

# Essentials and Guidelines for an Accredited Educational Program for the Occupational Therapy Assistant

*Essentials* initially adopted by AOTA 1958;

revised 1962, 1967, 1970, 1975, 1983

Revised and adopted 1991 by

THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC.  
and the  
AMERICAN MEDICAL ASSOCIATION

The Committee on Allied Health Education and Accreditation (CAHEA) accredits programs upon the recommendation of the Accreditation Committee of the American Occupational Therapy Association (AOTA).

*These Essentials are the minimum standards of quality used in accrediting programs that prepare individuals to enter the occupational therapy profession. The extent to which a program complies with these standards determines its accreditation status; the Essentials therefore constitute the minimum requirements to which an accredited program is held accountable. Essentials are printed in regular typeface in outline form.*

*The Guidelines accompanying the Essentials provide examples intended to assist in interpreting the Essentials. Guidelines are printed in italic typeface in narrative form.*

Sections I and III of these *Essentials* are common to all educational programs accredited by CAHEA. Section II contains a description of the profession and the specific requirements for preparing occupational therapy assistants.

## PREAMBLE

### OBJECTIVE

The American Occupational Therapy Association, Inc. and the American Medical Association cooperate to establish, maintain, and promote appropriate standards of quality for educational programs in occupational therapy and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these *Essentials*. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of associate degree or certificate entry-level programs for the occupational therapy assistant. On-site review teams assist in the evaluation of a program's relative compliance with the *Essentials*.

## **SECTION I: GENERAL REQUIREMENTS FOR ACCREDITATION**

### **A. SPONSORSHIP**

1. The sponsoring institution and affiliates, if any, must be accredited by recognized agencies or meet equivalent standards.
2. Sponsoring institutions must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education.
3. In programs in which academic and clinical didactic and supervised practice are provided by two or more institutions, responsibilities of the sponsoring institutions and of each fieldwork center must be clearly documented as a formal affiliation agreement or memorandum of understanding. The time schedule for periodic review shall be documented.
4. Accredited educational programs may be established in:
  - a. Community, technical and junior colleges, senior colleges and universities.
  - b. Medical schools.
  - c. Postsecondary vocational/technical schools and institutions.
5. The sponsoring institution assumes primary responsibility for student admission, curriculum planning, selection of course content, coordination of classroom teaching and supervised clinical practice, appointment of faculty, receiving and processing applications for admission, and granting the certificate or degree documenting satisfactory completion of the educational program. The sponsoring institution shall also be responsible for providing assurance that the practice activities assigned to students in a clinical setting are appropriate to the program.

### **B. RESOURCES**

1. Personnel
  - a. Administrative Personnel

The program must have a program director and faculty who possess the necessary qualifications to perform the functions identified in documented descriptions of roles and responsibilities.

- (1) Program Director
  - (a) Responsibilities

The director of the educational program shall be responsible for the management and administration of the program including

planning, evaluating, budgeting, selecting faculty and staff, and maintaining accreditation.

*Program directors of developing programs should be hired and on staff for a minimum of six months prior to the enrollment of students and the assumption of any teaching responsibilities.*

(b) Qualifications

The director of the educational program shall be an occupational therapist who has relevant experience in occupational therapy education, administration, and practice. The director shall hold a baccalaureate or higher degree.

b. Faculty and/or Instructional Staff

(1) Responsibilities

Faculty responsibilities shall be consistent with the mission of the institution.

(2) Qualifications

(a) The faculty shall include either certified occupational therapists and/or certified occupational therapy assistants.

(b) Faculty members shall have documented expertise in the area(s) of teaching responsibility and shall demonstrate effectiveness in teaching their assigned subjects.

(c) The academic faculty must collectively have academic and experiential qualifications and background appropriate to meet program objectives.

(3) Faculty/student Ratio

The faculty/student ratio shall:

(a) Permit the achievement of the purpose and stated objectives of the program.

(b) Be compatible with accepted practices of the institution.

(c) Ensure student and/or consumer safety and quality education in laboratory and clinical experiences by adjustment of faculty/student ratios when required.

c. Clerical and Support Staff

Clerical and program support staff shall be provided to meet program and administrative requirements.

d. Professional Development

- (1) The program shall have a documented plan for continued professional growth to ensure that program faculty can fulfill their assigned responsibilities.
- (2) Each faculty member shall have a written plan for continuing professional development.

2. Financial Resources

A budget of regular institutional funds allocated to the program shall be sufficient to develop and maintain the stated objectives of the program and to fulfill its obligations to matriculating and enrolled students.

3. Physical Resources

a. Facilities

- (1) Classrooms and laboratories shall be provided consistent with program's educational objectives, teaching methods, number of students, and safety standards of the institution and shall allow for efficient operation of the program.
- (2) Laboratory space shall be assigned to the occupational therapy assistant program on a priority basis.
- (3) Space shall be provided to store and secure equipment and supplies.
- (4) The program director and faculty shall have office space.
- (5) Space shall be provided for the private advising of students.

b. Equipment and Supplies

- (1) Appropriate and sufficient equipment and supplies shall be provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum.
- (2) Students shall be given access to the evaluative and treatment technologies that reflect current practice.

c. Learning Resources

(1) Library

Students shall have ready access in time and location to an adequate supply of current books, journals, periodicals, computers, and other reference materials related to the curriculum.

- (2) Instructional aids and resources shall be available in sufficient number and quality to be consistent with the program objectives and teaching methods.

## **C. STUDENTS**

### **1. Admission Policies and Procedures**

- a. Admission of students shall be made in accordance with clearly defined and published practices of the institution.
- b. Policies regarding standards for admission, advanced placement, transfer of credit, credit for experiential learning (if applicable), and requirements for previous education or work experience shall be provided and readily accessible to prospective students and the public.

### **2. Evaluation of Students**

- a. Criteria for successful completion of each segment of the educational program and for graduation shall be given in advance to each student.
- b. Evaluation content and methods shall be consistent with the objectives and competencies described for the educational program in both didactic and supervised clinical education components. Evaluation shall be employed frequently enough to provide students and program officials with timely indications of the students' progress and academic standing.

### **3. Health**

Students must be informed of and have access to the health services provided to other students in the institution.

### **4. Guidance**

- a. Advising related to occupational therapy assistant coursework and fieldwork education shall be the responsibility of the occupational therapy assistant faculty.
- b. Advising during and pertaining to fieldwork experience shall be a collaborative process between the faculty and fieldwork educators.
- c. Referral by program faculty to other institutional or community resources shall be provided for students with problems that may interfere with the students' progress through the program.

## **D. OPERATIONAL POLICIES**

### **1. Fair Practices**

- a. Program description, publications, announcements, and advertising must accurately reflect the program offered.
- b. Student and faculty recruitment and student admission and faculty employment practices shall be nondiscriminatory with respect to race, color, creed, sex, age, disabling conditions, and national origin.
- c. Graduation requirements, tuition and fees shall be accurately stated, published, and made known to all applicants.
- d. The program or sponsoring institution shall have a defined and published policy and procedure for processing student and faculty grievances.
- e. Policies and processes for student withdrawal and for refunds of tuition and fees shall be published and made known to all applicants.
- f. Policies and procedures regarding student probation, suspension, and dismissal shall be published and made known.
- g. Provision shall be made for the health and safety of patients, students and faculty associated with educational activities.
- h. A program admitting students on the basis of ability to benefit must publicize its objectives, assessment measures, and means of evaluating ability to benefit.
- i. Documentation of all graduation and credentialing requirements, to include certification/licensure, shall be published and made known to applicants.

### **2. Student Records**

Satisfactory records shall be maintained regarding student admission, enrollment, and achievement. Grades and credits for courses shall be recorded on students' transcripts and permanently maintained by the sponsoring institution.

## **E. PROGRAM EVALUATION**

The program must have a continuing system for reviewing the effectiveness of the educational program especially as measured by student achievement and must prepare timely self-study reports to aid the staff, the sponsoring institution and the accrediting agencies in assessing program qualities and needs.

### **1. Outcomes**

Programs shall routinely secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of

outcomes consistent with the graduate competencies specified by the educational program.

*The manner in which programs seek to comply with this criterion may vary. However, there should be timely efforts made to document the data and analysis provided. These sources of data may include, but should not be limited to, surveys of graduates and employers on such matters as employment settings, type and scope of practice, salary, job satisfaction, and adequacy of the educational program in addressing education and skills; interviews with program graduates and employers of graduates; and data on the evaluation of student performance on the national certification examination and other nationally recognized standardized tests.*

## 2. Results of Ongoing Program Evaluation

The results of ongoing evaluation must be appropriately reflected in the curriculum and other dimensions of the program. In particular, the program must systematically use the information obtained in its evaluation to foster student achievement with respect to the certificate or degree offered.

*Program evaluation should be a continuing systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students and graduates, with follow-up studies of their employment and national examination performance. Other dimensions of the program merit consideration as well, such as the admission criteria and process, the curriculum design, and the purpose and productivity of the advisory committee.*

## **SECTION II: SPECIFIC REQUIREMENTS FOR ACCREDITATION**

### **DESCRIPTION OF THE PROFESSION**

Occupational therapy is the art and science of directing an individual's participation in selected tasks to restore, reinforce, and enhance performance; facilitate learning of those skills and functions essential for adaptation and productivity; diminish or correct pathology; and promote and maintain health. Reference to occupation in the title is in the context of individuals' goal-directed use of time, energy, interest, and attention. Its fundamental concern is the development and maintenance of the capacity throughout the life span to perform with satisfaction to self and others those tasks and roles essential to productive living and to the mastery of self and the environment.

Since the primary focus of occupational therapy is the development of adaptive skills and performance capacity, its concern is with factors that promote, influence or enhance performance as well as those that serve as barriers or impediments to the individual's ability to function.

Occupational therapy provides service to those individuals whose abilities to cope with tasks of living are threatened or impaired by developmental deficits, the aging process, poverty and cultural differences, physical injury or illness, or psychological and social disability.

Occupational therapy serves a diverse population in a variety of settings such as hospitals and clinics, rehabilitation facilities, long-term care facilities, extended care facilities, sheltered workshops, schools and camps, private homes, and community agencies. Occupational therapists both receive from and make referrals to appropriate health, educational, or medical specialists. Delivery of occupational therapy services involves several levels of personnel including the certified occupational therapist, the certified occupational therapy assistant, and aides.

Entry-level occupational therapy technical educational programs prepare the occupational therapy assistant to:

1. Collaborate in providing occupational therapy services with appropriate supervision to prevent deficits and to maintain or improve function in activities of daily living, work, and play/leisure and in the underlying components, e.g., sensorimotor, cognitive, and psychosocial.
2. Participate in managing occupational therapy service.
3. Direct activity programs.
4. Incorporate values and attitudes congruent with the profession's standards and ethics.

The American Occupational Therapy Association maintains an entry-level role delineation.

## **A. CURRICULUM**

### **1. Description of the Program**

#### **a. Mission**

The statement of the mission of the occupational therapy assistant program shall be consistent with that of the sponsoring institution.

#### **b. Philosophy**

The statement of philosophy of the program shall reflect:

- (1) The current published philosophy of the profession.
- (2) A view of humanity.
- (3) An approach to learning/instruction.

#### **c. Curriculum Design**

The curriculum design shall provide the basis for program planning, implementation, and evaluation; documentation of the design must:

- (1) Reflect the mission of the occupational therapy assistant program and of the institution.



- (2) Identify educational goals of the program that are consistent with its mission and philosophy statements.
  - (3) Describe the set of organizing ideas that explains the selection of the content, scope, and sequencing of coursework.
2. Instruction must follow a plan which documents:
- a. Appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussions, demonstrations and supervised practice.
  - b. Clearly written course syllabi which describe learning objectives and competencies to be achieved for both didactic and supervised clinical education components.
  - c. Frequent, documented evaluation of students to assess their acquisition of knowledge, problem identification and problem-solving skills, psychomotor, behavioral, and clinical competencies.

## **B. CONTENT REQUIREMENTS**

Documentation of content of all curriculum courses shall consist of instructional objectives, course outlines, teaching methods, and specific learning experiences. Program content shall be based on a foundation of liberal arts, sciences and technical education and shall include:

1. General education which will be prerequisite to, or concurrent with, technical education and shall facilitate the development of:
  - a. Oral and written communication skills.
  - b. Problem-solving processes.
  - c. Knowledge and appreciation of multicultural factors.
2. Biological, behavioral, and health sciences that will be prerequisite to, or concurrent with, technical education and that encompasses normal and abnormal conditions across the life span (infants, children, adolescents, adults, and older adults):
  - a. Structure and function of the normal human body.
  - b. Sensorimotor, psychosocial and cognitive development throughout the life span.
  - c. Human behavior in the context of sociocultural systems.
  - d. Environmental and community effects on the individual.

- e. Basic influences contributing to health.
  - f. Conditions commonly referred to occupational therapy.
3. Occupational Therapy Principles and Practice Skills
- a. Foundations, history, and philosophical base of the profession and its personnel.
  - b. Occupational therapy principles which emphasize the use of purposeful activities and occupation to enhance role function.
  - c. Fundamentals of Activity
    - (1) Analysis of activities of daily living, work, and play/leisure.
    - (2) Performance and teaching of selected life tasks and activities.
    - (3) Grading and adapting purposeful activity (occupation) for therapeutic intervention.
  - d. Occupational Therapy Process
    - (1) Screening and Assessment
      - (a) Screening and assessment of the need for occupational therapy intervention based on skilled observation, histories, and interviews of patient and families appropriate to the role of the certified occupational therapy assistant.
      - (b) Administration of standardized and nonstandardized tests and evaluations appropriate to the role of the certified occupational therapy assistant under the direction of the certified occupational therapist.
      - (c) Use of assessment results in relation to performance areas, activities, and adaptation principles which are age appropriate.
      - (d) Understanding the need for and use of demonstrating service competencies in screening and assessment.
    - (2) Treatment Planning
      - (a) Participation in program planning of therapeutic intervention related to daily living skills, work, and play/leisure with their underlying performance components, e.g., sensorimotor, cognitive, and psychosocial.
      - (b) Contribution to the formulation of occupational therapy goals and objectives based on assessment data.

- (c) Collaboration with patients, caregivers, certified occupational therapists and other professionals.
- (3) Implementation
  - (a) Provision of therapeutic intervention related to occupational performance areas to include activities of daily living, work activities, and play/leisure.
  - (b) Use of self and dyadic and group interaction.
  - (c) Collaboration with the certified occupational therapist on treatment implementation
  - (d) Fostering of prevention, health maintenance, and safety programs that are age-appropriate for daily living activities, work, and play/leisure.
  - (e) Demonstration of effective written, oral, and non-verbal communication with patients and their families, colleagues, other health providers, and the public.
  - (f) Application of therapeutic adaptation for accomplishment of purposeful activities (occupation): family/caretaker training, environmental adjustments, basic orthotics and prosthetics, assistive devices, equipment, and other technologies.
- (4) Reassessment for effect of intervention and a recommendation of a need for continued and/or changed treatment.
- (5) Program termination including assisting in summarizing occupational therapy outcomes and contributing recommendations to maximize treatment gains.
- e. Documentation of occupational therapy services that addresses principles of record keeping to ensure accountability in occupational therapy service provision and adequate documentation for the reimbursement of services.
- f. Assist in the management of occupational therapy services including:
  - (1) Departmental operations: scheduling, record keeping, safety/maintenance of supplies and equipment.
  - (2) Supervisory requirements: facility, state and national requirements for the profession.
  - (3) Personnel training and supervision.
  - (4) Data collection for quality assurance.
  - (5) Compliance with regulations and reimbursement requirements.

- (6) Applicable national and state credentialing requirements.
- g. Direction of activity programs.
- (1) Assessment of individual needs, functional skills, and interests.
  - (2) Planning and implementation of group and individual programs to promote health, function, and quality of life.
  - (3) Management of activity service.
- h. Develop values, attitudes, and behaviors congruent with:
- (1) The profession's standards and ethics.
  - (2) Individual responsibility for continued learning.
  - (3) Interdisciplinary and supervisory relationships within the administrative hierarchy.
  - (4) Participation in the promotion of occupational therapy through involvement in professional organizations, governmental bodies, and human service organizations.
  - (5) Understanding of the importance of and the role of the occupational therapy assistant in occupational therapy research, publication, program evaluation, and documentation of services.
4. Fieldwork Education
- a. Fieldwork experience is crucial to the preparation of an occupational therapy assistant. The experience should provide the student with the opportunity for carrying out professional responsibility under appropriate supervision and professional role modeling. Supervised fieldwork shall be an integral part of the technical educational program.
- (1) Objectives for each phase of fieldwork shall be:
    - (a) Collaboratively developed by the academic and fieldwork program representative to prepare students for practice and the fieldwork program that provides the practice setting.
    - (b) Documented.
    - (c) Known to the student.
  - (2) The ratio of fieldwork educators to students shall be such as to ensure proper supervision and frequent assessment in achieving fieldwork objectives.

- (3) Fieldwork shall be conducted in settings equipped to provide clinical application of principles learned in the curriculum and appropriate to the learning needs of the student.
  - (4) Evidence shall be provided that communication has occurred between academic and fieldwork education in planning for this dimension of the program.
- b. Level I Fieldwork shall be required and includes those experiences designed to enrich didactic coursework through directed observation and participation in selected aspects of the occupational therapy process. These experiences are not intended to emphasize independent performance.
- (1) Level I Fieldwork shall not substitute for any part of Level II Fieldwork.
  - (2) Level I Fieldwork shall be supervised by qualified personnel including but not limited to certified occupational therapists, certified occupational therapy assistants, teachers, social workers, nurses, physical therapists, etc.
- c. Level II Fieldwork shall be required and designed to provide in-depth experiences in delivering occupational therapy services and to develop and expand a repertoire of occupational therapy practice.
- (1) A minimum of twelve weeks of Level II Fieldwork shall be required.

*A minimum of 440 hours is acceptable to meet this twelve-week Level II Fieldwork requirement.*

- (2) Fieldwork experience shall be provided with various groups across the life span, various psychosocial and physical performance deficits, and various service delivery models reflective of current practice in the profession.
- (3) Learning objectives will support development of entry-level competency.
- (4) Level II Fieldwork shall be supervised by a certified occupational therapist or a certified occupational therapy assistant with a minimum of one year experience in a practice setting.
- (5) To ensure continuity of application of academic concepts, all fieldwork should be completed within 18 months following completion of academic preparation.

### **C. PROGRAM LENGTH**

The length of the educational program shall be adequate to meet:

1. The requirements for entry-level credentialing.
2. The academic requirements of the sponsoring institution.

## **SECTION III: MAINTAINING AND ADMINISTERING ACCREDITATION**

### **A. PROGRAM AND SPONSORING INSTITUTION RESPONSIBILITIES**

#### **1. Applying for Accreditation**

- a. The accreditation review process conducted by the Accreditation Committee, American Occupational Therapy Association and the Committee on Allied Health Education and Accreditation (CAHEA), and can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution and the occupational therapy assistant program director.
- b. This process is initiated by submitting a letter of intent to seek accreditation to the:

Accreditation Division  
The American Occupational Therapy Association, Inc.  
1383 Piccard Drive  
P.O. Box 1725  
Rockville, Maryland 20849-1725

with a copy to the:

Division of Allied Health Education and Accreditation  
American Medical Association  
515 North State Street  
Chicago, Illinois 60610

- c. At any time before the final accreditation action is made by CAHEA, a program or sponsoring institution may withdraw its request for initial or continuing accreditation.

#### **2. Administrative Requirements for Maintaining Accreditation**

To maintain accreditation the following actions are required:

- a. The program must submit a self-study report and other required reports within a period of time determined by the Accreditation Committee and provided to the program.
- b. The program must agree to a reasonable site visit date before the end of the period for which accreditation was previously awarded.

- c. The program must inform the Accreditation Committee within a reasonable period of time of a change in program director.
- d. The sponsoring institution must inform CAHEA and the Accreditation Committee of the transfer of program sponsorship, in accord with CAHEA policy.
- e. The program and the sponsoring institution must pay accreditation fees within a reasonable period of time, as determined by the Accreditation Committee.
- f. The program must complete and return by the established deadline the Annual Report provided by CAHEA, to ensure an accurate listing of the program and its sponsoring institution in the annual publication of the *Allied Health Education Directory*.

*Failure to meet these administrative requirements for maintaining accreditation may lead to being placed on Administrative Probation and ultimately to having accreditation withdrawn.*

- 3. An institution sponsoring a program may voluntarily withdraw from the CAHEA accreditation system at any time.

## **B. CAHEA AND ACCREDITATION COMMITTEE RESPONSIBILITIES**

### **1. Administering the Accreditation Review Process**

- a. At the written request of the chief executive officer or other officially designated representative, CAHEA and the Accreditation Committee assess an applicant program's relative compliance with the *Essentials*.

The accreditation process includes an on-site evaluation of the program. If the performance of a site visit team is unacceptable, the institution may request a second site visit.

Before the Accreditation Committee formulates its accreditation recommendation to CAHEA, the sponsoring institution is given an opportunity to comment in writing on the report of the site visit team and to correct factual errors.

- b. Before recommending Probationary Accreditation to CAHEA, the Accreditation Committee provides the sponsoring institution with an opportunity to respond in writing to the cited deficiencies in the program's relative compliance with the *Essentials*. The Accreditation Committee reconsideration of a recommendation for Probationary Accreditation is made on the basis of conditions existing when the Accreditation Committee arrived at its recommendation to CAHEA and on subsequent documented evidence of corrected deficiencies provided by the applicant.

An accredited program not on probation may be moved to probationary status upon verification of a written complaint deemed sufficient to warrant this action, or to administrative probation should administrative requirements not be fulfilled.

- c. CAHEA assignments of Probationary Accreditation, including those following Accreditation Committee reconsideration, are final and are not eligible for further appeal.
2. Withholding or Withdrawing Accreditation
    - a. Before recommending Accreditation Withheld or Accreditation Withdrawn to CAHEA, the Accreditation Committee provides the sponsoring institution opportunity to request reconsideration. Decisions to withhold or withdraw accreditation may be appealed. A copy of the CAHEA appeals procedures for Accreditation Withheld or Withdrawn accompanies the letter notifying the sponsoring institution of one of these actions. When accreditation is withdrawn, the institutional sponsor's chief executive officer is provided with a clear statement of each deficiency in the program's relative compliance with the *Essentials* and is informed that application for accreditation as a new applicant may be made whenever the program considers itself to be in compliance with the *Essentials*.
    - b. All students successfully completing a program that holds accreditation at any point during their enrollment are regarded as graduates of a CAHEA-accredited program.
3. Inactive Programs
    - a. The sponsoring institution may request inactive status for a program that does not enroll students for up to two years. Such a program and sponsoring institution must continue to pay required annual fees.
    - b. Should a program be inactive for two years, and determine not to reactivate, it will be considered discontinued and accreditation will be withdrawn.