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). Evidence of scholarship must be reflected in the program director’s CV.

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