ACCREDITATON COUNCIL FOR OTM and OTD STANDARDS

OCCUPATIONAL THERAPY

EDUCATION (ACOTEÒ)

 **SUMMARY OF PROGRAM DIRECTOR CREDENTIALS (OTM or OTD)**

***PLEASE ATTACH TO YOUR CURRICULUM VITAE*** *(All information must be submitted in typewritten format.)*

Name and Credentials:

College/University:

1. Experience in Occupational Therapy 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 the role of the occupational therapy assistant:       years

 Brief description:

4. Experience in a full-time academic appointment with teaching
responsibilities at the postsecondary level or postbaccalaureate
level (OTD):       years

 Brief description:

5. 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):

6. Highest Degree Earned:

 Date:       College/University:

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

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

9. a. Are you assigned as the director of the occupational therapy educational
program as a full-time core faculty member as defined by ACOTE? [ ]  Yes [ ]  No

b. Are you provided with release time for your position as program director
that is documented by the institution? [ ]  Yes [ ]  No

c. If yes, please specify the numerical release time provided for your position
(e.g., percentage, credit hours compared to regular faculty hours):

d. Are you 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? [ ]  Yes [ ]  No

e. Are you assigned to any additional institutional duties external to the
occupational therapy program? [ ]  Yes [ ]  No

f. If yes, please list those additional duties, the percentage of time allocated
to those additional responsibilities, and briefly describe how you ensure
that the needs of the occupational therapy program are met:

Date:       Name/Signature