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***OKLAHOMA ADMINISTRATIVE CODE
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 30. OCCUPATIONAL THERAPISTS AND ASSISTANTS**

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*This is an unofficial copy of Chapter 30 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

435:30-1-1. Purpose

The rules of this Chapter have been adopted to establish the licensure procedure for occupational therapists and occupational therapy assistants; as well as establishing the regulation of practice.

435:30-1-2. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly in-dictates otherwise:

"Alternate supervisor" means an Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure in the absence of the supervising Occupational Therapist. The alternate supervisor assumes all duties and responsibilities of the primary supervisor during that absence.

"Consultation" means periodic meetings to review and to provide recommendations and resource information regarding methods of implementation of the occupational therapy programs.

"Direct supervision" means personal supervision and specific delineation of tasks and responsibilities by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. Direct supervision shall include the responsibility for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the supervising occupational therapist to be onsite during treatment to ensure that the supervisee does not perform duties for which he is not trained.

"Distant site" means the location of the Occupational Therapist via telecommunications systems.

"General supervision" means responsible supervision and control by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the Occupational Therapy Assistant or applicant for licensure. The supervising occupational therapist provides both initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. Such plan of treatment shall not be altered by the supervised individual without prior consultation with and approval of the supervising occupational therapist. The supervising occupational therapist need not always be physically present or on the premises when the assistant is performing services; however, except in cases of emergency, supervision shall require the availability of the supervising occupational therapist for consultation with and direction of the supervised individual. Supervision is an interactive process, more than a paper review or a co-signature, and requires direct in-person contact.

"In association with" means a formal working relationship in which there is regular consultation.

"Occupational therapist of record" means the occupational therapist who assumes responsibility for the provision and /or supervision of occupational therapy services for a client, and is held accountable for the coordination, continuation and progression of the plan of care.

"Originating site" means the location of the patient at the time the service being furnished via a telecommunications system occurs.

"Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

"Primary supervisor" means the Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure. The Primary Supervisor must have access to the client's plan of care.

"Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation.

"Telehealth" means, and shall have, the same meaning as it does under 59 O.S. § 888.3(8).

"Telemedicine" means, and includes, the practice of healthcare delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telehealth management, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine.

"Telerehabilitation" means, and shall have, the same meaning as it does under 59 O.S. § 888.3(9).

435:30-1-3. Licensure by examination

Requirements for licensure by examination for Occupational Therapists or Occupational Therapy Assistants are as follows:

- (1) All applicants for licensure by examination must meet the statutory requirements set forth in the Oklahoma Occupational Therapy Practice Act, hereinafter referred to as Act.
- (2) The State Board of Medical Licensure and Supervision, hereinafter referred to as Board, recognizes and approves the Examination of the National Board for Certification in Occupational Therapy (NBCOT) as an examination acceptable for licensure of an occupational therapist or occupational therapy assistant.
- (3) In the event the Board administers the examination set forth in (2) of this section or any other examination approved by them, the application for licensure by examination must be on file at the office of the Board at least 30 days prior to the examination. No person shall be admitted to the examination until satisfactory evidence is submitted to the Board of his/her qualifications to be admitted to such examination.
- (4) Submission of proof of scores of a passing grade, as determined by the NBCOT, shall constitute satisfactory evidence of applicant's qualifications for licensure. Applicants must have the scores submitted to this Board through a reporting service approved by this Board.
- (5) An applicant who meets academic, clinical and educational requirements for licensure as an Occupational Therapist or Occupational Therapy Assistant may practice under the direct, on-sight supervision of a licensed Occupational Therapist in the status of a graduate Occupational Therapy student or a graduate Occupational Therapy Assistant.

(A) Said status will be communicated to the applicant by informal letter from the Board staff. Such status is not tantamount to licensure and does not constitute licensure in any form. A person in this temporary status must identify himself/herself as such and may not hold himself or herself out as a licensed Occupational Therapist or Occupational Therapy Assistant.

(B) This temporary status may be valid for up to one year. After one year, the graduate Occupational Therapist student or graduate Occupational Therapy Assistant student may not practice in Oklahoma until a passing score on the exam is received.

(6) Upon failure of examination by any applicant for Occupational Therapist or Occupational Therapy Assistant licensure, said applicant may still function as a graduate Occupational Therapist student or a graduate Occupational Therapy Assistant student. The status of said applicant will be reviewed at each meeting of the Occupational Therapy Advisory Committee.

(7) The Committee may in its discretion require any applicant to appear in person before the Committee in connection with consideration of said initial licensure.

(8) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:

(A) Professional practice of at least 1000 hours per year for the past three years;

(B) Continuing education consisting of up to two hours for each month out of practice, obtained within the last two years and approved by the Committee;

(C) Re-examination by the NBCOT.

435:30-1-4. Licensure by endorsement

Requirements for licensure by endorsement for Occupational Therapists or Occupational Therapy Assistants are as follows:

(1) Applicants for licensure by endorsement must meet all statutory requirements required of applicants for licensure by examination, as set forth in the Act.

(2) Any person who is currently licensed by examination as an occupational therapist or occupational therapy assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the written examination and grade standard were that of the National Board for Certification in Occupational Therapy or any other group approved by the Board. Submission of proof of having passed the licensure examination shall be required. If the applicant has not been employed as an occupational therapist or occupational therapy assistant during the year prior to application, such applicant may be requested to present himself/herself for a personal interview with the members of the Advisory Committee or the Board.

(3) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:

(A) Continuing education consisting of up to two hours for each month out of practice, obtained with the last two years and approved by the Committee;

(B) Practice under the direct supervision of a licensed Occupational Therapist for one to three months. The supervising Therapist will provide to the Committee a report on the

applicant's performance prior to licensure;

(C) Retake the approved licensure examination.

(4) The completed application form must be submitted to the Board office accompanied by fees as set by the Board.

(5) The Board may issue a temporary license to any applicant for licensure by endorsement for no more than ninety (90) days upon the Board's receipt of an application for licensure together with a completed Verification of Supervision form issued pursuant to 59 O.S. § 888.5(5)

435:30-1-5. License renewal; late fees; continuing education; re-entry guidelines

(a) **Yearly license renewal.** The occupational therapist and occupational therapy assistant license is required to be renewed yearly on October 31 upon forms provided by the Board and shall be accompanied by fees set by the Board. In addition, late fees shall be assessed as set by the Board.

(b) **Continuing education for renewal.**

(1) Continuing education for renewal of licensure has been established to require therapists' involvement in activities which keep their skills and knowledge of current practice up to date. A point is the equivalent of 1 contact hour. Twenty contact hours every 2 years will be required. Penalties for failure to comply with continuing education requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional continuing education contact hours, probation of license, suspension of license, or revocation of license. Failure to produce records of continuing education rebuts the presumption that continuing education requirements have been completed. The willful and intentional misrepresentation of compliance with continuing education requirements shall constitute prima facie evidence of a fraudulent application for licensure renewal.

(2) A Sub-Committee, composed of Occupational Therapists and Occupational Therapy Assistants, may review all points submitted. The Sub-Committee will forward recommendations to the Occupational Therapy Advisory Committee for approval or denial. Reasons for denial will be given to each therapist. Should any individual therapist have questions as to the appropriateness of a program, the therapist could consult the Committee. The Committee would have the authority to decide on any type of program not listed and assign appropriate hours. The responsibility for showing how a particular activity is relevant to maintaining skills as an Occupational Therapist or Occupational Therapy Assistant will be with the therapist applying for approval. The Committee will automatically accept programs offered or approved by the American Occupational Therapy Association or the Oklahoma Occupational Therapy Association as proved courses.

(3) The Committee recognizes the role that ongoing practice plays in maintaining competence as an Occupational Therapist or Occupational Therapy Assistant. Continuing education requirements are designed to update knowledge and skills. Synthesis takes place when the therapist has the opportunity to apply this knowledge and these skills to their practice. Therefore, therapists will be asked to provide information about their practice of occupational therapy at the time of renewal.

(4) Traditional method of points/value/documentation:

(A) Traditional methods of points:

(i) Workshops

- (ii) Inservices (6 point maximum per compliance period)
- (iii) Seminars
- (iv) Conferences
- (v) Programs offered by or approved by the American Occupational Therapy Association or the Oklahoma Occupational Therapy Association or the National Board for Certification in Occupational Therapy
- (vi) Programs at Special Interest Section meetings
- (vii) Occupational Therapy Education Council of Oklahoma workshops (points as assigned on request from Committee)
- (B) Assigned Value: 1 point per hour of participation.
- (C) Documentation: Verification of attendance and copies of supporting documentation such as program brochure, syllabus, etc. If unable to verify attendance, use Form B **Verification of Conference Attendance**, attach a copy of receipt for conference fee and statement of relevancy to practice of Occupational Therapy if not obvious from the program materials.
- (5) Alternative methods of points:
 - (A) Presentations of occupational therapy programs
 - (i) Presentations at workshops, seminars, conferences
 - (ii) Presentations as guest lecturer at accredited occupational therapy curriculum
 - (iii) Presentations as guest lecturer at other programs on topics related to occupational therapy department inservices
 - (iv) Assigned Value: 2 points per hour for first presentation of original material. No additional points for subsequent presentations.
 - (v) Documentation: Copies of supporting documentation such as brochures, programs, or syllabus and a statement of objectives of presentation.
 - (B) Clinical Instruction of Occupational Therapist students or Occupational Therapy Assistant students.
 - (i) Assigned Value: 1 point per week of continuous direct supervision.
 - (ii) Documentation: Copy of letter of verification of fieldwork from educational program.
 - (C) Publications (published or accepted for publication)
 - (i) Authorship or co-authorship of a book relating to occupational therapy:
 - (I) Maximum of 20 points.
 - (II) Documentation: Copy of Title page.
 - (ii) Authorship of a chapter in a book or journal article appearing in a professional journal:
 - (I) Maximum of 10 points.
 - (II) Documentation: Copy of table of contents and first page of chapter or article.
 - (iii) Authorship of an article, book review or abstract in a newsletter (such as OOTA Newsletter, OT Newsweek, SIS Newsletter, or other related newsletters):
 - (I) Maximum of 10 points per compliance period.

- (II) Documentation: Copy of article, book review or abstract evidencing title of newsletter and date of publication.
 - (iv) Alternative media such as video tapes, slide/tape presentations, etc., that would be available for general viewing. Media or description of media to be submitted to Committee for approval and assignment of points as appropriate.
 - (I) Assigned Value: 10-20 points per publication or finished product
 - (II) Documentation: Copy of approval letter from Committee.
- (D) Research
 - (i) Principal or co-investigator, project director or research assistant. Research proposal and final results submitted to Committee for approval:
 - (I) 10 points
 - (II) Documentation: Statement of participation and abstract of proposal and results.
 - (ii) Quality assurance studies completed and published in journal or newsletter:
 - (I) 5 points Assigned Value: 5-10 points per project
 - (II) Documentation: Manuscript acknowledgment or copy of article.
- (E) Formal Coursework
 - (i) College and university coursework courses directly relating to improvement, advancement, or extension of one's skills as an Occupational Therapist. One credit course would be 10 points, 2-credit course 20 points, and 3-credit course would be 30 points. Assigned Value: 10-30 points as approved.
 - (ii) College or university courses which are indirectly related, yet support skills and knowledge will be evaluated individually and assigned value accordingly.
 - (iii) Documentation: Course description with statement of relevance to Occupational Therapy and transcript or other documentation of passing grade.
- (F) Self-Study: (Independent Learning Projects). A combination of activities which may include, but are not limited to a combination of reading, observing other therapists, viewing video tapes and quality assurance studies and related professional activities which enhance knowledge and skill in a specific area. A Report of Professional Self-Study should be submitted to Committee for approval (Form C). Points will be assigned by the Committee based on the relevance to practice and complexity. Documentation: Copy of approval letter from OT Advisory Committee.
- (G) Specialty Certification. Achievement of a specialty certification by a recognized body such as Neuro Developmental Techniques, Sensory Integration, American Society of Hand Therapists will be awarded 20 points one time only. Credit will be granted for Certification obtained within the compliance period in which certification was granted or the next subsequent compliance period only.
- (H) Professional Activities
 - (i) American Occupational Therapy Association membership: 2 points
Documentation: Copy of current AOTA membership card.
 - (ii) Oklahoma Occupational Therapy Association or American Occupational Therapy Association elected office (up to 8 points per year). Documentation: Copy of annual report submitted to OOTA or AOTA listing activities of office.

(iii) AOTA or OOTA Committee chair - points awarded based on the extent to which activities are relative to maintaining involvement in the profession as evidenced by their annual report (up to 8 points per year). Documentation: Copy of approval letter from OT Advisory Committee.

(iv) Member of Committee - based on evidence of involvement in appropriate activities (up to 4 points per year). Documentation: Copy of approval letter from OT Advisory Committee.

(v) Active involvement in related organizations and committee upon approval by the Committee (up to 4 points per year). Documentation: List of dates of activities and types of activities, signed by committee chair, with a statement of relevance of the organization or committee to the practice of occupational therapy.

(6) Guidelines for the audit process.

(A) The Occupational Therapy Committee will, ninety (90) days before expiration date of each compliance period, randomly or for cause, select licensees for audit to ensure that all continuing education requirements have been met.

(B) Licensees being audited have thirty (30) calendar days from the date of the letter of notification to submit proof of continuing education to the Committee.

(C) The Occupational Therapy Committee or its appointed sub-committee shall review the documentation of each individual for compliance with established continuing education standards.

(D) Licensees found to be in compliance shall be notified of such and that no further action regarding the audit is required.

(E) Licensees found not to be in compliance shall be notified within (5) working days following the determination of non-compliance. The Board shall provide to the licensee specific information concerning areas of deficiency and what further information, if any, is needed to bring them into compliance. The licensee shall be given the opportunity to submit additional documentation for the Committee to consider, or he or she may elect to personally appear at the next Occupational Therapy Committee meeting. Provided, nothing in this provision shall prevent the Committee from requiring the licensee to personally appear for the purposes of ensuring compliance with the continuing education requirements.

(F) A summarized report shall be submitted to the Occupational Therapy Committee listing the names of those audited who are in compliance with continuing education requirements. Those not in compliance shall be listed with notation of deficiencies found and/or recommendation.

(c) **Renewal license identification card.** The Board shall issue to a licensee who has met all requirements for renewal a renewal license identification card.

(d) **Re-entry guidelines.** Therapists with licenses lapsed more than twelve months wishing to re-enter the practice of Occupational Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

(1) Personal appearance before the Advisory Committee.

(2) At least 2 Continuing Education Units for each month license was lapsed.

(3) Practice under the direct supervision of a licensed Occupational Therapist for one month (at least 22 days) for each year license was lapsed up to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.

(4) NBCOT certification examination.

(e) **Personal appearance requirement.** Therapists with licenses lapsed more than sixty months wishing to re-enter practice will be required to make a personal appearance before the Committee and meet any of the above guidelines as directed by the Committee.

435:30-1-6. Prescribing drugs

The occupational therapist or occupational therapy assistant shall not administer or dispense any scheduled or legend drug, except as directed by an authorized person.

435:30-1-7. Disclosure of examination contents by licensee prohibited

An occupational therapist or occupational therapy assistant shall not reproduce in written form, or reveal in any other manner, any part of the written or oral/practical examination for the purpose of aiding licensure of candidates.

435:30-1-8. Licensure requirements specific to occupational therapy assistant

(a) An occupational therapy assistant is a person who assists in the duties usually performed by an occupational therapist under the general supervision of a licensed occupational therapist.

(b) The fee for licensure as an occupational therapy assistant upon initial application shall be set by the Board.

(c) The Committee may in its discretion require any applicant to appear in person before the Committee in connection with consideration of said initial licensure.

435:30-1-9. Occupational Therapy Advisory Committee

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures and policies governing the operation of the Occupational Therapy Advisory Committee.

(b) **Meetings.**

(1) The advisory committee shall hold a meeting not less than 7 days prior to any regularly scheduled meeting set by the Board at such designated date and time as may be determined by the Chairperson.

(2) Special meetings may be called by the chairperson at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is three (3) members.

(d) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.

(3) Advisory committee action shall require a majority vote of those members present and voting.

(e) **Policy against discrimination.** The advisory committee shall make decisions in the discharge of its statutory authority with-out discrimination based on any person's race, creed, sex, religion, national origin, geographical distribution, age, physical condition or economic status.

(f) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare this to the advisory committee and shall not participate in any advisory committee proceedings involving that individual.

(g) **Attendance.** The policy of the advisory committee is that members will attend regular committee meetings as scheduled, except that absence from 3 regular meetings, without acceptable reasons, constitutes self-removal from the committee.

(h) **Rules of order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided by this section.

(i) **Agendas.** The executive secretary shall prepare and submit to each member of the advisory committee prior to each meeting an agenda which includes items requested by the State Board of Medical Licensure and Supervision or by members of the advisory committee, items required by law, old business, and other matters of Board business which have been approved by any committee members.

(j) **Minutes.**

(1) Drafts of the minutes of each meeting shall be forwarded to each member of the advisory committee for review and approval.

(2) The official minutes of advisory committee meetings shall be kept in the office of the executive secretary and shall be available to any person desiring to examine them during regular office hours of the Board.

(k) **Official records.**

(1) All official records of the advisory committee including application materials, except files containing investigative information shall be open for inspection during regular office hours of the Board.

(2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.

(3) Official records may not be taken from the Board offices, however, persons may obtain photocopies of files upon written request and by paying the cost per page set by the Board. Payment shall be made prior to release of the records and may be made by personal check.

(l) **Elections.**

(1) At the meeting held nearest after July 1 of each year, the advisory committee shall elect by a majority vote of those members present a chairperson and vice-chairperson providing that no person shall, following one full year of service in any specific office, succeed himself/herself in the same office.

(2) A vacancy which occurs in the offices of chairperson and vice-chairperson may be filled by a majority vote of those members present and voting at the next advisory committee meeting.

(m) **Committees.**

(1) The advisory committee with the approval of the Board may establish sub-committees as deemed necessary to assist the advisory committee in carrying out its duties and responsibilities.

(2) The chairperson may appoint the members of the advisory committee to serve on sub-committees and may designate the sub-committee chairperson.

(3) The chairperson of the advisory committee may appoint non-advisory committee members to serve as sub-committee members on a consultant or voluntary basis subject to Board approval.

(4) Sub-committee chairperson shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.

(5) Committees and sub-committees shall direct all reports or other materials to the executive secretary for distribution.

(6) Sub-committees shall meet when called by the chairperson of the sub-committee or when so directed by the advisory committee.

435:30-1-10. Grounds for disciplinary action

(a) The Board may reprimand or place on probation any holder of an Occupational Therapist License or Occupational Therapy Assistant License or revoke or suspend any license issued to an Occupational Therapist or Occupational Therapy Assistant who is found in violation of the Act. Violations include but shall not be limited to the following:

(1) Conviction of a felony crime that substantially relates to the occupation of occupational therapy or poses a reasonable threat to public safety.

(2) Dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public.

(3) Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of a occupational therapist or occupational therapy assistant.

(4) Procuring, aiding or abetting a criminal operation.

(5) Participation in fraud, abuse and/or violation of state or federal laws.

(6) Fraudulent billing practices and/or violation of Medicare and Medicaid laws or abusive billing practices.

(7) Improper management of medical records, inaccurate recording, falsifying or altering of patient records.

(8) Falsely manipulating patient's records or forging a prescription for medication/drugs, or presenting a forged prescription.

(9) Habitual intemperance or the habitual use of habit-forming drugs.

(10) Habitual intemperance or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of occupational therapy and the responsibilities of the licensee.

(11) Unauthorized possession or use of illegal or controlled substances or pharmacological

agents without lawful authority or prescription by an authorized and licensed independent practitioner of the State of Oklahoma.

(12) Engaging in physical conduct with a patient that is sexual in nature, or in any verbal behavior that is seductive or sexually demeaning to a patient.

(13) While engaged in the care of a patient, engaging in conduct with a patient, patient family member, or significant other that is seductive or sexually demeaning/exploitive in nature.

(14) Verbally or physically abusing patients.

(15) Discriminating in the rendering of patient care.

(16) Leaving a patient care assignment without properly advising the appropriate personnel.

(17) Violating the confidentiality of information or knowledge concerning a patient.

(18) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.

(19) Negligence while in practice of occupational therapy or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.

(20) Being judged mentally incompetent by a court of competent jurisdiction.

(21) Failing to timely make application for license renewal.

(22) Falsifying documents submitted to the Occupational Therapy Committee or the Oklahoma State Board of Medical Licensure and Supervision.

(23) Obtaining or attempting to obtain a license, certificate or documents of any form as a occupational therapist or occupational therapy assistant by fraud or deception.

(24) Cheating on or attempting to subvert the national occupational therapy examination or skills assessment tests.

(25) Failure to report through proper channels the unsafe, unethical or illegal practice of any person who is providing care.

(26) Failure to furnish to the Board, its investigators or representatives, information lawfully requested by the Board.

(27) Failure to cooperate with a lawful investigation conducted by the Board.

(28) Violation of any provision(s) of the Occupational Therapy Practice Act or the rules and regulations of the board or of an action, stipulation, agreement or order of the Board.

(29) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by a court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(b) An occupational therapist or occupational therapy assistant who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervising other occupational therapy practitioners for so long as the Board deems appropriate, and may themselves be subject to disciplinary action pursuant to their conduct.

(c) All Occupational Therapists and Occupational Therapy Assistants are responsible for maintaining and promoting the ethical practice of occupational therapy. Occupational therapy personnel shall act in the best interest of the patient/client at every level of practice. This Code of Ethics modeled in principal and the spirit of the Code of Ethics of the American Occupational Therapy Association, sets forth principles for the ethical practice of occupational therapy for occupational therapy personnel. This Code of Ethics shall be binding on all Occupational Therapists and Occupational Therapy Assistants.

All Occupational Therapy Personnel shall:

- (1) Demonstrate a concern for the well-being of the recipients of their services. (Beneficence).
- (2) Take reasonable precautions to avoid imposing or inflicting harm upon the recipient of services or to his/her property. (Nonmaleficence).
- (3) Respect the recipient and/or their surrogate(s) as well as the recipient's rights. (Autonomy, privacy, confidentiality).
- (4) Achieve and continually maintain high standards of competence. (Duties)
- (5) Comply with laws and policies guiding the profession of occupational therapy. (Justice).
- (6) Provide accurate information about occupational therapy services. (Veracity)
- (7) Treat colleagues and other professionals with fairness, discretion and integrity.

[Source: Amended at 22 Ok Reg 952, eff 5-12-05]

435:30-1-11. Disciplinary hearings

Investigatory hearings may be conducted by the Occupational Therapy Advisory Committee to ascertain facts, make conclusions and recommendations to the Board.

- (1) All notices or other papers requiring service in an individual proceeding shall be served in the manner set forth in 435:1-1-4 (c).
- (2) The time set for a hearing shall not be less than thirty days after the date the notice is completed.
- (3) All parties to said hearing are authorized to use discovery techniques available to parties in a civil action in the state courts of Oklahoma.
- (4) The hearing shall be conducted in an orderly manner by the Chairperson of the Advisory Committee. The order of procedure will follow that which applies in civil proceedings of law.
- (5) All hearings shall be conducted in accordance with and be governed by the provisions of the Oklahoma Administrative Procedures Act, 75 O.S. 1981, Sections 301 through 327, as now or hereinafter may be amended.
- (6) The hearing will be tape recorded and a record preserved by the office of the State Board of Medical Licensure and Supervision. If the respondent desires a certified court reporter to be present, that party shall be responsible for securing the attendance of the same. Neither the Advisory Committee nor the Board shall be responsible for the cost for the attendance of the reporter or a transcription of the hearing.
- (7) If a transcript of the hearing is desired, the requesting party must deposit sufficient funds to cover the transcription cost. The fees previously adopted by this Board for such transcription shall be applicable.
- (8) Requests for continuances received prior to the hearing date may be granted by the Chairperson of the Advisory Committee for good cause shown.
- (9) The Advisory Committee shall conduct the hearing, receive all evidence and shall thereafter make its recommendations to the Board for an appropriate order. Such recommendations shall be made within 15 days after the hearing. An aggrieved party may appeal such finding to the Board within thirty (30) days of the issuance of the Advisory

Committee's Recommendations.

(10) Appeals to the Board must be made by written request of the appellee. Parties will be afforded an opportunity to make oral arguments to the Board.

435:30-1-12. Duplicate licenses

Upon presentation of an affidavit and satisfactory proof that an Occupational Therapy or Occupational Therapy Assistant license has been lost, stolen or destroyed, the Secretary of the Board may issue a duplicate license. Such license shall carry the notation that it is a duplicate to replace the original license. A fee approved by the Board shall be collected.

435:30-1-13. Fees

All fees regarding Occupational Therapists and assistants must be approved by the Board. The most recently approved fee schedule is set out in 435:1-1-7.

435:30-1-14. Federal employment

A person employed by the Federal Government of the United States of America in the capacity of occupational therapist or occupational therapy assistant shall not be required to be licensed by the state, providing all of his/her professional activity within the state is conducted within a federal facility.

435:30-1-15. Supervision of students, new graduates, techs and aides

The Occupational Therapist is responsible and accountable for the overall use and actions of unlicensed personnel under his/her supervision and control during a therapy session or service delivery whether in person or by telehealth.

(1) **Students.** Supervision of the student must occur by one of the following methods:

(A) Direct, on-site supervision will be provided by the Oklahoma licensed Occupational Therapist for the Occupational Therapy student in models of healthcare or educational systems. Supervision of the Occupational Therapy Assistant student may be provided by an Oklahoma licensed Occupational Therapy Assistant working under supervision of an Oklahoma licensed Occupational Therapist.

(B) In emerging occupational therapy models, areas of innovative community-based and social systems-based occupational therapy practice where there is no occupational therapy practitioner on site, the occupational therapy practitioner must provide a minimum of six hours of weekly supervision. Supervision must include role modeling for the student, direct observation of client interaction, meeting with the student, review of student paperwork, and availability for communication and consultation. The supervisor must be readily available during all working hours. It is understood that supervision begins with more direct supervision and gradually decreases to a minimum of six hours weekly as the student demonstrates competence. The supervisor must be cognizant of the individual student's needs and must use judgment in determining when an individual student may need more of the supervisor's time.

(2) **New graduates.** Direct on-site supervision will be provided by the Occupational Therapist for new Occupational Therapist and Occupational Therapist Assistant graduates practicing under a letter authorizing practice temporarily.

(3) **Techs and aides.** Direct on-site supervision will be provided by the Occupational Therapist or Occupational Therapy Assistant for aides/technicians providing patient care. Occupational Therapists and Occupational Therapy Assistants will delegate only those tasks that are of a routine nature and do not require interpretation or professional judgment. The occupational therapy practitioner must ensure the aide/technician has demonstrated competency in the delegated tasks.

[Source: Added at 17 Ok Reg, eff 5-11-00; Amended at 19 Ok Reg 2779, eff 6-24-02 (emergency); Amended at 20 Ok Reg 982, eff 5-21-03]

435:30-1-16. Responsible supervision

(a) An occupational therapist will not sign the Form #5, Verification of Supervision, to be the direct clinical supervisor for more than a total of four occupational therapy assistants or applicants for licensure regardless of the type of professional licensure or level of training.

(b) It shall be the responsibility of the occupational therapist to monitor the number of persons under his/her direct clinical supervision. It shall be the responsibility of the occupational therapy assistant to inquire of the occupational therapist in regards to the number of persons being directly supervised.

(c) On a case-by-case basis, an occupational therapist may petition the Committee to receive permission to supervise additional occupational therapy assistants or applicants.

(d) If responsible supervision is not practiced, both the occupational therapist and occupational therapy assistant are in violation of this rule.

(e) If the licensed occupational therapist agrees to supervise an occupational therapy assistant, the occupational therapist shall:

(1) determine the frequency and manner of consultations, taking into consideration the treatment settings being used, client rehabilitation status, and the competency of the occupational therapy assistant being supervised;

(2) maintain a record of all consultations provided;

(3) document in the client treatment record each time the occupational therapist supervising the occupational therapy assistant is physically present and directly supervises the treatment of a client by the occupational therapy assistant being supervised.

(4) make herself/himself available to the occupational therapy assistant in person or via telecommunication for consultation prior to implementation of any treatment program revisions; and

(5) review with the occupational therapy assistant in person or via telecommunication the diagnosis of the condition to be treated, the authorization of the procedure, dismissal of the client, and evaluation of the performance of the treatment given.

(f) The licensed occupational therapy assistant shall:

(1) consult with the supervising occupational therapist in person or via telecommunication prior to any treatment program revision; and

(2) notify the supervising occupational therapist of any significant changes in the

physical, cognitive and/or psychological status of the client. Contact, or attempts to contact the supervising occupational therapist will be documented in the record.

(g) Occupational therapy assistants with more than one employer must have a primary supervisor at each job who has completed a Form #5, Verification of Supervision.

(h) The evaluating occupational therapist will document transfer of care to the occupational therapist of record.

[Source: Added at 18 Ok Reg , eff 7-12-01 Amended at 20 Ok Reg 1613, eff 7-12-12]

435:30-1-17. Role of Occupational Therapy Assistants in evaluations

An Occupational Therapy Assistant's participation in evaluations is not independent. The Occupational Therapy Assistant works in collaboration with and under the supervision of an Occupational Therapist. It is the Occupational Therapist's responsibility to give appropriate supervision and the Occupational Therapy Assistant's responsibility to seek appropriate supervision. The Occupational Therapy Assistant may have a role in the evaluation process and in the administration of assessment tools and instruments under the supervision of an Occupational Therapist after competency has been established. It is the Occupational Therapist who initiates the evaluation process and delegates the appropriate assessment to be carried out by the Occupational Therapy Assistant. The Occupational Therapy Assistant may administer and score these assessments. The Occupational Therapist interprets the results with input from the Occupational Therapy Assistant to establish a treatment plan.

435:30-1-18 Telehealth regulations

(a) In order to provide occupational therapy services via telehealth defined in 435:30-1-2 of the Code, an occupational therapist or occupational therapy assistant providing services to a patient or client in this State must have a valid and current Occupational Therapy or Occupational Therapy Assistant license issued by State of Oklahoma.

(b) An occupational therapist shall determine whether an in-person evaluation or in-person interventions are necessary in lieu of telehealth provision, considering: the complexity of the patient's/client's condition; the provider's own knowledge, skills and abilities; the nature and complexity of the intervention; the requirements of the practice setting; and the patient's/client's context and environment. Clinical reasoning for providing occupational therapy via teletherapy must be documented at the onset of treatment in the patient's/client's record.

(c) All legal, regulatory, and ethical rules applicable to the delivery of in-person occupational therapy shall also apply to the delivery of occupational therapy via telehealth technology.

(d) Audio and video equipment must allow for interactive, real-time communications which permit the occupational therapist or occupational therapy assistant and the patient to see and hear each other. Any telehealth technology used by any occupational therapist or occupational therapy assistant must comply with confidentiality requirements imposed by federal or state law concerning network connection security in place for video and non-video connections, specifically including requirements under HIPAA.

(e) An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth shall:

(1) Exercise the same standard of care when providing occupational therapy services via

telehealth as with any other mode of delivery of occupational therapy services;

(2) Provide occupational therapy in a manner consistent with the standards of practice, ethical principles, rules and regulations for Oklahoma occupational therapy practitioners. Therefore, it is the occupational therapy practitioner's responsibility to determine when a telehealth encounter is not the appropriate treatment model;

(3) Determine if it is medically and clinically necessary for a licensed healthcare provider or technician trained in the use of the equipment to be utilized at the originating site to "present" the patient, manage the cameras, and perform any physical activities to successfully complete the initial patient evaluation; and

(4) Be proficient in the use of the telehealth and/or telemedicine technology.

(f) An occupational therapist or occupational therapy assistant that is providing therapy services via telehealth as a mode of service delivery will be required to have two (2) continuing education units in the area of telehealth practice each reporting period.

(g) An occupational therapist may utilize telehealth methods for routine and general supervision of Form 5-registered supervisees, but not when direct on-site supervision is required under 435:30-1-2.

(h) Fieldwork students must follow the Accreditation Council for Occupational Therapy Education ("ACOTE") standards, academic program rules, and practice setting policies regarding the use of telehealth service delivery as well as follow all applicable supervision rules under 435:30-1-15 and 435:30-1-16.

(i) Failure to comply with telehealth regulations shall be considered unprofessional conduct as set forth in Section 9 of the Occupational Therapy Practice Act.