

**LETTER OF INTENT DATA FORM
(To be submitted with a Letter of Intent to seek initial accreditation)**

**1. University or College housing OT/OTA Program**

 Address (of OT/OTA program location)

 City, State/Province, Country, & Postal Code

 Telephone for General Program Inquiries

 Web Page

 E-Mail for General Program Inquiries:

**2. Type of Institution**

 [ ]  Senior College or University

 [ ]  Medical School

 [ ]  Junior or Community College

 [ ]  Technical College

 [ ]  Vocational School or Institution

 [ ]  Military Institution

**3. Nature of Institution**

 [ ]  a Public

 [ ]  b Private, not-for-profit

 [ ]  c Private, for-profit

**4. New program level to be offered:**

 [ ]  1 OTA Associate Degree

 [ ]  2 OTA Baccalaureate Degree

 [ ]  The OTA-B program is a new program or in addition to an existing OTA program

 [ ]  The OTA-B program will be replacing the existing OTA program

 Please indicate the month and year the last class of students will graduate from the OTA program:

 [ ]  3 OT Entry-Level Master’s Degree

 [ ]  4 OT Entry-Level Doctoral Degree

 [ ]  The OTD program is a new program or in addition to an existing OTM program

 [ ]  The OTD program will be replacing the existing OTM program

 Please indicate the month and year the last class of students will graduate from the OTM program:

**5. Program Term:**

 [ ]  Semester

 [ ]  Trimester

 [ ]  Quarter

 [ ]  Other:

**6. Institutional Accrediting Agency:**

 [ ]  Accrediting Bureau of Health Education Schools (ABHES)

 [ ]  Accrediting Commission of Career Schools and Colleges (ACCSC)

 [ ]  Accrediting Council for Continuing Education and Training (ACCET)

 [ ]  Accrediting Council for Independent Colleges and Schools (ACICS)

 [ ]  Council on Occupational Education (COE)

 [ ]  Distance Education Accrediting Commission (DEAC)

 [ ]  Higher Learning Commission of the North Central Association of Colleges and Schools (HLC)

 [ ]  Middle States Association of Colleges and Schools, Commission on Higher Education (MSCHE)

 [ ]  New England Commission of Higher Education (NECHE)

 [ ]  Northwest Commission on Colleges and Universities (NWCCU)

 [ ]  Southern Association of Colleges and Schools, Commission on Colleges (SACS)

 [ ]  Western Association of Schools and Colleges, Accrediting Commission for Community and Junior Colleges (WASC/ACCJC)

 [ ]  Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities (WASC/ACSCU)

 [ ]  Other:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Most Recent Institutional Accreditation       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Is the sponsoring institution legally authorized under applicable state law to provide a program of postsecondary education and have appropriate degree-granting authority?**

 [ ]  Yes

 [ ]  No

 If no, please explain:

**8.** **FOR INTERNATIONAL PROGRAMS: Please indicate the following contact information for the appropriate government or other acceptable authority accreditation or quality assurance entity in the country where the program is located:**

 Contact Person’s Name & Credentials

 Administrative Title

 Agency

 Address

 City, Province, Country, & Postal Code

 Telephone

 E-mail Address

**9. Please indicate the projected month and year for the following:**

 Submit the Candidacy Application\* Month:       Year:

 First class to begin the OT/OTA program: Month:       Year:

 First class to begin Level II Fieldwork: Month:       Year:

 (OTD) First class to begin the doctoral capstone experience: Month:       Year:

 First class to graduate: Month:       Year:

**10. Chief Executive Officer of Sponsoring Institution**

 Prefix (e.g., Dr., Ms., Mr.):       Name:

 Credentials (e.g., PhD, EdD):

 Administrative Title:

 College/University:

 Telephone:

 E-mail Address:

**11. Dean or administrator to whom the program director reports**

 Prefix (e.g., Dr., Ms., Mr.):       Name:

 Credentials (e.g., PhD, EdD):

 Administrative Title:

 College/University:

 Telephone:

 E-mail Address:

**12. Program Director**

 **If the program director has been hired, please complete and attach the Program Director Data Form and program director’s Curriculum Vitae. This form must be completed and submitted to the Accreditation Department (accred@aota.org) at least 1 year prior to the assigned date of submission of the Candidacy Application. The program will be provided with a complete initial accreditation timeline once the credentials are received and approved by Accreditation staff.**



**PROGRAM DIRECTOR DATA FORM (NEW PROGRAMS)**

 **Please complete and attach to the Letter of Intent Data Form or submit once the program director has been hired. This form must be completed and submitted to the Accreditation Department (****accred@aota.org****) at least 1 year prior to the assigned date of submission of the Candidacy Application.**

 **Submit this completed form and the following to** **accred@aota.org****:**

* **Program Director’s Curriculum Vitae**
* **Evidence of hiring (e.g., offer letter, employment contract)**

 **Hiring Information:**

 **Date Program Director is scheduled to start full time:**

 **New OT/OTA Program Director:**

 Prefix (e.g., Dr., Ms., Mr.):      Name:

 Credentials (e.g., PhD, OTR, FAOTA):

 Title:

 Program/Department:

 College/University:

 Address:

 City, State/Province, & Zip:

 Telephone:

 E-mail Address:

 **New OT/OTA Program Director’s Qualifications:**

1. Experience in OT/OTA clinical practice:       years

 Brief description:

2. Experience in administration (e.g., program planning and implementation,
personnel management, evaluation, and budgeting):       years

 Brief description:

3. Understanding of and experience with occupational therapy assistants
(OTA programs) or understanding of the role of the occupational therapy
assistant (OT programs):       years

 Brief description:

4. Experience in postsecondary teaching (OTA/OTM programs) or
postbaccalaureate teaching (OTD programs):       years

 Brief description:

5. Experience in a full-time academic appointment with teaching
responsibilities at the postsecondary level (OTA/OTM programs) or
postbaccalaureate level (OTD programs):       years

 Brief description:

6. Briefly describe your experience in scholarship (e.g., scholarship of teaching and learning -
the systematic study of teaching and/or learning and the public sharing and review of such
work through presentations, publications, and performances):

7. Highest Degree Earned:

 Date:       College/University:

8. Year of initial national certification (by AOTA/AOTCB/NBCOT) as an OTR or COTA:

9. Current state licensure (indicate state and license/registration number):