Section 435:30-1-2. Definitions [AMENDED]
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435:30-1-2. Definitions
The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly 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" shall have the same meaning as it does under 59 O.S. § 888.3(8).

"Telemedicine" 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" shall have the same meaning as it does under 59 O.S. § 888.3(9).

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.

435:30-1-15. **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.

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 the initial evaluation to be performed in person, and if medically necessary, a licensed healthcare provider trained in the use of the equipment may 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.