

Educator Application for Membership

Roster of Accreditation Evaluators (RAE)

The Accreditation Council for Occupational Therapy Education (ACOTE) is recognized by the U.S. Department of Education and the Council for Higher Education Accreditation (CHEA) as the only accrediting body for occupational therapy and occupational therapy assistant educational programs. ACOTE membership includes a chairperson, council members representing occupational therapy and occupational therapy assistant education and practice, public members, an academic administrator, and an ex-officio AOTA accreditation staff liaison. All decisions regarding accreditation of occupational therapy and occupational therapy assistant educational programs are made by ACOTE.

The Roster of Accreditation Evaluators (RAE) is a separate group of occupational therapists and occupational therapy assistants that serves the vital function of assisting ACOTE in the evaluation of occupational therapy and occupational therapy assistant educational programs.

To be eligible for consideration, the applicant must:

- have at least 5 years of experience as an occupational therapy assistant or occupational therapist, including 3 years of experience in an RAE area of representation (OTA/OTM/OTD-level education, OTA/OT practice, OTA/OT fieldwork education, or other specialization)
- if not a current member of AOTA please commit to joining AOTA in order to participate in the RAE; AOTA membership must be in good standing if already a member; and
- NOT hold concurrent positions on an AOTA policy-making or decision-making body to include: Representative Assembly (Representative or Alternate), Board of Directors, or Ethics Commission. In addition, RAE members may not hold a position in a credentialing capacity, e.g., National Board for Certification in Occupational Therapy (NBCOT) Executive Board member or Certification Examination Item Writer.

Duties and Responsibilities

- Successful completion of the Accreditation Evaluator Workshop is required
- Completion of on-site accreditation visits and online reviews as scheduled (*On-site expenses are reimbursable. The amount of time required to complete a review varies based on such factors as the type of review, the quality and depth of the report under review, and the expertise of the RAE reviewer.*)
- Maintain familiarity with accreditation policies, procedures and standards through ongoing educational trainings
- Expediently handle all matters pertaining to accreditation
- Abide by the AOTA Code of Ethics
- Preserve the confidentiality of personnel, students, programs, institutions, and ACOTE actions not publicly available
- Deny any service, whether paid or unpaid, to any institution or program in litigation with ACOTE or actively appealing an ACOTE action

Terms of Service

3.5 years (first term)

Professional Growth Opportunities (by invitation)

- Serve as a mentor to new RAE members
- Serve as Team Chairperson for on-site accreditation evaluations
- Serve on the Accreditation Council for Occupational Therapy Education

Application and Selection Process

Applications will be accepted by the AOTA Accreditation Department until August 20, 2020. ***This is a fillable form, be sure to download form to your computer and save all information before exiting out of the document. Save as a PDF only.*** The ACOTE Executive Committee, in collaboration with AOTA accreditation staff, will review all eligible applications and submit a final list of applicants to ACOTE for review. All applicants, whether selected or not, will be informed of ACOTE's final decision.

Selected RAE members must commit to the time and effort required to fulfill the responsibilities outlined above.

PERSONAL INFORMATION

First Name:

Last Name:

Credentials

OT

OTA

Home Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Personal E-Mail:

Job Title

Current Employer

Work Address:

City:

State:

Zip Code:

Work Phone:

Fax:

Work E-Mail:

Preferred **Mailing**
Address

Preferred **E-Mail**
Address

LICENSURE AND EDUCATION

Initial Certification
Date:

AOTA Membership #:

List the states in which you are currently licensed or registered as an OT or OTA.

State

License/Registration #

State:

License/Registration #

Highest Degree
Level

Associates
Masters

Baccalaureate
Doctoral

List the higher education institutions from which you have earned a degree, beginning with the most recent.

Name of School:

Degree(s):

Year Granted:

Entry-Level
OT/OTA Degree

yes no

Name of School:

Degree(s):

Year Granted:

Entry-Level
OT/OTA Degree

yes no

Name of School:

Degree(s):

Year Granted:

Entry-Level
OT/OTA Degree

yes no

MEMBERSHIP CATAGORIES

Complete each applicable area. DO NOT INSERT CV OR RESUME.

ACADEMIC EDUCATOR

Years of full-time
experience

Level(s) OT
 OTA

Briefly list places,
dates of
employment,
duties and
responsibilities:

ACADEMIC FIELDWORK COORDINATOR

Years of full-time
experience

Level(s) OT
 OTA

Briefly list places,
dates of
employment,
duties and
responsibilities:

ACADEMIC PROGRAM DIRECTOR / DEPARTMENT CHAIRPERSON

Years of full-time
experience

Level(s) OT
 OTA

Briefly list places,
dates of
employment,
duties and
responsibilities:

ACADEMIC CONSULTANT

Years of full-time
experience

Level(s) OT
 OTA

Briefly list places,
dates of
employment,
duties and
responsibilities:

ACADEMIC RESEARCHER

Years of full-time
experience

Level(s) OT
 OTA

Briefly list places,
dates of
employment,
duties and
responsibilities:

OTHER (specify)

Years of full-time
experience

Level(s) OT
 OTA

Briefly list places,
dates of
employment,
duties and
responsibilities:

SELF-EVALUATION

Rate yourself on each of the areas below.

	Exceptional	Very Good	Good	Fair	Poor
Professional Behaviors/Demeanor					
Ethical Beliefs/Behaviors					
Verbal Communication					
Written Communication					
Reading Non-verbal Cues					
Active Listening Skills					
Giving Constructive Feedback					
Receiving Feedback					
Time Management/Meeting Deadlines					
Conflict Resolution					
Computer/Technology Skills					
Foreign Language Skills					
Experience working as or with an OTA practitioner					

SHORT RESPONSE

Provide a summary regarding your responses to the evaluation areas above. *(Max. 500 characters.)*

Briefly describe your experience(s) with distance education. *(Max. 500 characters.)*

Explain why you wish to join the RAE. *(Max. 1000 characters)*

SERVICE

List your service in professional organizations and your dates of service.

Organization:	Dates
Organization:	Dates
Organization:	Dates
Organization:	Dates
Organization:	Dates
Organization:	Dates
Organization:	Dates
Organization:	Dates

CONFLICT OF INTEREST

RAE members may not hold concurrent positions on any AOTA policy-making or decision-making body or an official position with the National Board for Certification in Occupational Therapy (NBCOT). Therefore, membership in the following bodies constitutes a conflict of interest:

- AOTA Representative Assembly (Representative or Alternate)
- AOTA Board of Directors
- AOTA Ethics Commission
- NBCOT Executive Board or Certification Examination Item Writer

List any other AOTA or NBCOT position you currently hold and the term of office.

Position	Term
Position	Term

REFERENCES

List three professional references, one must be your current immediate supervisor.

Name

Title

Phone

Name

Title

Phone

Name

Title

Phone

Please indicate where you first heard about this volunteer opportunity (e.g. AOTA Web page, OT Practice, personal contact).

Source

DECLARATION

I verify that the information contained in this application is accurate.

Name:

Date