2023 Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide
(effective July 31, 2025)
April 2025 Version

The Accreditation Council for Occupational Therapy Education (ACOTE®) Standards and Interpretive Guide provides the required elements for educational programs and establishes critical competencies necessary to prepare students to become entry-level occupational therapists (OTs) or occupational therapy assistants (OTAs). The Standards review process is completed every 5 years to ensure that the entry-level educational standards reflect current occupational therapy practice. ACOTE uses a comprehensive review process to ensure participation by all stakeholders and communities of interest. For more information, please visit the ACOTE website at www.acoteonline.org.

FOR ALL STANDARDS, IF ONE COMPONENT OF THE STANDARD IS NONCOMPLIANT, THE ENTIRE STANDARD WILL BE CITED. THE PROGRAM MUST DEMONSTRATE COMPLIANCE WITH ALL COMPONENTS OF THE STANDARD.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
SECTION A: GENERAL REQUIREMENTS				
A.1.0. SPONSORSHIP AND ACCREDITATION				
A.1.1. Institutional Accreditation				
A.1.1.	The sponsoring institution(s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). For programs in countries other than the United States, ACOTE will determine an equivalent external review process.	The sponsoring institution(s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). For programs in countries other than the United States, ACOTE will determine an equivalent external review process.	The sponsoring institution(s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE). For programs in countries other than the United States, ACOTE will determine an equivalent external review process.	The sponsoring institution(s) and affiliates, if any, must be accredited by an institutional accrediting agency recognized by the U.S. Department of Education (USDE).
A.1.2. Institutional Authority and Setting				
A.1.2.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority. Accredited occupational therapy educational programs must be established in senior colleges, universities, medical schools; or military institutions.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority. Accredited occupational therapy educational programs must be established in senior colleges, universities, medical schools; or military institutions.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority. Accredited occupational therapy assistant educational programs must be established in community, technical, junior, or senior colleges; universities; medical schools; or military institutions.	Sponsoring institution(s) must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate degree-granting authority. Accredited occupational therapy assistant educational programs must be established in community, technical, junior, or senior colleges; universities; medical schools; or military institutions.
A.1.3. Sponsoring Institution Responsibilities				
A.1.3.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered.	The sponsoring institution(s) must assume primary responsibility for appointment of faculty, admission of students, and curriculum planning at all locations where the program is offered.

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	This includes course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.	This includes course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.	This includes course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.	This includes course content, satisfactory completion of the educational program, and granting of the degree. The sponsoring institution(s) must also be responsible for the coordination of classroom teaching and supervised fieldwork practice and for providing assurance that the practice activities assigned to students in a fieldwork setting are appropriate to the program.

A.1.4. Program Integrity and Policy Adherence

STANDARD NUMBER	DOCTORAL-DEGREE-LEVEL	MASTER'S-DEGREE-LEVEL	BACCALAUREATE-DEGREE-LEVEL	ASSOCIATE-DEGREE-LEVEL
A.1.4.	The program must demonstrate honesty and integrity in all interactions with ACOTE and communities of interest. The program must adhere to all ACOTE Standards, policies and procedures, and all notification requirements. • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. • Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the time designated by	The program must demonstrate honesty and integrity in all interactions with ACOTE and communities of interest. The program must adhere to all ACOTE Standards, policies and procedures, and all notification requirements. • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. • Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the time designated by	The program must demonstrate honesty and integrity in all interactions with ACOTE and communities of interest. The program must adhere to all ACOTE Standards, policies and procedures, and all notification requirements. • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. • Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the time designated by	The program must demonstrate honesty and integrity in all interactions with ACOTE and communities of interest. The program must adhere to all ACOTE Standards, policies and procedures, and all notification requirements. • Inform ACOTE of the transfer of program sponsorship or change of the institution's name within 30 days of the transfer or change. • Inform ACOTE within 30 days of the date of notification of any adverse accreditation action taken to change the sponsoring institution's accreditation status to probation or withdrawal of accreditation. • Notify and receive ACOTE approval for any significant program changes prior to the admission of students into the new/changed program. • Inform ACOTE within 30 days of the resignation of the program director or appointment of a new or interim program director. • Pay accreditation fees within 90 days of the invoice date. • Submit a Report of Self-Study and other required reports (e.g., Interim Report, Plan of Correction, Progress Report) within the time designated by

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	ACOTE. All reports must be complete and contain all requested information. • Agree to a site visit date before the end of the period for which accreditation was previously awarded.	ACOTE. All reports must be complete and contain all requested information. • Agree to a site visit date before the end of the period for which accreditation was previously awarded.	ACOTE. All reports must be complete and contain all requested information. • Agree to a site visit date before the end of the period for which accreditation was previously awarded.	ACOTE. All reports must be complete and contain all requested information. • Agree to a site visit date before the end of the period for which accreditation was previously awarded.
A.2.0. ACADEMIC RESOURCES				
A.2.1. Program Director				
A.2.1.	The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for directing the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. The director of the program must: • Be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. • Hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. • Be 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. • Have 8 years of documented experience in the field of occupational therapy. This experience must include:	The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for directing the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. The director of the program must: • Be an initially certified occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. • Hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. • Be 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. • Have 8 years of documented experience in the field of occupational therapy. This experience must include:	The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for directing the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. The director of the program must: • Be an initially certified occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. • Hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. • Be 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. • Have 5 years of documented experience in the field of occupational therapy. This experience must include:	The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for directing the program. The institution must document that the program director has sufficient release time to ensure that the needs of the program are being met. The director of the program must: • Be an initially certified occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located. • Hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. • Be 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. • Have 5 years of documented experience in the field of occupational therapy. This experience must include:

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	o Clinical practice experience as an occupational therapist. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding the role of the occupational therapy assistant. o 4 years of experience as a faculty member with teaching responsibilities at the postbaccalaureate level.	o Clinical practice experience as an occupational therapist. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding the role of the occupational therapy assistant. o 4 years of experience as a faculty member with teaching responsibilities at the postsecondary level.	o Clinical practice experience as an occupational therapist or occupational therapy assistant. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding of and experience with occupational therapy assistants. o 3 years of experience as a faculty member with teaching responsibilities at the postsecondary level.	o Clinical practice experience as an occupational therapist or occupational therapy assistant. o Administrative experience including, but not limited to, program planning and implementation, personnel management, evaluation, and budgeting. o Scholarship (e.g., scholarship of application, scholarship of teaching and learning). o Understanding of and experience with occupational therapy assistants. o 3 years of experience as a faculty member with teaching responsibilities at the postsecondary level.

A.2.2. Program Director and Faculty Qualifications

STANDARD NUMBER	DOCTORAL	MASTER'S	BACCALAUREATE	ASSOCIATE
A.2.2.	The program director and faculty must demonstrate: • The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. • Documented current expertise in their assigned area(s) of teaching responsibility and student advisement, including knowledge of resources for student well-being. • Effectiveness in teaching and evaluation of student learning. • Knowledge of the curriculum design, application of principles of diversity, equity, inclusion, and justice concepts and the content delivery method (e.g., in-person, distance learning).	The program director and faculty must demonstrate: • The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. • Documented current expertise in their assigned area(s) of teaching responsibility and student advisement, including knowledge of resources for student well-being. • Effectiveness in teaching and evaluation of student learning. • Knowledge of the curriculum design, application of principles of diversity, equity, inclusion, and justice concepts and the content delivery method (e.g., in-person, distance learning).	The program director and faculty must demonstrate: • The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. • Documented current expertise in their assigned area(s) of teaching responsibility and student advisement, including knowledge of resources for student well-being. • Effectiveness in teaching and evaluation of student learning. • Knowledge of the curriculum design, application of principles of diversity, equity, inclusion, and justice concepts and the content delivery method (e.g., in-person, distance learning).	The program director and faculty must demonstrate: • The academic and experiential qualifications and backgrounds (identified in documented descriptions of roles and responsibilities) that are necessary to meet program objectives and the mission of the institution. • Documented current expertise in their assigned area(s) of teaching responsibility and student advisement, including knowledge of resources for student well-being. • Effectiveness in teaching and evaluation of student learning. • Knowledge of the curriculum design, application of principles of diversity, equity, inclusion, and justice concepts and the content delivery method (e.g., in-person, distance learning).

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	Faculty responsible for content related to research methodology and mentoring students on scholarly projects must demonstrate ongoing scholarly achievement and research expertise.	Faculty responsible for content related to research methodology and mentoring students on scholarly projects must demonstrate ongoing scholarly achievement and research expertise.		

A.2.3. Academic Fieldwork Coordinator

STANDARD NUMBER	DOCTORAL	MASTER'S	BACCALAUREATE (OTA)	ASSOCIATE (OTA)

A.2.3.	The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating academic fieldwork.
	
	The coordinator of academic fieldwork must:
	
	• Have documented release time and support that is sufficient to ensure that the needs of the fieldwork program are being met.
	
	• Be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located.
	
	• Hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.
	
	• Be responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0.
	
	• Have 2 years of documented experience in the field of occupational therapy which must include:
	  o Clinical practice experience as an occupational therapist.
	  o Professional experience as a fieldwork educator or documentation of training in the roles and responsibilities of a fieldwork educator.
		The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating academic fieldwork.
		
		The coordinator of academic fieldwork must:
		
		• Have documented release time and support that is sufficient to ensure that the needs of the fieldwork program are being met.
		
		• Be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located.
		
		• Hold a minimum of a master's degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.
		
		• Be responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0.
		
		• Have 2 years of documented experience in the field of occupational therapy which must include:
		  o Clinical practice experience as an occupational therapist.
		  o Professional experience as a fieldwork educator or documentation of training in the roles and responsibilities of a fieldwork educator.
			The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating academic fieldwork.
			
			The coordinator of academic fieldwork must:
			
			• Have documented release time and support that is sufficient to ensure that the needs of the fieldwork program are being met.
			
			• Be an occupational therapist or an occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located.
			
			• Hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.
			
			• Be responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0.
			
			• Have 2 years of documented experience in the field of occupational therapy which must include:
			  o Clinical practice experience as an occupational therapist or as an occupational therapy assistant.
			  o Professional experience as a fieldwork educator or documentation of training in the
				The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating academic fieldwork.
				
				The coordinator of academic fieldwork must:
				
				• Have documented release time and support that is sufficient to ensure that the needs of the fieldwork program are being met.
				
				• Be an occupational therapist or occupational therapy assistant who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located.
				
				• Hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.
				
				• Be responsible for the program's compliance with the fieldwork requirements of Standards Section C.1.0.
				
				• Have 2 years of documented experience in the field of occupational therapy which must include:
				  o Clinical practice experience as an occupational therapist or as an occupational therapy assistant
				  o Professional experience as a fieldwork educator or documentation of training in the

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			roles and responsibilities of a fieldwork educator.	roles and responsibilities of a fieldwork educator.
A.2.4. Doctoral Capstone Coordinator				

A.2.4.	The program must identify one full-time faculty member who is appointed to the occupational therapy degree level program and is responsible for coordinating the doctoral capstone.
	
	The institution must document that this faculty member has sufficient release time and support to ensure that the needs of the capstone program are being met.
	
	The coordinator of the doctoral capstone must:
	
	• Be an occupational therapist who is licensed or otherwise regulated according to regulations in the state(s) or jurisdiction(s) in which the program is located.
	
	• Hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency.
	
	• Be responsible for the program's compliance with all capstone requirements as outlined in Section D.1.0.
	
	• Have 3 years of documented experience in the field of occupational therapy that must include:
	  o Clinical practice experience as an occupational therapist.
	  o Teaching responsibilities at the postsecondary level.
	  o Scholarship (e.g., scholarship of application, scholarship of teaching and learning).
		(No related Standard)	*(No related Standard)*	*(No related Standard)*

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A.2.5. OT and OTA Faculty License and Faculty Degrees				
A.2.5.	Faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant in the United States jurisdiction. The faculty must have a license in the state where the program is located if required by the state's jurisdiction or must be otherwise regulated in the jurisdiction as an occupational therapist or occupational therapy assistant. Faculty who are not occupational therapy practitioners and teaching in the occupational therapy program must be licensed or otherwise regulated as required by their profession. All full-time faculty who are occupational therapy practitioners teaching in the program must hold a doctoral degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. Doctoral degrees are not limited to a doctorate in occupational therapy. For programs outside of the United States or its jurisdictions, faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.	Faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant in the United States jurisdiction. The faculty must have a license in the state where the program is located if required by the state's jurisdiction or must be otherwise regulated in the jurisdiction as an occupational therapist or occupational therapy assistant. Faculty who are not occupational therapy practitioners and teaching in the occupational therapy program must be licensed or otherwise regulated as required by their profession. The majority of full-time faculty who are occupational therapy practitioners teaching in the program must hold a doctoral degree. All faculty must hold a minimum of a master's degree. All degrees must be awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The degrees are not limited to occupational therapy. For programs outside of the United States or its jurisdictions, faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.	Faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant in the United States jurisdiction. The faculty must have a license in the state where the program is located if required by the state's jurisdiction or must be otherwise regulated in the jurisdiction as an occupational therapist or occupational therapy assistant. Faculty who are not occupational therapy practitioners and teaching in the occupational therapy assistant program must be licensed or otherwise regulated as required by their profession. The majority of full-time faculty who are occupational therapy practitioners teaching in the program must hold a minimum of a master's degree. All faculty must hold a minimum of a baccalaureate degree. All degrees must be awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The degrees are not limited to occupational therapy. For programs outside of the United States or its jurisdictions, faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.	Faculty who are occupational therapy practitioners and teaching occupational therapy content must be currently licensed or otherwise regulated in the state or jurisdiction as an occupational therapist or occupational therapy assistant in the United States jurisdiction. The faculty must have a license in the state where the program is located if required by the state's jurisdiction or must be otherwise regulated in the jurisdiction as an occupational therapist or occupational therapy assistant. Faculty who are not occupational therapy practitioners and teaching in the occupational therapy assistant program must be licensed or otherwise regulated as required by their profession. All full-time faculty who are occupational therapy practitioners teaching in the program must hold a minimum of a baccalaureate degree awarded by an institution that is accredited by a USDE-recognized institutional accrediting agency. The degrees are not limited to occupational therapy. For programs outside of the United States or its jurisdictions, faculty who are occupational therapists or occupational therapy assistants and who are teaching occupational therapy content must be currently licensed or regulated in accordance with their country's regulations.

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A.2.6. Site Coordinator				
A.2.6.	For programs with additional location(s), the program must identify a full-time faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional location(s), the program must identify a full-time faculty member who is an occupational therapist as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional location(s), the program must identify a full-time faculty member who is an occupational therapy practitioner as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.	For programs with additional location(s), the program must identify a full-time faculty member who is an occupational therapy practitioner as site coordinator at each location who is responsible for ensuring uniform implementation of the program and ongoing communication with the program director.
A.2.7. Sufficient Faculty				
A.2.7.	The faculty at each location where the program is offered must be sufficient in number and composition to ensure delivery of the curriculum, program evaluation, and oversight of the doctoral capstone. Faculty composition may include full time, part time, and adjunct faculty who, in total, have sufficient clinical expertise, documented scholarship and research, and knowledge of curriculum and instructional design to meet the mission and vision of the program and ensure successful delivery of the curriculum. The faculty must be reflective of institutional recruitment and hiring policies regarding diversity, equity, inclusion, and justice.	The faculty at each location where the program is offered must be sufficient in number and composition to ensure delivery of the curriculum and program evaluation. Faculty composition may include full time, part time, and adjunct faculty who, in total, have sufficient clinical expertise, documented scholarship and research, and knowledge of curriculum and instructional design to meet the mission and vision of the program and ensure successful delivery of the curriculum. The faculty must be reflective of institutional recruitment and hiring policies regarding diversity, equity, inclusion, and justice.	The faculty at each location where the program is offered must be sufficient in number and composition to ensure delivery of the curriculum, program evaluation, and oversight of the baccalaureate project. The program must have at least three full-time equivalent (FTE) faculty positions at each accredited location where the program is offered. The program must have a faculty member who is currently practicing (clinical practice or education) as an occupational therapy assistant and is involved in the curriculum design, strategic planning, teaching, and student advising. Faculty composition may include full time, part time, and adjunct faculty who, in total, have sufficient clinical expertise, and documented scholarship and knowledge of curriculum and instructional design to meet the mission and vision of the program and ensure successful delivery of the curriculum. The program must identify a faculty member who is appointed to the occupational therapy assistant degree level program and is responsible for oversight of the baccalaureate project. This faculty member is responsible for all baccalaureate project requirements as outlined in Section D.1.0.	The faculty at each location where the program is offered must be sufficient in number and composition to ensure delivery of the curriculum and program evaluation. The program must have at least two full-time equivalent (FTE) faculty positions at each accredited location where the program is offered. The program must have a faculty member who is currently practicing (clinical practice or education) as an occupational therapy assistant and is involved in the curriculum design, strategic planning, teaching, and student advising. Faculty composition may include full time, part time, and adjunct faculty who, in total, have sufficient clinical expertise, and documented scholarship and knowledge of curriculum and instructional design to meet the mission and vision of the program and ensure successful delivery of the curriculum. The faculty must be reflective of institutional recruitment and hiring policies regarding diversity, equity, inclusion, and justice.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
			The faculty must be reflective of institutional recruitment and hiring policies regarding diversity, equity, inclusion, and justice.	
A.2.8. Clerical and Support Staff				
A.2.8.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, fieldwork, and doctoral capstone requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, and fieldwork requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, fieldwork, and baccalaureate project requirements, including support for any portion of the program offered by distance education.	Clerical and support staff must be provided to the program, consistent with institutional practice, to meet programmatic, administrative, and fieldwork requirements, including support for any portion of the program offered by distance education.
A.2.9. Budget				
A.2.9.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.	The program must be allocated a budget of regular institutional funds, not including grants, gifts, and other restricted sources, sufficient to implement and maintain the objectives of the program and to fulfill the program's obligation to matriculated and entering students.
A.2.10. Adequate Space				
A.2.10.	Adequate and accessible classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution, and assigned to the occupational therapy program on a priority basis. • The program director and faculty must have office space consistent with institutional practice. • An adequate and accessible environment must be provided for the private advising of students. If lecture or laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. The program must document how this	Adequate and accessible classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution, and assigned to the occupational therapy program on a priority basis. • The program director and faculty must have office space consistent with institutional practice. • An adequate and accessible environment must be provided for the private advising of students. If lecture or laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. The program must document how this	Adequate and accessible classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution, and assigned to the occupational therapy assistant program on a priority basis. • The program director and faculty must have office space consistent with institutional practice. • An adequate and accessible environment must be provided for the private advising of students. If lecture or laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. The program must document how this	Adequate and accessible classroom and laboratory space, including storing and securing of equipment and supplies, must be provided by the institution, and assigned to the occupational therapy assistant program on a priority basis. • The program director and faculty must have office space consistent with institutional practice. • An adequate and accessible environment must be provided for the private advising of students. If lecture or laboratory space is provided by another institution or agency, there must be a written and signed agreement to ensure assignment of space for program use. The program must document how this

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	space is adequate to meet the educational needs of the students.	space is adequate to meet the educational needs of the students.	space is adequate to meet the educational needs of the students.	space is adequate to meet the educational needs of the students.

A.2.11. Equipment, Supplies, and Evaluative and Treatment Methodologies

STANDARD NUMBER				
A.2.11.	The institution must provide the student with access to and use of sufficient equipment, supplies, and treatment methodologies at all locations where education is provided by the program. The equipment, supplies, and treatment methodologies must reflect current evidence-based practice in the geographic area served by the program during the didactic, fieldwork and capstone components of the curriculum.	The institution must provide the student with access to and use of sufficient equipment, supplies, and treatment methodologies at all locations where education is provided by the program. The equipment, supplies, and treatment methodologies must reflect current evidence-based practice in the geographic area served by the program during the didactic and fieldwork components of the curriculum.	The institution must provide the student with access to and use of sufficient equipment, supplies, and treatment methodologies at all locations where education is provided by the program. The equipment, supplies, and treatment methodologies must reflect current evidence-based practice in the geographic area served by the program during the didactic, fieldwork, and baccalaureate project components of the curriculum.	The institution must provide the student with access to and use of sufficient equipment, supplies, and treatment methodologies at all locations where education is provided by the program. The equipment, supplies, and treatment methodologies must reflect current evidence-based practice in the geographic area served by the program. during the didactic and fieldwork components of the curriculum.

A.2.12. Resources, Reference Materials, Instructional Aids, and Technology

STANDARD NUMBER				
A.2.12.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, electronic resources, assistive technology, and other reference materials needed to meet the requirements of the curriculum at all locations where education is provided by the program. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives, teaching methods, and student needs.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, electronic resources, assistive technology, and other reference materials needed to meet the requirements of the curriculum at all locations where education is provided by the program. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives, teaching methods, and student needs.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, electronic resources, assistive technology, and other reference materials needed to meet the requirements of the curriculum at all locations where education is provided by the program. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives, teaching methods, and student needs.	Students must have ready access to a supply of current and relevant books, journals, periodicals, computers, software, electronic resources, assistive technology, and other reference materials needed to meet the requirements of the curriculum at all locations where education is provided by the program. Instructional aids and technology must be available in sufficient quantity and quality to be consistent with the program objectives, teaching methods, and student needs.

A.2.13. Distance Education Delivery Model

STANDARD NUMBER				
A.2.13.	If any portion of the program is offered through a distance education delivery model, the program must provide documentation of: • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit.	If any portion of the program is offered through a distance education delivery model, the program must provide documentation of: • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit.	If any portion of the program is offered through a distance education delivery model, the program must provide documentation of: • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit.	If any portion of the program is offered through a distance education delivery model, the program must provide documentation of: • A process through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the program and receives academic credit.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	• A process that protects student privacy. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. • A policy that notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.	• A process that protects student privacy. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. • A policy that notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.	• A process that protects student privacy. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. • A policy that notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.	• A process that protects student privacy. • Technology and resources that are adequate to support a distance-learning environment. • A process to ensure that faculty are adequately trained and skilled to use distance education methodologies. • A policy that notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.
A.3.0. STUDENTS				
A.3.1. Admission Criteria				
A.3.1.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.	Admission of students to the occupational therapy assistant program must be made in accordance with the practices of the institution. There must be stated admission criteria that are clearly defined and published and reflective of the demands of the program.
A.3.2. Admission Policies				
A.3.2.	The program must have documented admission policies and procedures for admission, advanced placement, transfer of credit, and prerequisite educational or work experience requirements. These policies must be readily accessible to prospective students and the public and be applied consistently and equitably. The admissions process must align with the institutional mission and vision and reflect efforts to recruit and admit a diverse student population as defined by the program.	The program must have documented admission policies and procedures for admission, advanced placement, transfer of credit, and prerequisite educational or work experience requirements. These policies must be readily accessible to prospective students and the public and be applied consistently and equitably. The admissions process must align with the institutional mission and vision and reflect efforts to recruit and admit a diverse student population as defined by the program.	The program must have documented admission policies and procedures for admission, advanced placement, transfer of credit, and prerequisite educational or work experience requirements. These policies must be readily accessible to prospective students and the public and be applied consistently and equitably. The admissions process must align with the institutional mission and vision and reflect efforts to recruit and admit a diverse student population as defined by the program.	The program must have documented admission policies and procedures for admission, advanced placement, transfer of credit, and prerequisite educational or work experience requirements. These policies must be readily accessible to prospective students and the public and be applied consistently and equitably. The admissions process must align with the institutional mission and vision and reflect efforts to recruit and admit a diverse student population as defined by the program.

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A.3.3. Criteria for Successful Completion				
A.3.3.	The program must have documented and published criteria for successful completion of each segment of the educational program to ensure that students complete all graduation requirements in a timely manner. Graduation requirements must be given in advance to each student. The published documents must include a statement that all Level II fieldwork and the doctoral capstone must be completed within a time frame established by the program. The program must describe how retention practices support the needs of its diverse student population to complete the program.	The program must have documented and published criteria for successful completion of each segment of the educational program to ensure that students complete all graduation requirements in a timely manner. Graduation requirements must be given in advance to each student. The published documents must include a statement that all Level II fieldwork must be completed within a time frame established by the program. The program must describe how retention practices support the needs of its diverse student population to complete the program.	The program must have documented and published criteria for successful completion of each segment of the educational program to ensure that students complete all graduation requirements in a timely manner. Graduation requirements must be given in advance to each student. The published documents must include a statement that all Level II fieldwork and the baccalaureate project must be completed within a time frame established by the program. The program must describe how retention practices support the needs of its diverse student population to complete the program.	The program must have documented and published criteria for successful completion of each segment of the educational program to ensure that students complete all graduation requirements in a timely manner. Graduation requirements must be given in advance to each student. The published documents must include a statement that all Level II fieldwork must be completed within a time frame established by the program. The program must describe how retention practices support the needs of its diverse student population to complete the program.
	SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE DOCTORAL CAPSTONE WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."	*SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."*	*SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK AND THE BACCALAUREATE PROJECT WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."*	*SAMPLE WORDING: "STUDENTS MUST COMPLETE ALL LEVEL II FIELDWORK WITHIN [XX] MONTHS FOLLOWING COMPLETION OF THE DIDACTIC PORTION OF THE PROGRAM."*
A.3.4. Student Support Services				
A.3.4.	The program must demonstrate how it facilitates student access to appropriate health and well-being resources. The program must have documented policies and procedures which demonstrate how students are informed of and have equitable access to all support services throughout the didactic, fieldwork, and capstone experiences regardless of educational delivery model (e.g., in-person, hybrid, distance education). The program must document how reasonable accommodations are provided to students in the institution.	The program must demonstrate how it facilitates student access to appropriate health and well-being resources. The program must have documented policies and procedures which demonstrate how students are informed of and have equitable access to all support services throughout the didactic and fieldwork experiences regardless of educational delivery model (e.g., in-person, hybrid, distance education). The program must document how reasonable accommodations are provided to students in the institution.	The program must demonstrate how it facilitates student access to appropriate health and well-being resources. The program must have documented policies and procedures which demonstrate how students are informed of and have equitable access to all support services throughout the didactic, fieldwork, and the baccalaureate project experiences regardless of educational delivery model (e.g., in-person, hybrid, distance education). The program must document how reasonable accommodations are provided to students in the institution.	The program must demonstrate how it facilitates student access to appropriate health and well-being resources. The program must have documented policies and procedures which demonstrate how students are informed of and have equitable access to all support services, throughout the didactic and fieldwork experiences regardless of educational delivery model (e.g., in-person, hybrid, distance education). The program must document how reasonable accommodations are provided to students in the institution.

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A.3.5. Student Advising by Faculty				
A.3.5.	The program must have a process for student advisement by faculty who are occupational therapy practitioners in the program. Advisement must be documented and occur on a regular basis in the following areas: • Conduct and responsibilities to enter the profession • Student progress and academic standing • Fieldwork education • Doctoral capstone	The program must have a process for student advisement by faculty who are occupational therapy practitioners in the program. Advisement must be documented and occur on a regular basis in the following areas: • Conduct and responsibilities to enter the profession • Student progress and academic standing • Fieldwork education	The program must have a process for student advisement by faculty who are occupational therapy practitioners in the program. Advisement must be documented and occur on a regular basis in the following areas: • Conduct and responsibilities to enter the profession • Student progress and academic standing • Fieldwork education • Baccalaureate project	The program must have a process for student advisement by faculty who are occupational therapy practitioners in the program. Advisement must be documented and occur on a regular basis in the following areas: • Conduct and responsibilities to enter the profession • Student progress and academic standing • Fieldwork education
A.4.0. PUBLIC INFORMATION AND POLICIES				
A.4.1. Accurate Program Publications				
A.4.1.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must be consistent and accurately reflect the program offered. This must include a description of the delivery model (e.g., in--person, hybrid, distance education). Students must be notified of technology requirements, location, and accessibility of learning environments.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must be consistent and accurately reflect the program offered. This must include a description of the delivery models (e.g., in-person, hybrid, distance education). Students must be notified of technology requirements, location, and accessibility of learning environments.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must be consistent and accurately reflect the program offered. This must include a description of the delivery models (e.g., in-person, hybrid, distance education). Students must be notified of technology requirements, location, and accessibility of learning environments.	All program publications and advertising—including, but not limited to, academic calendars, announcements, catalogs, handbooks, and websites—must be consistent and accurately reflect the program offered. This must include a description of the delivery models (e.g., in-person, hybrid, distance education). Students must be notified of technology requirements, location, and accessibility of learning environments.
A.4.2. Publication of Program Outcomes				
A.4.2.	Accurate and current student and program outcomes must be available to the public. The data or a link to the data must be posted on the program's home page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years: • Program graduates • Graduation rates The program may use calendar year or academic year when publishing the total number of program graduates and	Accurate and current student and program outcomes must be available to the public. The data or a link to the data must be posted on the program's home page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years: • Program graduates • Graduation rates The program may use calendar year or academic year when publishing the total number of program graduates and	Accurate and current student and program outcomes must be available to the public. The data or a link to the data must be posted on the program's home page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years: • Program graduates • Graduation rates The program may use calendar year or academic year when publishing the total number of program graduates and	Accurate and current student and program outcomes must be available to the public. The data or a link to the data must be posted on the program's home page. At a minimum, the following data must be reported separately as well as totaled for each of the previous 3 years: • Program graduates • Graduation rates The program may use calendar year or academic year when publishing the total number of program graduates and

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	graduation rates. The timeframe must be clearly delineated. The program must provide an active direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.	graduation rates. The timeframe must be clearly delineated. The program must provide an active direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.	graduation rates. The timeframe must be clearly delineated. The program must provide an active direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results. on the program's home page.	graduation rates. The timeframe must be clearly delineated. The program must provide an active direct link to the National Board for Certification in Occupational Therapy (NBCOT®) program data results on the program's home page.

A.4.3. Publication of ACOTE Information

STANDARD NUMBER	DOCTORAL	MASTER'S	BACCALAUREATE	ASSOCIATE
A.4.3.	The program's accreditation status; the name, address, and telephone number for ACOTE; and an active link to www.acoteonline.org must be published on the home page and must be included in all printed and electronic materials used by the institution and available to prospective students.	The program's accreditation status; the name, address, and telephone number for ACOTE; and an active link to www.acoteonline.org must be published on the home page and must be included in all printed and electronic materials used by the institution and available to prospective students.	The program's accreditation status; the name, address, and telephone number for ACOTE; and an active link to www.acoteonline.org must be published on the home page and must be included in all printed and electronic materials used by the institution and available to prospective students.	The program's accreditation status; the name, address, and telephone number for ACOTE; and an active link to www.acoteonline.org must be published on the home page and must be included in all printed and electronic materials used by the institution and available to prospective students.
	SAMPLE WORDING: "THE OCCUPATIONAL THERAPY/OCCUPATIONAL THERAPY ASSISTANT PROGRAM IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR OCCUPATIONAL THERAPY EDUCATION (ACOTE) OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA), LOCATED AT 7501 WISCONSIN AVENUE, SUITE 510E, BETHESDA, MD 20814. ACOTE'S TELEPHONE NUMBER, C/O AOTA, IS (301) 652-AOTA, AND ITS WEB ADDRESS IS WWW.ACOTEONLINE.ORG." (See ACOTE Policies.)			

A.4.4. Published Policies and Procedures

STANDARD NUMBER	DOCTORAL	MASTER'S	BACCALAUREATE	ASSOCIATE
A.4.4.	The program must have documented policies and procedures which are made available to students and ensure the consistent application of each of the following: • Policy and procedures for processing and maintaining student grievances and other complaints against the program must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. • Student probation, suspension, and dismissal must be published and made known. • Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students,	The program must have documented policies and procedures which are made available to students and ensure the consistent application of each of the following: • Policy and procedures for processing and maintaining student grievances and other complaints against the program must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. • Student probation, suspension, and dismissal must be published and made known. • Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students,	The program must have documented policies and procedures which are made available to students and ensure the consistent application of each of the following: • Policy and procedures for processing and maintaining student grievances and other complaints against the program must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. • Student probation, suspension, and dismissal must be published and made known. • Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students,	The program must have documented policies and procedures which are made available to students and ensure the consistent application of each of the following: • Policy and procedures for processing and maintaining student grievances and other complaints against the program must be defined and published. • Student withdrawal and refunds of tuition and fees must be published and made known to all applicants. • Student probation, suspension, and dismissal must be published and made known. • Appropriate use of equipment and supplies and for all educational activities that have implications for the health and safety of clients, students,

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	and faculty (including infection control and evacuation procedures) must be documented and made known. • Graduation requirements must be posted on the program's webpage. • The total cost of attendance, including current tuition and fees and the total cost of completing the program must be displayed on the program's homepage or link to the information posted on the program's homepage. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education.	and faculty (including infection control and evacuation procedures) must be documented and made known. • Graduation requirements must be posted on the program's webpage. • The total cost of attendance, including current tuition and fees and the total cost of completing the program must be displayed on the program's homepage or link to the information posted on the program's homepage. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education.	and faculty (including infection control and evacuation procedures) must be documented and made known. • Graduation requirements must be posted on the program's webpage. • The total cost of attendance, including current tuition and fees and the total cost of completing the program must be displayed on the program's homepage or link to the information posted on the program's homepage When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education.	and faculty (including infection control and evacuation procedures) must be documented and made known. • Graduation requirements must be posted on the program's webpage. • The total cost of attendance, including current tuition and fees and the total cost of completing the program must be displayed on the program's homepage or link to the information posted on the program's homepage. When published fees are subject to change, a statement to that effect must be included. This includes fees associated with distance education.
A.4.5. Progression, Retention, Graduation, Certification, and Credentialing Requirements				
A.4.5.	Progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.	Progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.	Progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.	Progression, retention, graduation, certification, and credentialing requirements must be published and made known to applicants. A statement on the program's website about the potential impact of a felony conviction on a graduate's eligibility for certification and credentialing must be provided.
	SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPIST, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT®). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE AN OCCUPATIONAL THERAPIST, REGISTERED (OTR). IN ADDITION, ALL STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."		_SAMPLE WORDING: "GRADUATES OF THE PROGRAM WILL BE ELIGIBLE TO SIT FOR THE NATIONAL CERTIFICATION EXAMINATION FOR THE OCCUPATIONAL THERAPY ASSISTANT, ADMINISTERED BY THE NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY (NBCOT®). AFTER SUCCESSFUL COMPLETION OF THIS EXAM, THE GRADUATE WILL BE A CERTIFIED OCCUPATIONAL THERAPY ASSISTANT (COTA). IN ADDITION, ALL STATES REQUIRE LICENSURE TO PRACTICE; HOWEVER, STATE LICENSES ARE USUALLY BASED ON THE RESULTS OF THE NBCOT CERTIFICATION EXAMINATION. A FELONY CONVICTION MAY AFFECT A GRADUATE'S ABILITY TO SIT FOR THE NBCOT CERTIFICATION EXAMINATION OR ATTAIN STATE LICENSURE."_	
A.4.6. Student Records				
A.4.6.	All student records must be maintained including student admission, enrollment, fieldwork, doctoral capstone, academic achievement, and student transcripts. These records must be kept in a secure setting consistent with Family Educational	All student records must be maintained including student admission, enrollment, fieldwork, academic achievement, and student transcripts. These records must be kept in a secure setting consistent with Family Educational Rights and Privacy Act	All student records must be maintained including student admission, enrollment, fieldwork, baccalaureate project, academic achievement, and student transcripts. These records must be kept in a secure setting consistent with Family Educational	All student records must be maintained including student admission, enrollment, fieldwork, academic achievement, and student transcripts. These records must be kept in a secure setting consistent with Family Educational Rights and Privacy Act

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	Rights and Privacy Act regulations and the sponsoring institutional policies.	regulations and the sponsoring institutional policies.	Rights and Privacy Act regulations and the sponsoring institutional polices.	regulations and the sponsoring institutional policies.
A.5.0. CURRICULUM FRAMEWORK **The curriculum framework is a description of the program that includes the program's mission, philosophy, and curriculum design.**				
A.5.1. Curriculum—Preparation to Practice as a Generalist				
A.5.1.	The curriculum must include preparation to practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.	The curriculum must include preparation for practice as a generalist with a broad exposure to practice settings (e.g., school, hospital, community, long-term care) and practice areas, including new and emerging areas (as defined by the program). The curriculum must prepare students to work with a variety of populations including, but not limited to, infants, children, adolescents, adults, and older adults in areas of physical and mental health.
A.5.2. Program Length				
A.5.2.	The degree may be awarded after successful completion and a period of study including total time to the degree, and preprofessional and professional preparation which equals a minimum of 6 full-time equivalent academic years. Document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate. The program must consider the requirements of institutional accreditation and policies, state agencies, and the program's curriculum design.	The degree may be awarded after successful completion and a period of study including total time to the degree, and preprofessional and professional preparation which equals 5 full-time equivalent academic years, but no more than 6 full-time equivalent academic years. Document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate. The program must consider the requirements of institutional accreditation and policies, state agencies, and the program's curriculum design.	The degree may be awarded after successful completion and a period of study which requires 4 full-time equivalent academic years of college-level study. Document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate. The program must consider the requirements of institutional accreditation and policies, state agencies, and the program's curriculum design.	The degree may be awarded after successful completion and a period of study which requires at least 2 full-time equivalent academic years of college-level study. Document a system and rationale for ensuring that the length of study of the program is appropriate to the expected learning and competence of the graduate. The program must consider the requirements of institutional accreditation and policies, state agencies, and the program's curriculum design.

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A.5.3. Program Mission and Philosophy				
A.5.3.	The statement of the mission of the occupational therapy program must: • Be consistent with and supportive of the mission of the sponsoring institution. • Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. The statement of philosophy of the occupational therapy program must: • Reflect the current published philosophy of the profession. • Include a statement of the program's fundamental beliefs about human beings and how they learn.	The statement of the mission of the occupational therapy program must: • Be consistent with and supportive of the mission of the sponsoring institution. • Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. The statement of philosophy of the occupational therapy program must: • Reflect the current published philosophy of the profession. • Include a statement of the program's fundamental beliefs about human beings and how they learn.	The statement of the mission of the occupational therapy assistant program must: • Be consistent with and supportive of the mission of the sponsoring institution. • Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. The statement of philosophy of the occupational therapy assistant program must: • Reflect the current published philosophy of the profession. • Include a statement of the program's fundamental beliefs about human beings and how they learn.	The statement of the mission of the occupational therapy assistant program must: • Be consistent with and supportive of the mission of the sponsoring institution. • Explain the unique nature of the program and how it helps fulfill or advance the mission of the sponsoring institution, including religious missions. The statement of philosophy of the occupational therapy assistant program must: • Reflect the current published philosophy of the profession. • Include a statement of the program's fundamental beliefs about human beings and how they learn.
A.5.4. Curriculum Design				
A.5.4.	The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The instructional design must identify curricular threads, educational goals, and assessments that inform the selection of the content, scope, and sequence of coursework in the curriculum. The faculty must demonstrate an understanding of the courses they teach and how they relate to the program's curriculum design. The curriculum design must include course objectives and learning activities that distinguish this degree as a doctorate-level degree.	The curriculum design must reflect the mission and philosophy of both the occupational therapy program and the institution and must provide the basis for program planning, implementation, and evaluation. The instructional design must identify curricular threads, educational goals, and assessments that inform the selection of the content, scope, and sequence of coursework in the curriculum. The faculty must demonstrate an understanding of the courses they teach and how they relate to the program's curriculum design.	The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The instructional design must identify curricular threads, educational goals, and assessments that inform the selection of the content, scope, and sequence of coursework in the curriculum. The faculty must demonstrate an understanding of the courses they teach and how they relate to the program's curriculum design. The curriculum design must include course objectives and learning activities that distinguish this degree as a baccalaureate-level degree.	The curriculum design must reflect the mission and philosophy of both the occupational therapy assistant program and the institution and must provide the basis for program planning, implementation, and evaluation. The instructional design must identify curricular threads, educational goals, and assessments that inform the selection of the content, scope, and sequence of coursework in the curriculum. The faculty must demonstrate an understanding of the courses they teach and how they relate to the program's curriculum design.

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A.5.5. Written Syllabi and Assessment Strategies				
A.5.5.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Assessment strategies must complement the instructional design methods and support student progress in the program towards graduation. The program must also demonstrate the consistency between course syllabi and the curriculum design.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Assessment strategies must complement the instructional design methods and support student progress in the program towards graduation. The program must also demonstrate the consistency between course syllabi and the curriculum design.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Assessment strategies must complement the instructional design methods and support student progress in the program towards graduation. The program must also demonstrate the consistency between course syllabi and the curriculum design.	The program must have written syllabi for each course that include course objectives and learning activities that, in total, reflect all course content required by the Standards. Instructional methods (e.g., presentations, demonstrations, discussion) used to accomplish course objectives must be documented. Assessment strategies must complement the instructional design methods and support student progress in the program towards graduation. The program must also demonstrate the consistency between course syllabi and the curriculum design.
A.6.0. STRATEGIC PLAN AND PROGRAM ASSESSMENT				
For programs that are offered at more than one location, the program's strategic plan, evaluation plan, and results of ongoing evaluation must address each program location as a component of the overall plan.				
A.6.1. Strategic Plan				
A.6.1.	The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth; scholarship; changes in the curriculum design; priorities in academic resources; procurement of fieldwork and doctoral capstone sites; vision for diversity, equity, inclusion, and justice). A program strategic plan must reflect a minimum of a 3-year period and include: • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.	The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth; scholarship; changes in the curriculum design; priorities in academic resources; procurement of fieldwork sites; vision for diversity, equity, inclusion, and justice). A program strategic plan must reflect a minimum of a 3-year period and include: • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.	The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth; scholarship; changes in the curriculum design; priorities in academic resources; procurement of fieldwork sites and baccalaureate project; vision for diversity, equity, inclusion, and justice). A program strategic plan must reflect a minimum of a 3-year period and include: • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.	The program must document a current strategic plan that articulates the program's future vision and scholarship agenda, which guides the program (e.g., faculty recruitment and professional growth; scholarship; changes in the curriculum design; priorities in academic resources; procurement of fieldwork sites; vision for diversity, equity, inclusion, and justice). A program strategic plan must reflect a minimum of a 3-year period and include: • Evidence that the plan is based on program evaluation and an analysis of external and internal environments. • Long-term goals that address the vision and mission of both the institution and the program, as well as specific needs of the program.

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	• Specific measurable action steps with expected timelines which must include a date when the program expects to reach each action step. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.	• Specific measurable action steps with expected timelines which must include a date when the program expects to reach each action step. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.	• Specific measurable action steps with expected timelines which must include a date when the program expects to reach each action step. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.	• Specific measurable action steps with expected timelines which must include a date when the program expects to reach each action step. • Person(s) responsible for action steps. • Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.
	THE TIMELINE SHOULD REFLECT THE ACTUAL DUE DATE WHEN THE PROGRAM EXPECTS TO REACH EACH LONG-TERM GOAL. "ANNUALLY" AND "ONGOING" ARE NOT ACCEPTABLE TIMELINES, WHEREAS "DECEMBER 20XX" WOULD BE AN ACCEPTABLE TIMELINE.			

A.6.2. Professional Development Plans

A.6.2.	The program director and faculty members who teach two or more distinct courses must have a current written professional development plan. The plan must demonstrate a relationship to the program's strategic plan and include outcomes. Each plan must contain the signature of the faculty member and supervisor. The goals to enhance the faculty member's ability to fulfill designated responsibilities must include: • Teaching effectiveness and use of educational technology. • Scholarship and scholarly activity. • Service or leadership roles in the program, institution, or within the profession. • Specific measurable action steps with expected timelines and specific dates in which the faculty member will achieve each action step. • Evidence of annual updates of action steps and goals as they are met or as circumstances change.	The program director and faculty members who teach two or more distinct courses must have a current written professional development plan. The plan must demonstrate a relationship to the program's strategic plan and include outcomes. Each plan must contain the signature of the faculty member and supervisor. The goals to enhance the faculty member's ability to fulfill designated responsibilities must include: • Teaching effectiveness and use of educational technology. • Scholarship and scholarly activity. • Service or leadership roles in the program, institution, or within the profession. • Specific measurable action steps with expected timelines and specific dates in which the faculty member will achieve each action step. • Evidence of annual updates of action steps and goals as they are met or as circumstances change.	The program director and faculty members who teach two or more distinct courses must have a current written professional development plan. The plan must demonstrate a relationship to the program's strategic plan and include outcomes. Each plan must contain the signature of the faculty member and supervisor. The goals to enhance the faculty member's ability to fulfill designated responsibilities must include: • Teaching effectiveness and use of educational technology. • Incorporation of teaching scholarship. • Service or leadership roles in the program, institution, or within the profession. • Specific measurable action steps with expected timelines and specific dates in which the faculty member will achieve each action step. • Evidence of annual updates of action steps and goals as they are met or as circumstances change.	The program director and faculty members who teach two or more distinct courses must have a current written professional development plan. The plan must demonstrate a relationship to the program's strategic plan and include outcomes. Each plan must contain the signature of the faculty member and supervisor. The goals to enhance the faculty member's ability to fulfill designated responsibilities must include: • Teaching effectiveness and use of educational technology. • Incorporation of teaching scholarship. • Service or leadership roles in the program, institution, or within the profession. • Specific measurable action steps with expected timelines and specific dates in which the faculty member will achieve each action step. • Evidence of annual updates of action steps and goals as they are met or as circumstances change.

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A.6.3. Program Evaluation				
A.6.3.	The program must routinely secure and document formative and summative data which will assure the program is meeting its stated goals and objectives. The program must demonstrate how data analysis informed program growth and strategic changes each academic year. Program evaluation must include: **Student Data**: • Retention rates • Academic and fieldwork performance **Faculty Data:** • Effectiveness in assigned teaching responsibilities **Program Data:** • Student satisfaction with the program • Student evaluation of fieldwork experience • Student evaluation of doctoral capstone • Evaluation of doctoral capstone outcomes. • Graduates' performance on the NBCOT certification exam. • Graduates' job placement • Employer satisfaction with graduates' performance • Graduates' scholarly activity (e.g., presentations, publications, grants obtained, state and national leadership positions, awards) A report summarizing analysis of data and planned action responses must be maintained annually. The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	The program must routinely secure and document formative and summative data which will assure the program is meeting its stated goals and objectives. The program must demonstrate how data analysis informed program growth and strategic changes each academic year. Program evaluation must include: **Student Data**: • Retention rates • Academic and fieldwork performance **Faculty Data:** • Effectiveness in assigned teaching responsibilities **Program Data:** • Student satisfaction with the program • Student evaluation of fieldwork experience • Graduates' performance on the NBCOT certification exam • Graduates' job placement • Employer satisfaction with graduates' performance A report summarizing analysis of data and planned action responses must be maintained annually. The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	The program must routinely secure and document formative and summative data which will assure the program is meeting its stated goals and objectives. The program must demonstrate how data analysis informed program growth and strategic changes each academic year. Program evaluation must include: **Student Data**: • Retention rates • Academic and fieldwork performance **Faculty Data:** • Effectiveness in assigned teaching responsibilities **Program Data:** • Student satisfaction with the program • Student evaluation of fieldwork experience • Student evaluation of baccalaureate project experience • Evaluation of baccalaureate project • Graduates' performance on the NBCOT certification exam • Graduates' job placement • Employer satisfaction with graduates' performance • Graduates' scholarly activity (e.g., presentations, publications, grants obtained, state and national leadership positions, awards) A report summarizing analysis of data and planned action responses must be maintained annually. The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.	The program must routinely secure and document formative and summative data which will assure the program is meeting its stated goals and objectives. The program must demonstrate how data analysis informed program growth and strategic changes each academic year. Program evaluation must include: **Student Data**: • Retention rates • Academic and fieldwork performance **Faculty Data:** • Effectiveness in assigned teaching responsibilities **Program Data** • Student satisfaction with the program • Student evaluation of fieldwork experience • Graduates' performance on the NBCOT certification exam • Graduates' job placement • Employer satisfaction with graduates' performance. A report summarizing analysis of data and planned action responses must be maintained annually. The results of ongoing evaluation must be appropriately reflected in the program's strategic plan, curriculum, and other dimensions of the program.

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A.6.4. Certification Exam Pass Rate				
A.6.4.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.	The average pass rate over the 3 most recent calendar years for graduates attempting the national certification exam within 12 months of graduation from the program must be 80% or higher (regardless of the number of attempts). If a program has fewer than 25 test takers in the 3 most recent calendar years, the program may include test takers from additional years until it reaches 25 or until the 5 most recent calendar years are included in the total. Programs that did not have candidates who sat for the exam in each of the 3 most recent calendar years must meet the required 80% pass rate each year until data for 3 calendar years are available.
A.6.5. Graduation Rates				
A.6.5.	The average program graduation rate over the 3 most recent calendar years for the percentage of students who are enrolled in the institution's official enrollment date (10-day census date) at the start of the student's program and complete the program within the published program length must be 80% or higher.	The average program graduation rate over the 3 most recent calendar years for the percentage of students who are enrolled in the institution's official enrollment date (10-day census date) at the start of the student's program and complete the program within the published program length must be 80% or higher.	The average program graduation rate over the 3 most recent calendar years for the total number of students who graduated from a program within 150% of the published length of the program, divided by the number of students on the roster who started in the program must be 80% or higher.	The average program graduation rate over the 3 most recent calendar years for the total number of students who graduated from a program within 150% of the published length of the program, divided by the number of students on the roster who started in the program must be 80% or higher.
	GRADUATION RATE CALCULATION: THE NUMBER OF STUDENTS WHO GRADUATE ON TIME (G1) DIVIDED BY THE NUMBER OF STUDENTS ADMITTED IN THE ORIGINAL COHORT (G2) MINUS THE NUMBER OF STUDENTS WHO WITHDREW DUE TO MILITARY, HEALTH, FAMILY ISSUES, DEATH AND OTHER REASONS NOT RELATED TO ACADEMIC AND CLINICAL PERFORMANCE (G3). CALCULATION PER CALENDAR YEAR IS = (G1 / (G2 - G3).		*GRADUATION RATE CALCULATION: THE NUMBER OF STUDENTS WHO GRADUATE ON TIME (G1) PLUS THE NUMBER OF STUDENTS WHO GRADUATE WITHIN 150% OF EXPECTED TIME (G2) DIVIDED BY THE NUMBER OF STUDENTS ADMITTED IN THE ORIGINAL COHORT (G3) MINUS THE NUMBER OF STUDENTS WHO WITHDREW DUE TO MILITARY, HEALTH, FAMILY ISSUES, DEATH, AND OTHER REASONS NOT RELATED TO ACADEMIC AND CLINICAL PERFORMANCE (G4). CALCULATION PER CALENDAR YEAR IS = (G1 + G2) / (G3 – G4).*	

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SECTION B: CONTENT REQUIREMENTS				
The content requirements are written as expected student outcomes. Faculty are responsible for developing learning activities and assessment methods to document that students meet these outcomes. Level II fieldwork, the baccalaureate project, or the doctoral capstone experience and project syllabi may not be used to document compliance with a Section B Content Standard.				
B.1.0. FOUNDATIONAL CONTENT REQUIREMENTS				
Program content must be based on a broad foundation in the liberal arts and sciences. A strong foundation in the biological, physical, social, and behavioral sciences supports an understanding of occupation across the lifespan. If the content of the Standard is met through prerequisite coursework, the application of foundational content in the sciences must also be evident in professional coursework. The student will be able to:				
B.1.1. Human Body, Development, and Behavior				
B.1.1.	Demonstrate knowledge of: • The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior that must include the behavioral sciences, social sciences, and science of occupation.	Demonstrate knowledge of: • The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior that must include the behavioral sciences, social sciences, and science of occupation.	Demonstrate knowledge of: • The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior that must include the behavioral sciences, social sciences, and science of occupation.	Demonstrate knowledge of: • The structure and function of the human body that must include the biological and physical sciences, neurosciences, kinesiology, and biomechanics. • Human development throughout the lifespan (infants, children, adolescents, adults, and older adults). Course content must include, but is not limited to, developmental psychology. • Concepts of human behavior that must include the behavioral sciences, social sciences, and science of occupation.
B.1.2. Sociocultural, Socioeconomic, and Diversity Factors; and Lifestyles				
B.1.2.	Apply and analyze the role of sociocultural, socioeconomic, and diversity, equity, and inclusion factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Apply and analyze the role of sociocultural, socioeconomic, and diversity, equity, and inclusion factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Apply and analyze the role of sociocultural, socioeconomic, and diversity, equity, and inclusion factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.	Apply and analyze the role of sociocultural, socioeconomic, and diversity, equity, and inclusion factors, as well as lifestyles in contemporary society to meet the needs of persons, groups, and populations. Course content must include, but is not limited to, introductory psychology, abnormal psychology, and introductory sociology or introductory anthropology.
B.1.3. Social Determinants of Health				
B.1.3.	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions	Demonstrate knowledge of the social determinants of health for persons, groups, and populations with or at risk for disabilities and chronic health conditions

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
	and distinguishes the epidemiological factors that impact the public health and welfare of populations.	and distinguishes the epidemiological factors that impact the public health and welfare of populations.	and distinguishes the epidemiological factors that impact the public health and welfare of populations.	and distinguishes the epidemiological factors that impact the public health and welfare of populations.

B.1.4. Quantitative Statistics and Qualitative Analysis

STANDARD NUMBER				
B.1.4.	Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice.	Demonstrate the ability to use quantitative statistics and qualitative analysis to interpret tests and measurements for the purpose of establishing and delivering evidence-based practice.	*(No related Standard)*	*(No related Standard)*

B.2.0. THEORETICAL PERSPECTIVES AND TENETS OF OCCUPATIONAL THERAPY

Professional ethics, values, and responsibilities include an understanding and appreciation of the basic tenets and theories of the profession of occupational therapy. Professional identity includes the ability to advocate for social responsibility and equitable services to support health including addressing social determinants; and commitment to engaging in lifelong learning and leadership. Foundational concepts of occupational therapy practice include the distinct nature and value of occupational engagement, the pursuit of health and well-being, and the promotion of safety.

Coursework must facilitate development of the performance criteria listed below. The student will be able to:

B.2.1. Scientific Evidence, Theories, Models of Practice, and Frames of Reference

STANDARD NUMBER				
B.2.1.	Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply, analyze, and evaluate scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.	Apply scientific evidence, theories, models of practice, and frames of reference that underlie the practice of occupational therapy to guide and inform interventions for persons, groups, and populations in a variety of practice contexts and environments.

B.2.2. OT History, Philosophical Base, Theory, and Sociopolitical Climate

STANDARD NUMBER				
B.2.2.	Analyze and evaluate occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Analyze and evaluate occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.	Apply knowledge of occupational therapy history, philosophical base, theory, and sociopolitical climate and their importance in meeting society's current and future occupational needs as well as how these factors influence and are influenced by practice.

B.2.3. Interaction of Occupation and Activity

STANDARD NUMBER				
B.2.3.	Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context, and client factors.	Apply, analyze, and evaluate the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context, and client factors.	Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context, and client factors.	Demonstrate knowledge of and apply the interaction of occupation and activity, including areas of occupation, performance skills, performance patterns, context, and client factors.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
B.2.4 Communicate the Distinct Nature of Occupation				
B.2.4.	Explain to the community of interest (e.g., consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the public) the distinct nature of occupation and the evidence that occupation supports performance, participation, health, wellness, and well-being.	Explain to the community of interest (e.g., consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the public) the distinct nature of occupation and the evidence that occupation supports performance, participation, health, wellness, and well-being.	Explain to the community of interest (e.g., consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the public) the distinct nature of occupation and the evidence that occupation supports performance, participation, health, wellness, and well-being.	Explain to the community of interest (e.g., consumers, potential employers, colleagues, third-party payers, regulatory boards, policymakers, and the public) the distinct nature of occupation and the evidence that occupation supports performance, participation, health, wellness, and well-being.
B.2.5. Role in Promotion of Health and Prevention				
B.2.5.	Apply and analyze scientific evidence to explain the importance of: • Balancing areas of occupation. • The role of occupation in the promotion of health and wellness. • The prevention of disease, illness, and dysfunction for persons, groups, and populations.	Apply and analyze scientific evidence to explain the importance of: • Balancing areas of occupation. • The role of occupation in the promotion of health and wellness. • The prevention of disease, illness, and dysfunction for persons, groups, and populations.	Apply and analyze scientific evidence to explain the importance of: • Balancing areas of occupation. • The role of occupation in the promotion of health and wellness. • The prevention of disease, illness, and dysfunction for persons, groups, and populations.	Apply and analyze scientific evidence to explain the importance of: • Balancing areas of occupation. • The role of occupation in the promotion of health and wellness. • The prevention of disease, illness, and dysfunction for persons, groups, and populations.
B.2.6. Effects of Disease Processes				
B.2.6.	Analyze occupational performance aspects that are affected by diagnoses including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury.	Analyze occupational performance aspects that are affected by diagnoses including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury.	Analyze how occupational performance is affected by diagnoses including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury.	Understand how occupational performance is affected by the effects of disease processes including heritable diseases, genetic conditions, mental illness, disability, trauma, and injury.
B.2.7. Activity Analysis				
B.2.7.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context, and client factors to formulate the intervention plan.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context, and client factors to formulate the intervention plan.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context, and client factors to implement the intervention plan.	Demonstrate activity analysis in areas of occupation, performance skills, performance patterns, context, and client factors to implement the intervention plan.
B.2.8. Safety of Self and Others				
B.2.8.	Demonstrate sound judgment regarding safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood	Demonstrate sound judgment regarding safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood	Demonstrate sound judgment regarding safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood	Demonstrate sound judgment regarding safety of self and others and adhere to safety regulations throughout the occupational therapy process as appropriate to the setting and scope of practice. This must include the ability to assess and monitor vital signs (e.g., blood

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	pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.	pressure, heart rate, respiratory status, and temperature) to ensure that the client is stable for intervention.

B.2.9. Personal and Professional Responsibilities

STANDARD NUMBER				
B.2.9.	Create and implement a plan to address individualized personal and professional responsibilities that are consistent with current accepted standards and long-term professional goals. The plan must address the following: • Personal well-being. • Alignment with current accepted norms in occupational therapy practice. • Advocacy related to clients, occupational therapy, or the role of the occupational therapist or occupational therapy assistant. • Long-term career objectives. • A strategy to evaluate, refine, and update the plan over time.	Create and implement a plan to address individualized personal and professional responsibilities that are consistent with current accepted standards and long-term professional goals. The plan must address the following: • Personal well-being. • Alignment with current accepted norms in occupational therapy practice. • Advocacy related to clients, occupational therapy, or the role of the occupational therapist or occupational therapy assistant. • Long-term career objectives. • A strategy to evaluate, refine, and update the plan over time.	Create and implement a plan to address individualized personal and professional responsibilities that are consistent with current accepted standards and long-term professional goals. The plan must address the following: • Personal well-being. • Alignment with current accepted norms in occupational therapy practice. • Advocacy related to clients, occupational therapy, or the role of the occupational therapist or occupational therapy assistant. • Long-term career objectives. • A strategy to evaluate, refine, and update the plan over time.	Create and implement a plan to address individualized personal and professional responsibilities that are consistent with current accepted standards and long-term professional goals. The plan must address the following: • Personal well-being. • Alignment with current accepted norms in occupational therapy practice. • Advocacy related to clients, occupational therapy, or the role of the occupational therapist or occupational therapy assistant. • Long-term career objectives. • A strategy to evaluate, refine, and update the plan over time.

B.2.10. Ethics and Professional Interactions

STANDARD NUMBER				
B.2.10.	Demonstrate knowledge of the current published American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics* and AOTA *Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Demonstrate knowledge of the current published American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics* and AOTA *Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Demonstrate knowledge of the current published American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics* and AOTA *Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.	Demonstrate knowledge of the current published American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics* and AOTA *Standards of Practice* and use them as a guide for ethical decision making in professional interactions, client interventions, employment settings, and when confronted with personal and organizational ethical conflicts.

B.2.11. Leadership

STANDARD NUMBER				
B.2.11.	Demonstrate knowledge of effective leadership styles. Identify personal and professional strengths and areas for growth to become an effective leader.	Demonstrates knowledge of effective leadership styles. Identify personal and professional strengths and areas for growth to become an effective leader.	Demonstrate knowledge of effective leadership styles. Identify personal and professional strengths and areas for growth to become an effective leader.	Demonstrate knowledge of effective leadership styles. Identify personal and professional strengths and areas for growth to become an effective leader.

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B.2.12. Principles of Instructional Design				
B.2.12	Demonstrate the application of principles of instructional design and teaching and learning in content related to occupational therapy which includes at minimum: • Development of learning objectives. • Design of material. • Development of learning assessment. • Delivery of professional presentation. • Self-reflection of process.	Demonstrate the application of principles of instructional design and teaching and learning in content related to occupational therapy which includes at minimum: • Development of learning objectives. • Design of material. • Development of learning assessment. • Delivery of professional presentation. • Self-reflection of process.	Demonstrate the application of principles of instructional design and teaching and learning in content related to occupational therapy which includes at minimum: • Development of learning objectives. • Design of material. • Development of learning assessment. • Delivery of professional presentation. • Self-reflection of process.	Demonstrate the application of principles of instructional design and teaching and learning in content related to occupational therapy which includes at minimum: • Development of learning objectives. • Design of material. • Development of learning assessment. • Delivery of professional presentation. • Self-reflection of process.
B.3.0.	**SCREENING, EVALUATION, AND INTERVENTION PLAN** **The process of screening and evaluation as related to occupational performance and participation must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence. These processes must consider the needs of persons, groups, and populations.** **INTERVENTION AND IMPLEMENTATION** **The process of intervention to facilitate occupational performance and participation must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.** **The occupational therapy process is enhanced, and outcomes are improved when intraprofessional collaboration takes place.** **The program must facilitate development of the performance criteria listed below. The student will be able to:**		**SCREENING, EVALUATION, AND INTERVENTION PLAN** **The process of screening and evaluation as related to occupational performance and participation must be conducted under the supervision of and in partnership with the occupational therapist and must be client centered; culturally relevant; and based on theoretical perspectives, models of practice, frames of reference, and available evidence. These processes must consider the needs of persons, groups, and populations.** **INTERVENTION AND IMPLEMENTATION** **The process of intervention to facilitate occupational performance and participation must be done under the supervision of and in cooperation with the occupational therapist and must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence.** **The program must facilitate development of the performance criteria listed below. The student will be able to:**	
B.3.1. Therapeutic Use of Self				
B.3.1.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.	Demonstrate therapeutic use of self, including one's personality, insights, perceptions, and judgments, as part of the therapeutic process in both individual and group interaction.
B.3.2. Professional Reasoning				
B.3.2.	Demonstrate professional reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions that: • Address client factors, performance patterns, and performance skills. • Focus on creation, promotion, establishment, restoration,	Demonstrate professional reasoning to evaluate, analyze, diagnose, and provide occupation-based interventions that: • Address client factors, performance patterns, and performance skills. • Focus on creation, promotion, establishment, restoration,	Demonstrate professional reasoning to inform occupation-based interventions that focus on: • Client factors, performance patterns, and performance skills.	Demonstrate professional reasoning to inform occupation-based interventions that focus on: • Client factors, performance patterns, and performance skills.

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	maintenance, modification, and prevention.	maintenance, modification, and prevention.	• Creation, promotion, establishment, restoration, maintenance, modification, and prevention.	• Creation, promotion, establishment, restoration, maintenance, modification, and prevention.
B.3.3. Standardized and Nonstandardized Screening and Assessment Tools				
B.3.3.	Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client. Identify and appropriately delegate components of the evaluation to an occupational therapy assistant. Demonstrate intraprofessional collaboration to establish and document an occupational therapy assistant's competence regarding screening and assessment tools.	Evaluate client(s)' occupational performance, including occupational profile, by analyzing and selecting standardized and non-standardized screenings and assessment tools to determine the need for occupational therapy intervention(s). Assessment methods must take into consideration cultural and contextual factors of the client. Identify and appropriately delegate components of the evaluation to an occupational therapy assistant. Demonstrate intraprofessional collaboration to establish and document an occupational therapy assistant's competence regarding screening and assessment tools.	Contribute to the evaluation process of client(s)' occupational performance by completing an occupational profile and administering standardized and nonstandardized screenings and assessment tools as delegated by the occupational therapist. Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors.	Contribute to the evaluation process of client(s)' occupational performance by completing an occupational profile and administering standardized and nonstandardized screenings and assessment tools as delegated by the occupational therapist. Explain the importance of using psychometrically sound assessment tools when considering client needs, and cultural and contextual factors.
B.3.4. Application of Assessment Tools and Interpretation of Results				
B.3.4.	Interpret evaluation findings including: • Occupational performance and participation deficits. • Results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context). • Criterion-referenced and norm-referenced standardized test scores on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.	Interpret evaluation findings including: • Occupational performance and participation deficits. • Results based on psychometric properties of tests considering factors that might bias assessment results (e.g., culture and disability status related to the person and context). • Criterion-referenced and norm-referenced standardized test scores on an understanding of sampling, normative data, standard and criterion scores, reliability, and validity.	*(No related Standard)*	*(No related Standard)*

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B.3.5. Reporting Data				
B.3.5.	Based on interpretation of evaluation findings, develop occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Report all evaluation findings and intervention plan to the client, interprofessional team, and payors.	Based on interpretation of evaluation findings, develop occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Report all evaluation findings and intervention plan to the client, interprofessional team, and payors.	Collaborating in the development of occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Under the direction of an occupational therapist, report on data for evaluation of client outcomes.	Collaborating in the development of occupation-based intervention plans and strategies that must be client centered, culturally relevant, reflective of current occupational therapy practice, and based on available evidence. Under the direction of an occupational therapist, report on data for evaluation of client outcomes.
B.3.6. Provide Interventions and Procedures				
B.3.6.	Recommend and provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations. This must include the ability to collaborate with the occupational therapy assistant related to interventions and selecting and delivering occupations and activities: • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to persons, groups, or populations • Virtual interventions	Recommend and provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations. This must include the ability to collaborate with the occupational therapy assistant related to interventions and selecting and delivering occupations and activities: • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to the person, groups, or populations. • Virtual interventions	Provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations. This must include the ability to collaborate with the occupational therapist related to interventions and selecting and delivering occupations and activities: • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to the person, groups, or populations • Virtual interventions	Provide direct interventions and procedures to persons, groups, or populations to enhance safety, health and wellness, chronic condition management, and performance in occupations. This must include the ability to collaborate with the occupational therapist related to interventions and selecting and delivering occupations and activities: • Occupations as a therapeutic intervention • Interventions to support occupations including therapeutic exercise • Interventions to support well-being (e.g., complementary health and integrative health) • Interventions to support self-advocacy related to the person, groups, or populations • Virtual interventions
B.3.7. Need for Continued or Modified Intervention				
B.3.7.	Monitor and reevaluate, in collaboration with the client, care partner and occupational therapy assistant, the effect of occupational therapy intervention and the need for continued or modified intervention.	Monitor and reevaluate, in collaboration with the client, care partner, and occupational therapy assistant, the effect of occupational therapy intervention and the need for continued or modified intervention.	Monitor and reassess, in collaboration with the client and care partner, the effect of occupational therapy intervention and the need for continued or modified intervention and communicate the identified needs to the occupational therapist.	Monitor and reassess, in collaboration with the client and care partner, the effect of occupational therapy intervention and the need for continued or modified intervention and communicate the identified needs to the occupational therapist.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
B.3.8. Grade and Adapt Processes or Environments				
B.3.8.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, implementing assistive technology or adaptive equipment, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, implementing assistive technology or adaptive equipment, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, implementing assistive technology or adaptive equipment, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.	Assess, grade, and modify the way persons, groups, and populations perform occupations and activities by adapting processes, modifying environments, implementing assistive technology or adaptive equipment, and applying ergonomic principles to reflect the changing needs of the client, sociocultural context, and technological advances.
B.3.9. Establish, Restore, and Modify				
B.3.9.	Select, design, and implement occupation-based interventions using the strategies of establish, restore, and modify approaches to address deficits in performance skills.	Select, design, and implement occupation-based interventions using the strategies of establish, restore, and modify approaches to address deficits in performance skills.	Design and implement occupation-based interventions using the strategies of establish, restore, and modify approaches to address deficits in performance skills.	Design and implement occupation-based interventions using the strategies of establish, restore, and modify approaches to address deficits in performance skills.
B.3.10. Plan for Discharge				
B.3.10.	Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the intraprofessional and interprofessional teams by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Develop a plan for discharge from occupational therapy services in collaboration with the client and members of the intraprofessional and interprofessional teams by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional teams by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.	Implement a discharge plan from occupational therapy services that was developed by the occupational therapist in collaboration with the client and members of the interprofessional teams by reviewing the needs of the client, caregiver, family, and significant others; available resources; and discharge environment.
B.3.11. Community Mobility				
B.3.11.	Evaluate the needs of persons, groups, or populations to design programs that enhance community mobility, and determine alternative means of transportation in community settings, including driver rehabilitation and other community access options.	Evaluate the needs of persons, groups, or populations to design programs that enhance community mobility, and determine alternative means of transportation in community settings, including driver rehabilitation and other community access options.	Provide training in techniques to enhance community mobility, and address alternative means of transportation in community settings, including driver rehabilitation and other community access options.	Provide training in techniques to enhance community mobility, and address alternative means of transportation in community settings, including driver rehabilitation and other community access options.
B.3.12. Functional Mobility				
B.3.12.	Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide recommendations and training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.	Provide training in techniques to enhance functional mobility, including physical transfers, wheelchair management, and mobility devices.

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B.3.13. Dysphagia and Feeding				
B.3.13.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.
B.3.14. Superficial Thermal, Deep Thermal, and Electrotherapeutic Agents and Mechanical Devices				
B.3.14.	Demonstrate use and knowledge of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Demonstrate use and knowledge of the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.	Define the safe and effective application of superficial thermal agents, deep thermal agents, electrotherapeutic agents, and mechanical devices as a preparatory measure to improve occupational performance. This must include indications, contraindications, and precautions.
B.3.15. Assistive Technologies and Devices				
B.3.15.	Apply the principles of assessment to identify appropriate features of assistive technologies and durable medical equipment to support the client's participation. Demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., aids for communication, mobility, sensory loss, computer access, seating, and positioning systems) used to enhance occupational performance. Document a justification to secure funding.	Apply the principles of assessment to identify appropriate features of assistive technologies and durable medical equipment to support the client's participation. Demonstrate the ability to design, fabricate, apply, fit, and train in assistive technologies and devices (e.g., aids for communication, mobility, sensory loss, computer access, seating, and positioning systems) used to enhance occupational performance. Document a justification to secure funding.	Describe the collaboration process with the occupational therapist to identify appropriate features of assistive technologies and durable medical equipment to support the client's participation. Demonstrate strategies with assistive technologies and devices (e.g., aids for communication, mobility, sensory loss, computer access, seating, and positioning systems) used to enhance occupational performance.	Describe the collaboration process with the occupational therapist to identify appropriate features of assistive technologies and durable medical equipment to support the client's participation. Demonstrate strategies with assistive technologies and devices (e.g., aids for communication, mobility, sensory loss, computer access, seating, and positioning systems) used to enhance occupational performance.
B.3.16. Orthoses and Prosthetic Devices				
B.3.16.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices used to enhance occupational performance.	Assess the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices used to enhance occupational performance.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices used to enhance occupational performance.	Explain the need for orthotics, and design, fabricate, apply, fit, and train in orthoses and devices used to enhance occupational performance and participation. Train in the safe and effective use of prosthetic devices used to enhance occupational performance.

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B.3.17. Referral to Specialists				
B.3.17.	Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies.	Evaluate and discuss mechanisms for referring clients to specialists both internal and external to the profession, including community agencies.	Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.	Identify and communicate to the occupational therapist the need to refer to specialists both internal and external to the profession, including community agencies.
B.3.18. Technology in Practice				
B.3.18.	Demonstrate knowledge of the use of technology in practice, which must include: • Electronic documentation systems • Virtual environments • Telehealth technology	Demonstrate knowledge of the use of technology in practice, which must include: • Electronic documentation systems • Virtual environments • Telehealth technology	Demonstrate knowledge of the use of technology in practice, which must include: • Electronic documentation systems • Virtual environments • Telehealth technology	Demonstrate knowledge of the use of technology in practice, which must include: • Electronic documentation systems • Virtual environments • Telehealth technology
B.3.19. Teaching–Learning Process and Health Literacy				
B.3.19.	Demonstrate and evaluate the principles of the teaching–learning process using educational methods and health literacy education approaches: • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.	Demonstrate and evaluate the principles of the teaching–learning process using educational methods and health literacy education approaches: • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.	Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.	Demonstrate the principles of the teaching–learning process using educational methods and health literacy education approaches: • To design activities and clinical training for persons, groups, and populations. • To instruct and train the client, caregiver, family, significant others, and communities at the level of the audience.
B.3.20. Community and Primary Care Programs				
B.3.20.	Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, or populations.	Evaluate access to community resources, and design community or primary care programs to support occupational performance for persons, groups, or populations.	Identify and communicate to the occupational therapist the need to design community programs to support occupational performance for persons, groups, or populations.	Identify and communicate to the occupational therapist the need to design community programs to support occupational performance for persons, groups, or populations.
B.3.21. Effective Communication				
B.3.21.	Demonstrate effective communication with clients, care partners, communities, and members of the intraprofessional and interprofessional teams in a responsive and responsible manner that supports a team approach to promote client outcomes.	Demonstrate effective communication with clients, care partners, communities, and members of the intraprofessional and interprofessional teams in a responsive and responsible manner that supports a team approach to promote client outcomes.	Demonstrate effective communication with clients, care partners, communities, and members of the intraprofessional and interprofessional teams in a responsive and responsible manner that supports a team approach to promote client outcomes.	Demonstrate effective communication with clients, care partners, communities, and members of the intraprofessional and interprofessional teams in a responsive and responsible manner that supports a team approach to promote client outcomes.

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B.3.22. Principles of Interprofessional Team Dynamics				
B.3.22.	Demonstrate knowledge of the principles of intraprofessional and interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate knowledge of the principles of intraprofessional and interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate awareness of the principles of intraprofessional and interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.	Demonstrate awareness of the principles of intraprofessional and interprofessional team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient- and population-centered care as well as population health programs and policies that are safe, timely, efficient, effective, and equitable.
B.4.0.	**CONTEXT OF SERVICE DELIVERY AND MANAGEMENT OF OCCUPATIONAL THERAPY SERVICES** **Context of service delivery includes knowledge and understanding of the various contexts, such as professional, social, cultural, governmental, economical, and ecological, in which occupational therapy services are provided.** **Management skills of occupational therapy services include the application of principles of management and systems in the provision of occupational therapy services to persons, groups, populations, and organizations.** **The program must facilitate development of the performance criteria listed below. The student will:**			
B.4.1. Factors, Policy Issues, and Social Systems				
B.4.1.	Identify, analyze, and evaluate the influence of contextual factors and current federal, state, and local policy issues and structures on the delivery of occupational therapy services for persons, groups, or populations to promote and advocate for policy development and social systems as they relate to the practice of occupational therapy.	Identify, analyze, and evaluate the influence of contextual factors and current federal, state, and local policy issues and structures on the delivery of occupational therapy services for persons, groups, or populations to promote and advocate for policy development and social systems as they relate to the practice of occupational therapy.	Identify and analyze the influence of contextual factors and current federal, state, and local policy issues and structures on the delivery of occupational therapy services for persons, groups, or populations to promote and advocate for policy development and social systems as they relate to the practice of occupational therapy.	Identify and analyze the influence of contextual factors and current federal, state, and local policy issues and structures on the delivery of occupational therapy services for persons, groups, or populations and social systems as they relate to the practice of occupational therapy.
B.4.2. Advocacy				
B.4.2.	Identify and analyze evolving service delivery models; changing federal, state, and local laws and regulations; and payment reform to advocate for occupational therapy. Articulate the distinct knowledge and skills of occupational therapy practitioners to the community of interest.	Identify and analyze evolving service delivery models; changing federal, state, and local laws and regulations; and payment reform to advocate for occupational therapy. Articulate the distinct knowledge and skills of occupational therapy practitioners to the community of interest.	Explain the role and responsibility of the practitioner to advocate for occupational therapy including changes in service delivery policies, effecting changes in the system, recognizing opportunities in emerging practice areas, and advocating for opportunities to expand the occupational therapy assistant's role. Articulate the distinct knowledge and skills of occupational therapy practitioners to the community of interest.	Explain the role and responsibility of the practitioner to advocate for occupational therapy including changes in service delivery policies, effecting changes in the system, recognizing opportunities in emerging practice areas, and advocating for opportunities to expand the occupational therapy assistant's role. Articulate the distinct knowledge and skills of occupational therapy practitioners to the community of interest.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
B.4.3. Documentation of Services				
B.4.3.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, local, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and durable medical equipment coding (e.g., HCPCS) and documentation requirements (e.g., equipment justifications) that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, local, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and durable medical equipment coding (e.g., HCPCS) and documentation requirements (e.g., equipment justifications) that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, local, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and durable medical equipment coding (e.g., HCPCS) and documentation requirements (e.g., equipment justifications) that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.	Demonstrate knowledge of various reimbursement systems and funding mechanisms (e.g., federal, state, local, third party, private payer), appeals mechanisms, treatment/diagnosis codes (e.g., CPT®, ICD, DSM® codes), and durable medical equipment coding (e.g., HCPCS) and documentation requirements (e.g., equipment justifications) that affect consumers and the practice of occupational therapy. Documentation must effectively communicate the need and rationale for occupational therapy services.
B.4.4. Business Aspects of Practice				
B.4.4.	Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, reimbursement, program evaluation models, strategic planning, and liability issues under current models of service provision including providing services on a contractual basis.	Demonstrate knowledge of and evaluate the business aspects of practice including, but not limited to, the development of business plans, financial management, reimbursement, program evaluation models, strategic planning, and liability issues under current models of service provision including providing services on a contractual basis.	Explain the business aspects of practice including, but not limited to, the development of business plans, financial management, reimbursement, program evaluation models, strategic planning, and liability issues under current models of service provision including providing services on a contractual basis.	Understand the business aspects of practice including, but not limited to, the development of business plans, financial management, reimbursement, program evaluation models, strategic planning, and liability issues under current models of service provision including providing services on a contractual basis.
B.4.5. Requirements for Credentialing and Licensure				
B.4.5.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.	Demonstrate knowledge of applicable national requirements for credentialing and requirements for licensure, certification, or registration consistent with federal and state laws.
B.4.6. Care Coordination, Case Management and Consultation				
B.4.6.	Demonstrate knowledge of: • Care coordination, case management, and transition services in traditional and emerging practice environments. • The consultative process with persons, groups, programs, organizations, or	Demonstrate knowledge of: • Care coordination, case management, and transition services in traditional and emerging practice environments. • The consultative process with persons, groups, programs, organizations, or	Demonstrate knowledge of: • Care coordination, case management, and transition services in traditional and emerging practice environments. • The consultative process with persons, groups, programs, organizations, or	Demonstrate knowledge of: • Care coordination, case management, and transition services in traditional and emerging practice environments. • The consultative process with persons, groups, programs, organizations, or

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	communities in collaboration with inter- and intraprofessional colleagues.	communities in collaboration with inter- and intraprofessional colleagues.	communities in collaboration with inter- and intraprofessional colleagues.	communities in collaboration with inter- and intraprofessional colleagues.
B.4.7. *Evolving Service Delivery Models*				
B.4.7.	Demonstrate the ability to plan, develop, organize, promote, and support the delivery of services to include the determination of programmatic needs and service delivery options, and the formulation and management of staffing for effective service provision. Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for evolving service delivery models, professional development, and practice. Create a grant proposal to support program development.	Demonstrate the ability to plan, develop, organize, promote, and support the delivery of services to include the determination of programmatic needs and service delivery options, and the formulation and management of staffing for effective service provision. Demonstrate an understanding of the process of locating and securing grants and how grants can serve as a fiscal resource for evolving service delivery models, professional development, and practice.	Identify the need and demonstrate the ability to participate in the development, support, promotion, and management of service delivery options.	Identify the need and demonstrate the ability to participate in the development, support, promotion, and management of service delivery options.
B.4.8. *Quality Management and Improvement*				
B.4.8.	Demonstrate the ability to identify needs, design, and develop ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes.	Identify the need for and evaluate ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and develop program changes as needed to demonstrate quality of services and direct administrative changes.	Understand the need for and participate in ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services and direct administrative changes.	Participate in ongoing processes for quality management and improvement (e.g., outcome studies analysis and client engagement surveys) and implement program changes as needed to demonstrate quality of services.
B.4.9. *Supervision of Personnel*				
B.4.9.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy practitioners and non–occupational therapy personnel. Analyze staff development and professional abilities and competencies of supervised staff as they relate to job responsibilities.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy practitioners and non–occupational therapy personnel.	Develop strategies for effective, competency-based legal and ethical supervision of occupational therapy assistants and non–occupational therapy personnel.	Define effective, competency-based legal and ethical supervision of occupational therapy assistants and non–occupational therapy personnel.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
B.5.0. EVIDENCE-BASED PRACTICE **Promotion of evidence-based practice will serve to develop occupational therapy practitioners who are advanced consumers of research. The program must facilitate development of professional reasoning, including evidence-based decision-making skills to support practice and scholarly endeavors, describe and interpret the scope of the profession, and build research capacity. The student will be able to:**				
B.5.1. Evidence Synthesis			*B.5.1. Professional Literature and Scholarly Activities*	
B.5.1.	Locate, select, critique, and synthesize quantitative and qualitative research that contributes to the development of a body of knowledge and evidence-based decision making. This includes the: • Level of evidence • Validity of research studies • Strength of the methodology • Relevance to the profession of occupational therapy	Locate, select, and critique quantitative and qualitative research to analyze and evaluate scholarly activities that contribute to the development of a body of knowledge and evidence-based decision making. This includes the: • Level of evidence • Validity of research studies • Strength of the methodology • Relevance to the profession of occupational therapy	Explain how scholarly activities and literature contribute to the development of the profession. Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.	Explain how scholarly activities and literature contribute to the development of the profession. Locate and demonstrate understanding of professional literature, including the quality of the source of information, to make evidence-based practice decisions in collaboration with the occupational therapist.
B.5.2. Scholarly Study				
B.5.2.	Design, implement, and disseminate a scholarly study (e.g., systematic reviews, secondary data analysis, observational, case study, qualitative) that advances knowledge translation, professional practice, service delivery, or professional issues (e.g., scholarship of discovery, scholarship of integration, scholarship of application, scholarship of teaching and learning).	Participate in scholarly activities that align with current research priorities and advance knowledge translation, professional practice, service delivery, or professional issues (e.g., scholarship of discovery, scholarship of integration, scholarship of application, scholarship of teaching and learning). At a minimum, this could include a literature review that requires analysis and synthesis of data.	*(No related Standard)*	*(No related Standard)*
B.5.3. Quantitative and Qualitative Methods				
B.5.3.	Select, apply, and interpret quantitative and qualitative methods for analyzing evidence to inform occupational therapy practice to include: • Basic descriptive, correlational, and inferential quantitative statistics. • Analysis and synthesis of qualitative data.	Demonstrate the use of quantitative and qualitative methods for analyzing evidence to inform occupational therapy practice.	Understand the use of quantitative and qualitative methods for analyzing evidence to inform occupational therapy practice.	Understand how quantitative and qualitative research studies inform occupational therapy practice.

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B.5.4. Ethical Policies and Procedures for Research				
B.5.4.	Demonstrate an understanding of the ethical policies and procedures necessary to conduct human-subject research, educational research, or research related to population health.	Demonstrate an understanding of the ethical policies and procedures necessary to conduct human-subject research, educational research, or research related to population health.	*(No related Standard)*	*(No related Standard)*
SECTION C: FIELDWORK EDUCATION				
C.1.0. FIELDWORK EDUCATION				
Fieldwork education is a crucial part of professional preparation and is best integrated as a component of the curriculum design. The fieldwork experience is designed to promote professional reasoning and reflective practice, transmit the values and beliefs that enable ethical practice, and develop professionalism and competence in career responsibilities. Fieldwork experiences should be implemented and evaluated for their effectiveness by the educational institution. The experience should provide the student with the opportunity to carry out professional responsibilities under the supervision of qualified personnel serving as a role model. The academic fieldwork coordinator is responsible for the program's compliance with fieldwork education requirements. The academic fieldwork coordinator will:				
C.1.1. Fieldwork Program Reflects the Curriculum Design				
C.1.1.	Ensure that the fieldwork experience reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork strengthens the ties between didactic and fieldwork education.	Ensure that the fieldwork experience reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork strengthens the ties between didactic and fieldwork education.	Ensure that the fieldwork experience reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork strengthens the ties between didactic and fieldwork education.	Ensure that the fieldwork experience reflects the sequence and scope of content in the curriculum design, in collaboration with faculty, so that fieldwork strengthens the ties between didactic and fieldwork education.
C.1.2. Student Access to Fieldwork Site Information				
C.1.2.	Document a process that ensures all students have access to site information and requirements, objectives, and performance expectations prior to the start of the fieldwork experience.	Document a process that ensures all students have access to site information and requirements, objectives, and performance expectations prior to the start of the fieldwork experience.	Document a process that ensures all students have access to site information and requirements, objectives, and performance expectations prior to the start of the fieldwork experience.	Document a process that ensures all students have access to site information and requirements, objectives, and performance expectations prior to the start of the fieldwork experience.
C.1.3. Fieldwork Objectives				
C.1.3.	Document that academic and fieldwork educators agree on fieldwork objectives prior to the start of the fieldwork experience. Document that all fieldwork experiences include an objective with a focus on the occupational therapy practitioner's role in addressing the psychosocial aspects of the client's engagement in occupation.	Document that academic and fieldwork educators agree on fieldwork objectives prior to the start of the fieldwork experience. Document that all fieldwork experiences include an objective with a focus on the occupational therapy practitioner's role in addressing the psychosocial aspects of the client's engagement in occupation.	Document that academic and fieldwork educators agree on fieldwork objectives prior to the start of the fieldwork experience. Document that all fieldwork experiences include an objective with a focus on the occupational therapy practitioner's role in addressing the psychosocial aspects of the client's engagement in occupation.	Document that academic and fieldwork educators agree on fieldwork objectives prior to the start of the fieldwork experience. Document that all fieldwork experiences include an objective with a focus on the occupational therapy practitioner's role in addressing the psychosocial aspects of the client's engagement in occupation.

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
C.1.4. Sufficient Fieldwork Written Agreements				
C.1.4.	Ensure that fieldwork written agreements are sufficient in number and provide varied practice experiences to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.3.3.	Ensure that fieldwork written agreements are sufficient in number and provide varied practice experiences to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.3.3.	Ensure that fieldwork written agreements are sufficient in number and provide varied practice experiences to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.3.3.	Ensure that fieldwork written agreements are sufficient in number and provide varied practice experiences to allow completion of graduation requirements in a timely manner, in accordance with the policy adopted by the program as required by Standard A.3.3.
C.1.5. Level I and II Fieldwork Selection Process and Written Agreements				
C.1.5.	Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the written agreement (electronic agreements and signatures are acceptable). Document the process and criteria for: • Selecting fieldwork sites. • Ensuring valid written agreements are signed by both parties and in effect prior to the onset and through the duration of Level I (e.g., field trip, observation, service-learning activities) and Level II fieldwork experience for all entities outside of the academic program.	Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the written agreement (electronic agreements and signatures are acceptable). Document the process and criteria for: • Selecting fieldwork sites. • Ensuring valid written agreements are signed by both parties and in effect prior to the onset and through the duration of Level I (e.g., field trip, observation, service-learning activities) and Level II fieldwork experience for all entities outside of the academic program.	Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the written agreement (electronic agreements and signatures are acceptable). Document the process and criteria for: • Selecting fieldwork sites. • Ensuring valid written agreements are signed by both parties and in effect prior to the onset and through the duration of Level I (e.g., field trip, observation, service-learning activities) and Level II fieldwork experience for all entities outside of the academic program.	Responsibilities of the sponsoring institution(s) and each fieldwork site must be clearly documented in the written agreement (electronic agreements and signatures are acceptable). Document the process and criteria for: • Selecting fieldwork sites. • Ensuring valid written agreements are signed by both parties and in effect prior to the onset and through the duration of Level I (e.g., field trip, observation, service-learning activities) and Level II fieldwork experience for all entities outside of the academic program.
C.1.6. Fieldwork in Mental Health, Behavioral Health, or Psychosocial Factors				
C.1.6.	Ensure at least one fieldwork experience (either Level I or Level II) has a primary focus on the role of occupational therapy practitioners addressing mental health, behavioral health, or psychosocial aspects of client performance to support their engagement in occupations.	Ensure at least one fieldwork experience (either Level I or Level II) has a primary focus on the role of occupational therapy practitioners addressing mental health, behavioral health, or psychosocial aspects of client performance to support their engagement in occupations.	Ensure at least one fieldwork experience (either Level I or Level II) has a primary focus on the role of occupational therapy practitioners addressing mental health, behavioral health, or psychosocial aspects of client performance to support their engagement in occupations.	Ensure at least one fieldwork experience (either Level I or Level II) has a primary focus on the role of occupational therapy practitioners addressing mental health, behavioral health, or psychosocial aspects of client performance to support their engagement in occupations.

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C.1.7. Ratio of Fieldwork Educators to Students				
C.1.7.	Ensure that the ratio of fieldwork educators to students enables proper supervision and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to conduct frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to conduct frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to conduct frequent assessment of student progress in achieving stated fieldwork objectives.	Ensure that the ratio of fieldwork educators to students enables proper supervision and provides protection of consumers, opportunities for appropriate role modeling of occupational therapy practice, and the ability to conduct frequent assessment of student progress in achieving stated fieldwork objectives.
C.1.8. Evaluating the Effectiveness of Supervision				
C.1.8.	Document a mechanism for evaluating the effectiveness of supervision (Level I and Level II fieldwork). Demonstrate support for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, student well-being, cultural humility, and articles on theory and practice).	Document a mechanism for evaluating the effectiveness of supervision (Level I and Level II fieldwork). Demonstrate support for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, student well-being, cultural humility, and articles on theory and practice).	Document a mechanism for evaluating the effectiveness of supervision (Level I and Level II fieldwork). Demonstrate support for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, student well-being, cultural humility, and articles on theory and practice).	Document a mechanism for evaluating the effectiveness of supervision (Level I and Level II fieldwork). Demonstrate support for enhancing supervision (e.g., materials on supervisory skills, continuing education opportunities, student well-being, cultural humility, and articles on theory and practice).
C.1.9. Communication of Student Progress				
C.1.9.	Document a process for communication with the student and fieldwork educator throughout the fieldwork experience. Ensure all aspects of the student's progress and performance are addressed and the fieldwork educator is aware of resources that support student well-being.	Document a process for communication with the student and fieldwork educator throughout the fieldwork experience. Ensure all aspects of the student's progress and performance are addressed and the fieldwork educator is aware of resources that support student well-being.	Document a process for communication with the student and fieldwork educator throughout the fieldwork experience. Ensure all aspects of the student's progress and performance are addressed and the fieldwork educator is aware of resources that support student well-being.	Document a process for communication with the student and fieldwork educator throughout the fieldwork experience. Ensure all aspects of the student's progress and performance are addressed and the fieldwork educator is aware of resources that support student well-being.
The goal of Level I fieldwork is to introduce students to fieldwork, apply knowledge to practice, and develop understanding of the needs of clients. The academic fieldwork coordinator will:				
C.1.10. Qualified Level I Fieldwork Educators				
C.1.10.	Ensure that fieldwork educators who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician	Ensure that fieldwork educators who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician	Ensure that fieldwork educators who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician	Ensure that fieldwork educators who supervise Level I fieldwork are informed of the curriculum and fieldwork program design and affirm their ability to support the fieldwork experience. This must occur prior to the onset of the Level I fieldwork. Examples include, but are not limited to, currently licensed or otherwise regulated occupational therapists and occupational therapy assistants, psychologists, physician

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	assistants, teachers, social workers, physicians, speech-language pathologists, nurses, and physical therapists.	assistants, teachers, social workers, physicians, speech-language pathologists, nurses, and physical therapists.	assistants, teachers, social workers, physicians, speech-language pathologists, nurses, and physical therapists.	assistants, teachers, social workers, physicians, speech-language pathologists, nurses, and physical therapists.

C.1.11. Level I Fieldwork

| C.1.11. | Demonstrate that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Document mechanisms for formal evaluation of student performance.

Level I fieldwork may be met through one or more of the following instructional methods:

• Virtual environments
• Simulated environments
• Standardized patients
• Faculty practice
• Faculty-led site visits
• Supervision by a fieldwork educator in a practice environment

Document that all students have similar Level I fieldwork experiences (e.g., learning activities, objectives, assignments, and outcome measures). | Demonstrate that Level I fieldwork is provided to students and is not substituted for any part of the Level II fieldwork. Document mechanisms for formal evaluation of student performance.

Level I fieldwork may be met through one or more of the following instructional methods:

• Virtual environments
• Simulated environments
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• Virtual environments
• Simulated environments
• Standardized patients
• Faculty practice
• Faculty-led site visits
• Supervision by a fieldwork educator in a practice environment

Document that all students have similar Level I fieldwork experiences (e.g., learning activities, objectives, assignments, and outcome measures). |
| **The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapists. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation and research, administration, and management of occupational therapy services. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The academic fieldwork coordinator will:** | | **The goal of Level II fieldwork is to develop competent, entry-level, generalist occupational therapy assistants. Level II fieldwork must be integral to the program's curriculum design and must include an in-depth experience in delivering occupational therapy services to clients, focusing on the application of purposeful and meaningful occupation. It is recommended that the student be exposed to a variety of clients across the lifespan and to a variety of settings. The academic fieldwork coordinator will:** | |

C.1.12. Length of Level II Fieldwork

| C.1.12. | Document a required minimum of 24 weeks' full-time Level II fieldwork. Documentation must specify if part-time completion is available as agreed upon by the site and the program. The length of the part-time program must be equivalent in length to a minimum of 24 weeks full-time. | Document a required minimum of 24 weeks' full-time Level II fieldwork. Documentation must specify if part-time completion is available as agreed upon by the site and the program. The length of the part-time program must be equivalent in length to a minimum of 24 weeks full-time. | Document a required minimum of 16 weeks' full-time Level II fieldwork. Documentation must specify if part-time completion is available as agreed upon by the site and the program. The length of the part-time program must be equivalent in length to a minimum of 16 weeks full-time. | Document a required minimum of 16 weeks' full-time Level II fieldwork. Documentation must specify if part-time completion is available as agreed upon by the site and the program. The length of the part-time program must be equivalent in length to a minimum of 16 weeks full-time. |

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	Ensure that the student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	Ensure that the student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of four different settings.	Ensure that the student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of three different settings.	Ensure that the student can complete Level II fieldwork in a minimum of one setting if it is reflective of more than one practice area, or in a maximum of three different settings.
C.1.13. Qualified Level II Fieldwork Educators				
C.1.13.	Document and verify prior to the start of the Level II fieldwork that the student is supervised by an occupational therapy practitioner who is: • Adequately prepared to serve as a fieldwork educator. • Currently a licensed or otherwise regulated occupational therapist. • Has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork. The fieldwork educator may be engaged by the fieldwork site or by the educational program. Document and verify that students completing Level II fieldwork outside of the United States are supervised by an occupational therapist (regardless of title) who graduated from a program accredited by ACOTE, approved by WFOT, or otherwise regulated in the country in which the students are completing fieldwork. The fieldwork educator must have at least 1 year of experience in practice prior to the onset of Level II fieldwork.	Document and verify prior to the start of the Level II fieldwork that the student is supervised by an occupational therapy practitioner who is: • Adequately prepared to serve as a fieldwork educator. • Currently a licensed or otherwise regulated occupational therapist. • Has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapist prior to the onset of the Level II fieldwork. The fieldwork educator may be engaged by the fieldwork site or by the educational program. Document and verify that students completing Level II fieldwork outside of the United States are supervised by an occupational therapist (regardless of title) who graduated from a program accredited by ACOTE, approved by WFOT, or otherwise regulated in the country in which the students are completing fieldwork. The fieldwork educator must have at least 1 year of experience in practice prior to the onset of Level II fieldwork.	Document and verify prior to the start of the Level II fieldwork that the student is supervised by an occupational therapy practitioner who is: • Adequately prepared to serve as a fieldwork educator. • Currently a licensed or otherwise regulated occupational therapy practitioner. • Has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapy practitioner prior to the onset of the Level II fieldwork. The fieldwork educator may be engaged by the fieldwork site or by the educational program. Document and verify that students completing Level II fieldwork outside of the United States are supervised by an occupational therapist (regardless of title) who graduated from a program accredited by ACOTE, approved by WFOT, or otherwise regulated in the country in which the students are completing fieldwork. The fieldwork educator must have at least 1 year of experience in practice prior to the onset of Level II fieldwork.	Document and verify prior to the start of the Level II fieldwork that the student is supervised by an occupational therapy practitioner who is: • Adequately prepared to serve as a fieldwork educator. • Currently a licensed or otherwise regulated occupational therapy practitioner. • Has a minimum of 1 year full-time (or its equivalent) of practice experience as a licensed or otherwise regulated occupational therapy practitioner prior to the onset of the Level II fieldwork. The fieldwork educator may be engaged by the fieldwork site or by the educational program. Document and verify that students completing Level II fieldwork outside of the United States are supervised by an occupational therapist (regardless of title) who graduated from a program accredited by ACOTE, approved by WFOT, or otherwise regulated in the country in which the students are completing fieldwork. The fieldwork educator must have at least 1 year of experience in practice prior to the onset of Level II fieldwork.

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C.1.14. Level II Fieldwork Supervision				
C.1.14.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.	Ensure that Level II fieldwork supervision is direct and then decreases to less direct supervision as appropriate for the setting, the severity of the client's condition, and the ability of the student to support progression toward entry-level competence.
C.1.15. Evaluation of Student Performance on Level II Fieldwork				
C.1.15.	Document a mechanism for requiring formal evaluation of student performance on Level II fieldwork.	Document a mechanism for requiring formal evaluation of student performance on Level II fieldwork.	Document a mechanism for requiring formal evaluation of student performance on Level II fieldwork.	Document a mechanism for requiring formal evaluation of student performance on Level II fieldwork.
C.1.16. Fieldwork Supervision Where No OT Services Exist				
C.1.16.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy services and supervision by a currently licensed or otherwise regulated occupational therapist with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.	Document and verify that supervision provided in a setting where no occupational therapy services exist includes a documented plan for provision of occupational therapy assistant services and supervision by a currently licensed or otherwise regulated occupational therapist or occupational therapy assistant (under the direction of an occupational therapist) with at least 3 years' full-time or its equivalent of professional experience prior to the Level II fieldwork. Supervision must include a minimum of 8 hours of direct supervision each week of the fieldwork experience. An occupational therapy supervisor must be available, via a variety of contact measures, to the student during all working hours. An on-site supervisor designee of another profession must be assigned while the occupational therapy supervisor is off site.

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D.1.0. DOCTORAL CAPSTONE **The goal of the doctoral capstone is to provide an in-depth exposure to one or more of the following areas in occupational therapy:** • **Clinical skills** • **Research skills** • **Administration** • **Program development and evaluation** • **Policy development** • **Advocacy** • **Education** • **Leadership** **The doctoral capstone consists of two parts:** • **Capstone experience** • **Capstone project** **The student will complete a 14-week capstone experience and an individual related capstone project to demonstrate synthesis and application of knowledge gained.** **The doctoral capstone coordinator will:**			**D.1.0. BACCALAUREATE PROJECT** **The goal of the baccalaureate project is to provide an opportunity to develop advanced knowledge in one or more of the following areas in occupational therapy:** • **Clinical skills** • **Administration** • **Advocacy** • **Education** • **Leadership** **The student will complete an individual or group project to demonstrate the application of knowledge gained.** **The program faculty will:**	
D.1.1. Collaboration for Designing the Doctoral Capstone			*D.1.1. Collaboration for Designing the Baccalaureate Project*	
D.1.1.	Ensure that the doctoral capstone is designed through collaboration with the student, a faculty member in the occupational therapy educational program who holds a doctoral degree, and an individual with documented expertise in the content area of the capstone.	*(No related Standard)*	Ensure that the baccalaureate project is designed through collaboration of a faculty member in the occupational therapy educational program, the student(s), and an individual with documented expertise in the content area of the baccalaureate project.	*(No related Standard)*
D.1.2. Content Expert for Doctoral Capstone			*D.1.2. Content Expert for Baccalaureate Project*	
D.1.2.	Document that the content expert is informed of the plan for and purpose of the doctoral capstone and has content expertise in the focus area.		Document that the content expert is informed of the plan for and purpose of the project and has content expertise in the focus area.	
D.1.3. Design and Preparation of Doctoral Capstone			*D.1.3. Design and Preparation of Baccalaureate Project*	
D.1.3.	Document that the doctoral capstone is an integral part of the program's curriculum design and:	*(No related Standard)*	Document that the baccalaureate project is an integral part of the program's curriculum design and:	*(No related Standard)*

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	• Reflects the mission and philosophy of the program. • Contributes to the development of in-depth knowledge in the designated area of interest. • Includes preparation consisting of a literature review, needs assessment, goals/objectives, and a plan to evaluate project outcomes. This must be completed prior to the commencement of the 14-week doctoral capstone experience. The doctoral capstone must be started after completion of all coursework and Level II fieldwork.		• Reflects the mission and philosophy of the program. • Contributes to the development of advanced knowledge in the designated area of interest. • Includes individualized specific objectives and plans for evaluation of the project. • Includes preparation consisting of, but not limited to, a literature review.	
D.1.4. Experiential Plan and Written Agreements for Doctoral Capstone				
D.1.4.	Document that the process for ensuring valid written agreements between the organization and the program are in effect prior to and for the duration of the capstone experience. Ensure that there is a valid plan for the individual doctoral capstone experience that, at a minimum, includes: • Individualized specific doctoral capstone experience objectives • Plans for evaluation, supervision, and mentoring • Responsibilities of all parties The agreement must be signed by all parties.	*(No related Standard)*	*(No related Standard)*	*(No related Standard)*
D.1.5. Length of Doctoral Capstone Experience				
D.1.5.	Require that the length of the doctoral capstone experience be a minimum of 14 weeks' full-time, and a minimum of 32 hours per week. This may be completed on a part-time basis as agreed upon by the organization and must be consistent	*(No related Standard)*	*(No related Standard)*	*(No related Standard)*

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	with the individualized specific objectives and capstone project. This must be equivalent in length to 14 full-time weeks of at least 32 hours per week. The program must have a mechanism to document that the students meet the requirements for capstone length. Prior fieldwork or work experience may not be substituted for this doctoral capstone experience.			
D.1.6. Doctoral Capstone Project			**D.1.6. Baccalaureate Project**	
D.1.6.	Ensure completion and dissemination of an individual doctoral capstone project that relates to the doctoral capstone experience and demonstrates synthesis of in-depth knowledge in the focused area of study.	*(No related Standard)*	Ensure completion and dissemination of the project that demonstrates advanced knowledge in the focused area of study.	*(No related Standard)*
D.1.7. Evaluation of Doctoral Capstone			**D.1.7. Evaluation of Baccalaureate Project**	
D.1.7.	Document a formal evaluation mechanism for objective assessment of the student's performance during and at the completion of the doctoral capstone.	*(No related Standard)*	Document a formal evaluation mechanism for objective assessment of the individual student's performance during and at the completion of the baccalaureate project.	*(No related Standard)*

GLOSSARY
Accreditation Standards for a Doctoral-Degree-Level Educational Program for the Occupational Therapist,
Master's-Degree-Level Educational Program for the Occupational Therapist, Baccalaureate-Degree-Level Educational Program for the Occupational Therapy Assistant, and
Associate-Degree-Level Educational Program for the Occupational Therapy Assistant

Definitions given below are for the purposes of this document.

ACADEMIC FIELDWORK COORDINATOR: Faculty member of record who is responsible for the development, implementation, management, and evaluation of fieldwork education. The term is intentionally generic; programs are free to use any appropriate title (i.e., academic fieldwork coordinator, director of clinical education, etc.). Requirements can be met through professional experience as a fieldwork educator, completion of the Fieldwork Educator's Certificate Workshop, documented continued education related to fieldwork, or formal mentorship with faculty who has experience in coordination of academic fieldwork.

ACADEMIC YEAR: An academic year is a minimum of 30 weeks of instruction time for credit hours and a minimum of 26 weeks of instruction time for clock hours. Full-time equivalent is determined by the institutional policies (U.S. Department of Education, 2021).

ADVISEMENT: Advisement is the process used to provide holistic support to students throughout enrollment in the occupational therapy program. A faculty advisor must be up to date and knowledgeable on university/college policies that impact a student's successful progression in the program and be aware of resources that support student well-being. Advisement must be documented and occur on a regular basis.

ADJUNCT FACULTY: Faculty who are responsible for teaching and instruction in an occupational therapy educational program as defined by the institution.

ADVOCACY: Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in their daily life occupations. Efforts undertaken by the practitioner are considered advocacy, and those undertaken by the client are considered self-advocacy and can be promoted and supported by the practitioner (American Occupational Therapy Association [AOTA], 2020b).

AREAS OF OCCUPATION: Activities in which people engage (activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation).

ASSESSMENTS: "Specific tools, instrument, or systematic interaction used to understand a client's occupational profile, client factors, performance skills, performance patterns, and contextual and environmental factors, as well as activity demands that influence occupational performance" (Hinojosa et al., 2014, p. 3; as cited in AOTA, 2020b).

BACCALAUREATE PROJECT: An individual or group project led by bachelor-level student(s) that demonstrates the ability to develop and apply advanced knowledge and integrate best evidence in one or more of the following areas: clinical practice skills, administration, leadership, advocacy, or education.

BEHAVIORAL HEALTH: Refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions (American Medical Association, 2022).

BUSINESS PLANS (DEVELOPMENT OF): The process of putting together a plan for a new endeavor that looks at the product, the marketing plan, the competition, and the personnel in an objective and critical manner.

CAPSTONE COORDINATOR: Faculty member of record who is specifically responsible for the program's compliance with the capstone requirements of Standards Section D.1.0 and is assigned to the occupational therapy educational program as a full-time faculty member as defined by ACOTE. The title of the individual may vary by institutional practices.

CARE COORDINATION: The process that links clients with appropriate services and resources.

CARE PARTNERS: Caregivers are broadly defined as family members, friends, or neighbors, who provide unpaid assistance to a person with a chronic illness or disabling condition.

CASE MANAGEMENT: A system to ensure that individuals receive appropriate health care services.

CLIENT: Person (including one involved in the care of a client), group (collection of individuals having shared characteristics or common or shared purpose, e.g., families, workers, students, and those with similar interests or occupational challenges), or population (aggregate of people with common attributes such as contexts, characteristics, or concerns including health risks) (Scaffa & Reitz, 2014; as cited in AOTA, 2020b).

CLIENT FACTORS: Specific capacities, characteristics, or beliefs that reside within the person and that influence performance in occupations. Client factors include (1) values, beliefs, and spirituality; (2) body functions; and (3) body structures. Client factors reside within the client and influence the client's performance in occupations (AOTA, 2020b, pp.51-54). Examples include but are not limited to mental functions (e.g. attention, memory, orientation); sensory functions (e.g. visual, vestibular, proprioceptive, pain, touch); neuromusculoskeletal and movement-related functions; cardiovascular, hematological, immune and respiratory system functions; voice and speech function; digestive, metabolic, and endocrine system functions; genitourinary and reproductive functions; and skin and related structure functions.

CLINICAL REASONING: Complex multifaceted cognitive process used by practitioners to plan, direct, perform, and reflect on intervention.

COMMONLY ACCEPTED ACADEMIC STANDARDS: Program length must be reflective of commonly accepted standards for degree level as informed by the National Center for Education Standards (https://nces.ed.gov/programs/coe/glossary). Specific to occupational therapy entry-level education for the occupational therapist and occupational therapy assistant, ACOTE defines the following:

- *Doctoral degree*: An entry-level professional degree awarded for successful completion of a program of study as an occupational therapist, including both preprofessional and professional preparation, equaling at least 6 full-time-equivalent academic years to provide the knowledge and skills for the recognition, credential, or license required for professional practice.
- *Master's degree*: An entry-level professional degree awarded for successful completion of a program of study as an occupational therapist, including both preprofessional and professional preparation, generally requiring at least 5 full-time-equivalent academic years, but no more than 6 full-time-equivalent academic years. One or two years must be full-time college-level study beyond the bachelor's degree to provide the knowledge and skills for the recognition, credential, or license required for professional practice.
- *Bachelor's degree*: An entry-level occupational therapy assistant degree granted for the successful completion of a baccalaureate program of study, usually requiring at least 4 years (or equivalent) of full-time college-level study.
- *Associate degree*: An entry-level occupational therapy assistant degree granted for the successful completion of an associate's program of study, usually requiring at least 2 years (or equivalent) of full-time college-level study.

COMPETENCE: An individual's capacity "to perform a task, function, or role at a level that meets or exceeds prescribed standards" (Institute for Credentialing Excellence [ICE], 2020, p. 4).

COMPLEMENTARY HEALTH AND INTEGRATIVE HEALTH: Non-pharmacological options commonly used for preventing or managing chronic conditions; managing symptoms such as pain; and improving or enhancing one's personal emotional wellness, mental health, and well-being (Farmer et al., 2021; Russell et al., 2020; World Health Organization [WHO], 2019).

CONSORTIUM: Two or more higher education institutions having a formal agreement to share resources for the operation of an educational program.

CONSUMER: The direct and/or indirect recipient of educational and/or practitioner services offered.

CONTENT EXPERT: Expertise in the content area of the project.

CONTEXT/CONTEXTUAL FACTORS AND ENVIRONMENT:

CONTEXT: The variety of interrelated conditions within and surrounding the client that influence performance. Contexts include cultural, personal, temporal, and virtual aspects.

ENVIRONMENT: The external physical and social environment that surrounds the client and in which the client's daily life occupations occur.

CONTEXT OF SERVICE DELIVERY: The knowledge and understanding of the various contexts in which occupational therapy services are provided.

COST OF ATTENDANCE: Current tuition and fees, and the total cost of completing the program.

CRITERION REFERENCED TESTS: Tests that compare an individual's performance to a specific content domain, standard of performance, or level of mastery rather than to other groups of people.

CULTURAL HUMILITY: Emphasizes humble and empathetic communication with clients and reduces reliance on bias or implicit assumptions, and instead encourages intentional listening and openness to various cultures (AOTA, 2020a).

CURRICULUM DESIGN: An overarching set of assumptions that explains how the curriculum is planned, implemented, and evaluated. Typically, a curriculum design includes educational goals and curriculum threads and provides a clear rationale for the selection of content, the determination of scope of content, and the sequence of the content. A curriculum design is expected to be consistent with the mission and philosophy of the sponsoring institution and the program.

CURRICULUM THREADS: Identified by the program as areas of study and development that follow a path through the curriculum and represent the unique qualities of the program, as demonstrated by the program's graduates. Curriculum threads are typically based on the professions and program's vision, mission, and philosophy (e.g., occupational needs of society, critical thinking/professional reasoning, diversity/globalization). Curriculum threads add cohesion to the selection and sequencing of courses and should be reflected in course objectives, assignments, and teaching and learning strategies (AOTA, 2021b).

DIAGNOSIS: The process of analyzing the cause or nature of a condition, situation, or problem. Diagnosis refers to the occupational therapist's ability to analyze a problem associated with occupational performance and participation.

DIRECT SUPERVISION: The occupational therapy practitioner is immediately available to furnish assistance and direction throughout the performance of the client interaction (Dancza et al., 2022).

DISTANCE EDUCATION: A delivery method used in whole or in part within an academic program regardless of whether face-to-face, on ground, or residential option. Education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the faculty and to support regular and substantive interaction (as informed by the Higher Learning Commission https://www.hlcommission.org/General/glossary.html) between the students and the faculty, either synchronously or asynchronously. Technologies that may be used to offer distance education include:
- the internet
- satellite, or wireless communications
- audio conference
- other media used in a course in conjunction with any of the technologies listed in items 1 through 3 above.

DISTANCE EDUCATION DELIVERY MODEL: There is one curriculum with some (or all) of the students receiving the didactic portion of the program taught via distance education from the primary campus. The didactic portion of the program is delivered to all students (irrespective of whether it is delivered in person or by distance education) by the same instructors. Students may receive the experiential and lab components either at the primary campus or at other locations.

DIVERSE STUDENT POPULATION: Reflective of a variety of cultural, ethnic, racial, socio-economic, identity, linguistic, educational, and gender backgrounds. Race and ethnicity are one way, but not the only way diversity can be reflected within a group. Furthermore, a person cannot be "diverse" (as in "diverse candidate"). A diverse student population is an outcome of justice, equity, and inclusion efforts (AOTA DEI Toolkit, 2021).

DIVERSITY: Broadly defined as the unique attributes, values, and beliefs that make up an individual (Taff & Blash, 2017) when compared with the context of a group or population. Diversity comes in many forms, including, but not limited to, socioeconomic status, race, sex, ethnicity, age, disability, sexual orientation, gender identity, and religious beliefs (Taff & Blash, 2017; as cited in AOTA DEI Toolkit, 2021).

DOCTORAL CAPSTONE: An in-depth exposure to a concentrated area, which is reflective of the program's curriculum design. This in-depth exposure may be in one or more of the following areas: clinical skills; research skills; administration; leadership; program development and evaluation; and policy development, advocacy, and education. The doctoral capstone consists of two parts: the capstone experience and the capstone project.

    CAPSTONE EXPERIENCE: An in-depth exposure in a concentrated area that includes activities in a mentored practice setting and may also include activities in non-mentored practice setting that meets developed goals/objectives of the doctoral capstone. The mentored practice setting may be in person, virtual, or hybrid and includes learning experiences.

    CAPSTONE PROJECT: An individual project that is completed by a doctoral-level student that demonstrates the student's ability to relate theory to practice and to synthesize in-depth knowledge in a practice area that relates to the capstone experience.

DRIVER REHABILITATION: Specialized evaluation and training to develop mastery of specific skills and techniques to effectively drive a motor vehicle independently and in accordance with state department of motor vehicles regulations.

DURABLE MEDICAL EQUIPMENT (DME): Equipment that meets these criteria: durable (can withstand repeated use), used for a medical reason, typically only useful to someone who is sick or injured, used in the home, and expected to last at least 3 years. DME commonly used in occupational therapy practice includes mobility aids (e.g., wheelchair, crutches), hospital beds, oxygen equipment, traction devices, continuous passive motion devices, etc. https://www.medicare.gov/coverage/durable-medical-equipment-dme-coverage

DYSPHAGIA: Dysfunction in any stage or process of eating. It includes any difficulty in the passage of food, liquid, or medicine, during any stage of swallowing that impairs the client's ability to swallow independently or safely (AOTA, 2017).

EATING AND SWALLOWING: "…keeping and manipulating food or fluid in the mouth, swallowing it (i.e., moving it from the mouth to the stomach)" (AOTA, 2020b, p. 30).

FEEDING: "Setting up, arranging, and bringing food or fluid from the vessel to the mouth (includes self-feeding and feeding others)" (AOTA, 2020b, p. 30).

EDUCATIONAL GOALS: Educational goals "reflect broad abilities of graduates" and include descriptions of students' characteristics upon graduation (AOTA, 2021b).

EDUCATIONAL TECHNOLOGY: The use of instructional technology or a learning management system (LMS) to support delivery of the curriculum. Examples may include educational software, gamification, podcasting, virtual reality, and artificial intelligence to support learning activities and environments.

EMPATHY: Emotional exchange between occupational therapy practitioners and clients that allows more open communication, ensuring that practitioners connect with clients at an emotional level to assist them with their current life situation (AOTA, 2020b).

ENTRY-LEVEL OCCUPATIONAL THERAPIST: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapist with less than 1 year of experience.

ENTRY-LEVEL OCCUPATIONAL THERAPY ASSISTANT: The outcome of the occupational therapy educational and certification process; an individual prepared to begin generalist practice as an occupational therapy assistant with less than 1 year of experience.

EVALUATION: "The comprehensive process of obtaining and interpreting the data necessary to understand the person, system, or situation… Evaluation requires synthesis of all data obtained, analytic interpretation of that data, reflective clinical reasoning, and reconsideration of occupational performance and contextual factors" (Hinojosa et al, 2014, as cited in AOTA, 2020b, p. 76).

FORMATIVE EVALUATION: Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program.

SUMMATIVE EVALUATION: Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

EQUITABLE: Showing or characterized by equity; just and fair (AOTA, 2020a).

EQUITY: An approach that ensures everyone is given an equal opportunity; this means that resources may be divided and shared unequally to make sure that each person can access an opportunity. Equity considers that people have different access to resources because of a system of oppression and privilege. Equity seeks to balance that disparity. "Equity is often confused with equality; however, they are significantly different. Equality ensures that everyone receives the same benefit or consequence" (AOTA, 2020a, p. 1).

EXPERIENTIAL LEARNING: Method of educating through first-hand experience. Skills, knowledge, and experience are acquired outside of the traditional academic classroom setting and may include service-learning projects.

FACULTY: A generic term; programs may use any appropriate title for individuals who are appointed to and are employed by the degree-level program, regardless of the position title (e.g., full-time instructional staff; clinical instructors can be considered faculty if supported by institutional policy). Faculty may be considered full-time, part-time, or adjunct as designated by institutional policy and may have specific roles and responsibilities as designated by the program.

FACULTY-LED SITE VISITS: Faculty-facilitated experiences in which students will be able to participate in, observe, and/or study clinical practice first-hand.

FACULTY MENTOR: Person who meets the qualifications to support the objectives of the project and is familiar with the program's curriculum design.

FACULTY PRACTICE: Service provision by a faculty member(s) to persons, groups, and/or populations.

FRAMES OF REFERENCE: A set of interrelated, internally consistent concepts, definitions, postulates, and principles that provide a systematic description of a practitioner's interaction with clients. A frame of reference is intended to link theory to practice.

FIELDWORK EDUCATOR: An individual, typically a clinician, who works collaboratively with the program and is informed of the curriculum and fieldwork program design. This individual supports the fieldwork experience, serves as a role model, and holds the requisite qualifications to provide the student with the opportunity to carry out professional responsibilities during the experiential portion of their education.

FULL-TIME EQUIVALENT (FTE): An equivalent position for a full-time faculty member (as defined by the institution). A full-time equivalent can be made up of no more than three individuals.

FUNCTIONAL MOBILITY: Moving from one position or place to another (during performance of everyday activities), such as in-bed mobility, wheelchair mobility, and transfers (e.g., wheelchair, bed, car, shower, tub, toilet, chair, floor); includes functional ambulation and transportation of objects (AOTA, 2020b).
HEALTH: "State of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity" (WHO, 2006).

GRADUATION RATE CALCULATION:

> **OT PROGRAMS**: The number of students who graduate on time (G1) divided by the number of students admitted in the original cohort (G2) minus the number of students who withdrew due to military, health, family issues, death and other reasons not related to academic and clinical performance (G3). Calculation per calendar year is = (G1 / (G2 - G3).

> **OTA PROGRAMS**: The number of students who graduate on time (G1) plus the number of students who graduate within 150% of expected time (G2) divided by the number of students admitted in the original cohort (G3) minus the number of students who withdrew due to military, health, family issues, death, and other reasons not related to academic and clinical performance (G4). Calculation per calendar year is = (G1 + G2) / (G3 – G4).

HEALTH LITERACY: "The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Gillen & Brown, 2024).

HEALTH/PUBLIC POLICY: The basic policy or set of policies forming the foundation of public laws; health policy refers to specific policies as they relate to health and health care.

INCLUSION: "Inclusion is not simply tolerance….. [It] inherently embraces the value of all individuals. …[It] is the active response to diversity—fostering acceptance, respect, belonging, and value for each individual. To support diversity, inclusion must be actively pursued" (AOTA, 2020a, pp. 1–2).

INSTRUCTIONAL DESIGN: Assessment of the learning materials and methods that are aligned with the curriculum and convey content to meet the needs of the student.

INTEGRATIVE HEALTH: Refers to health care that incorporates both complementary health approaches and allopathic medicine in a coordinated way (National Center for Complementary and Integrative Health [NCCIH], 2021). NCCIH recently expanded their concept of integrative health to include whole person health, showing their focus on the interconnectedness of biological, behavioral, social, and environmental domains for empowering individuals, families, communities, and populations to improve and restore their health (NCCIH, 2022).

INTERPROFESSIONAL EDUCATION: When two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes (WHO, 2010).

INTRAPROFESSIONAL EDUCATION: Occupational therapist and occupational therapy assistant students participate in collaborative educational experiences to develop the knowledge, skills, and teamwork necessary for current-day practice (AOTA, 2018).

JUSTICE: Fair and equal treatment; it deals with the proper distribution of benefits, burdens, and resources (Gillen & Brown, 2024).

LEARNING ACTIVITIES: Carefully planned activities used by faculty as a means to promote the acquisition, organization, and integration of new knowledge (AOTA, 2021b).

MENTAL HEALTH: A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2014).

MENTORING: A relationship between two people in which one person (the mentor) is dedicated to the personal and professional growth of the other (the mentee). A mentor has more experience and knowledge than their mentee.

MISSION: A statement that explains the unique nature of a program or institution and how it helps fulfill or advance the goals of the sponsoring institution, including religious missions.

MODEL OF PRACTICE: The set of theories and philosophies that defines the views, beliefs, assumptions, values, and domains of concern of a particular profession or discipline.

NORM REFERENCED TESTS: Tests that compare the performance of an individual to that of another group, known as the *norm group* or *normative sample*.

OCCUPATION: Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes (AOTA, 2020b).

OCCUPATIONAL PROFILE: Summary of the client's occupational history and experiences, patterns of daily living, interests, values, and needs (AOTA, 2020b).

OCCUPATIONAL THERAPY: The art and science of applying occupation as a means to effect positive, measurable change in the health status and functional outcomes of a client by a qualified occupational therapist and/or occupational therapy assistant (as appropriate).

OCCUPATIONAL THERAPY PRACTITIONER: An individual who is initially credentialed as an occupational therapist or an occupational therapy assistant.

OCCUPATION-BASED INTERVENTION: A client-centered occupational therapy intervention in which the occupational therapy practitioner and client collaboratively select and design activities that have specific relevance or meaning to the client and support the client's interests, needs, health, and participation in daily life.

ORGANIZATION: Entity composed of individuals with a common purpose or enterprise, such as a business, industry, or agency (AOTA, 2020b).
PARTICIPATION: Active engagement in occupations.

PERFORMANCE PATTERNS: Habits, routines, roles, and rituals that may be associated with different lifestyles and used in the processes of engaging in occupations or activities (AOTA, 2020b).

PERFORMANCE SKILLS: Observable, goal-directed actions that result in a client's quality of performing desired occupations. Skills are supported by the context in which the performance occurs, including environmental and client factors (Fisher & Marterella, Griswold, 2019, as cited in AOTA, 2020b, pp.14-15, pp. 336-337, Table 7). Performance skills consist of motor skills, process skills, and social interaction skills (Fisher & Griswold, 2019, as cited in AOTA, 2020b, pp.14-15, pp. 336-337, Table 7). Motor skills refer to how effectively a person moves self or interacts with objects, including positioning the body, obtaining and holding objects, moving self and objects, and sustaining performance. Process skills refer to how effectively a person organizes objects, time, and space, including sustaining attention and performance, applying knowledge, organizing timing, organizing space and objects, and adapting performance and includes functional cognition. Social interaction skills are the group of performance skills that represent small, observable actions refer to how effectively a person uses both verbal and nonverbal skills to communicate, including initiating and terminating, producing, physically supporting, shaping content of, maintaining flow of, verbally supporting, and adapting social interaction.

PHILOSOPHY: The underlying belief and value structure for a program that is consistent with the sponsoring institution and that permeates the curriculum and the teaching–learning process.

PHYSICAL AGENT AND MECHANICAL MODALITIES: The systematic application of various forms of energy or force to effect therapeutic changes in the physiology of tissues (AOTA, 2018c). For institutions in states where regulations restrict the use of physical agent modalities, it is recommended that students be exposed to the modalities offered in practice to facilitate their knowledge and expertise with the modalities in preparation for the NBCOT certification examination and for practice outside of the state in which the educational institution resides.

> **DEEP THERMAL AGENTS:** Modalities such as therapeutic ultrasound, phonophoresis, short-wave diathermy, and other commercially available technologies.

> **ELECTROTHERAPEUTIC AGENTS:** Modalities that use electrotherapeutic currents and waveforms to facilitate physiologic changes in tissues to increase circulation, facilitate tissue healing, and modulate pain. Examples include, but are not limited to, high-voltage galvanic stimulation for tissue and wound repair (ESTR) and high voltage pulsed current (HVPC). They also facilitate neuromuscular or sensory activity to improve muscle strength, reeducate muscle function, or modulate pain response. Examples include, but are not limited to, neuromuscular electrical stimulation (NMES), functional electrical stimulation (FES), transcutaneous electrical nerve stimulation (TENS), and interferential current (Bracciano, 2019, as cited in AOTA, 2018c).

> **MECHANICAL MODALITIES:** The therapeutic use of mechanical devices to apply force, such as compression, distraction, vibration, or controlled mobilization, to modify biomechanical properties and functions of tissues.

> **SUPERFICIAL THERMAL AGENTS:** Modalities such as hydrotherapy, whirlpool, cryotherapy (cold packs, ice), fluidotherapy, hot packs, paraffin, water, infrared, and other commercially available superficial heating and cooling technologies.

POPULATION-BASED INTERVENTIONS: Interventions focused on promoting the overall health status of the community by preventing disease, injury, disability, and premature death. A population-based health intervention can include assessment of the community's needs, health promotion and public education, disease and disability prevention, monitoring of services, and media interventions. Most interventions are tailored to reach a subset of a population, although some may be targeted toward the population at large. Populations and subsets may be defined by geography, culture, race and ethnicity, socioeconomic status, age, or other characteristics. Many of these characteristics relate to the health of the described population (Keller et al., 2002).

POPULATION HEALTH: Health outcomes of a group of individuals, including the distribution of such outcomes within the group; an approach to health that aims to improve the health of an entire human population (Gillen & Brown, 2024).

POPULATIONS: Collective of groups of individuals living in a similar locale (e.g., city, state, country) or sharing the same or like characteristics or concerns (AOTA, 2020b).

PREVENTION: Education or health promotion efforts designed to prevent the onset and reduce the incidence of unhealthy conditions, diseases, or injuries (AOTA, 2018b).

PRIMARY CARE: The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (AOTA, 2020c).

PROFESSIONAL PRACTICE: Professional practice includes all potential roles of an occupational therapy practitioner such as clinician, educator, researcher, consultant, administrator, etc.

PROFESSIONAL REASONING: The process that practitioners use to plan, direct, perform and reflect on client care (AOTA, 2020b).

PROGRAM: A legally authorized postsecondary program of organized instruction or study that leads to a recognized educational credential. An entry-level occupational therapy educational program may include doctoral, master's, baccalaureate, or associate degree level education.

PROGRAM DIRECTOR: A generic term; programs may use any appropriate title for a faculty member who is an initially certified occupational therapist or occupational therapy assistant who is licensed or credentialed according to regulations in the state or jurisdiction in which the program is located. and is responsible for the management and administration of the program, including planning, evaluation, budgeting, selecting faculty and staff, maintaining accreditation, and committing to strategies for professional development.

PROGRAM EVALUATION: A continuing system for routinely and systematically analyzing data to determine the extent to which the program is meeting its stated goals and objectives.

> **FORMATIVE EVALUATION**: Evaluation method that includes data collected on an ongoing basis to determine incremental changes in a process or program.

> **SUMMATIVE EVALUATION**: Evaluation method that occurs less frequently than formative evaluation. Data is typically collected at the end of a process or program.

PSYCHOSOCIAL: General mental functions, as they develop over the life span, required to understand, and constructively integrate the mental functions that lead to the formation of the personal and interpersonal skills needed to establish reciprocal social interactions, in terms of both meaning and purpose (AOTA, 2020b; AOTA, 2021).

RECOGNIZED INSTITUTIONAL ACCREDITING AGENCY: Institutional accrediting agencies recognized by the U.S. Department of Education to accredit postsecondary educational institutions.

REFLECTIVE PRACTICE: Thoughtful consideration of one's experiences and knowledge when applying such knowledge to practice. Reflective practice includes being coached by professionals.

RELEASE TIME: Period when a person is freed from regular duties, especially teaching, to allow time for other tasks or activities.

RETENTION RATE: A measure of the rate at which students persist in their educational program, calculated as the percentage of students on the roster after the add period, from the beginning of the previous academic year who are again enrolled at, or graduated prior to, the beginning of the subsequent academic year.

SCHOLARSHIP: "A systematic investigation…designed to develop or to contribute to generalizable knowledge" (Protection of Human Subjects, 2009). Scholarship is made public, subject to review, and part of the discipline or professional knowledge base (Glassick et al., 1997). It allows others to build on it and further advance the field (AOTA, 2022).

> **SCHOLARSHIP AGENDA:** Captures scholarship in the areas of teaching, research, and/or service. It engages faculty in academically relevant works that simultaneously meet campus mission and goals, meet the needs of the program, and are reflected in the curriculum design.

SCHOLARSHIP OF DISCOVERY: Engagement in activity that leads to the development of knowledge for its own sake. The Scholarship of Discovery encompasses original research that contributes to expanding the knowledge base of a discipline (Boyer, 1990).

SCHOLARSHIP OF INTEGRATION: Investigations making creative connections both within and across disciplines to integrate, synthesize, interpret, and create new perspectives and theories (Boyer, 1990).

SCHOLARSHIP OF APPLICATION: Practitioners apply the knowledge generated by Scholarship of Discovery or Integration to address real problems at all levels of society (Boyer, 1990). In occupational therapy, an example would be the application of theoretical knowledge to practice interventions or to teaching in the classroom.

SCHOLARSHIP OF TEACHING AND LEARNING: "Involves the systematic study of teaching and/or learning and the public sharing and review of such work through presentations, publications, and performances" (McKinney, 2007, p. 10).

SCOPE OF PRACTICE: "Occupational therapy services include habilitation, rehabilitation, and the promotion of physical and mental health and wellness for clients with all levels of ability related needs. These services are provided for clients who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction" (AOTA, 2021b, p 4).

SIMULATED ENVIRONMENTS: A setting that provides an experience similar to a real-world setting in order to allow clients to practice specific occupations (e.g., driving simulation center, bathroom or kitchen centers in a rehabilitation unit, work hardening units or centers).

SOCIAL DETERMINANTS OF HEALTH: Five broad categories—economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context—that are the fundamental social causes of health. The conditions in the places where people grow, live, work, age, learn, and play affect a wide range of health and quality-of-life outcomes. They are the nonmedical factors that impact health (Gillen & Brown, 2024).

SPONSORING INSTITUTION: The identified legal entity that assumes total responsibility for meeting the minimal standards for ACOTE accreditation.

STANDARDIZED PATIENT: An individual who has been trained to portray in a consistent, standardized manner, a patient/client with occupational needs.

STRATEGIC PLAN: A comprehensive plan that articulates the program's future vision and guides the program development (e.g., faculty recruitment and professional growth, changes in the curriculum design, priorities in academic resources, procurement of fieldwork sites). A program's strategic plan must include, but need not be limited to:
- Evidence that the plan is based on program evaluation and an analysis of external and internal environments
- Long-term goals that address the vision and mission of both the institution and program, as well as specific needs of the program
- Specific measurable action steps with expected timelines by which the program will reach its long-term goals
- Person(s) responsible for action steps
- Evidence of periodic updating of action steps and long-term goals as they are met or as circumstances change.

SUPERVISE: To direct and inspect the performance of workers or work.

SUPERVISOR: One who ensures that tasks assigned to others are performed correctly and efficiently.

THEORY: A set of interrelated concepts used to describe, explain, or predict phenomena.

TELEHEALTH: The application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies. Occupational therapy services provided by means of a telehealth service delivery model can be synchronous, that is, delivered through interactive technologies in real time, or asynchronous, using store-and-forward technologies. Occupational therapy practitioners can use telehealth as a mechanism to provide services at a location that is physically distant from the client, thereby allowing for services to occur where the client lives, works, and plays, if that is needed or desired (AOTA, 2018d).

TOTAL TIME TO DEGREE: The total length of the program in weeks, only including the weeks that classes are in session, or the students are on fieldwork or completing the capstone experience.

VIRTUAL ENVIRONMENTS: An environment in which communication occurs by means of airwaves and/or digital platforms in the absence of physical contact. The virtual context includes simulated, augmented reality, or real-world environments, transmitted through information and communication technologies, in real-time, near-time, or store-and-forward/asynchronous methods.

WELL-BEING: A holistic concept referring to both physical and mental health (Scherer & Leshner, 2021).

WELLNESS: The individual's perception of and responsibility for psychological and physical well-being, as these contribute to overall satisfaction with one's life situation (Gillen & Brown, 2024).

WRITTEN AGREEMENT: A document outlining the terms and details of an agreement between the academic program and an external site, including each party's requirements and responsibilities. When an affiliation agreement is established with a multisite service provider (e.g., contract agency, corporate entity), the ACOTE Standards do not require a separate affiliation agreement with each practice site.

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