

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

**Please check all programs where this new appointment applies:**

[ ]  OTD program [ ]  OTM program [ ]  OTA-B program [ ]  OTA program

**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, & 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):

**Former Program Director**

**If applicable, please indicate the name of the program director being replaced:**

 Name & Credentials

**Please indicate if the above individual’s access to the program’s record in ACOTE Online (**[**https://acote.aota.org**](https://acote.aota.org)**) should be disabled:**

[ ]  **Yes, please disable access to ACOTE Online**

[ ]  **No, this individual still needs access to ACOTE Online**