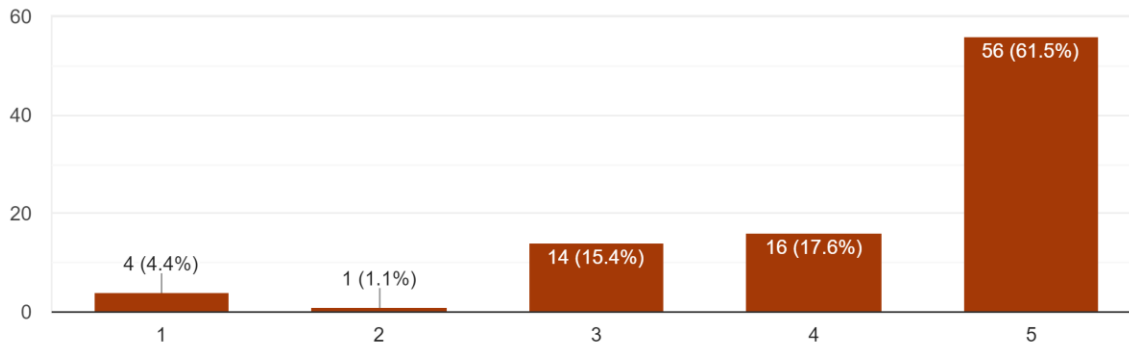
Students responded:
76% Strongly Agree/Agree
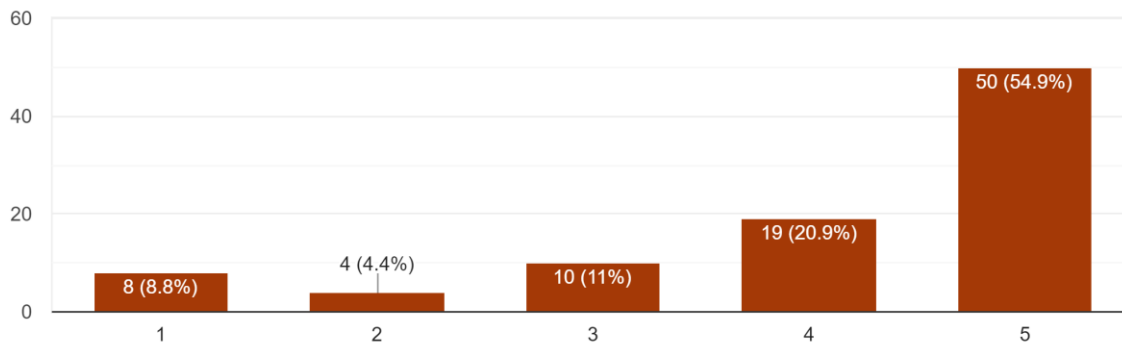11% Neutral
13% Disagree/Strongly Disagree

If if a bachelor degree in OTA had been offered when you were attending SCC, you would have choosen 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.

Semester 1	Course Name	Cr Hrs	ACOTE Bachelors Level Outcomes
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
Semester 2	**Course Name**	**Cr Hrs**	**ACOTE Bachelors Level Outcomes**
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
Semester 3	**Course Name**	**Cr Hrs**	**ACOTE Bachelors Level Outcomes**
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
Semester 4	**Course Name**	**Cr Hrs**	**ACOTE Bachelors Level Outcomes**
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
Semester 5	**Course Name**	**Cr Hrs**	**ACOTE Bachelors Level Outcomes**
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
Semester 6	**Course Name**	**Cr Hrs**	**ACOTE Bachelors Level Outcomes**
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
Semester 7	**Course Name**	**Cr Hrs**	**ACOTE Bachelors Level Outcomes**
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
Semester 8	**Course Name**	**Cr Hrs**	**ACOTE Bachelors Level Outcomes**
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
		Total: 120	
ACOTE Bachelors Level Objectives			
B1	Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity.		
B2	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.		
B3	Have achieved entry-level competence through a combination of didactic and fieldwork education.		
B4	Define theory as it applies to practice.		
B5	Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation.		
B6	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.		
B7	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.		
B8	Be prepared to be a lifelong learner to keep current with evidence-based professional practice.		
B9	Uphold the ethical standards, values, and attitudes of the occupational therapy profession.		
B10	Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery.		
B11	Be prepared to effectively collaborate with occupational therapists in service delivery.		

B12	Be prepared to effectively communicate and work inter-professionally with all who provide services and programs for persons, groups, and populations.
B13	Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services.
B14	Demonstrate active involvement in professional development, leadership, and advocacy.
B15	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
Faculty effectiveness in assigned teaching responsibilities	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.
Student progression and retention	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.
Fieldwork performance	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.
Student evaluation of fieldwork experience	90% of Fieldwork Students will complete SWFE	SEWFE	Spring annually	AFWC aggregates and analyzes all data from SEFWE and discusses outcomes, trends, issues, and recommendations at curriculum meetings. Necessary changes to curriculum are discussed and implemented as indicated.
Student satisfaction with the program	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.

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
PREAMBLE				
	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. A graduate from an ACOTE-accredited doctoral-degree-level occupational therapy program must • 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. • 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. • Have achieved entry-level competence through a combination of didactic, fieldwork, and capstone education. • Be prepared to evaluate and choose appropriate theory to inform practice. • Be prepared to articulate and apply occupational therapy theory through evidence-based evaluations and interventions to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply	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. A graduate from an ACOTE-accredited master's-degree-level occupational therapy program must • 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. • 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. • Have achieved entry-level competence through a combination of didactic and fieldwork education. • Be prepared to choose appropriate theory to inform practice. • Be prepared to articulate and apply occupational therapy theory through evidence-based evaluations and interventions to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply therapeutic use of occupations with	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 must • Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity. • 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. • Have achieved entry-level competence through a combination of didactic and fieldwork education. • Define theory as it applies to practice. • Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in	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 associate-degree-level occupational therapy assistant program must • Have acquired an educational foundation in the liberal arts and sciences, including a focus on issues related to diversity. • 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. • Have achieved entry-level competence through a combination of didactic and fieldwork education. • Define theory as it applies to practice. • Be prepared to articulate and apply occupational therapy principles and intervention tools to achieve expected outcomes as related to occupation. • Be prepared to articulate and apply therapeutic use of occupations with persons, groups, and populations for the purpose of facilitating performance and participation in

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	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. • 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. • Be prepared to be a lifelong learner to keep current with evidence-based professional practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery. • Be prepared to effectively collaborate with and supervise occupational therapy assistants in service delivery. • Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for	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. • 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. • Be prepared to be a lifelong learner 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Occupational Therapy Practice Framework. • 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. • Be prepared to be a lifelong learner to keep current with evidence-based professional practice. • Uphold the ethical standards, values, and attitudes of the occupational therapy profession. • Understand the distinct roles and responsibilities of the occupational therapist and the occupational therapy assistant in the supervisory process for service delivery. • Be prepared to effectively collaborate with occupational therapists in service delivery. • Be prepared to effectively communicate and work interprofessionally with all who provide services and programs for persons, groups, and populations.

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	persons, groups, and populations. • Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services. • 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. • 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. • Demonstrate active involvement in professional development, leadership, and advocacy. • 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.	• Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services. • 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. • Demonstrate active involvement in professional development, leadership, and advocacy.	recipients of those services. • Demonstrate active involvement in professional development, leadership, and advocacy. • 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.	• Be prepared to advocate as a professional for access to occupational therapy services offered and for the recipients of those services. • Demonstrate active involvement in professional development, leadership, and advocacy.
	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.			

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SECTION A: GENERAL REQUIREMENTS				
A.1.0. SPONSORSHIP AND ACCREDITATION				
A.1.1. Institutional Accreditation				
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.
A.1.2. Institutional Authority				
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.
A.1.3. Institutional Setting				
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.
A.1.4. Sponsoring Institution Responsibilities				
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.

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	THE DEGREES MOST COMMONLY CONFERRED ARE THE OCCUPATIONAL THERAPY DOCTORATE (OTD) AND DOCTOR OF OCCUPATIONAL THERAPY (DrOT).	*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."*	*THE DEGREES MOST COMMONLY CONFERRED ARE THE BACHELOR OF SCIENCE (BS) AND THE BACHELOR OF ARTS (BA).*	*THE DEGREES MOST COMMONLY CONFERRED ARE THE ASSOCIATE OF APPLIED SCIENCE (AAS) AND ASSOCIATE OF SCIENCE (AS).*
A.1.5. Notification Requirements				
A.1.5.	The program must: • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • 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. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date.	The program must: • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • 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. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date.	The program must: • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • 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. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date.	The program must: • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • 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. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date.

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	• 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. • Agree to a site visit date before the end of the period for which accreditation was previously awarded. • Demonstrate honesty and integrity in all interactions with ACOTE. • Comply with the current requirements of all ACOTE policies.	• 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. • Agree to a site visit date before the end of the period for which accreditation was previously awarded. • Demonstrate honesty and integrity in all interactions with ACOTE. • Comply with the current requirements of all ACOTE policies.	• 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. • Agree to a site visit date before the end of the period for which accreditation was previously awarded. • Demonstrate honesty and integrity in all interactions with ACOTE. • Comply with the current requirements of all ACOTE policies.	• 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. • Agree to a site visit date before the end of the period for which accreditation was previously awarded. • Demonstrate honesty and integrity in all interactions with ACOTE. • Comply with the current requirements of all ACOTE policies.
A.2.0. ACADEMIC RESOURCES				
A.2.1. Program Director				
A.2.1.	• 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. • 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	• 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. • 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	• 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. • 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	• 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. • 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

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
	a doctorate in occupational therapy. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process. • The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include: o Clinical practice as an occupational therapist. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding of the role of the occupational therapy assistant. o At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postbaccalaureate level. • 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. • The program director position cannot be shared.	a doctorate in occupational therapy. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process. • The program director must have a minimum of 8 years of documented experience in the field of occupational therapy. This experience must include: o Clinical practice as an occupational therapist. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding of the role of the occupational therapy assistant. o At least 3 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level. • 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. • The program director position cannot be shared.	(USDE). The master's degree is not limited to a master's degree in occupational therapy. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process. • The program director must have a minimum of 5 years of documented experience in the field of occupational therapy. This experience must include: o Clinical practice as an occupational therapist or occupational therapy assistant. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding of and experience with occupational therapy assistants. o At least 2 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level. • 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. • The program director position cannot be shared.	(USDE). The master's degree is not limited to a master's degree in occupational therapy. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process. • The program director must have a minimum of 5 years of documented experience in the field of occupational therapy. This experience must include: o Clinical practice as an occupational therapist or occupational therapy assistant. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding of and experience with occupational therapy assistants. o At least 2 years of experience in a full-time academic appointment with teaching responsibilities at the postsecondary level. • 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. • The program director position cannot be shared.

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
	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. *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.*			
A.2.2. FTE Faculty Composition				
A.2.2.	*(No related Standard)*	*(No related Standard)*	The program must have at least three full-time equivalent (FTE) faculty positions at each accredited location where the program is offered. 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.	The program must have at least two full-time equivalent (FTE) faculty positions at each accredited location where the program is offered. 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.
			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.	
A.2.3. Program Director and Faculty Qualifications				
A.2.3.	The program director and faculty must possess: • 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. • 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.	The program director and faculty must possess: • 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. • 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.	The program director and faculty must possess: • 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. • 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.	The program director and faculty must possess: • 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. • 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.

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
	• The expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.	• The expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.	• The expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.	• The expertise necessary to ensure appropriate curriculum design, content delivery, and program evaluation.

A.2.4. Academic Fieldwork Coordinator

STANDARD NUMBER	DOCTORAL	MASTER'S	BACCALAUREATE OTA	ASSOCIATE OTA
A.2.4.	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. 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. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	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. 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. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	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. 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. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	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. 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. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.
	A DOCTORAL DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM	*A MASTER'S DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM*	*A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM*	*A BACCALAUREATE DEGREE THAT WAS AWARDED PRIOR TO JULY 1, 2015, FROM*

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
	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.	*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.*	*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.*	*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.*

A.2.5. Doctoral Capstone Coordinator

STANDARD NUMBER				
A.2.5.	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. 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. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	*(No related Standard)*	*(No related Standard)*	*(No related Standard)*
	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			

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
	ONLY IF THE INSTITUTION IS SEEKING OR HAS BEEN AWARDED REGIONAL ACCREDITATION SINCE THAT TIME.			
A.2.6. Licensed OT and OTA Faculty				
A.2.6.	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. 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. 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.	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. 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. 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.	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. 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. 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.	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. 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. 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.
A.2.7. Faculty Degrees				
A.2.7.	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. At least 50% of full-time core faculty must have a post-professional doctorate. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.	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. At least 50% of full-time core faculty must hold a doctoral degree. The program director is counted as a faculty member. At least 25% of full-time core faculty must have a post-professional doctorate. For degrees from institutions in countries other than the United States, ACOTE will	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. 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. For degrees from institutions in countries	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. For degrees from institutions in countries other than the United States, ACOTE will determine an alternative and equivalent external review process.

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
		determine an alternative and equivalent external review process.	other than the United States, ACOTE will determine an alternative and equivalent external review process.	
	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.	*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.*	*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.*	*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.*
A.2.8. Site Coordinator				
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.
A.2.9. Sufficient Faculty				
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.

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
A.2.10. Clerical and Support Staff				
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.
A.2.11. Budget				
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.
A.2.12. Adequate Space				
A.2.12.	• 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. • The program director and faculty must have office space consistent with institutional practice. • Adequate space must be provided for the private advising of students.	• 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. • The program director and faculty must have office space consistent with institutional practice. • Adequate space must be provided for the private advising of students.	• 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. • The program director and faculty must have office space consistent with institutional practice. • Adequate space must be provided for the private advising of students.	• 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. • The program director and faculty must have office space consistent with institutional practice. • Adequate space must be provided for the private advising of students.
A.2.13. Equipment, Supplies, and Evaluative and Treatment Methodologies				
A.2.13.	• 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. • Students must be given access and	• Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic and fieldwork components of the curriculum. • Students must be given access and opportunity to use the evaluative and	• 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. • Students must be given access and	• Appropriate and sufficient equipment and supplies must be provided by the institution for student use during the didactic and fieldwork components of the curriculum. • Students must be given access and opportunity to use the evaluative and

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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.
A.2.14. Library, Reference Materials, Instructional Aids, and Technology				
A.2.14.	• 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. • 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.	• 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. • 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.	• 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. • 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.	• 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. • 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.
A.2.15. Distance Education				
A.2.15.	If any portion of the program is offered through distance education, it must include: • 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. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. The program must provide documentation of the processes involved and evidence of implementation.	If any portion of the program is offered through distance education, it must include: • 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. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. The program must provide documentation of the processes involved and evidence of implementation.	If any portion of the program is offered through distance education, it must include: • 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. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. The program must provide documentation of the processes involved and evidence of implementation.	If any portion of the program is offered through distance education, it must include: • 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. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. The program must provide documentation of the processes involved and evidence of implementation.

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A.3.0. STUDENTS				
A.3.1. Admission Criteria				
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.
A.3.2. Admission Policies				
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.
A.3.3. Credit for Previous Courses/Work Experience				
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.
A.3.4. Criteria for Successful Completion				
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.
A.3.5. Evaluation on a Regular Basis				
A.3.5.	Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: • Student progress • Professional behaviors • Academic standing	Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: • Student progress • Professional behaviors • Academic standing	Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: • Student progress • Professional behaviors • Academic standing	Evaluation must occur on a regular basis and feedback must be provided in a timely fashion in the following areas: • Student progress • Professional behaviors • Academic standing
A.3.6. Student Support Services				
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.
A.3.7. Advising by Faculty				
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.
A.4.0. PUBLIC INFORMATION & POLICIES				
A.4.1. Accurate Program Publications				
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.
A.4.2. Publication of Program Outcomes				
A.4.2.	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: • Program graduates • Graduation rates 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.	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: • Program graduates • Graduation rates 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.	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: • Program graduates • Graduation rates 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.	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: • Program graduates • Graduation rates 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.
	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: HTTPS://WWW.NBCOT.ORG/EN/EDUCATORS/HOME#SCHOOLPERFORMANCE (PREFERRED LINK) OR HTTPS://SECURE.NBCOT.ORG/DATA/SCHOOLSTATS.ASPX.			

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A.4.3. Publication of ACOTE Information				
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 www.acoteonline.org 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 www.acoteonline.org 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 www.acoteonline.org 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 www.acoteonline.org must be provided on the program's home page.
	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 WWW.ACOTEONLINE.ORG."			
A.4.4. Published Policies and Procedures				
A.4.4.	The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following: • Policy and procedures for processing student and faculty grievances must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. • Student probation, suspension, and dismissal must be published and made known. • 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. • 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	The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following: • Policy and procedures for processing student and faculty grievances must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. • Student probation, suspension, and dismissal must be published and made known. • 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. • 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	The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following: • Policy and procedures for processing student and faculty grievances must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. • Student probation, suspension, and dismissal must be published and made known. • 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. • 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	The program must have documented policies and procedures, which are made available to students and ensure the consistent application of each of the following: • Policy and procedures for processing student and faculty grievances must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. • Student probation, suspension, and dismissal must be published and made known. • 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. • 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

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	fees associated with distance education.	fees associated with distance education.	fees associated with distance education.	fees associated with distance education.
A.4.5. Ability to Benefit				
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.
A.4.6. Progression, Retention, Graduation, Certification, and Credentialing Requirements				
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.
	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."		*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."*	
A.4.7. Completion in a Timely Manner				
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.
	SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE DOCTORAL CAPSTONE WITHIN [XX]	*SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING*	*SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE BACCALAUREATE PROJECT WITHIN*	*SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING*

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	MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."	*COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."*	*[XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."*	*COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."*
A.4.8. Student Records				
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.
A.5.0. CURRICULUM FRAMEWORK				
The curriculum framework is a description of the program that includes the program's mission, philosophy, and curriculum design.				
A.5.1. Curriculum—Preparation to Practice as a Generalist				
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.
A.5.2. Curriculum—Preparation and Application of In-depth Knowledge				
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.	*(No related Standard)*	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.	*(No related Standard)*

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A.5.3. Program Length				
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.
A.5.4. Program Mission and Philosophy				
A.5.4.	• The statement of the mission of the occupational therapy program must: o Be consistent with and supportive of the mission of the sponsoring institution. o Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. • The statement of philosophy of the occupational therapy program must: o Reflect the current published philosophy of the profession. o Include a statement of the program's fundamental beliefs about human beings and how they learn.	• The statement of the mission of the occupational therapy program must: o Be consistent with and supportive of the mission of the sponsoring institution. o Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. • The statement of philosophy of the occupational therapy program must: o Reflect the current published philosophy of the profession. o Include a statement of the program's fundamental beliefs about human beings and how they learn.	• The statement of the mission of the occupational therapy assistant program must: o Be consistent with and supportive of the mission of the sponsoring institution. o Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. • The statement of philosophy of the occupational therapy assistant program must: o Reflect the current published philosophy of the profession. o Include a statement of the program's fundamental beliefs about human beings and how they learn.	• The statement of the mission of the occupational therapy assistant program must: o Be consistent with and supportive of the mission of the sponsoring institution. o Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. • The statement of philosophy of the occupational therapy assistant program must: o Reflect the current published philosophy of the profession. o Include a statement of the program's fundamental beliefs about human beings and how they learn.
A.5.5. Curriculum Design				
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.
A.5.6. Scholarship Agenda				
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.
A.5.7. Written Syllabi and Assessment Strategies				
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.
A.6.0. STRATEGIC PLAN AND PROGRAM ASSESSMENT **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.**				
A.6.1. Strategic Plan				
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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	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 the 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.	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 the 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.	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 the 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.	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 the 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.
A.6.2. Professional Development Plans				
A.6.2.	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: • 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). • Evidence of currency in the areas of teaching responsibilities. • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change.	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: • 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). • Evidence of currency in the areas of teaching responsibilities. • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change.	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: • 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). • Evidence of currency in the areas of teaching responsibilities. • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change.	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: • 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). • Evidence of currency in the areas of teaching responsibilities. • Specific measurable action steps with expected timelines by which the faculty member will achieve the goals. • Evidence of annual updates of action steps and goals as they are met or as circumstances change.

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	• Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. • 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).	• Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. • 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).	• Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. • 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).	• Identification of the ways in which the faculty member's professional development plan will contribute to attaining the program's strategic goals. • 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).
A.6.3. Program Evaluation				
A.6.3.	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: • Faculty effectiveness in their assigned teaching responsibilities. • Effectiveness of instructional design. • Students' competency in professional behaviors. • Students' progression through the program. • Student retention rates. • Fieldwork and doctoral capstone performance evaluation. • Student evaluation of fieldwork and the doctoral capstone experience. • Evaluation of doctoral capstone outcomes. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. • Graduates' scholarly activity (e.g., presentations, publications, grants	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: • Faculty effectiveness in their assigned teaching responsibilities. • Effectiveness of instructional design. • Students' competency in professional behaviors. • Students' progression through the program. • Student retention rates. • Fieldwork performance evaluation. • Student evaluation of fieldwork experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An	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: • Faculty effectiveness in their assigned teaching responsibilities. • Effectiveness of instructional design. • Students' competency in professional behaviors. • Students' progression through the program. • Student retention rates. • Fieldwork and baccalaureate project performance evaluation. • Student evaluation of fieldwork and the baccalaureate project experience. • Evaluation of baccalaureate project outcomes. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. Programs must routinely and	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: • Faculty effectiveness in their assigned teaching responsibilities. • Effectiveness of instructional design. • Students' competency in professional behaviors. • Students' progression through the program. • Student retention rates. • Fieldwork performance evaluation. • Student evaluation of fieldwork experience. • Student satisfaction with the program. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement and performance as determined by employer satisfaction. Programs must routinely and systematically analyze data to determine the extent to which the program is meeting its stated goals and objectives. An

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	obtained, state and national leadership positions, awards). 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. The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	annual report summarizing analysis of data and planned action responses must be maintained. The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	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. The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	annual report summarizing analysis of data and planned action responses must be maintained. The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.
A.6.4. Certification Exam Pass Rate				
A.6.4.	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.	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.	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.	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.

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.1.1. Human Body, Development, and Behavior				
B.1.1.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.	Demonstrate knowledge of: • The structure and function of the human body to include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior to include the behavioral sciences, social sciences, and science of occupation.
B.1.2. Sociocultural, Socioeconomic, Diversity Factors, and Lifestyle Choices				
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.1.3. Social Determinants of Health				
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.1.4. Quantitative Statistics and Qualitative Analysis				
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.	*(No related Standard)*	*(No related Standard)*

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B.2.0. OCCUPATIONAL THERAPY THEORETICAL PERSPECTIVES				
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.2.1. Scientific Evidence, Theories, Models of Practice, and Frames of Reference				
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.2.2. Theory Development				
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.3.0. BASIC TENETS OF OCCUPATIONAL THERAPY				
Coursework must facilitate development of the performance criteria listed below. The student will be able to:				
B.3.1. OT History, Philosophical Base, Theory, and Sociopolitical Climate				
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.3.2. Interaction of Occupation and Activity				
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.3.3. Distinct Nature of Occupation				
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.3.4. Balancing Areas of Occupation, Role in Promotion of Health, and Prevention				
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.3.5. Effects of Disease Processes				
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.3.6. Activity Analysis				
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.3.7. Safety of Self and Others				
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.	**REFERRAL, SCREENING, EVALUATION, AND INTERVENTION PLAN** 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. **INTERVENTION PLAN: FORMULATION AND IMPLEMENTATION** 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. These processes must consider the needs of persons, groups, and populations. The program must facilitate development of the performance criteria listed below. The student will be able to:		**SCREENING, EVALUATION, AND INTERVENTION PLAN** 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. **INTERVENTION AND IMPLEMENTATION** 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. The program must facilitate development of the performance criteria listed below. The student will be able to:	
B.4.1. Therapeutic Use of Self				
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.4.2. Clinical Reasoning				
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.4.3. Occupation-Based Interventions				
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.4.4. Standardized and Nonstandardized Screening and Assessment Tools				
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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	methods must take into consideration cultural and contextual factors of the client. Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.	methods must take into consideration cultural and contextual factors of the client. Interpret evaluation findings of occupational performance and participation deficits to develop occupation-based intervention plans and strategies. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.	intervention plans and strategies. 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. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.	intervention plans and strategies. 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. Intervention plans and strategies must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.
B.4.5. Application of Assessment Tools and Interpretation of Results				
B.4.5.	Select and apply assessment tools, considering client needs, and cultural and contextual factors. Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols. 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).	Select and apply assessment tools, considering client needs, and cultural and contextual factors. Administer selected standardized and nonstandardized assessments using appropriate procedures and protocols. 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).	*(No related Standard)*	*(No related Standard)*
B.4.6. Reporting Data				
B.4.6.	Collect, analyze, and report data in a systematic manner for evaluation of client and practice outcomes. Report evaluation results and modify practice as needed.	Collect, analyze, and report data in a systematic manner for evaluation of client and practice outcomes. Report evaluation results and modify practice as needed.	Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.	Under the direction of an occupational therapist, collect, organize, and report on data for evaluation of client outcomes.
B.4.7. Interpret Standardized Test Scores				
B.4.7.	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.	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.	*(No related Standard)*	*(No related Standard)*
B.4.8. Interpret Evaluation Data				
B.4.8.	Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team.	Interpret the evaluation data in relation to accepted terminology of the profession and explain the findings to the interprofessional team.	*(No related Standard)*	*(No related Standard)*

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B.4.9. Remediation and Compensation				
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.4.10. Provide Interventions and Procedures				
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.4.11. Assistive Technologies and Devices				
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.4.12. Orthoses and Prosthetic Devices				
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.4.13. Functional Mobility				
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.4.14. Community Mobility				
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.4.15. Technology in Practice				
B.4.15.	Demonstrate knowledge of the use of technology in practice, which must include: • Electronic documentation systems • Virtual environments • Telehealth technology	Demonstrate knowledge of the use of technology in practice, which must include: • Electronic documentation systems • Virtual environments • Telehealth technology	Demonstrate knowledge of the use of technology in practice, which must include: • Electronic documentation systems • Virtual environments • Telehealth technology	Demonstrate knowledge of the use of technology in practice, which must include: • Electronic documentation systems • Virtual environments • Telehealth technology
B.4.16. Dysphagia and Feeding Disorders				
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.4.17. Superficial Thermal, Deep Thermal, and Electrotherapeutic Agents and Mechanical Devices				
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.4.18. Grade and Adapt Processes or Environments				
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.4.19. Consultative Process				
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.4.20. Care Coordination, Case Management, and Transition Services				
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.4.21. Teaching–Learning Process and Health Literacy				
B.4.21.	Demonstrate, evaluate, and utilize the principles of the teaching–learning process using educational methods and health literacy education approaches: • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.	Demonstrate, evaluate, and utilize the principles of the teaching–learning process using educational methods and health literacy education approaches: • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.	Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.	Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.
B.4.22. Need for Continued or Modified Intervention				
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.4.23. Effective Communication				
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.4.24. *Effective Intraprofessional Collaboration*				
B.4.24.	Demonstrate effective intraprofessional OT/OTA collaboration to: • Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process. • Demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants.	Demonstrate effective intraprofessional OT/OTA collaboration to: • Identify the role of the occupational therapist and occupational therapy assistant in the screening and evaluation process. • Demonstrate and identify techniques in skills of supervision and collaboration with occupational therapy assistants.	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.4.25. *Principles of Interprofessional Team Dynamics*				
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.4.26. *Referral to Specialists*				
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.4.27. *Community and Primary Care Programs*				
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.4.28. *Plan for Discharge*				
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.4.29. Reimbursement Systems and Documentation				
B.4.29.	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.

Documentation must effectively communicate the need and rationale for occupational therapy services. | 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.

Documentation must effectively communicate the need and rationale for occupational therapy services. | 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.

Documentation must effectively communicate the need and rationale for occupational therapy services. | 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.

Documentation must effectively communicate the need and rationale for occupational therapy services. |
| **B.5.0.** | **CONTEXT OF SERVICE DELIVERY, LEADERSHIP, AND MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES**

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.

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.

The program must facilitate development of the performance criteria listed below. The student will: | | | |
B.5.1. Factors, Policy Issues, and Social Systems				
B.5.1.	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.	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.	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.	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.
B.5.2. Advocacy				
B.5.2.	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.	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.	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.	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.

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B.5.3. Business Aspects of Practice				
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.5.4. Systems and Structures That Create Legislation				
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.5.5. Requirements for Credentialing and Licensure				
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.5.6. Market the Delivery of Services				
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.5.7. Quality Management and Improvement				
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.5.8. Supervision of Personnel				
B.5.8.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non–occupational therapy personnel. Analyze staff development and professional abilities and competencies of supervised staff as they relate to job responsibilities.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy and non–occupational therapy personnel.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.	Define strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non-occupational therapy personnel.

B.6.0.   SCHOLARSHIP

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:

	B.6.1. Scholarly Study		*B.6.1. Professional Literature and Scholarly Activities*	

B.6.1.	• 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:
	   o Level of evidence
	   o Validity of research studies
	   o Strength of the methodology
	   o Relevance to the profession of occupational therapy
	
	• Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions.
	
	• 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).
	
	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.
		• 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:
		   o Level of evidence
		   o Validity of research studies
		   o Strength of the methodology
		   o Relevance to the profession of occupational therapy.
		
		• Locate, select, analyze, and evaluate scholarly literature to make evidence-based decisions.
		
		• 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).
		
		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
			• 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.
			
			• Explain how scholarly activities and literature contribute to the development of the profession.
				• 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.
				
				• Explain how scholarly activities and literature contribute to the development of the profession.

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		reviews do not meet this Standard.		
B.6.2. Quantitative and Qualitative Methods				
B.6.2.	Select, apply, and interpret quantitative and qualitative methods for data analysis to include: • Basic descriptive, correlational, and inferential quantitative statistics. • Analysis and synthesis of qualitative data.	Demonstrate an understanding and use of quantitative and qualitative methods for data analysis to include: • Basic descriptive, correlational, and inferential quantitative statistics. • Analysis and synthesis of qualitative data.	Understand the use of quantitative and qualitative methods for data analysis that include: • Basic descriptive, correlational, and inferential quantitative statistics. • Analysis and synthesis of qualitative data.	Understand the difference between quantitative and qualitative research studies.
B.6.3. Scholarly Reports				
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.6.4. Locating and Securing Grants				
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.	*(No related Standard)*	*(No related Standard)*
B.6.5. Ethical Policies and Procedures for Research				
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.	*(No related Standard)*	*(No related Standard)*
B.6.6. Preparation for Work in an Academic Setting				
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.7.0.	**PROFESSIONAL ETHICS, VALUES, AND RESPONSIBILITIES**			
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.7.1 Ethical Decision Making				
B.7.1.	Demonstrate knowledge of the American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics* and AOTA *Standards of Practice* 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) *Occupational Therapy Code of Ethics* and AOTA *Standards of Practice* 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) *Occupational Therapy Code of Ethics* and AOTA *Standards of Practice* 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) *Occupational Therapy Code of Ethics* and AOTA *Standards of Practice* 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.7.2. Professional Engagement				
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.7.3. Promote Occupational Therapy				
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.7.4. Ongoing Professional Development				
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.7.5. Personal and Professional Responsibilities				
B.7.5.	Demonstrate knowledge of personal and professional responsibilities related to: - Liability issues under current models of service provision. - Varied roles of the occupational therapist providing service on a contractual basis.	Demonstrate knowledge of personal and professional responsibilities related to: - Liability issues under current models of service provision. - Varied roles of the occupational therapist providing service on a contractual basis.	Demonstrate knowledge of personal and professional responsibilities related to: - Liability issues under current models of service provision. - Varied roles of the occupational therapy assistant providing service on a contractual basis.	Demonstrate knowledge of personal and professional responsibilities related to: - Liability issues under current models of service provision. - Varied roles of the occupational therapy assistant providing service on a contractual basis.

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SECTION C: FIELDWORK EDUCATION				
C.1.0: FIELDWORK EDUCATION				
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:				
C.1.1. Fieldwork Program Reflects the Curriculum Design				
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.
C.1.2. Criteria and Process for Selecting Fieldwork Sites				
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.
C.1.3. Fieldwork Objectives				
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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C.1.4. Ratio of Fieldwork Educators to Students				
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.
C.1.5. Sufficient Fieldwork Agreements				
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.
C.1.6. Level I and II Fieldwork MOUs				
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.
	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. *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.*			
C.1.7. Fieldwork in Behavioral Health or Psychological and Social Factors				
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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	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:			
C.1.8. Qualified Level I Fieldwork Supervisors				
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.
C.1.9. Level I Fieldwork				
C.1.9.	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. The program must have clearly documented student learning objectives expected of the Level I fieldwork. Level I fieldwork may be met through one or more of the following instructional methods: • Simulated environments • Standardized patients • Faculty practice • Faculty-led site visits • Supervision by a fieldwork educator in a practice environment All Level I fieldwork must be comparable in rigor.	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. The program must have clearly documented student learning objectives expected of the Level I fieldwork. Level I fieldwork may be met through one or more of the following instructional methods: • Simulated environments • Standardized patients • Faculty practice • Faculty-led site visits • Supervision by a fieldwork educator in a practice environment All Level I fieldwork must be comparable in rigor.	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. The program must have clearly documented student learning objectives expected of the Level I fieldwork. Level I fieldwork may be met through one or more of the following instructional methods: • Simulated environments • Standardized patients • Faculty practice • Faculty-led site visits • Supervision by a fieldwork educator in a practice environment All Level I fieldwork must be comparable in rigor.	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. The program must have clearly documented student learning objectives expected of the Level I fieldwork. Level I fieldwork may be met through one or more of the following instructional methods: • Simulated environments • Standardized patients • Faculty practice • Faculty-led site visits • Supervision by a fieldwork educator in a practice environment All Level I fieldwork must be comparable in rigor.

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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:			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:	
C.1.10. Length of Level II Fieldwork				
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.
C.1.11. Qualified Level II Fieldwork Supervisors				
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.
C.1.12. Evaluating the Effectiveness of Supervision				
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

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
	(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).
C.1.13. Level II Fieldwork Supervision				
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.
C.1.14. Fieldwork Supervision Where No OT Services Exist				
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.
C.1.15. Evaluation of Student Performance on Level II Fieldwork				
C.1.15.	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA *Fieldwork Performance Evaluation for the Occupational Therapy Student* or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA *Fieldwork Performance Evaluation for the Occupational Therapy Student* or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA *Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student* or equivalent).	Document mechanisms for requiring formal evaluation of student performance on Level II fieldwork (e.g., the AOTA *Fieldwork Performance Evaluation for the Occupational Therapy Assistant Student* or equivalent).

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
C.1.16. Fieldwork Supervision Outside the U.S.				
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.
D.1.0. DOCTORAL CAPSTONE **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.** **The doctoral capstone consists of two parts:** • **Capstone project** • **Capstone experience** **The student will complete an individual capstone project to demonstrate synthesis and application of knowledge gained.** **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.** **The doctoral capstone coordinator will:**		**D.1.0. BACCALAUREATE PROJECT** **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.** **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.** **The program will:**	
D.1.1. Doctoral Capstone Reflects Curriculum Design			**D.1.1. Baccalaureate Project Reflects Curriculum Design**	
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.	*(No related Standard)*	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.	*(No related Standard)*

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
D.1.2. Design of Doctoral Capstone			*D.1.2. Design of Baccalaureate Project*	
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.	*(No related Standard)*	Ensure that the baccalaureate project is designed through collaboration of the faculty and the student(s), including individualized specific objectives.	*(No related Standard)*
D.1.3. Preparation for Doctoral Capstone Project				
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.	*(No related Standard)*	*(No related Standard)*	*(No related Standard)*
D.1.4. MOUs for Doctoral Capstone Experience				
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.	*(No related Standard)*	*(No related Standard)*	*(No related Standard)*
D.1.5. Length of Doctoral Capstone Experience				
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.	*(No related Standard)*	*(No related Standard)*	*(No related Standard)*

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D.1.6. Mentor for Doctoral Capstone				
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.	*(No related Standard)*	*(No related Standard)*	*(No related Standard)*
D.1.7. Evaluation of Doctoral Capstone Experiences			*D.1.7. Evaluation of Baccalaureate Project*	
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.	*(No related Standard)*	Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the baccalaureate project.	*(No related Standard)*
D.1.8. Doctoral Capstone Project			*D.1.8. Baccalaureate Project*	
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.	*(No related Standard)*	Ensure completion and presentation of a report of the individual or group project demonstrating in-depth knowledge in the focused area of study.	*(No related Standard)*

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
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.

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 Acquistion 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?

OTA Missouri Marketplace Engagement Survey - Employer Survey Response

Company Type	Q1	Q2	Q3
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. Little oversight so have to be self-motivated and adaptable to different environments. Want experience but can train.	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 clinit with direct supervision. adding types of therapy in home health has added to the ability to expand theapy options. baby boomers are living longer and access to care in the home has become critical	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 definately growing. expecially in eldercare with longer life-spans and chronic diseases. hope that doctors, clinics and hospitals see home-health as a viable partner.
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 certifed and licensed. In skilled nursing, really like to see more emphasis on training in lyphedema. As patents age, more need. OTR and PTA - pushing for more schooling. Make sure they have the basic stuff, more thorough cirriculum mix with hands on experience before coming to the setting.	in terms of industry, with their experience outpatient use is not as prevelant, 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 postive fashion. Depends on the industry. OTA's are harder to find in their area.	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.
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	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.	for our business in skilled nursing, means that the OTA becomes even more critical because of that direct line of care
Hospital Inpatient Therapy and Rehabilitation Center	going into an accute 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	hosptial does not employ OTAs, OTs require BLS, employed by Kindred Care		
Hospital - Inpatient Services	looking for experience in inpatienct acute rehab. Higher neuro patients so more complicated than ortho. Does not typically hire new graudates. 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 educaiton. the skill level is fine, but the knowledge gap is bigger.	For OTA's evolving in the industry, hope they get more education. Not sure how it's going to work as have not be 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	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 ot the type of insurance by state and program.

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
Website: 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
tmcclain@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

www.SeniorsandCo.com   636.926.2121

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

IDA-STL
Inclusive Design Alliance, St. Louis

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,

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
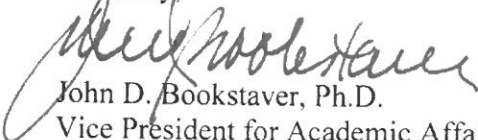Jefferson City, Missouri 65102-1469

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 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. 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.)

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☐ 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 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.

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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[1]				
Projected Expense[2]				
Projected Profit/(Loss)				

[1] Incl. tuition and student fees

[2] 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?

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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.)

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☐ 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

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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)?

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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.

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