ACCREDITATON COUNCIL FOR OTA OR OTA-B STANDARDS

OCCUPATIONAL THERAPY

EDUCATION (ACOTEÒ)

**SUMMARY OF PROGRAM DIRECTOR CREDENTIALS (OTA or OTA-B)**

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

Name and Credentials:

College/University:

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:       years

Brief description:

4. Experience in a full-time academic appointment with teaching   
responsibilities at the postsecondary level:       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 assistant   
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 assistant 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 assistant program are met:

Date:       Name/Signature