Minutes

The Occupational Therapy Advisory Committee of the Board of Medical Licensure and Supervision met virtually on April 16, 2020, in accordance with the Oklahoma Open Meeting Act. This virtual regular meeting is being held consistent with the amendments to the Open Meeting Act, 25 O.S.2011, § 301 et seq, signed into law by Governor Stitt on Wednesday, March 18, 2020. See SB661, 2020 O.S.L. 3, § 3. Advance notice of this meeting was transmitted to the Oklahoma Secretary of State on October 10, 2019. The notice and agenda were posted on the Board's website on April 13, 2020 at 11:11 a.m. pursuant to 25 O.S. § 311.9.

Members participating remotely via the Zoom web conferencing platform:
- Kari Garza, OT, Chair
- Julie Arias, OT, Vice-Chair
- Jennifer Wallace, OTA
- April Tate, Public Member
- Mary White, OT

Others participating remotely via the Zoom web conferencing platform:
- Lyle Kelsey, Executive Director
- Reji Varghese, Deputy Director
- Barbara Smith, Executive Secretary
- Lisa Cullen, Director of Licensing
- Rachel Herbert, CEU Processor
- Thomas Schneider, AAG, Committee Advisor

Having noted a quorum, Ms. Garza called the meeting to order at 9:01 a.m.

Following Committee review, Ms. White moved to accept the meeting minutes of January 30, 2020, as written. Ms. Arias seconded the motion and the vote was unanimous in the affirmative.

CATHERINE CHANDLER, applicant for Occupational Therapist licensure, appeared via the Zoom web conferencing platform in support of her request for modification to the CEU requirements which were recommended by this committee in January of this year. She has completed approximately half of her required supervision hours, but lacks approximately 32 required on-site CEU hours. Due to the COVID-19 Pandemic, all on-site courses are currently shut down and only on-line courses are available. Ms. Chandler advised that she obtained an additional five hours of on-site CEUs prior to the shutdown, but those have not yet been approved. She is certified through the National Board for Certification in Occupational Therapy and has done some activities with the Navigator. The Committee suggested that she complete some Navigator activities, as well as Medbridge, in order to keep her financial costs low. Following Committee discussion and in light of the COVID-19 Pandemic, Ms. White moved to modify the CEU recommendations from the January 30, 2020 committee meeting to allow Ms.
Chandler to obtain the outstanding 32 hours via online courses. Ms. Wallace seconded the
motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications for licensure. Ms. Tate moved to
recommend approval of the following incomplete Occupational Therapy Assistant applications
pending completion of the files. Ms. Arias seconded the motion and the vote was unanimous in
the affirmative with Ms. Garza abstaining.

**OA 2192 NEAL, CARLEIGH**
**OA 2193 AZBILL, ROBERT J**
**OA 2194 STUCKEY, ALLISON RILEY**

Ms. Arias moved to recommend approval of the following incomplete Occupational
Therapy Assistant applications pending completion of the files. Ms. White seconded the motion
and the vote was unanimous in the affirmative with Ms. Garza abstaining.

**OA 2197 COOPER, SHELBY LEIGH**
**OA 2198 BARTHOLOMEW, ALEXANDRA L**
**OA 2199 ALBERT, JULIA DAWN**

Ms. White moved to recommend approval of the following incomplete Occupational
Therapy Assistant applications pending completion of the files. Ms. Tate seconded the motion
and the vote was unanimous in the affirmative with Ms. Garza abstaining.

**OA 2204 TAYLOR, STEPHANIE MARIE**
**OA 2206 BURLEY, JORDAN NICOLE**
**OA 2207 SANDOVAL, LINDSAY MARIE**

Ms. Wallace moved to recommend approval of the following incomplete Occupational
Therapy Assistant applications pending completion of the files. Ms. White seconded the motion
and the vote was unanimous in the affirmative.

**OA 2211 MCMAHEN, KAHLA A**
**OA 2212 MCMILLAN, MARIKA S**

Ms. Wallace moved to recommend approval of the following incomplete applications
for reinstatement of Occupational Therapy Assistant licensure pending completion of the files.
Ms. Arias seconded the motion and the vote was unanimous in the affirmative.

**OA 1041 TOWNSEND, KENNETHIA L**
**OA 2118 JOHNSON, NAOMI**

Ms. Tate moved to recommend approval of the following complete applications for
Occupational Therapy Assistant licensure. Ms. White seconded the motion and the vote was
unanimous in the affirmative.

**OA 2188 BROWN, ANNA NICOLE**
**OA 2189 PHILLIPS, MADISON TAYLOR**
**OA 2190 WISELEY, MIRANDA SUE**

**OA 2195 BABIONE, HEATHER ANNE**
**OA 2196 DODGEN, MARY LOUISE**

**OA 2197 COOPER, SHELBY LEIGH**
**OA 2200 MARTIN, CALEIGH J**
**OA 2201 FLORA, SHAELLEN ELIZABETH**
**OA 2203 ROBBINS, CASSIE**
**OA 2204 TAYLOR, STEPHANIE MARIE**
**OA 2206 BURLEY, JORDAN NICOLE**
**OA 2207 SANDOVAL, LINDSAY MARIE**

**OA 2118 JOHNSON, NAOMI**

**OA 2188 BROWN, ANNA NICOLE**
**OA 2189 PHILLIPS, MADISON TAYLOR**
**OA 2190 WISELEY, MIRANDA SUE**
**OA 2195 BABIONE, HEATHER ANNE**
**OA 2196 DODGEN, MARY LOUISE**

**OA 2200 MARTIN, CALEIGH J**
**OA 2201 FLORA, SHAELLEN ELIZABETH**
**OA 2203 ROBBINS, CASSIE**
Ms. Tate moved to recommend approval of the following incomplete applications for Occupational Therapist licensure pending completion of the files. Ms. Wallace seconded the motion and the vote was unanimous in the affirmative.

OT 5429  WILSON, THERESA LYNN
OT 5435  BUBAK, MAUREEN
OT 5437  VASQUEZ-ROMERO, MYRA L.
OT 5438  COLE, VANESSA MARIE
OT 5440  STOTLER, JACOB PAUL

OT 5441  PETERSON, KAYLEE MARIE
OT 5442  LADENBURGER, KELSEY L
OT 5443  HARVEY, ASHLEY TAYLOR
OT 5444  KOMRIJ, HAYLEY BIENEK

Ms. Wallace moved to recommend approval of the following incomplete applications for Occupational Therapist licensure pending completion of the files. Ms. Tate seconded the motion and the vote was unanimous in the affirmative.

OT 5445  SPENCER, MADISON RHEA
OT 5446  BYRNE, KATHERINE GRACE
OT 5447  ARMENTA, JANETTE
OT 5448  HALL, ADDISON

OT 5449  SMITH, HANNAH CAROLINE
OT 5450  CRADDICK, CADY ANN
OT 5451  RICE, MELISSA ANN
OT 5452  RANKIN, ASHLEY

Ms. Arias moved to recommend approval of the following incomplete applications for Occupational Therapist licensure pending completion of the files. Ms. Tate seconded the motion and the vote was unanimous in the affirmative.

OT 5453  BARRETT, MEGHAN NICOLE
OT 5454  TALIAFERRO, ABBY DANIELLE
OT 5456  MEEHAN, DELILAH
OT 5457  CONWAY, BETHANY GAIL

OT 5458  PATEL, ATMIYATA
OT 5459  WHITE, MITCHELL RILEY
OT 5460  WHEELER, BRITTANY

Ms. White moved to recommend approval of the complete application of TRAGENE ADDIS BRISTO for reinstatement of Occupational Therapist licensure. Ms. Arias seconded the motion and the vote was unanimous in the affirmative.

Ms. White moved to recommend approval of the incomplete application of PATRICIA KAY CLARK for reinstatement of Occupational Therapist licensure pending completion of the file. Ms. Tate seconded the motion and the vote was unanimous in the affirmative.
Ms. White moved to recommend approval of the incomplete application of LANDRY KAIL BRISCOE for Occupational Therapist licensure pending completion of the file. Ms. Tate seconded the motion and the vote was unanimous in the affirmative.

Ms. Arias moved to recommend approval of the following complete applications for Occupational Therapist licensure. Ms. Tate seconded the motion and the vote was unanimous in the affirmative.

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<td>WILSON, CHRISTINE JISSELLE</td>
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Next, the Committee reviewed pre-reviewed continuing education units presented for consideration. Ms. Arias moved to accept the CEUs as presented on the list attached hereto as Attachment #1. Ms. Wallace seconded the motion and the vote was unanimous in the affirmative.

The Occupational Therapy Assistant students, Oklahoma City Community College, Oklahoma City, Oklahoma were virtually welcomed to the meeting. The Committee answered questions of the students. The students were appreciative of the information and thanked the Committee for their time.

There being no further business, Ms. White moved to adjourn the meeting. Ms. Arias seconded the motion and the vote was unanimous in the affirmative. The time was 9:59 a.m.
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OT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Occupational Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Deborah Wilson
5945 E. 4th Street
Tulsa, OK 74112

Phone Number: (918) 351-4146

Seminar or Course Title: Guiding Principles for Oklahoma Resource Families

Sponsor of Seminar or Course (as listed on certificate): Resource Family Training

Date(s) of Seminar or Course: 12/12 12/13 12/21 9 hours each day

Contact hours Requested for Activity: 27

Please provide the following materials:
Program agenda showing breakdown of time spent in instruction periods, break time, meals, etc.
(In the case of film or tape presentation - duration, title and a brief summary of presentation.)
A statement of the program's goals and objectives sufficient to provide information for evaluation of relevancy and practical application to the field of occupational therapy.
Documentation of instructor background/expertise.
Abstract of text (if applicable).
Copy of published material (if applicable)

Date reviewed: Reviewer Initials:

Approved for ________ Hours for the reporting period ending October 31, ________.

Tabled- Need additional information:

Denied (reason):

Certificates of Attendance/Completion should reflect correct sponsor for guaranteed credit.

Questions? Call the Licensing Department at 405/962-1400.

**Requests must be received at least ten (10) days prior to a scheduled Committee meeting**

January 2008
EXPEDITED Resource Family Training (RFT) is the 9-session, 27-hour pre-service training for resource parents. The training teaches the Guiding Principles for Oklahoma Resource Families, a trauma informed curriculum emphasizing best practices and practical applications. Participants enrolled in trainings in the expedited format must plan to attend all sessions within that designated RFT. If a participant must miss all or part of a session, he/she should not be enrolled in an expedited RFT. SPECIAL SERVICES: Accommodations on the basis of disability are available by contacting the National Resource Center for Youth Services (NRCYS) at 1-800-274-2687 and ask for the Resource Family Training program. 30 MINUTE RULE: Participants missing more than 30 minutes of a training session may not receive credit for that session. CHILDREN: Training content is inappropriate for children and they will not be allowed to attend.

WORKSHOP DATES: Thursday, Friday, and Saturday, December 12-14, 2019. Registration for session 1 begins at 8:30 am. Classroom sessions 9:00 am to 12:00 pm, 12:00 pm to 1:00 pm (lunch), 1:00 pm to 4:00 pm, 4:00 pm to 4:15 pm (break), 4:15 pm to 7:15 pm. SITE: Harvard Avenue Christian Church, Chapel (enter through the west entrance), 5502 South Harvard Avenue, 918/742-5509, Tulsa, 74135.
Resource Family Training (RFT) is the 9-session, 27-hour pre-service training for resource parents. The training teaches the Guiding Principles for Oklahoma Resource Families, a trauma-informed curriculum that emphasizes best practices and practical applications. Participants must be enrolled by their worker. Only participants needing to make up a session should contact the National Resource Center for Youth Services (NRCYS) at 1-800-274-2687 and ask for the Resource Family Training program. SPECIAL SERVICES: Accommodations on the basis of disability are available by contacting NRCYS at the 800# as soon as possible. 30 MINUTE RULE: Participants missing more than 30 minutes of a training session may not receive credit for that session. CHILDREN: Training content is inappropriate for children and they will not be allowed to attend.
Resource Family Training

Individual Training

Record

Deborah Louise Parent Name
SSN #: XXX—XX—1127

Mailing Address: 5945 E 4th Street

City: Tulsa State: OK Zip: 74122 County: Tulsa

Home Ph. #: Cell Ph. #: (918) 351-4146 Work Ph. #: (918) 604-4507

Location of Training: Baptist Church RFT Group #: 6055

DHS Worker or Contract Agency: Worker Phone #: (918) 604-4507

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Signature:

Note to Participants: When all sessions have been completed, please mail card to:

National Resource Center for Youth Services
4502 E. 41st St., Bldg. 12
Tulsa, OK 74135-2512

Attn: Resource Family Training

Check box if you need CEUs for professional licensure.
Oklahoma Department of Human Services
Certificate of Completion

This certifies that

Deborah Wilson

has participated in and completed
Resource Family Training
Guiding Principles for Oklahoma Resource Families
27 hours

Daphne Hillhouse

Trainer
6055

RFT#

Christine Marsh

Trainer
12/12/19 - 12/21/19

Start Date - End Date
Guiding Principles for Oklahoma Kinship, Foster, and Adoptive Families

Overview of Training Sessions

Session 1: Children in Care

Session 1 welcomes you to the DHS preservice resource parent training, Guiding Principles for Oklahoma Kinship, Foster, and Adoptive Families. In Session 1, you will learn the mission and purpose of DHS Child Welfare Services, as well as understand the Foundational Beliefs that are core to being a kinship, foster, and adoptive resource parent. You will examine how children come into care and gain awareness of the magnitude of child abuse and neglect. You will understand the definition and role of resource families and explore your unique role as a member of a professional team. You will watch a video that reveals what it is like for children and youth when they are removed from their homes.

Session 1 also explains several features that are common to all sessions in the Guiding Principles for Oklahoma Kinship, Foster, and Adoptive Families curriculum. These include Learning Objectives (what you can expect to learn during each session), pretests and posttests (evaluate the effectiveness of training), Teamwork Agreements (guidelines to help ensure a supportive and safe environment), Hold That Thought (keep us on track), Big Ideas (most important and useful information you learned), Self-Reflection Questions (examine experiences and make connections), and the Guiding Principles for Oklahoma Kinship, Foster, and Adoptive Families Participant Handbook (follows along with the training). Lastly, during each session, you will be asked to think about and assess your ability and willingness to care for children with complex needs who require out-of-home care.

Session 2: Bridge Practice

What does it mean to be a resource family that supports bridge practice? Session 2 addresses this question with the DHS Resource Family Seven Guiding Principles (DHS Handbook, 2014). As you are trained in these principles, you will examine what it means to be a DHS resource family, consider the importance of partnering with a child's family in order to maintain family connections, and learn how to prepare (PREP) the child, yourself, and your family for visitation with the child's family. After watching a video detailing a birth mom and her experiences with the resource families caring for her children, you will identify various ways to stay connected to a child's family. Finally, videotaped resource parents speak of their mentoring and bridging roles when caring for children in out-of-home care.
Overview of Training Sessions continued

Session 3: Culture and Connections

Culture shapes the way we understand the world. Session 3 recognizes the importance of culture and encourages an appreciation of the ways we are alike and the ways we are different. In this session, you will gain awareness of family culture and its effect on children in out-of-home care, as well as examine the impact that culture has on a child’s self-esteem and personal identity. You will learn about the use of a cultural guide as you study cross cultural interactions. And, after watching a video clip on the importance of maintaining sibling connections in out-of-home care, you will discuss ways to maintain those connections.

Session 4: Understanding Development and Trauma

Children and youth learn important lessons about how to interact with the world around them through primary relationships and attachments. Through a guided imagery activity, Session 4 examines basic human needs and the importance of attachment in a child’s overall growth and development. You will review the stages of typical child development and begin your study of childhood trauma and how children may respond to traumatic events. The concept of trauma-informed parenting and its benefits will be investigated as you learn about the Adverse Childhood Experiences (ACE) study and how these experiences affect the children in your care and their families. Finally, you will explore how to use your trauma-informed lens to help children and their families deal with feelings of loss and grief.

Session 5: Becoming More Trauma-Informed

Experience—especially interactions with parents or other caregivers—determines the growth and pattern of brain development, including the connections that form the basis for thoughts, feelings, and behaviors. Session 5 explores the ways in which trauma can interfere with children’s brain development and functioning. After viewing two videos that explain how experiences build brain architecture and how toxic stress can derail healthy development, you will learn the importance of promoting safety for children who have experienced trauma. You will become aware of trauma triggers and emotional hot spots, consider ways you can respond effectively to trauma triggers, and learn what you can do to promote healthy development. The factors affecting a child’s resilience will be explored, including how resource parents can promote this in children.
Overview of Training Sessions continued

Session 6: Positive Discipline

Every interaction is crucial in the initial stages of building relationships with the children in your care. In Session 6, you will examine and understand why building relationships with children in out-of-home care is important to their healthy development. You will study a continuum of interactions, recognize the difference between discipline and punishment, and become aware of the DHS policy on discipline and why corporal punishment is prohibited. Your attitudes about power and control impact your attitudes about discipline and punishment and Session 6 will help you discover effective discipline and teaching methods to be utilized with children in your care. Lastly, this session will reveal important information about the DHS policy on abuse allegations against resource families and review some steps you can take to protect yourself.

Session 7: Crisis Intervention

All behavior is an attempt to meet a need and therefore has meaning. Session 7 explores how experiences, including thoughts and feelings, bring meaning to behaviors that can be disruptive and frustrating. You will figure out what pushes your buttons and gets you going, as well as how you respond when tensions are high, which will help you be able to bring meaning to a child’s behavior when you interact with a child who is feeling out of control. You will learn the behaviors that categorize each stage of crisis and become aware of nonphysical interventions and strategies that can be used during a crisis. Lastly, you will learn how to reconnect with your child after a critical incident.

Session 8: Characteristics of Successful Families

In Session 8, we will focus our attention on your family and what families, in general, need to be successful and to help the children in their care be successful. Part of being a successful family is in taking care of yourself to prevent burnout so that you can be an effective caregiver to children who have experienced trauma. In this session, you will learn the warning signs of compassion fatigue and secondary traumatic stress, be able to identify specific self-care techniques, and describe three coping strategies. You will explore the impact that kinship, fostering, and adoption has on the family system; specifically, understanding the needs of the children already in your home and the impact that being a resource family has on them. Finally, you will examine the Search Institute’s Developmental Relationships Framework and learn how to strengthen the family by nurturing close relationships with your children and having fun together.
Overview of Training Sessions continued

Session 9: Tying It All Together: Safety, Permanency, and Well-Being

In Session 9, you will tie together all that you have learned. After viewing the *Children in Foster Care* video, you will understand the experiences of teens living in out-of-home care. Also, you will examine, through the Reasonable and Prudent Parenting Standard, the challenges and needs to ensure normalcy for foster children. Lastly, you will learn about parenting from a different perspective that points out that knowledge does not necessarily equal understanding.
Session 1
Training Overview and Children in Care

Session Agenda

I. Session Opening
II. Getting to Know You: An Introductory Activity
III. Teamwork Agreement
IV. Hold That Thought
V. Structure of Training and Overview of Course Materials
VI. DHS Child Welfare Mission and Purpose
VII. What We Mean When We Say...Language Definitions and Disclaimers
VIII. Foundational Beliefs
IX. Expanding Your Network Activity
X. Working as a Member of a Professional Team
XI. Resources You Can Use
XII. Children in Out-of-Home Care
XIII. Big Ideas
XIV. Self-Reflection Questions
XV. Session Closing
Session 1 Learning Objectives

At the end of this session, participants will be able to

- name the three components of the DHS Child Welfare Services mission statement.
- explain the three roles of resource families and summarize what it means to be a resource family.
- recall at least two of the five Foundational Beliefs.
- identify at least one responsibility of resource parents as active members of the child's professional team.
- list at least three resources available to kinship, foster, and adoptive families who support and care for traumatized children.
- summarize the magnitude of child abuse and neglect utilizing the statistical information provided.
Session 2
Bridge Practice

Session Agenda

I. Session Opening
II. Resource Family Guiding Principles
III. What Does It All Mean?
IV. Supporting Family Relationships: Bridging the Gap
V. Visitation
VI. Foster Parents Speak Video
VII. Big Ideas
VIII. Self-Reflection Questions
IX. Posttest Review and Session Closing
Session 2 Learning Objectives

At the end of this session, participants will be able to

- define Bridge Practice and discuss at least two of the DHS Resource Family Guiding Principles.

- identify three ways to help a child maintain connections to family and/or other important relationships while in out-of-home care.

- define visitation and explain the elements of the PREP model that are essential to preparing children for visits.

- explain the benefits that result from resource families having a positive relationship with the child’s family.
Session 3
Culture and Connections

Session Agenda

I. Session Opening
II. Stand Up/Step In!
III. Culture Matters
IV. Cross-Cultural Interactions
V. Cultural Guide
VI. Family Culture
VII. The Importance of Sibling Connections
VIII. Big Ideas
IX. Self-Reflection Questions
X. Posttest Review and Session Closing
Session 3 Learning Objectives

At the end of this session, participants will be able to

- define culture.
- name four factors that influence cross-cultural interactions.
- identify a situation when a cultural guide would be needed.
- discuss at least two benefits of keeping siblings connected.
Session 4
Understanding Development and Trauma

Session Agenda

I. Session Opening

II. Understanding Needs

III. Attachment: The Foundation of Relationships

IV. On the Right Track: Typical Child Development

V. What is Trauma?

VI. Trauma-Informed Parenting...What Does It Mean?

VII. Lifelong Impact of Trauma: ACE Study

VIII. Birth Parents and Trauma Histories

IX. Loss and Grief

X. Big Ideas

XI. Self-Reflection Questions

XII. Posttest Review and Session Closing
Session 4 Learning Objectives

At the end of this session, participants will be able to

- identify the five levels of human needs.

- name three positive outcomes of secure attachments.

- categorize two milestones for each developmental domain for children ages 0-18.

- define childhood trauma and distinguish between the three types of trauma.

- explain how using a trauma-informed lens can result in an appropriate response to a child’s traumatic behavior.

- discuss strategies for assisting children and youth with feelings of loss and grief.
Session 5
Becoming More Trauma-Informed

Session Agenda

I. Session Opening
II. Trauma and Brain Development
III. We Learn by Experience
IV. Your Internal Alarm System
V. How Children Respond: Trauma Triggers
VI. What You Might See: Emotional Hot Spots Part I
VII. What You Might See: Emotional Hot Spots Part II
VIII. How Children Respond: Traumatic Stress Reactions
IX. Development Derailed: Trauma and Development
X. Promoting Safety: What Trauma-Informed Parents Can Do to Help Children Get Back on Track
XI. The Role of Resilience
XII. Big Ideas
XIII. Self-Reflection Questions
XIV. Posttest Review and Session Closing
Session 5 Learning Objectives

At the end of this session, participants will be able to

- identify at least two ways trauma can impact a child's brain development.
- define trauma triggers and list at least one strategy to address each of the emotional hot spots.
- name two of the four traumatic stress reactions.
- describe three things trauma-informed parents can do to promote safety for children in care.
- define resilience and identify the single most important factor in a child's recovery.
Session 6
Positive Discipline

Session Agenda

I. Session Opening
II. Building Blocks of Relationships
III. Teaching through Discipline
IV. DHS Policy: Discipline
V. Discipline: The Influence of Power and Control
VI. DHS Policy: Abuse Allegations
VII. Positive Discipline Structure
VIII. Positive Discipline Strategies
IX. Big Ideas
X. Self-Reflection Questions
XI. Posttest Review and Session Closing
Session 6 Learning Objectives

At the end of this session, participants will be able to

- identify at least three factors that are essential to building a trusting relationship with children who have been traumatized.

- distinguish the difference between discipline and punishment as defined by DHS.

- explain why corporal punishment is prohibited as outlined in the DHS Discipline Policy.

- list four different positive discipline strategies that can be utilized with children in out-of-home care.
Session 7
Crisis Intervention

Session Agenda

I. Session Opening

II. Behavior has Meaning

III. What Pushes Your Buttons?

IV. What is Crisis?

V. Stages of Crisis

VI. Tools You Can Use: Nonverbal Communication Skills

VII. Tools You Can Use: Verbal Communication Skills

VIII. Tools You Can Use: Crisis Intervention Skills

IX. Tools You Can Use: Recovery Skills

X. Tools You Can Use: Reconnection Skills

XI. Big Ideas

XII. Self-Reflection Questions

XIII. Posttest Review and Session Closing
Session 7 Learning Objectives

At the end of this session, participants will be able to

- explain what is meant by "All behavior is an attempt to meet a need and therefore has meaning."
- identify at least three behaviors that characterize each stage of crisis.
- list at least five intervention strategies that can be used during a crisis.
- distinguish between the recovery and the reconnection stages.
Session 8
Characteristics of Successful Families

Session Agenda

I. Session Opening
II. Self-Care: Taking Care of the Caregiver
III. Characteristics of Successful Families
IV. Preparing Your Family for Change
V. Families: Building Relationships and Having Fun
VI. Big Ideas
VII. Self-Reflection Questions
VIII. Posttest Review and Session Closing
Session 8 Learning Objectives

At the end of this session, participants will be able to

- identify four warning signs of being overstressed.
- develop a self-care plan that incorporates at least three coping strategies.
- list at least two barriers to self-care.
- brainstorm one example for each of the five elements in the Developmental Relationships framework.
- Discuss two strategies to prepare family members for changes related to kinship, foster, and adoptive care.
Session 9

Tying It All Together: 
Safety, Permanency, and Well-Being

Session Agenda

I. Session Opening

II. Listening to the Voices of Youth

III. Ensuring Normalcy: Reasonable and Prudent Parent Standard

IV. Parenting from a Different Perspective

V. Wrapping Up: An Interactive Reflection

VI. Posttest Review and Session Closing
Session 9 Learning Objectives

At the end of this session, participants will be able to:

- list at least three ways young people are impacted by living in out-of-home care.
- identify two positive outcomes of normalcy for children in out-of-home care.
- name at least three factors to consider when applying the Reasonable and Prudent Parent Standard.
- explain what is meant by “knowledge does not necessarily equal understanding” as reflected in the Backwards Brain Bicycle video.
OT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Occupational Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Nichole Shaw COTA #1760
15453 SCR 207
Blair, OK 73524

Name/Address of Person submitting request (response will be mailed to this address):

Phone Number: (580) 471-8434

Seminar or Course Title: Health Statistics AIHHT 8043

Sponsor of Seminar or Course (as listed on certificate): South Western OK State Uni.

Date(s) of Seminar or Course: August 2019 - December 2019

Contact hours Requested for Activity: 4 hours

Please provide the following materials:
Program agenda showing breakdown of time spent in instruction periods, break time, meals, etc.
(In the case of film or tape presentation - duration, title and a brief summary of presentation.)
A statement of the program's goals and objectives sufficient to provide information for evaluation of relevancy and practical application to the field of occupational therapy.
Documentation of instructor background/expertise.
Abstract of text (if applicable).
Copy of published material (if applicable)

Committee Use Only:

Date reviewed: _______________ Reviewer Initials: _______________

Approved for ___________ Hours for the reporting period ending October 31, _________.

Tabled- Need additional information: ________________________________________________

Denied (reason): __________________________________________________________________

Certificates of Attendance/Completion should reflect correct sponsor for guaranteed credit.
Questions? Call the Licensing Department at 405/962-1400.

**Requests must be received at least ten (10) days prior to a scheduled Committee meeting**
ALHLT 3043 Healthcare Statistics

Course Description

This is a course in health-related statistics and statistical applications in the medical sciences. Statistical procedures will be taught along with data collection and display techniques as well as utilization of formulas used by health care facilities.

The course subdomains and competencies are:

Data Management
* evaluate data from varying sources to create meaningful presentations

Analytics & Data Support
* apply data extraction methodologies
* recommend organization action based on knowledge obtained from the data exploration and mining
* analyze clinical data to identify trends that demonstrate quality & effectiveness
* apply knowledge of database querying and data exploration and mining techniques to facilitate information retrieval

Healthcare Statistics
* interpret inferential statistics
* analyze statistical data for decision making

Research Methods
* apply principles of research and clinical literature evaluation to improve outcomes
* plan adherence to Institutional Review Board (IRB) processes and policies

Course Learning Objectives/Goals

At the conclusion of this course the students should be able to:

Solve for measures of morbidity, mortality, and risk of disease
Select which graphic technique is appropriate for the type of information conveyed
Relate the importance of validity and reliability to the measurement process
Classify variables to the scales of measurement
Identify variables as either discrete or continuous
Explain why measures of central tendency and variability differ in grouped and ungrouped frequency distributions
Compare and contrast the normal distribution, the standard normal distribution, and the standard normal deviate
Explain the central limit theorem
Solve for the standard error of the mean and construct confidence intervals
Explain the following sample techniques: simple random, stratified random, systematic, and cluster
Explain the differences between and develop a null and alternative hypotheses
Explain the factors that affect type I and type II errors
Differentiate between the alpha level and the p value
Test hypotheses using one- and two-tailed tests of significance for one and two independent samples using z and t
Test the differences between two or more sample means using ANOVA and post hoc procedures to determine which means are significantly different when procedure results in a significant F statistic.
Interpret the Pearson r
Interpret regression modules for given situations
Differentiate between parametric and non-parametric statistical procedures
Test for independence using the X2 test of independence and analyze the results using standardized residual
Identify and interpret the information needs of internal and external healthcare users

**Health Statistics Lab:**
Summarize, synthesize and condense information for organizational use based on institutional data.
Use health care data collected from online databases in comparative statistical reports.
Identify, respond to, filter, and interpret the information needs of internal and external healthcare users
Apply the principles of descriptive, inferential, population, and hospital statistics to problem sets.
Demonstrate, through data entry, summarization, and graphic presentation, the interpretation and reporting of statistics.
Apply principles of design, sampling, human rights, ethics, and confidentiality to surveys and experiments.
Following IRB processes to complete a research project.
Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare.
Apply data extraction methodologies
Demonstrate the ability to work in a group to complete the lab project.

**Provider**
David P. Lawrence, Ph.D.
Associate Professor
Department of Engineering Technology
Southwestern Oklahoma State University
100 Campus Drive
Weatherford, OK 73096
Office: TBB 204
Office phone: 580-774-7016
South Western Oklahoma University (transcript provided)
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Degree Received: Associate in Applied Science
Date Conferred: 08/01/2016
Majors....: AAS Occupational Therapy Asst
Honors....: Cum Laude

The University uses a Four-Point Grading System.
OT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Occupational Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Nichole Shaw COTA #1740
15453 SE 207th
Bair, OK 73525

Phone Number:
(580) 471-8484

Seminar or Course Title: Epidemiology ALHLT 4093

Sponsor of Seminar or Course (as listed on certificate): Southwestern Oklahoma State University

Date(s) of Seminar or Course: August 2019 - December 2019

Contact hours Requested for Activity: 4 hours

Please provide the following materials:
Program agenda showing breakdown of time spent in instruction periods, break time, meals, etc. (In the case of film or tape presentation - duration, title and a brief summary of presentation.)
A statement of the program’s goals and objectives sufficient to provide information for evaluation of relevancy and practical application to the field of occupational therapy.
Documentation of instructor background/expertise.
Abstract of text (if applicable).
Copy of published material (if applicable)

Committee Use Only:

Date reviewed: __________________ Reviewer Initials: __________________

Approved for ________ Hours for the reporting period ending October 31, ________.

Tabled- Need additional information:

Denied (reason):

Certificates of Attendance/Completion should reflect correct sponsor for guaranteed credit.
Questions? Call the Licensing Department at 405/962-1400.

**Requests must be received at least ten (10) days prior to a scheduled Committee meeting**
Course Discription:

The course covers applications of epidemiologic methods and procedures to the study of the distribution and determinants of health and diseases, morbidity, injuries, disability, and mortality in populations. Epidemiologic methods for the control of conditions such as infectious and chronic diseases, mental disorders, community and environmental health hazards, and unintentional injuries are discussed. Other topics include quantitative aspects of epidemiology, for example, data sources, measures of morbidity and mortality, evaluation of association and causality, and study design.

Course Learning Objectives

Describe how basic epidemiological concepts are applied in practice to prevent disease and promote health in populations.
Demonstrate how epidemiology uses a comparative approach to describe disparities (health-related outcomes variation across time, place, and population subgroups).
Describe the evolution of epidemiology over time.
Demonstrate knowledge of and application of the general principles and terminology used in epidemiology.
Describe the strengths and weakness of different epidemiological study designs (descriptive and analytic).
Identify and describe strength and weaknesses of multiple epidemiological data sources.
Explain the differences in observational versus analytic epidemiological study designs.
Analyze and interpret health data using epidemiological methods.
Make recommendations based on findings from epidemiological analyses and epidemiological study results.
Discuss the applications of epidemiology to other health related fields.
Apply epidemiological research techniques.
Critique and summarize epidemiological literature.

Provider
South Western Oklahoma State University (TRANSCRIPT PROVIDED)
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Degree Received: Associate in Applied Science
Date Conferred.: 08/01/2016
Majors: AAS Occupational Therapy Asst
Honors: Cum Laude

End of Transcript
OT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Occupational Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Nichole Shaw COTA #1760
15453 SCR 207
Blair, OK 73524

Phone Number: (580) 471-8434

Seminar or Course Title: ADVANCED MEDICAL TERMINOLOGY ALHLT 3053

Sponsor of Seminar or Course (as listed on certificate): South Western OK State Uni.

Date(s) of Seminar or Course: August 2019 - December 2019

Contact hours Requested for Activity: 4 hours

Please provide the following materials:
Program agenda showing breakdown of time spent in instruction periods, break time, meals, etc.
(In the case of film or tape presentation - duration, title and a brief summary of presentation.)
A statement of the program's goals and objectives sufficient to provide information for evaluation of relevancy and practical application to the field of occupational therapy.
Documentation of instructor background/expertise.
Abstract of text (if applicable).
Copy of published material (if applicable)

Committee Use Only:

Date reviewed: Reviewer Initials:

Approved for ________ Hours for the reporting period ending October 31, ________.

Tabled- Need additional information:

Denied (reason):

Certificates of Attendance/Completion should reflect correct sponsor for guaranteed credit.

Questions? Call the Licensing Department at 405/962-1400.

**Requests must be received at least ten (10) days prior to a scheduled Committee meeting**
ALHLT 3043 Healthcare Statistics

Course Description

This is a course in health-related statistics and statistical applications in the medical sciences. Statistical procedures will be taught along with data collection and display techniques as well as utilization of formulas used by health care facilities.

The course subdomains and competencies are:

Data Management
* evaluate data from varying sources to create meaningful presentations

Analytics & Data Support
* apply data extraction methodologies
* recommend organization action based on knowledge obtained from the data exploration and mining
* analyze clinical data to identify trends that demonstrate quality & effectiveness
* apply knowledge of database querying and data exploration and mining techniques to facilitate information retrieval

Healthcare Statistics
* interpret inferential statistics
* analyze statistical data for decision making

Research Methods
* apply principles of research and clinical literature evaluation to improve outcomes
* plan adherence to Institutional Review Board (IRB) processes and policies

Course Learning Objectives/Goals

At the conclusion of this course the students should be able to:

Solve for measures of morbidity, mortality, and risk of disease
Select which graphic technique is appropriate for the type of information conveyed
Relate the importance of validity and reliability to the measurement process
Classify variables to the scales of measurement
Identify variables as either discrete or continuous
Explain why measures of central tendency and variability differ in grouped and ungrouped frequency distributions
Compare and contrast the normal distribution, the standard normal distribution, and the standard normal deviate
Explain the central limit theorem
Solve for the standard error of the mean and construct confidence intervals
Explain the following sample techniques: simple random, stratified random, systematic, and cluster
Explain the differences between and develop a null and alternative hypotheses
Explain the factors that affect type I and type II errors
Differentiate between the alpha level and the p value
Test hypotheses using one- and two-tailed tests of significance for one and two independent samples using z and t
Test the differences between two or more sample means using ANOVA and post hoc procedures to determine which means are significantly different when procedure results in a significant F statistic.

Interpret the Pearson r.

Interpret regression modules for given situations.

Differentiate between parametric and non-parametric statistical procedures.

Test for independence using the X2 test of independence and analyze the results using standardized residual.

Identify and interpret the information needs of internal and external healthcare users.

**Health Statistics Lab:**

Summarize, synthesize and condense information for organizational use based on institutional data.

Use health care data collected from online databases in comparative statistical reports.

Identify, respond to, filter, and interpret the information needs of internal and external healthcare users.

Apply the principles of descriptive, inferential, population, and hospital statistics to problem sets.

Demonstrate, through data entry, summarization, and graphic presentation, the interpretation and reporting of statistics.

Apply principles of design, sampling, human rights, ethics, and confidentiality to surveys and experiments.

Following IRB processes to complete a research project.

Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare.

Apply data extraction methodologies

Demonstrate the ability to work in a group to complete the lab project.

**Provider**

David P. Lawrence, Ph.D.

Associate Professor

Department of Engineering Technology

Southwestern Oklahoma State University

100 Campus Drive

Weatherford, OK 73096

Office: TBB 204

Office phone: 580-774-7016

South Western Oklahoma University (transcript provided)
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<td>PATHOPHYSIOLOGY</td>
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<tr>
<td>KINES4083</td>
<td>OBESITY &amp; WEIGHT MANAGEMENT</td>
<td>CIP</td>
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</tbody>
</table>

| Degree Received: Associate in Applied Science |
| Date Conferred.: 08/01/2016 |
| Majors....: AAS Occupational Therapy Asst |
| Honors....: Cum Laude |

<table>
<thead>
<tr>
<th>COURSE</th>
<th>COURSE TITLE</th>
<th>GRADE</th>
<th>HOURS</th>
<th>POINTS</th>
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<tr>
<td>Summer Semester 2017</td>
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<tr>
<td>ALHLT4043</td>
<td>HLTHCARE LAW &amp; ETHICS</td>
<td>A</td>
<td>3.00</td>
<td>12.00</td>
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<tr>
<td>ALHLT3073</td>
<td>DIAG, DRUGS &amp; THERAPEU</td>
<td>A</td>
<td>3.00</td>
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| Fall Semester 2017                   |        |       |       |
| ALHLT3193 | U.S. HEALTHCARE SYSTEM       | A     | 3.00  | 12.00  |
| ALHLT3933 | HEALTHCARE MGT                | B     | 3.00  | 9.00   |

| Spring Semester 2018                  |        |       |       |
| ALHLT3183 | CULTURAL COMPETENCE         | A     | 3.00  | 12.00  |

* Repeat of another course
% Forgiven - Note counted in Ret/Grad statistics
# Reprieve/Renewal - Not counted in Ret/Grad statistics
( ) Course credit not counted in Earned
( ) Remedial course work - counted in term only
The University uses a Four-Point Grading System.

The University uses a Four-Point Grading System.
OT CONTINUING EDUCATION APPROVAL FORM

Complete the following and attach supporting documentation. Return this form to the Board of Medical Licensure and Supervision, PO Box 18256, Oklahoma City OK 73154-0256. The Occupational Therapy Advisory Committee reviews all requests at quarterly scheduled meetings. Rules, meeting dates and approved courses are listed on our website (www.okmedicalboard.org).

Name/Address of Person submitting request (response will be mailed to this address):

Nicole Dewitt
3212 W Fredericksburg St
Broken Arrow, OK 74011

Phone Number: (405) 309-7867

Seminar or Course Title: Module 2: Development Certificate course in the management of children w/ CP & other neuromuscular disorders

Sponsor of Seminar or Course (as listed on certificate): NOTA

Date(s) of Seminar or Course: Feb 29 - March 1, 2020

Contact hours Requested for Activity: 17

Please provide the following materials:
Program agenda showing breakdown of time spent in instruction periods, break time, meals, etc.
(In the case of film or tape presentation - duration, title and a brief summary of presentation.)
A statement of the program's goals and objectives sufficient to provide information for evaluation of relevancy and practical application to the field of occupational therapy.
Documentation of instructor background/expertise.
Abstract of text (if applicable).
Copy of published material (if applicable)

Committee Use Only:

Date reviewed: ________________ Reviewer Initials: ________________

Approved for ___________ Hours for the reporting period ending October 31, ___________.

Tabled- Need additional information: _______________________________________

Denied (reason): _______________________________________________________

Certificates of Attendance/Completion should reflect correct sponsor for guaranteed credit.
Questions? Call the Licensing Department at 405/962-1400.

**Requests must be received at least ten (10) days prior to a scheduled Committee meeting**
Nicole DeWitt, OTR/L

License # 1709

HAS COMPLETED THE NDTA MODULE COURSE

Module 2: Development (19J02IL), City Kids Inc, Chicago, IL

Held February 29 to March 1, 2020

In City Kids, Inc.

The Illinois Chapter Continuing Education Committee has approved this course according to the Criteria for Approval of CE offerings established by the IPTA.
This course content is not intended for use by any participants outside the scope of their license or regulation.

Per the NDTA, 17.0 hours of Continuing Education have been granted for the completion of this course.

Therese McDermott
Madonna Nash
Pamela Ward

Revised

JUN 29 2020

Therese McDermott, CScD, CCC-SLP, C/NDT
Madonna Nash, OTR/L, C/NDT
Pamela Ward, PT, DPT, C/NDT

NDTA is an AOTA Approved Provider of continuing education. AOTA does not endorse specific course content, products, or clinical procedures.
NDTA Contemporary Practice Model™ Certificate Course in the Management of Children with Cerebral Palsy and Other Neuromuscular Disorders

Module 2: Development

DATES: 2-DAY: FEBRUARY 29-MARCH 1, 2020 LEVEL: Intermediate CONTINUING EDUCATION HOURS: 15.0

REGISTER TODAY! NDTA.org/modular
Log into your NDTA account or create an account to register online. For assistance, please contact info@ndta.org

INSTRUCTORS
Pam Ward, PT, DPT, C/NDT
Therese McDermott, CScD, CCC-SLP, C/NDT

TARGET AUDIENCE: PT, OT, SLP

HOST: Chicago City Kids, Inc.
5669 N Northwest Hwy., Chicago, IL 60646

COURSE CONTACT
Pam Ward / wardp14@gmail.com

NDTA Members: $290 Non-Members: $345
Cancellation Policy: Full refund of each module registration fee, less $50 administrative fee, will be granted upon receipt of a written request on or before 30 days prior to the first day of the module. Cancellations by the attendees less than 30 days prior to the first day of the module are not eligible for a refund.

APPLICATION FEE: $25.00 (non-refundable)

AOTA CLASSIFICATION CODES
1. Domain of OT: Performance Skills
2. Occupational Therapy Process: Intervention
3. Professional Issues: Contemporary Issues / Trends

LEARNING OUTCOMES
For detailed learning outcomes please go to NDTA.org/certificate and click on “Key to the OT Course Content”

SPECIAL NEEDS REQUEST STATEMENT
Please contact the Coordinating Instructor (CI) if you are requiring classroom accommodations or modifications because of a documented disability.

COURSE SCHEDULE HOURS*
8:00 am – 5:00 pm each day
One 60 minute lunch break and two 15 minute breaks are provided.
* Daily schedule may be varied by instructor, CEs and content will remain the same.

MODULE DESCRIPTION
This 2-day module helps participants understand the progression of typical development in the first two years of life. A thorough understanding of typical development is necessary in order to identify atypical development of children with CNS dysfunction during examination/evaluation and treatment planning. Variations in development seen in children with neuromuscular dysfunction will be examined. The course includes elements of participation, function, and multisystem/single system integrity as they relate to gross motor, fine motor, oral-motor/feeding, vision, respiration, communication, and play activities. Course will include experiential lab highlighting components of typical and atypical development. Participants are required to bring a 24-inch jointed doll.

OBJECTIVES: See next page.

CONTINUING EDUCATION: 15.0 Continuing Education Hours will be awarded upon successful completion of this course. This program is offered for 1.5 ASHA CEUs (Intermediate level; Professional area). ASHA CE Provider approval does not imply endorsement of course content, specific products, or clinical procedures. Please contact the course administrator for status of ASHA CEUs and/or additional information if needed. NDTA is an AOTA Approved Provider. PT CE Hours will be available in the host state of the module. Attendees will need to self apply in all other states.

The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.
Module 2: Development

**DATES:** 2-DAY: FEBRUARY 29-MARCH 1, 2020  **LEVEL:** Intermediate  **CONTINUING EDUCATION HOURS:** 15.0

**INSTRUCTORS BIOS**

Therese McDermott, CScD, CCC-SLP, C/NDT, is a Speech/Language Pathologist with more than 35 years of experience specializing in the assessment and treatment of infants and children with neuromuscular-based feeding/swallowing limitations, speech production disorders and language impairments. In completion of the clinical doctorate her research focused on the treatment of dysarthria in children with cerebral palsy using the Neuro-Developmental Treatment practice model. Therese is a certified Advanced Speech Instructor in NDT, assisting and teaching in many courses/seminars nationally and internationally. These include the NDTA Pediatric Certification and Advanced Baby Courses, as well as short courses covering topics of NDT, pediatric feeding/swallowing and treatment of the rib cage for functional improvement in respiration/phonation. Currently in private practice, she enjoys the opportunity to work directly with children and their families, provide mentoring and support to speech/language pathologists, and continue to explore possibilities in interdisciplinary collaboration regarding shared clients.

Pamela Ward, PT, DPT, C/NDT, CI, is an NDTA Physical Therapy Instructor in pediatrics with teaching experience both nationally and internationally. She has worked as a pediatric physical therapist in a variety of settings including: inpatient and outpatient rehabilitation, school setting and early intervention. She is currently sole proprietor of Function for Life, a private physical therapy practice in Northeastern Pennsylvania, and remains dedicated to assisting children and young adults with neuromotor disorders in achieving their goals.

**OBJECTIVES**  
Course participants will be able to:

- Relate previously learned information about movement theories to the process of development.
- Identify age appropriate activities for typically developing children.
- Use the ICF-CY model to identify participation in infants and toddlers.
- Differentiate among participation, functional activities, functional limitations, and body system impairments in infants and toddlers.
- Use the ICF-CY model to identify integrities in infants and toddlers.
- Integrate general functional activities across the developmental trajectories for gross motor, fine motor, oral-motor/feeding, visual function, respiratory function, communication, and play for ages up to 24 months.
- Describe the relationship of multystem/single system integrities/impairments and posture/movement components to typical/ atypical developmental activities across ages birth to 24 months in the areas of gross motor, fine motor, oral motor/feeding, visual function, respiratorv function, communicati, and play.
- Link critical multi system and single system integrities to critical points of typical development of gross motor, fine motor, oral-motor/feeding, visual function, respiratory function, and communication during the first 24 months of life.
- Use knowledge of typical development to discriminate posture and movement differences in children with movement dysfunction.
- Contrast the strengths and drawbacks of the most commonly used checklists/assessments for children birth to 24 months.

Full course attendance is required for successful completion of the course. The NDTA reserves the right to cancel the course within 21 days of the scheduled start date. NDTA, Inc. is not liable for attendee expenses incurred for travel and lodging in regard to attendance at NDTA Modules.
<table>
<thead>
<tr>
<th>TIME</th>
<th>Sat, 2/29/2020</th>
<th>Sun, 3/1/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Welcome / Introductions/Pretest</td>
<td>Discuss Karen Adolph Article</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identifying Stress Signs / Back to Sleep / Plagiocephaly / Container Babies</td>
</tr>
<tr>
<td>8:30</td>
<td>Baseline Data</td>
<td>Lab Being Babies-Remove</td>
</tr>
<tr>
<td>9:00</td>
<td>ICF-CY/Review/Did not discovered in Foundations.</td>
<td>Typical Development Birth to 6 Months Including Role of Vision/Vestibular/Sensory Systems Role of Functional Activities</td>
</tr>
<tr>
<td>9:30</td>
<td>Theoretical Basis to Development</td>
<td>1</td>
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<tr>
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<td>Dynamic Systems/Neuronal Group Selection/Motor</td>
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<tr>
<td></td>
<td>Learning / Motor Control / Neuroplasticity</td>
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<tr>
<td>10:00</td>
<td>Typical Development Overview (Birth to 5 Month)</td>
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<tr>
<td>10:30</td>
<td><strong>Break</strong></td>
<td><strong>Break 10:00-10:10</strong></td>
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<tr>
<td>10:45</td>
<td>Typical Development 6 to 12 Months</td>
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<tr>
<td></td>
<td>Ended at 10:30</td>
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<tr>
<td>11:00</td>
<td>Typical Development - SLP</td>
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<tr>
<td></td>
<td>Baby 8-12 months</td>
<td>Felix 8 months/Stella 11 months</td>
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<tr>
<td>11:30</td>
<td>11:10-11:20 computer Glitch</td>
<td>Discussion-After Lunch</td>
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<tr>
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<td>Ended at 11:30</td>
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<tr>
<td>12:30</td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
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<td>1:00</td>
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<tr>
<td>1:30</td>
<td>Baby 4-6 Month Speech</td>
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<td>2:00</td>
<td>Discussion/Colin 5 months and Atlas 7 months</td>
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<tr>
<td>2:30</td>
<td>Baby Facilitation Lab/Vaulting and Runners LAB</td>
<td>Play Lab / Objects to use</td>
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<td>Fully-Remove</td>
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<tr>
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<td></td>
<td>Added Screening and Tests</td>
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<tr>
<td>3:00</td>
<td>Movement LAB</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
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<tr>
<td>3:30</td>
<td>Comparison of Typical and Atypical Development/Developmental Biomechanics</td>
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<tr>
<td>3:45 PM</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>4:00</td>
<td>13 - 24 Months Group Problem Solving Lab</td>
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<tr>
<td>4:30</td>
<td>↓Homework karen Adolph's Article: &quot;Learning to Move&quot;</td>
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<tr>
<td>5:00</td>
<td>End</td>
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</tr>
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</table>

Bring common household object from home to use for play - Did not do
NAME: Pamela Ward PT, DPT, C/NDT

EDUCATION: University of Scranton, Scranton, PA; Doctor of Physical Therapy; December 2007.

New York University, New York, NY; Bachelor of Science Degree in Physical Therapy; May 1985.

Westchester Community College, Valhalla, NY, Associates Degree in Science; May 1981.

REGISTRATION: Pennsylvania; PT #002366-E

CONTINUING EDUCATION:

LSBHIDEI Program's Early Intervention: Coaching Practices Part 2: Colleen Kutchkus: 3 Hours EI Training: 10/24/2019


LSBHIDEI Program's Early Intervention: Coaching Practices: Colleen Kutchkus: 2 Hours EI Training: 8/15/2019

2018-2019 EI Mandated Course Package (Procedural Safeguards/Mediation/Universal Health Procedures/Fire Safety & evacuation/Cultural Competency/Transition and Confidentiality/HIPAA Compliance: Teach-a-10t Seminars; Audra M. Levicky PT, DPT; 6/13/2019

EIPA Retreat 2019; Organizational Vitality; Danisha Burnett; Harrisburg, PA; May 9, 2019.

LSBHIDEI Program’s Early Intervention: Child Advocacy Center: Mary Ann Laporta; April 2, 2019; 2 hours EI Training.

NDTA Annual Conference 2019; Perceiving to Learn, Learning to Perceive; Charlotte, NC; March 21 -23, 2019.

NDTA Annual Conference 2018; Salt Lake City. UT; May 17 - 20, 2018.

If You Can't breathe You Can't Function Integrating Cardiopulmonary and Postural Control Strategies in the Pediatric Population; Mary Massery and Patricia West-Low; Children's Hospital of Wisconsin, Milwaukee, WI; November 10 - 12, 2017.


Touch and Brain Development: Infant to Child; Dr. Cassandra Woods; Online Seminar; December 31, 2017.

Touch Therapy: An Introduction to Infant Massage; Dr. Cassandra Woods; Online Seminar; December 31, 2017.

Autism Navigator: Module 1 - Module 5; Florida State Online Seminars; December 28, 2015 - December 29, 2016.
ECO 201 for EI Providers: Effective Strategies to Ensure High Quality ECO Data; PATTAN; Wilkes-Barre, PA; May 25, 2016.

Behavioral Cues and Clinical Clues: R&D for NDT; NDTA Annual Conference 2016; Memphis, TN; March 31 - April 3, 2016.

"APTA's Section on Pediatrics 2014 Annual Conference"; St. Louis, MO; October 23-25, 2014.

"Essentials to Starting a Private Practice"; Lynn Steffes PT, DPT; Peter McMenamin PT, MS, OCS; Cindy Miles PT, PhD, PCS; St. Louis, MO; October 21-22, 2014.


"Ethics in Physical Therapy"; Harold W. Baillie, PhD; University of Scranton; Scranton, PA; April 29, 2014.

"Contemporary Issues of Neuroscience"; Kathleen Ganley PT, PhD; Jeffrey A Kilem PhD, B. E.Fisher PhD, PT, FAPTA; Villa Park, IL; April 26, 2014.

"NDT: The State of the Evidence"; Kathleen Ganley PT, PhD; Villa Park, IL; April 26, 2014.


"NDTA Advanced Baby Course"; Margo Prim Haynes PT, DPT, C/NDT; Jan McElroy PT, PhD; Lezlie Adler MA, OT, FMOT; Monica Wojcik MA, CCC-SLP; Winston-Salem, NC; July 9 - 21, 2013.

"Early Intervention Coaching Training, Part 1"; Valerie Postal; Scranton, PA; June 26, 2013.

"Creating the Enthusiastic Employee / Presentation by OCDEL / Annual Meeting"; Michael Brand / Dr. James Coyle; State College, PA; June 20 - 21, 2013.

"Section on Pediatrics 2012 Annual Conference"; Karen Adolph PhD; Lisa Dannemiller PT, DSc, PCS; Susan Blackburn PhD, RN, FAAN; Judith Bierman PT, DP & Mary Rose Franjoine PT, DPT, MS, PCS; Gay Girolami PT, PhD, Takako Shiratori PT, PhD, Shruti Joshi PT, MS; Orlando, FL; September 28-30,2012.

Linked: Breathing and Postural Control"; Section on Pediatrics 2012 Annual Pre-Conference, Orlando, FL; Mary Massery PT, DPT DSc; September 26-27, 2012.


"Routine-Based Intervention Training"; Lee Ann Jung; October 27, 2011.

"New Paradigms in Equinus Deformity Management"; PPTA Annual Conference presented by Beverli Cusick PT, MS, COF; Valley Forge, PA: October 15-16, 2011.

"We're All in This Together"; PaTTAN; 9/28/2011.


"The Early Intervention Inclusion Training"; Valerie Postal and Beth Fairchild; June 10, 2011.


"Families and Infant/Toddler Home Visitors: Working together to promote social and emotional development of young children"; Sharon Doubet; May 17, 2011.

"Examination and Treatment of the Child with Autism"; Sponsored by Education Resources presented by Kerry Walsh PT, Elke Vanhuyndonk OTR/L, Patricia West-Low PT; Scranton, PA: April 2 -3, 2011.

"Torticollis Evidence Based Intervention"; Sponsored by Education Resources presented by Cindy Miles PT, Scranton, PA: November 12 -13, 2010.

"Clinical Problem Solving in the Context of NDT: Thinking, treating and Documenting Like a Master Clinician"; sponsored by NDTA, St. Louis, MO: May 21-23, 2010.

"Linking Play to Function: Using NDT and Sensory Integration Strategies to Facilitate Functional Skills Through Play"; presented by Lezlie Adler OT, Sponsored by Education Resources, Scranton, PA: October 9-10, 2009

"An NDT/Bobath Approach to Analysis of Pre-Gait and Gait: Clinical Treatment Strategies for Partial Weight-Bearing Training; Lab Instructor at course presented by Joan D. Mohr PT, Sponsored by PEDSeminars, Cerebral Palsy League, Cranford, NJ; March 22-23, 2009.


"NDTA Clinical Handling Skills – Advanced", sponsored by the NDTA, presented by Monica Diamond PT, Margo Haynes PT, Cathy Hazard PT, Barbara Hodge PT, Linda Kliebhan PT; Daemon College, Buffalo, NY; June 11-15, 2008.


"Interactive Metronome Certification Course", conducted by the Clinical Education Department of Interactive Metronome; Wilmington, DE; March 17, 2007.


“Teaching Strategy Ideas to Move from Impairments to Intervention”, sponsored by the NDTA, presented by Cathy Hazzard, PT-CI, Chicago, IL; May 5 – 7, 2006.


“Effective Teaching and Learning Skills Module for NDT Instructor Candidates, "Planning Courses and Teaching Adult Learners”, sponsored by the NDTA, Denver, CO; June 8, 2005.

“APTA Clinical Instructor Education and Credentialing Program”, sponsored by Arcadia University, presented by Barbara Wagner; June 12 – 13, 2004


“Gait & Motor Function in Cerebral Palsy: Prognosis, Assessments, and Management”, presented by the University of Virginia, Division of Pediatric Orthopedics; December 4 – 5, 1998.
"How to be a Great Communicator", presented by Fred Pryors Seminars; November 1998.


"Sensory Integration Theory", presented by Sensory Integration International; February 6 – 8, 1998.
"PEDI Administration", presented by Steven Haley, Ph.D., P.T.; April 11 – 12, 1997.


"TES Workshop", presented by Karen Pape, M.D., Sarah Mutfitt, M.D., & Joan D. Mohr, P.T.; March 6 – 8, 1997

"Time/Stress Management", presented by Bruce Scagel; February 20, 1997

"Seizure Disorders & the Ketogenic Diet", presented by Dr. Stayer; January 15, 1997.
"Developmental Manual Therapy for the Pediatric Neurological Patient" presented by Sharon Weiselfish, Ph. D., P.T., sponsored by Early Intervention Associates, held at Courtyard Marriott Hotel, Rockville, MD; March 28 – 30, 1996.

Neurodevelopmental Treatment Region Ten Northeast Regional Conference, CT; November 1995.

"Neural Mobilization", Orthopedic Institute, Allied Services Rehabilitation Hospital, Scranton, PA; October 1995.

Leadership Training Seminars, Allied Services Rehabilitation Hospital, Scranton, PA; Fall 1995.

"Managed Care", Allied Services Rehabilitation Hospital, Scranton, PA; August 24, 1995.

"Orthopedic Interventions in Children with Cerebral Palsy", Freeman Miller, M.D. and Kirk W. Dabney, M.D., Allied Services Rehabilitation Hospital, Scranton, PA; June 10, 1995.


"Documentation for Reimbursement of Rehabilitation Services", Allied Services Rehabilitation Hospital, Scranton, PA; January 20, 1994.


CONTINUING EDUCATION (Continued):


"Balancing the Pelvis in Cerebral Palsy", Boehme Workshops, Reggie Boehme, Joe Laur & Vickie Luckert; March 1990.

"Infants at Risk", New York University; July 1989.

"Influencing Respiratory Function Through Therapeutic Exercise & Supportive Technology", Mary Massery & Donna Frownfelter; October 1989.


"Mobilization Applied to the Neurologically Involved Client", Sandra Brooks; October 1987 Mary Fiorentino Symposium; October 1987.

"Movement Assessment of Infants"; Lynette Chandler & Marcia Swanson; November 1986.

"Components of Normal Movement & Neurodevelopmental Treatment", Lois Bly; April 1986.

TEACHING EXPERIENCE:

"NDTA Pediatric Certificate Course Flex Format: Development Module; co-taught with Therese McDermott SLP, PhD, C/NDT and Madonna Nash OT, C/NDT: Chicago, IL; 2/29 - 3/1/2020.

"NDTA Pediatric Certificate Course Flex Format: Foundations Module; co-taught with Kim Westoff OTR/L, C/NDT and Debbie Evans-Rogers, PT, PhD, C/NDT: Houston, TX; 11/8 -12/2019.

"NDT/Bobath Certificate Course in the Management and Treatment of Children with Cerebral Palsy and Other Neuromotor Disorders"; Coordinator Instructor for the Course; co-taught with Colleen Carey PT, DPT, C/NDT, Mary Hallway OTR/L, C/NDT and Loren Arnaboldi CCC-SLP, C/NDT; Brooklyn, NY; June 2019 - September 2019.

"NDT/Bobath Certificate Course in the Management and Treatment of Children with Cerebral Palsy and Other Neuromotor Disorders"; co-taught with Colleen Carey PT, DPT, C/NDT, Christine Cayo OTR/L, C/NDT and Therese McDermott-Winter CCC-SLP, C/NDT; Wilmington, DE; June 2017 - March 2018.

"NDT/Bobath Certificate Course in the Management and Treatment of Children with Cerebral Palsy and Other Neuromotor Disorders"; co-taught with Jane Sty-Acevedo PT, DPT, C/NDT, Lezlie Adler OTR/L, C/NDT and Loren Arnaboldi CCC-SLP, C/NDT; White Plains, NY; March 2015 - September 2015.

"NDT/Bobath Handling Intensive: Intermediate Level"; West Palm Beach, FL; April 17 -19, 2015

"NDTA Advanced Baby Course"; co-taught with Joan D. Mohr PT, C/NDT, Christine Cayo OTR/L, C/NDT and Therese McDermott CCC-SLP, C/NDT; Thessaloniki, Greece; February 2015 - March 2015
TEACHING EXPERIENCE (continued):

“NDT/Bobath Certificate Course in the Management and Treatment of Children with Cerebral Palsy and Other Neuromotor Disorders”; co-taught with Joan D. Mohr PT, C/NDT, Mary Hallway OTR/L, C/NDT and Therese McDermott CCC-SLP, C/NDT; Izmir, Turkey; November 2013 - March 2014.

“Pediatric NDT: Improving Functional Skills for Home, School and Play”; Lab assistant at course taught by Barbara Hodge MCSP, PT; sponsored by education Resources Inc, Scranton, PA; October 21-22, 2011.

“NDT/Bobath Certificate Course in the Management and Treatment of Children with Cerebral Palsy and Other Neuromotor Disorders”; co-taught with Jane Styres-Acevedo PT, C/NDT, Kate Bain OTR, C/NDT and Loren Arnaboldi CCC-SLP, C/NDT; Harris, NY; April - November 2011

“Neuropediatric Rehabilitation”; co-taught with Joan D. Mohr PT, C/NDT and Mary Hallway OTR/MS, C/NDT; sponsored by BMK, Wroclaw, Poland; June 7 - July 2, 2010 and November 22 - December 17, 2010.

“NDT/Bobath Certificate Course in the Management and Treatment of Children with Cerebral Palsy and Other Neuromotor Disorders”; co-taught with Joan D. Mohr PT, C/NDT, Mary Hallway OTR/MS, C/NDT and Therese McDermott CCC-SLP, C/NDT; Caracas, Venezuela; February 22 - March 19, 2010.


“An NDT/Bobath Approach to Analysis of Pre-Gait and Gait: Clinical Treatment Strategies for Partial Weight-Bearing Training”; Lab Instructor at course presented by Joan D. Mohr PT, Sponsored by PEDSeminars, Cerebral Palsy League, Cranford, NJ; March 22-23, 2009.

“An NDT/Bobath Approach to Analysis of Pre-Gait and Gait: Clinical Treatment Strategies for Partial Weight-Bearing Training”; Lab Instructor at course presented by Joan D. Mohr PT, Sponsored by PEDSeminars, Connecticut Children's Medical Center, Hartford Connecticut; March 13-14, 2009.

“NDT and EI: Clinical Problem Solving and Handling for the Early Intervention Population”; Lab Instructor at course presented by Joan D. Mohr PT and Tina Weisman OT, Sponsored by PEDSeminars, Allied Services, Scranton, PA; December 12-13, 2008.

“Advanced NDT Handling Techniques”; Lab Instructor at course presented by Joan D. Mohr PT, Sponsored by Care Resources in Marlton, NJ; December 6-7, 2008.

“NDT Approach to the Treatment of The Infant and Young Child”; assisted at course presented by Linda Kliebhan PT, Sponsored by Education Resources Inc., Allied Services, Scranton, PA; October 23-25, 2008.

“An NDT/Bobath Approach, Analysis of Pre-Gait and Gait: A Hands-On Facilitation Course of Clinical Strategies for Partial Weight-Bearing Training”; assisted at course presented by Joan D. Mohr PT, Sponsored by PEDSeminars, Mountainside, NJ; September 5-6, 2008.
TEACHING EXPERIENCE (continued):


"NDT Eight Week Course in Treatment of Children with Cerebral Palsy," assisted at course presented by Joan D. Mohr, PT; Pamela Ward, PT; Tina Weisman, OTR; Fran Redstone, CCC/SLP; Shirley Stockmeyer, PT, NP; April 1, 2002 – May 24, 2002.


"Intermediate NDT/Bobath Course Relating to Trunk Pediatrics/Adult Hemiplegia", Assisted at Course taught by Joan D. Mohr, P.T., Allied Services Rehabilitation Hospital, Scranton, PA; April 27 – 29, 1995.

EXPERIENCE:


Teaching Adjunct University of Scranton; NDT Component on Neuro Course and Pediatric Lab October 2012 - Present.

Co-Manager Pediatric Program, Allied Services Rehabilitation Hospital, Scranton, PA; January 1995 – November 2010.

Senior Staff Physical Therapist, Allied Services Rehabilitation Hospital, Scranton, PA; September 1994 – May 2000.

Staff Physical Therapist, Allied Services Rehabilitation Hospital, Scranton, PA; September 13, 1993 – 1994.


Staff Physical Therapist, Blythedale Children's Hospital, Valhalla, NY; July 1985 – November 1990.

PROFESSIONAL ORGANIZATIONS/CERTIFICATIONS:

APTA; 1984 - Present; Pediatric Section

APTA Credentialed Clinical Instructor; June 2004

Neurodevelopmental Treatment Association; 1992 – Present

NDT Certified in Treatment of Children with Cerebral Palsy; May 22, 1992

NDTA Coordinator Instructor in Pediatrics; 2018 - Present

NDTA Instructor in Pediatrics; 2012 - Present

Chair NDTA Instructor Group Executive Committee; 2018 - 2019
Pamela Ward PT, DPT, C/NDT

PROFESSIONAL ORGANIZATIONS/ CERTIFICATIONS:

Past Chair NDTA Instructor Group Executive Committee: 2019 - Present
Vice Chair NDTA Instructor Group Executive Committee; 2013 - 2017
Co-Chair NDTA Implementation Committee July 2016 - Present
EIPA (Early Intervention Provider Association); 2012 - Present
Certified Interactive Metronome Provider; March 2007 - Present
Certified Fitter Elvarex Lymphedema Garment #149465
Certified in CPR and First Aid
TASC Network; 1997 – Present

NUMBER OF YEARS CLINICAL TEACHING: 34 Years

Updated 6/24/2020
Professional Experience:

- **Therese McDermott-Winter, SLP Ltd.** 6/13 - present
  - **Private Practice/Owner – Speech/Language Pathologist**
    - Direct treatment of pediatric clients, with emphasis on treatment of speech/language and feeding/swallowing disorders secondary to neurological pathophysiology
    - Course instruction – NDTA Certification, Seminars and Short Courses
    - International consultations/Intensive programming

- **Pathways.org, Glenview, IL** 10/10 – 6/13
  - **Speech/Language Pathologist – Program Developer, Department Supervisor**
    - Direct treatment of clients (infant to adolescent) presenting with a variety of diagnoses/impairments and related functional limitations. Treatment emphasis in the areas of respiratory/phonatory disorders in infants/children with neuromotor diagnosis, dysphagia/feeding impairments and sensory/motor impairments.
    - Mentoring responsibilities for entire therapy staff, with emphasis on Speech/Language Pathologists
    - Management/Direct supervision of Speech/Language Therapy Department
    - Development of media for Pathways Awareness Foundation for purposes of increasing early awareness/identification of language/communication and feeding/swallowing disorders in the pediatric population. Materials are used for educational purposes in resident training, graduate school education, physician continuing education, and parent and therapist resources.

- **Rehabilitation Institute of Chicago, Chicago, IL** 3/08 – 10/10
  - **Speech/Language Pathologist/Outpatient Pediatrics**
    - Assessment and treatment of children and adolescents presenting with a variety of diagnosis. Caseload emphasis is in the treatment of children with primary motor impairments. Specific emphasis on evaluation and treatment of children with neurologically based feeding/swallowing limitations.
    - Administration, interpretation and recommendations of fluoroscopic swallow studies for pediatric population (in-patient/out-patient)
    - Supervision of graduate level students in SLP and Clinical Fellowship Year supervision
    - RIC Speech/Language Pathology Practice Council
    - Clinical Ladders Program (Level IV) – 2009, 2010

- **City Kids, Inc., Chicago, IL** 7/04 – 3/08
  - **Speech/Language Pathologist, Course Instructor**
    - Assessment and treatment of children presenting with primary motor impairments (cerebral palsy, various syndromes, neurological diagnoses)
    - Specialization in the treatment of feeding and swallowing limitations
    - Coordinated group treatment for gastrostomy tube transition to oral feeds
    - Coordinated/ taught courses specifically related to neuromotor based speech disorders and feeding/swallowing disorders in children
    - Coordinated and taught NDT (Neuro-Developmental Treatment) courses as member
of multidisciplinary team
• Coordinated Student Clinical Experiences (Northwestern University, Rush University)

• **Pathways Center, Glenview, IL 60025**
  7/91 – 7/04
  *Speech/Language Pathologist/Department Supervisor*
  • Manage scheduling, budget and staffing for Speech/Language Therapy Department
  • Supervise staff of 3-6 Speech/Language Pathologists
  • Assessment and treatment of children presenting with primary motor impairments with functional limitations in oral motor, feeding and swallowing skills, as well as, respiratory/phonatory coordination and functional communication
  • In-service training to therapy staff
  • Coordinated supervision of Student Clinical Experiences (Northwestern University)

• **Kankakee School District #111**
  9/82 – 6/91
  *Speech/Language Pathologist*
  • Direct, individual and group treatment to children ages 3 – 12 years presenting with a variety of disorders and levels of functioning

**EDUCATION**
• 2018 Doctor of Clinical Science Degree in Speech/Language Pathology
  Rocky Mountain University of Health Professions, Provo, UT
  • Capstone Project - *The Effectiveness of Combining Neuro-Developmental Treatment and a Speech Systems Intervention Approach in the Treatment of Dysarthria in Children with Cerebral Palsy*

• 1982 Master of Health Sciences, Communication Disorders
  Governor’s State University, University Park, IL

• 1979 Bachelor of Sciences, Speech/Language Pathology
  Illinois State University, Normal, IL

**PROFESSIONAL CERTIFICATIONS:**
• ASHA – Certificate of Clinical Competence – 1983/current
• State of Illinois – Licensure – current
• Illinois State Board of Education – Type 10 – current
• Illinois Early Intervention – Evaluator and Provider - current
• Neuro-Developmental Treatment Association – Certification in the Treatment of Children with Cerebral Palsy and other Neuromotor Disorders – current
• NDTA – Speech Instructor/Advanced Instructor – current
• VitalStim Certified – Electrical Stimulation – current
• LSVT Loud – certification current

**MEMBERSHIPS:**
• American Speech/Language Hearing Association/Division 13, 3, 11
• Illinois Speech/Language Hearing Association
• Neuro-Developmental Treatment Association
• International Association of Infant Massage

**REFERENCES**
• available upon request
Course content in this Packet is for entire certificate format 1-9
NEW! NDTA PEDIATRIC CERTIFICATE COURSE FLEX FORMAT

NDTA is pleased to announce a new option for the NDTA Pediatric Certificate Course: nine educational modules with a flexible schedule that can be taken as a pathway to NDT Certification over a two-year period or independently for CE credits.

The unique opportunity to participate in this pilot program is available to occupational therapists, physical therapists, and speech-language pathologists. Eight modules will be offered in both Houston and Chicago and one module is provided via distance learning.

Therapists may register for and attend any number of modules in either or both cities, as best fits their schedule. Tuition payments will be made at the time of registration for each individual module.

NDTA Contemporary Practice Model™ Certificate Course in the Management of Children with Cerebral Palsy and Other Neuromuscular Disorders FLEX FORMAT

Modules 6-8 are foundational and must be taken by all therapists. Modules can be taken in any order and must all be successfully completed prior to Module 9. (with another pre-practicum video provided).

Practicums will be held each day for therapists to learn how to integrate and practice this new information.

LOCATION KEY

Chicago Locations

1. Easterseals, DuPage & Fox Valley
   830 S. Addison Avenue
   Villa Park, IL 60181

2. CityKids, Inc.
   5669 N. Northwest Hwy.
   Chicago, IL 60666

Houston Locations

3. Texas Children's Hospital
   1919 S. Braeswood MW 0273
   Houston, TX 77030

4. Avenue Healthcare
   4100 N. Sam Houston Pkwy. W.
   Suite 240
   Houston, TX 77086

NDTA.org/modular
NDTA Contemporary Practice Model™ Certificate Course in the Management of Children with Cerebral Palsy and Other Neuromuscular Disorders FLEX FORMAT

MODULE DESCRIPTIONS

6 OCCUPATIONAL THERAPY FOCUS AND PRACTICUM
This 5-day module provides integration of the role of Occupational Therapy based topics within the NDT Approach. The Occupational Therapist’s areas of expertise addressing sensory integration and treatment, play and social participation, activities of daily function, and distal upper extremity function will be integrated into the therapist’s assessment and treatment repertoire.

Information will be presented through lecture, labs, and demonstrations. Practicum will be held each day for therapists to integrate and practice this new information.

7 PHYSICAL THERAPY FOCUS AND PRACTICUM
This 5-day module will instruct the participants to understand the role and expertise of the Physical Therapist within the NDT Approach. This module includes both a didactic and lab portion. The didactic portion includes typical/atypical gross motor development specific to upright function, anatomical, and biomechanical features of the trunk and LE specific to the child as he/she moves upright. The lab and client practicum portion includes NDT intervention strategies related function in upright including posture, gait, and higher level functional activities. Practicum will be held each day to promote integration and practice for participants.

8 SPEECH LANGUAGE PATHOLOGY FOCUS AND PRACTICUM
This 5-day module will promote integration of the Speech-Language Pathologist’s (SLP) role within the NDT approach of assessment and treatment. The areas of feeding, swallowing, respiratory function, sound/speech production, and communication will be emphasized.

Therapists will learn through lecture/discussion, self-study, movement labs, live demonstrations, videos, problem solving and small group interactions. Practicum will be held each day for participants to integrate new skills into their treatment repertoire.

9 HANDLING PRACTICUM II     FINAL MODULE
This 5-day module further expands on the handling and problem solving skills gained in Handling Module I and the OT, PT, and ST Modules, and is the final Module required for the participant to successfully complete the Modular Format. Lab, problem-solving activities, and patient demonstrations will incorporate analysis and facilitation of movement and postural control, transitions from floor to stand, on and off equipment, up and down stairs, ramps, playground equipment, and refinement of use of moveable surfaces. Further integration of the ICF-CY model in NDT Assessment and Treatment Planning will continue through group activities, client demonstrations, and client practicums. Participation and functional activity outcomes using the GAS will be developed based on individual client assessment. Treatment strategies will be sequenced based on prioritization of impairments and linked to specific participation and functional activity outcomes selected by the client, therapist, and family.

Participants will gain practice and experience during patient practicum twice daily for four days. This module requires a treatment video submission from each participant prior to the beginning of the course.

NDTA.org/modular CLICK HERE

Cancellation policy: Full refund of each module registration fee, less $50 administrative fee, will be granted upon receipt of a written request on or before 30 days prior to the first day of the module. Cancellations by the attendee less than 30 days prior to the first day of the module are not eligible for a refund.

AOTA Classification Codes
1. Domain of OT: Performance Skills
2. Occupational Therapy Process: Intervention
3. Professional Issues: Contemporary Issues / Trends

The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA.

PT CE Hours will be available in the host state of the module. Attendees will need to self apply in all other states.
## NDTA Basic Pediatric Course
### Key to Course Content

**Topic: Introduction to NDT History**

<table>
<thead>
<tr>
<th>Learning outcome(s) that pertain to occupational therapists</th>
<th>Instructional Personnel</th>
<th>Description of occupational therapy content</th>
<th>Activities or Instructional Strategies</th>
<th>Method of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the conclusion of this course, participants will be able to:</td>
<td>Coordinator Instructor (Primary Instructor)</td>
<td>• Background/historical information provides the foundation for understanding NDT/Bobath as a treatment approach for children with CNS pathophysiology</td>
<td>• Lectures/discussion</td>
<td>• Discussion</td>
</tr>
<tr>
<td>1. List key facts regarding the Bobath's personal/ professional lives and development of the Bobath approach.</td>
<td>OT Instructor</td>
<td></td>
<td>• Supplemental text material</td>
<td>• Participation</td>
</tr>
<tr>
<td>2. Identify client populations for which the Bobath's developed the NDT/Bobath approach.</td>
<td>PT instructor</td>
<td></td>
<td>• video</td>
<td>• NDTA Exam (pre- and post-test)</td>
</tr>
<tr>
<td>3. Identify principles of NDT treatment developed by Berta Bobath.</td>
<td>SLP Instructor</td>
<td></td>
<td></td>
<td>• Quizzes</td>
</tr>
<tr>
<td>4. Identify 7 theoretical assumptions developed by Berta Bobath.</td>
<td></td>
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<tr>
<td>5. Describe evolution of the NDT approach in the US.</td>
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</tr>
</tbody>
</table>
**NDTA Basic Pediatric Course**  
**Key to Course Content**

**Topic:** Intro to NDT/Terminology

<table>
<thead>
<tr>
<th>Learning outcome(s) that pertain to occupational therapists</th>
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</thead>
</table>
| At the conclusion of this course, participants will be able to: | Coordinator Instructor PT Instructor OT Instructor SLP Instructor | • In applying any specific approach to treatment, a comprehensive understanding of theoretical principles, terminology and application is necessary for all disciplines. OT’s need to review the terminology relative to biomechanics, body movement principles and characteristics of the musculoskeletal system to apply to their discipline specific assessment and treatment. | • Lectures  
• Discussion  
• Supplemental written/visual materials  
• Movement labs  
• Videos | • Discussion  
• Participation  
• NDTA Exam (pre- and post-test)  
• Quizzes |
| 1. Define components of NDT relative to: | | | | |
| • client population  
• muscle tone  
• study of typical/atypical development  
• early intervention  
• team approach  
• Parent involvement. | | | | |
| 2. Define the terms stability, mobility, center of mass, base of support, alignment, key points of control, tone, facilitation, and inhibition. | | | | |
| 3. Identify correct use and application of terminology relative to NDT (e.g. blocks, co-contraction, retraction, protraction). | | | | |
NDTA Basic Pediatric Course
Key to Course Content

Topic: Classification of Different Types of Cerebral Palsy

<table>
<thead>
<tr>
<th>Learning outcome(s) that pertain to occupational therapists</th>
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<th>Method of Assessment</th>
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</thead>
<tbody>
<tr>
<td>At the conclusion of this course, participants will be able to:</td>
<td>Coordinator Instructor</td>
<td>NDT is a treatment approach developed to address the unique needs, limitations and impairments of children with cerebral palsy and other neuromuscular disorders. OT's must be able to identify the different classifications of cerebral palsy for assessment, analysis/ problem solving, treatment planning, and treatment.</td>
<td>Lectures, Discussion, Supplemental written/visual materials, Videos/slides, Practicum with children, Demonstrations with children, Paper patient problem solving sessions</td>
<td>Discussion, Participation, NDTA Exam (pre- and post-test), Quizzes, Instructor(s) observation and feedback</td>
</tr>
<tr>
<td>1. Define different types of diagnoses including athetosis, ataxia, dystonia, hypotonicity, hemiparesis, spasticity, and mixed cerebral palsy.</td>
<td>PT Instructor, OT Instructor, SLP Instructor</td>
<td>NDT is a treatment approach developed to address the unique needs, limitations and impairments of children with cerebral palsy and other neuromuscular disorders. OT's must be able to identify the different classifications of cerebral palsy for assessment, analysis/ problem solving, treatment planning, and treatment.</td>
<td>Lectures, Discussion, Supplemental written/visual materials, Videos/slides, Practicum with children, Demonstrations with children, Paper patient problem solving sessions</td>
<td>Discussion, Participation, NDTA Exam (pre- and post-test), Quizzes, Instructor(s) observation and feedback</td>
</tr>
<tr>
<td>2. Identify the behavioral, sensory, biomechanical and tonal characteristics of different types of CNS pathophysiology.</td>
<td>Coordinate Instructor</td>
<td>NDT is a treatment approach developed to address the unique needs, limitations and impairments of children with cerebral palsy and other neuromuscular disorders. OT's must be able to identify the different classifications of cerebral palsy for assessment, analysis/ problem solving, treatment planning, and treatment.</td>
<td>Lectures, Discussion, Supplemental written/visual materials, Videos/slides, Practicum with children, Demonstrations with children, Paper patient problem solving sessions</td>
<td>Discussion, Participation, NDTA Exam (pre- and post-test), Quizzes, Instructor(s) observation and feedback</td>
</tr>
<tr>
<td>3. Identify and distinguish among different classifications of cerebral palsy.</td>
<td>PT Instructor, OT Instructor, SLP Instructor</td>
<td>NDT is a treatment approach developed to address the unique needs, limitations and impairments of children with cerebral palsy and other neuromuscular disorders. OT's must be able to identify the different classifications of cerebral palsy for assessment, analysis/ problem solving, treatment planning, and treatment.</td>
<td>Lectures, Discussion, Supplemental written/visual materials, Videos/slides, Practicum with children, Demonstrations with children, Paper patient problem solving sessions</td>
<td>Discussion, Participation, NDTA Exam (pre- and post-test), Quizzes, Instructor(s) observation and feedback</td>
</tr>
<tr>
<td>4. Identify impairments related to different diagnoses of CNS pathophysiology.</td>
<td>PT Instructor, OT Instructor, SLP Instructor</td>
<td>NDT is a treatment approach developed to address the unique needs, limitations and impairments of children with cerebral palsy and other neuromuscular disorders. OT's must be able to identify the different classifications of cerebral palsy for assessment, analysis/ problem solving, treatment planning, and treatment.</td>
<td>Lectures, Discussion, Supplemental written/visual materials, Videos/slides, Practicum with children, Demonstrations with children, Paper patient problem solving sessions</td>
<td>Discussion, Participation, NDTA Exam (pre- and post-test), Quizzes, Instructor(s) observation and feedback</td>
</tr>
</tbody>
</table>
Topic: Postural Control

<table>
<thead>
<tr>
<th>Learning outcome(s) that pertain to occupational therapists</th>
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</thead>
<tbody>
<tr>
<td>At the conclusion of this course, participants will be able to:</td>
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<tr>
<td>1. Identify and describe neuromuscular factors influencing postural control and movement relative to function (e.g. initiation of movement, direction of movement, sustaining, grading and terminating movement, point of stability vs. supporting surface, and the relationship between stable and mobile body segments through the movement sequence).</td>
<td>Coordinator Instructor</td>
<td>• Postural stability and dynamic alignment are essential for all movement, including movement sequences necessary for the development of performance skills and areas of occupation.</td>
<td>• Lectures</td>
<td>Discussion</td>
</tr>
<tr>
<td></td>
<td>PT Instructor (Primary Instructors)</td>
<td>• An understanding of basic concepts/terminology related to postural control is essential in understanding this process, as is an understanding of specific postural control requirements for performing functional activities specific to the OT discipline.</td>
<td>• Discussion</td>
<td>Participation</td>
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<tr>
<td></td>
<td>OT Instructor</td>
<td>• Variations in typical postural control synergies can be observed with attempted function in patients with CNS pathophysiology. An understanding of typical movement vs. atypical movement is necessary for diagnosis and treatment of functional limitations related to upper extremity, and visual motor impairments in the patient population with cerebral palsy.</td>
<td>• Supplemental written/visual materials</td>
<td>NDTA Exam (pre- and post-test)</td>
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<tr>
<td></td>
<td>SLP Instructor</td>
<td>• The OT must present an understanding of the biomechanical and kinematic factors impacting postural control, alignment and movement.</td>
<td>• Videos/slides</td>
<td>Quizzes</td>
</tr>
<tr>
<td>2. Identify requirements for postural control (anticipatory and preparatory) needed for performance of functional activities.</td>
<td></td>
<td></td>
<td>• Practicum with children</td>
<td>Instructor(s) observation and feedback</td>
</tr>
<tr>
<td>a. Describe reasons for typical variations in muscle synergy (e.g. change in base of stability, muscle sequencing, weight shift).</td>
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<tr>
<td>b. Describe reasons for variations within a movement strategy (e.g. different transitional movements).</td>
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<tr>
<td>3. Identify and define biomechanical and kinematic factors influencing postural control and movement (typical vs. atypical) for motor skills:</td>
<td></td>
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<tr>
<td>• postural alignment</td>
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<tr>
<td>• base of support/support surface/center of gravity</td>
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<tr>
<td>• musculoskeletal integrity</td>
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<tr>
<td>• responses to weight shifts</td>
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<tr>
<td>• stability/mobility</td>
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<tr>
<td>• interlimb coordination</td>
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<tr>
<td>• development of postural control</td>
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</tbody>
</table>
**NDTA Basic Pediatric Course**  
**Key to Course Content**

**Topic: Teamwork**

<table>
<thead>
<tr>
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<th>Method of Assessment</th>
</tr>
</thead>
</table>
| At the conclusion of this course, participants will be able to: | Coordinator Instructor, PT Instructor, OT Instructor, SLP Instructor | • A clear understanding of the OT's roles/ responsibilities and how to work with other disciplines is necessary in the treatment of the child with CNS dysfunction.  
• While the therapist approaches assessment and treatment from their own discipline perspective, the child presents with the same set of impairments regardless of the discipline treating. Acknowledging that we are treating the same impairments, interaction of disciplines will enhance optimal facilitation of functional improvement. | • Lectures  
• Discussion  
• Supplemental written/visual materials  
• Videos/slides  
• Practicum with children  
• Demonstrations with children  
• Paper patient problem solving sessions  
• Multi-disciplinary group discussions regarding children in demonstrations and practicum | • Discussion  
• Participation  
• NDTA Exam (pre- and post-test)  
• Quizzes |

1. Identify discipline specific areas of emphasis of Speech/Language Pathology, Physical Therapy and Occupational Therapy in the treatment of the child with CNS pathophysiology.
2. Discuss interaction of disciplines in the treatment of the child with cerebral palsy.
# NDTA Basic Pediatric Course
## Key to Course Content

**Related specifics: Oral motor, respiratory content**

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| At the conclusion of this course, participants will be able to: | SLP Instructor (Primary Instructor) Coordinator Instructor OT Instructor PT Instructor | - A thorough knowledge of anatomy and physiology of oral motor, feeding and respiratory systems is necessary to appropriately understand the functional limitations related to the areas of oral motor, feeding and respiratory and phonatory functions. | - Lectures | - Discussion  
- Supplemental written/visual materials  
- Videos/slides  
- Practicum with children  
- Demonstrations pediat ric clients in practicum  
- Paper patient problem solving sessions  
- Multi-disciplinary group discussions regarding children in demonstrations and practicum | - Discussion  
- Participation  
- NDTA exam (pre and post test)  
- Completion and submission of assessments for assigned pediatric clients in practicum sessions  
- Instructional observation and feedback during labs and during periodic performance evaluations  
- Written and/or verbal feedback on practicum assignment |
| 1. In typical development identify major anatomical structures related to oral, pharyngeal and respiratory mechanism | | | | |
| 2. Demonstrate an understanding of the physiology of typical oral motor, feeding, respiratory and phonatory functions | | | | |
| 3. Demonstrate an understanding of the impact of typical and atypical alignment upon oral motor, feeding and respiratory/phonatory functions | | | | |
| 4. Discuss biomechanical implications of atypical movement on the oral motor, phonatory and respiratory mechanisms | | | | |
| 5. Discuss and define typical versus atypical movement patterns within oral motor, phonatory and respiratory systems. | | | | |
| 6. Describe through observation atypical oral motor, phonatory and respiratory patterns in children with CNS pathophysiology | | | | |
| 7. Demonstrate an understanding of the process of obtaining information regarding oral motor, feeding, respiratory, phonatory and communication skills in parent interview | | | | |

**Notes:**
- Videos/slides submission of 1. In typical development identify major anatomical structures related to oral, pharyngeal and respiratory mechanism  
- Lectures  
- Participation  
- NDTA exam (pre and post test)  
- Completion and submission of assessments for assigned pediatric clients in practicum sessions  
- Instructional observation and feedback during labs and during periodic performance evaluations  
- Written and/or verbal feedback on practicum assignment

v.11.27.12
## Related specifics: Oral motor, respiratory content (Continued)

<table>
<thead>
<tr>
<th>Learning outcome(s) that pertain to occupational therapists</th>
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</thead>
<tbody>
<tr>
<td>8. Demonstrate an understanding of individual components of the clinical assessment of the child with CNS pathophysiology by the OT.</td>
<td></td>
<td>- Apply prioritization of activity limitations and impairments to practicum patients &lt;br&gt; - Participate in discussion of various treatment strategies in relation to the child’s age, impairments and activity limitations targeted within a treatment session &lt;br&gt; - Demonstrate an understanding of the application of techniques appropriate to oral/facial musculature, head/neck alignment, shoulder girdle, trunk and respiratory mechanism for function</td>
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<tr>
<td>9. Apply the NDT enablement model to the clinical assessment process.</td>
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<tr>
<td>10. Apply the NDT enablement model to goal writing.</td>
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<tr>
<td>11. Will be able to apply the NDT Enablement model to planning treatment for children with CNS pathophysiology</td>
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<tr>
<td>12. Will be able to apply the NDT Enablement model to the development of performance skills and areas of occupation.</td>
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</tbody>
</table>

v.11.27.12
### NDTA Basic Pediatric Course

#### Key to Course Content

**Topic:** Evaluation/Assessment and Treatment Planning

<table>
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</tr>
</thead>
</table>
| At the conclusion of this course, participants will be able to: | Coordinator Instructor  | - Understanding the World Health Organization’s ICF (International Classification of Function) Model is essential for the OT. The OT must relate these models to the areas of occupation and the performance skills and the relationship of effective and ineffective posture and movement. | - Lectures  
- Discussion  
- Supplemental written/visual materials  
- Videos/slides  
- Practicum with children  
- Demonstrations with children  
- Paper patient problem solving sessions | - discussion  
- participation  
- NDTA exam (pre and post test)  
- Completion and submission of assessments for assigned pediatric clients in practicum sessions  
- Instructional observation and feedback during labs and during periodic performance evaluations  
- Written and/or verbal feedback on practicum assignment |
| 1. List and define the categories that compose the World Health Organization’s ICF Model used in examination and evaluation. | OT Instructor  
PT Instructor  
SLP Instructor | - Direct use of these models is necessary for an OT in examination, evaluation, and development of a plan of care. | | |
| 2. Discuss the components of the ICF model. | | | | |
| 3. Compile pertinent information from data collection including environmental and personal contextual factors, relevant medical history, general level of function as related by family and client, and a summary of client and family goals. | | | | |
| 4. Observe, describe and summarize a client’s functional activities and functional activity limitations. | | | | |
| 5. Relate a client’s functional activities and functional activity limitations to his/her participation restrictions. | | | | |
# NDTA Basic Pediatric Course

## Key to Course Content

### Topic: Evaluation/Assessment and Treatment Planning

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<thead>
<tr>
<th>Learning outcome(s) that pertain to occupational therapists</th>
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<tbody>
<tr>
<td>At the conclusion of this course, participants will be able to:</td>
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<tr>
<td>1. Observe, describe and summarize effective and ineffective posture and movement and their impact on a client's functional activities.</td>
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<td><em>It is essential that occupational therapists look at specific sensory processing, upper extremity and visual motor impairments as they relate to other body system impairments. This will assist in the development of intervention strategies that look at the total body issues that individuals with neuromotor involvement have as well as the specific areas focused on by the OT. The above information helps OT work with other team members to prioritize each client's needs and make sure that a comprehensive treatment program is developed.</em></td>
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<td>2. List and describe relevant impairments commonly found in the neuromuscular, musculoskeletal, sensory/sensory processing, respiratory, cardiovascular, integumentary, gastrointestinal, perceptual/cognitive, regulatory and limbic body systems.</td>
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<tr>
<td>3. Observe, describe and summarize the integrity and impairments in a client's body systems.</td>
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<td>4. Discuss a client's primary and secondary impairments, and potential for additional secondary impairments in the future.</td>
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<td>5. Discuss the interaction of function, posture and movement, and system structure and function, and the potential for change in each area in regard to specific clients.</td>
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<td>7. Identify impairments and problems in posture and movement that underlie a client's functional activity limitations.</td>
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<td>8. Summarize and discuss evaluation results with a pediatric client's parents/guardian.</td>
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<tr>
<td>10. Develop a plan of care with appropriate posture and movement goals related to a client's functional activities.</td>
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# NDTA Basic Pediatric Course

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<tr>
<td>11. Develop a plan of care with appropriate impairment-related goals related to a client’s functional outcomes / occupational performance.</td>
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<tr>
<td>12. Develop a plan of care that includes strategies/techniques that adequately address posture and movement problems and impairments related to functional outcomes / occupational performance.</td>
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<tr>
<td>13. Develop a plan of care that demonstrates a logical sequence and progression of activities from preparatory strategies to performing functional outcomes / occupational performance.</td>
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<tr>
<td>14. Plan strategies/activities that challenge the client by including opportunities for motor learning, carryover/education, and participation.</td>
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</table>
**Topic** Typical Development of Movement and Postural Control

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</table>
| At the conclusion of this course, participants will be able to: | Coordinator Instructor, PT Instructor, OT Instructor, SLP Instructor | - An understanding of the inter-relationship of the components of gross motor, fine motor, and oral motor development from birth through 12 months is necessary to be able to assess and treat children with CNS pathophysiology.  
- An understanding of the development of the postural mechanism (postural alignment, transitional movement, mobility to interact within the environment) is necessary to be able to assess and treat children with CNS pathophysiology.  
- An understanding of the development of the shoulder girdle/upper extremity (biomechanics, motor components, and sensory development, in relationship to its contribution to function) is necessary to be able to assess and treat children with CNS pathophysiology.  
- Understanding the development of play skills is necessary to be able to assess and treat children with CNS pathophysiology.  
- Understanding the development of rib cage and respiratory function as they relate to shoulder girdle and oral mechanism function are essential.  
- Understanding the integration of body movement for function in the areas of occupation is essential. | - Lectures  
- Discussion  
- Supplemental written/visual materials  
- Videos/slides  
- Observations of typically developing babies  
- Facilitation and movement labs for problem solving and analysis of movement | - Discussion  
- Participation  
- NDTA Exam (pre- and post-test)  
- Instructor(s) observation and feedback  
- Quizzes |
### Topic: Atypical Development of Movement

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<tbody>
<tr>
<td>At the conclusion of this course, participants will be able to:</td>
<td>Coordinator Instructor PT Instructor OT Instructor SLP Instructor</td>
<td>An understanding of the typical and atypical progression of development of postural control and movement (e.g. head/neck, trunk, rib cage, spine, shoulder girdle/UE, LE weight bearing and weight shifting ability, first low and then up against gravity) and how it relates to function is essential to assess and treat children with CNS pathophysiology. It is essential that OT’s relate the impact of single and multisystem impairments to the areas of occupation.</td>
<td>• Lectures  • Discussion  • Supplemental written/visual materials  • Videos/slides  • Demonstrations with children  • Paper patient problem solving sessions  • Movement labs</td>
<td>• Discussion  • Participation  • NDTA Exam (pre- and post-test)  • Quizzes  • Instructor(s) observation and feedback</td>
</tr>
<tr>
<td>1. Identify the influence of components of atypical development vs. typical development as it relates to:</td>
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<tr>
<td>• Postural alignment  • Transitional movements  • Mobility</td>
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<tr>
<td>2. Describe the influence of atypical movement on:</td>
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<tr>
<td>• Development of rib cage and respiratory function  • Development of shoulder girdle/upper extremity function  • Development of oral motor and phonatory function  • Development of pelvic/hip/lower extremity function</td>
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<tr>
<td>3. Identify and explain single and multisystem impairments that lead to atypical function.</td>
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</table>
NDTA Basic Pediatric Course
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**Topic: Neurophysiology**

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| At the conclusion of this course, participants will be able to: | Visiting Instructor | In the treatment of the child with CNS pathophysiology, an understanding of motor terminology and current motor theory is necessary for appropriate assessment and development of therapy strategies. Additionally, an understanding of basic nervous system physiology and an understanding of the plasticity of the neurological system as it relates to the developing child provides the OT with information necessary for selection and modification of treatment sequence and strategies. | - Lectures  
- Discussion  
- Supplemental written/visual materials  
- Video/slides | - Discussion  
- Participation  
- NDTA exam (pre and post test) |
| 1. Discuss the neuronal group selection theory as it relates to NDT. | Coordinator Instructor | | | |
| 2. Describe how sensory, neuromotor and musculoskeletal systems contribute to postural control and movement. | OT Instructor | | | |
| 3. Define feedforward and feedback postural control. | PT Instructor | | | |
| 4. Provide discipline specific examples of feedforward and feedback postural control as it relates to function. | SLP Instructor | | | |
| 5. Define terms of motor control and motor learning. | | | | |
| 6. Provide examples of treatment strategies that demonstrate clinical application of motor learning and motor control as it relates to their discipline. | | | | |
## NDTA Basic Pediatric Course
### Key to Course Content

**Topic:** Analysis/Facilitation/Movement and Treatment Labs

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<tr>
<td>At the conclusion of this course, participants will be able to:</td>
<td>Coordinator Instructor</td>
<td>Understanding how to analyze and facilitate weight shift, and transitional movements is a foundation of NDT assessment and treatment principles. OT's must develop a level of knowledge in how these relate to sensory processing, upper extremity and visual motor functional activities so that they can be more successful in achieving the postural foundation for participation in ADL, IADL, education, work, play and leisure.</td>
<td>Lectures, Discussion, Supplemental, written/visual materials, Videos/slides, Practicum with children, Demonstrations with children, Paper patient problem solving sessions, Analysis/ facilitation/ movement and treatment labs.</td>
<td>Discussion, Participation, NDTA exam (pre and post test), Completion and submission of assessments for assigned pediatric clients in practicum sessions, Instructional observation and feedback during labs and during periodic performance evaluations, Written and/or verbal feedback on practicum assignment.</td>
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</table>

1. Analyze postural alignment and weight shift in the sagittal, frontal, and transverse planes of movement in different individuals.
2. Analyze postural/body alignment in prone, supine, sitting, kneeling, and standing.
3. Analyze and facilitate individuals through transitional movements including prone to sit, four-point to sit, sit to stand, and up from the floor.
4. Facilitate movement at/from the trunk and rib cage in different individuals.
### NDTA Basic Pediatric Course
#### Key to Course Content

**Topic: Analysis/Facilitation/Movement and Treatment Labs**

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<tr>
<td>At the conclusion of this course, participants will be able to:</td>
<td></td>
<td>* All typical and atypical movements of the body (upper body, lower body, rib cage, head/neck) influence sensory processing, upper extremity and visual function. Learning to analyze and facilitate all movement (from trunk/rib cage, with locomotion, in shoulder girdle, lower extremities/hips/pelvis) especially in children with neuromuscular involvement will help OT's to create the foundation of active body alignment essential for sensory processing, upper extremity and visual motor functions to be at their most efficient.</td>
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<tr>
<td>6. Analyze and facilitate movement through the trunk and lower extremities while stimulating abdominal activity, hip abduction/extension, hip extension/lateral rotation, knee extension, and hip musculature activity.</td>
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<tr>
<td>7. Analyze and facilitate movement through the shoulder girdle and upper extremities while stimulating thoracic extension, scapular stabilization, humeral external rotation, elbow extension, wrist extension, and different types of grasp.</td>
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<td>8. Analyze the alignment and structural composition of the trunk and rib cage in typically and atypically developing infants, children, and adolescents.</td>
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# NDTA Basic Pediatric Course
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**Topic:** Analysis/Facilitation/Movement and Treatment Labs

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<tr>
<td>At the conclusion of this course, participants will be able to:</td>
<td></td>
<td>• Advanced OT Labs for OT's only look more intensively at aspects of assessment and treatment as they relate to NDT with respect to upper extremity, sensory processing and visual motor function. Additional labs done in a large group labs are provided with all disciplines. All disciplines need to have a base of knowledge in these areas.</td>
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<tr>
<td>9. Facilitate movement through the thoracic/rib cage and trunk while stimulating rib cage mobility, upper chest wall expansion, respiratory function, and active postural stability/alignment in preparation for areas of occupation, activity demands, and functional performance.</td>
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<td>• Pediatrics covers the range from birth through at least 21 years. Therefore, baby treatment, which has some very specialized techniques / principles, is discussed separately. Important to OT's working in the NICU as well as in Birth-3 Programs.</td>
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<tr>
<td>10. Demonstrate and practice treatment strategies to improve aspects of shoulder girdle and upper extremity alignment/function.</td>
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<tr>
<td>11. Demonstrate and practice treatment strategies to improve aspects of distal upper extremity function.</td>
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<tr>
<td>12. Demonstrate and practice treatment strategies to improve oral motor function and oral sensory awareness.</td>
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</table>
At the conclusion of this course, participants will be able to:

13. Analyze and compare a variety of occupational performance components as seen in typically and atypically developing infants and children in regard to their impairments in performance skills.

14. Demonstrate the use of toys and objects appropriate to facilitate different levels of play by exploring the properties of toys/objects.


16. Analyze, demonstrate, and practice advanced upper extremity handling techniques.
### Key to Course Content

**Topic:** Practicum with Children with CNS Pathophysiology

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</table>
| At the conclusion of this course, participants will be able to: | Coordinator Instructor PT Instructor OT Instructor SLP Instructor | The ability to identify single system and multi-system factors influencing posture, movement and function is essential for the OT to assess and treat children with CNS pathophysiology. The integration of content area information into practicum sessions with children with CNS pathophysiology will include the areas of occupation including:  
  - ADL  
  - IADL  
  - Education  
  - Work  
  - Play  
  - Leisure  
  - Social Participation  
  - Sleep | - Lectures  
- Discussion  
- Supplemental written/visual materials  
- Videos/slides  
- Practicum with children  
- Demonstrations with children  
- Paper patient problem solving sessions | - discussion  
- participation  
- NDTA exam (pre and post test)  
- Completion and submission of assessments for assigned pediatric clients in practicum sessions  
- Instructional observation and feedback  
- Written and/or verbal feedback on practicum assignment |
| 1. Demonstrate integration of course content information within practicum assignment:  
  - Postural control  
  - Typical/Atypical development  
  - Evaluation and Treatment planning  
  - Treatment sequencing  
  - Analysis and facilitation of movement  
  - Parent training/ home management  
  - Team work  
  - PT, OT, ST content  
  - Neurophysiology | | | |
| 2. Identify three compensations used by practicum children during functional tasks during a treatment session. | | | |
| 3. Develop three short term goals and three long term goals based on assessment findings with a practicum child. | | | |
NDTA Basic Pediatric Course
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<tr>
<td>At the conclusion of this course, participants will be able to:</td>
<td>OT Instructor (Primary Instructors)</td>
<td>- Learn the principles of the task analysis model to apply to the analyses of functional task performance in areas of occupation.</td>
<td>- Lecture</td>
<td>Discussion</td>
</tr>
<tr>
<td>1. Demonstrate knowledge and use a task analysis model to analyze functional skills in terms of their sensory and motor components.</td>
<td>SLP Instructor and Coordinator Instructor (Help to relate upper body information to other functional areas)</td>
<td>- Relate/integrate/apply information on play, object/toy use and manipulation, sensory modulation/processing, motor control, and shoulder girdle/upper extremity function</td>
<td>- Discussion</td>
<td>Participation</td>
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<tr>
<td>2. Demonstrate knowledge and use a task analysis model to develop strategies for preparation, simulation, and practice of skills for specific functional tasks.</td>
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<td></td>
<td>- Supplemental written/visual materials</td>
<td>NDTA exam (pre and post-test)</td>
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<tr>
<td>3. Discuss the development and value of play within both typical and atypical development.</td>
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<td>- Videos/slides</td>
<td>Instructional observation and feedback during labs</td>
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<tr>
<td>4. Determine the appropriate objects to use and select the appropriate toy to use during treatment sessions.</td>
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<td>- Practicum with feedback during labs</td>
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<td>5. Discuss the sensory systems and their relationship to sensory motor development.</td>
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<td>6. Discuss self-regulation and modulation of sensory input as it relates to children with neuromuscular impairments.</td>
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<tr>
<td>At the conclusion of this course, participants will be able to:</td>
<td>1. Discuss praxis and its relationship to motor control.</td>
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<tr>
<td>2. Discuss the role of vision, vestibular and proprioception on postural control and movement.</td>
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<td>3. Discuss the impact of visual perception problems on movement.</td>
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<td>4. Identify sensory processing problems in children and how to adapt handling and the environment to impact functional outcomes.</td>
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## NDTA Basic Pediatric Course
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#### Topic: Related Topics

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<tr>
<td>1. Identify key structures and musculature of the shoulder girdle complex and the upper extremities/hand and discuss their relationship to the head/neck, rib cage/trunk and pelvis/hips.</td>
<td></td>
<td>• Relate/integrate/apply the impact of the pelvis, spine and trunk on the use of the shoulder girdle and upper extremities during functional activities</td>
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<tr>
<td>2. Discuss influences of pelvic mobility, the spine, and the trunk on arms and weight shifting in the upper extremities.</td>
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<td>• Relate information about the upper extremity and hand function impairments often seen in infants and children with neuromuscular involvement that impact areas of occupation.</td>
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<tr>
<td>3. Discuss impairments that effect upper extremity function and hand function (e.g., neck hyperextension, shoulder girdle elevation, scapular adduction/abduction, humeral internal rotation and abduction, elbow flexion).</td>
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<tr>
<td>4. Identify adjuncts to therapy that may be implemented by an OT in different treatment settings including splinting, casting, taping, NMES, TES, and adaptive equipment.</td>
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### Topic: Related Specifics (lower body)

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</table>
| At the conclusion of this course, participants will be able to: | Coordinator Instructor and PT Instructor (Primary Instructors) SLP Instructor and OT Instructor (Help to relate lower body information to other functional areas) | - Learn about the structures and musculature of the lower body and how they relate to sensory, upper body/head/neck and visual function.  
- Learn about the importance of facilitating active pelvic/hip/lower body activity while analyzing typical and atypical development and relate/apply information to changes in sensory, upper body, upper extremity, visual motor activity.  
- It is essential for OT's to understand the overall assessment process which includes recognizing all body systems identifying LE impairments in order to understand how sensory, arm, hand, and visual function relate to other parts of the body. | - Lecture  
- Discussion  
- Supplemental written/visual materials  
- Videos/slides  
- Practicum with children  
- Demonstrations with children  
- Paper patient problem solving sessions  
- Multi-disciplinary group discussions regarding children in demonstrations and practicums  
- Movement/facilitation labs | - Discussion  
- Participation  
- NDTA exam (pre and post-test)  
- Instructional observation and feedback during labs |
| 1. Identify key structures and musculature that compose the pelvic girdle, hips, lower extremities, and feet. | | | | |
| 2. Explain the importance of the activation of the pelvis/hips/lower extremities for weight bearing, transitional movements, postural alignment, and locomotion/gait during functional activities in all positions (e.g., sitting, standing). | | | | |
| 3. Discuss and analyze the impact of normal and abnormal components of movement and compensatory strategies on general body movement, postural alignment and control, and functional activities. | | | | |
| 4. Gather pertinent information during the assessment process related to the musculoskeletal and neuromuscular body systems, postural control, postural alignment, and physiological strength and endurance. | | | | |
### NDTA Basic Pediatric Course
**Key to Course Content**

**Topic:** Related Specifics (lower body)

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<td>At the conclusion of this course, participants will be able to:</td>
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<tr>
<td>5. Analyze movement focusing on the inter relationship of the trunk, upper extremities and lower extremities; the relationship of postural behavior to function; changes dependent on a variety of surfaces (mobile or stable); and on the differences between typical and atypical movement.</td>
<td></td>
<td>• OT's must be able to analyze all movement as it relates to sensory processing, upper extremity, visual motor function. Understanding the principles of body alignment and how it relates to positioning and equipment selection.</td>
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<tr>
<td>6. Discuss the principles of positioning as they relate to adaptive equipment articulating the potential impact on upper extremity and visual motor function. (e.g., wheelchairs, standers, walkers).</td>
<td></td>
<td>• Orthopedic surgeries and equipment (orthotics, braces) influence functional outcomes. OT’s must understand what different surgeries/equipment may influence performance skills in OT related functional activities.</td>
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<tr>
<td>7. Identify and discuss common types of orthopedic surgeries as they relate to children with cerebral palsy.</td>
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v.11.27.12
### NDTA Basic Pediatric Course
#### Key to Course Content

**Topic: Treatment**

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<tr>
<th>Learning outcome(s) that pertain to occupational therapists</th>
<th>Instructional Personnel</th>
<th>Description of occupational therapy content</th>
<th>Activities or Instructional Strategies</th>
<th>Method of Assessment</th>
</tr>
</thead>
</table>
| At the conclusion of this course, participants will be able to: | Coordinator Instructor OT Instructor PT Instructor SLP Instructor | A significant and unique component of the Neurodevelopmental Treatment Approach (NDT) is the handling and facilitation of movement, appropriate body alignment and active postural control as the foundation for sensory processing, upper extremity, visual motor function. Specific procedures and techniques to improve sensory processing, upper extremity, and visual motor function can be implemented once the appropriate body alignment is achieved. It is essential for the OT to understand these principles and be able to integrate them into their treatment of children with CNS pathophysiology. | - Lectures  
- Discussion  
- Supplemental written/visual materials  
- Video/slides  
- Practicum with children  
- Demonstrations with children  
- Paper patient problem solving sessions  
- Facilitation and treatment labs | - discussion  
- participation  
- NDTA exam (pre and post test)  
- Completion and submission of assessments for assigned pediatric clients in practicum sessions  
- Instructional observation and feedback during labs and during periodic performance evaluations  
- Written and/or verbal feedback on practicum assignment |
| 1. Discuss the use of handling and facilitation of movement in treatment for children with CNS pathophysiology. | | | | |
| 2. Discuss the use of positioning in treatment of children with CNS pathophysiology. | | | | |
| 3. Demonstrate NDT handling and facilitation techniques including:  
- Key points of control  
- Inhibition  
- Co-activation  
- Vibration  
- Tapping | | | | |
| 4. Demonstrate NDT handling and facilitation techniques as they relate to sensory processing, upper extremity, and visual motor function. | | | | |
### NDTA Basic Pediatric Course Key to Course Content

**Topic:** Treatment

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<th>Activities or Instructional Strategies</th>
<th>Method of Assessment</th>
</tr>
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<tbody>
<tr>
<td>At the conclusion of this course, participants will be able to:</td>
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<tr>
<td>1. Demonstrate sensory-motor preparation techniques and upper extremity facilitation techniques for integration and treatment of</td>
<td>(TBD)</td>
<td>(TBD)</td>
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<tr>
<td>2. Performance skills related to areas of occupation.</td>
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<tr>
<td>3. Demonstrate NDT handling and facilitation techniques focused on upper extremity and visual motor function.</td>
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<td>4. Demonstrate an understanding of the positioning needed for upper extremity and visual motor function.</td>
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<tr>
<td>5. Explain and demonstrate the importance of ongoing assessment of a child's changes in movement, upper extremity, visual motor function as part of the treatment process.</td>
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<td>6. Demonstrate the ability to modify treatment strategies based on changes noted during treatment.</td>
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<tr>
<td>7. Formulate carry over strategies for home and school programs related to areas of occupation.</td>
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</table>
# NDTA Basic Pediatric Course
## Key to Course Content

### Topic: Parent Training and Home Management

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<th>Description of occupational therapy content</th>
<th>Activities or Instructional Strategies</th>
<th>Method of Assessment</th>
</tr>
</thead>
</table>
| At the conclusion of this course, participants will be able to: | Coordinator Instructor | Parent involvement in the treatment program ensures that the goals represent family as well as child needs. Their involvement also strengthens the effectiveness of the treatment through the carryover of activities to the child's daily life. | - Lectures  
- Discussion  
- Supplemental written/visual materials  
- Videos/slides  
- Practicum with children  
- Demonstration with children | - Discussion  
- Participation  
- NDTA exam (pre and post-test)  
- Completion and submission of assignments for pediatric clients in practicum sessions  
- Instructional observation and feedback  
- Written and/or verbal feedback on practicum assignment |
| 1. Explain the importance of actively involving parents in the therapeutic program of their child. | OT Instructor  
PT Instructor  
SLP Instructor | | | |
| 2. Demonstrate that they can communicate clearly with parents the assessment and the treatment plan for their child. | | | | |
| 3. With parent, develop short-term and long-term goals for their child. | | | | |
| 4. Develop with the parents, a home management program that carries over therapy goals into the home. | | | | |
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" 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).

435:30-1-4. 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 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.
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888.1. **Short title**

This act shall be known and cited as the "Occupational Therapy Practice Act".

888.2. **Purpose**

In order to safeguard the public health, safety and welfare, to protect the public from being misled by incompetent and un-authorized persons, to assure the highest degree of professional conduct on the part of occupational therapists and occupational therapy assistants, and to assure the availability of occupational therapy services of high quality to persons in need of such services, it is the purpose of this act to provide for the regulation of persons offering occupational therapy services to the public.

888.3. **Definitions**

As used in this the Occupational Therapy Practice Act:

1. "Occupational therapy" is a health profession for which practitioners provide assessment, treatment, and consultation through the use of purposeful activity with individuals who are limited by or at risk of physical illness or injury, psycho-social dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process, in order to maximize independence, prevent disability, and maintain health. Specific occupational therapy services include but are not limited to the use of media and methods such as instruction in daily living skills and cognitive retraining, facilitating self-maintenance, work and leisure skills, using standardized or adapted techniques, designing, fabricating, and applying selected orthotic equipment or selective adaptive equipment with instructions, using therapeutically applied creative activities, exercise, and other media to enhance and restore functional performance, to administer and interpret tests which may include sensorimotor evaluation, psycho-social assessments, standardized or nonstandardized tests, to improve developmental skills, perceptual and motor skills, and sensory integrative function, and to adapt the environment for the handicapped. These services are provided individually, in groups, via telehealth or through social systems;

2. "Occupational therapist" means a person licensed to practice occupational therapy pursuant to the provisions of the Occupational Therapy Practice Act;

3. "Occupational therapy assistant" means a person licensed to provide occupational therapy treatment under the general supervision of a licensed occupational therapist;

4. "Occupational therapy aide" means a person who assists in the practice of occupational therapy and whose activities require an understanding of occupational therapy, but do not require the technical or professional training of an occupational therapist or occupational therapy assistant;

5. "Board" means the State Board of Medical Licensure and Supervision;
6. "Person" means any individual, partnership, unincorporated organization or corporate body, except only an individual may be licensed pursuant to the provisions of the Occupational Therapy Practice Act;

7. "Committee" means the Oklahoma Occupational Therapy Advisory Committee;

8. "Telehealth" means the use of electronic information and telecommunications technologies to support and promote access to clinical health care, patient and professional health-related education, public health and health administration; and

9. "Telerehabilitation" or "teletherapy" means the delivery of rehabilitation and habilitation services via information and communication technologies (ICT), also commonly referred to as "telehealth" technologies.

888.4. License required - Application of act

A. No person shall practice occupational therapy or hold himself or herself out as an occupational therapist, or as being able to practice occupational therapy, or to render occupational therapy services in this state unless he or she is licensed in accordance with the provisions of this act. The licensing provisions of this act shall not be applicable to a person who assists in the practice of occupational therapy as an occupational therapy aide.

B. The provisions of this act shall not be construed to authorize occupational therapists or occupational therapy assistants to practice medicine and surgery within the meaning of Section 492 of Title 59 of the Oklahoma Statutes.

C. Notwithstanding any other provisions of this act, a plan of care developed by a person authorized to provide services within the scope of the Occupational Therapy Practice Act shall be deemed to be a prescription for purposes of providing services pursuant to the provisions of the Individuals with Disabilities Education Act, Amendment of 1997, Public Law 105-17, and Section 504 of the Rehabilitation Act of 1973.

888.5. Practices, services and activities not prohibited

Nothing in the Occupational Therapy Practice Act shall be construed to prevent or restrict the practice, services, or activities of:

1. Any persons of other licensed professions or personnel supervised by licensed professions in this state from performing work incidental to the practice of their profession or occupation, if that person does not represent himself as an occupational therapist or occupational therapy assistant;

2. Any person employed as an occupational therapist or occupational therapy assistant by
the Government of the United States if such person provides occupational therapy solely under the direction or control of the organization by which he or she is employed;

3. Any person pursuing a course of study leading to a degree or certificate in occupational therapy at an accredited educational program if such activities and services constitute a part of a supervised course of study, if such a person is designated by a title which clearly indicates his status as a student or trainee;

4. Any person fulfilling the supervised field work experience requirements of Section 888.6 of this title, if such activities and services constitute a part of the experience necessary to meet the requirements of that section;

5. Any person performing occupational therapy services in this state, if services are performed for no more than ninety (90) days in a calendar year in association with an occupational therapist licensed pursuant to the provisions of this act, if:

   a. such person is licensed according to the laws of another state which has licensure requirements equal to or surpassing the requirements of the Occupational Therapy Practice Act, or

   b. such person is certified as an occupational therapist registered (O.T.R.) or a certified occupational therapy assistant (C.O.T.A.), by the National Board for Certification in Occupational Therapy;

6. Any person employed or working under the direct supervision of an occupational therapist as an occupational therapy aide; or

7. A certified recreational therapist in the area of play and leisure.

888.6. Application for license - Information required

An applicant applying for a license as an occupational therapist or as an occupational therapy assistant shall file written application on forms provided by the Board, as recommended by the Committee, showing to the satisfaction of the Board that the applicant meets the following requirements:

1. Residence: Applicants need not be a resident of this state;

2. Character: Applicants shall meet the standards of the Code of Ethics and if licensure rules adopted by the Board to safeguard the public;

3. Education: Applicants shall present evidence satisfactory to the Board of having successfully completed the academic requirements of an educational program in occupational therapy recognized by the Board, with concentration in biological or physical
science, psychology and sociology, and with education in selected manual skills. For an occupational therapist the educational program shall be accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). For an occupational therapy assistant, such a program shall be approved by ACOTE;

4. Experience: Applicants shall submit to the Board evidence of having successfully completed a period of supervised field work experience at a recognized educational institution or a training program approved by the educational institution where he or she met the academic requirements. For an occupational therapist, a minimum of six (6) months of supervised field work experience is required. For an occupational therapy assistant, a minimum of two (2) months of supervised field work experience is required;

5. Examination: Applicants shall submit to the Board evidence of having successfully completed an examination as provided for in Section 888.7 of this title.

888.7. Application for license - Form - Examination and reexamination

A. A person applying for a license shall demonstrate his or her eligibility in accordance with the requirements of Section 888.6 of this title and shall make application for examination upon a form in such a manner as the National Board for Certification in Occupational Therapy (NBCOT) shall prescribe. A person who fails the examination may make reapplication for reexamination accompanied by the prescribed fee.

B. Each applicant for licensure pursuant to the provisions of this the Occupational Therapy Practice Act shall be examined on the applicant's knowledge of the basic and clinical sciences relating to occupational therapy and occupational theory and practice, including the application of professional skills and judgment in the utilization of occupational therapy techniques and methods and such other subjects as the Board may deem useful to determine the applicant's fitness to practice. The Board shall approve an examination and establish standards for acceptable practice. NBCOT shall be the approved provider for the examination according to national standards for entry-level practice.

C. Applicants for licensure shall be examined at a time and place as NBCOT may determine. Applicants must pass the examination by a score determined by the NBCOT. Examinations shall be given at least two times each year at such places as NBCOT may determine.

D. In case of failure of any examination the applicant shall have the privilege of a second examination on payment of the regular fees. In case of a second failure, the applicant shall be eligible for the third examination, but shall, in addition to the requirements for previous examinations have to wait a specific period as determined by NBCOT, not to exceed one (1) year, before reexamination. The waiting period may include completion of academic or clinical work as prescribed by rules promulgated by the Board. A temporary license may be issued
pursuant to the provisions of Section 888.8 of this title. Further testing shall be at the discretion of the Board and NBCOT guidelines.

E. Applicants shall be given their examination scores in accordance with such rules and regulations as the Board may establish.

888.8. Waiver of examination, education or experience requirements

A. The Board shall waive the examination and grant a license to any person certified prior to the effective date of this act as an occupational therapist registered (O.T.R.) or a certified occupational therapy assistant (C.O.T.A.) by the American Occupational Therapy Association. The Board may waive the examination, education, or experience requirements and grant a license to any person so certified after the effective date of this act if the Board considers the requirements for such certification to be at least equivalent to the requirements for licensure in this act.

B. The Board may waive the examination, education, or experience requirements and grant a license to any applicant who shall present proof of current licensure as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or territory of the United States which requires standards of licensure considered by the Board to be at least equivalent to the requirements for licensure in this act.

C. An applicant may be licensed as an occupational therapist if he has first practiced as an occupational therapy assistant for four (4) years and has completed the requirements of paragraph 4 of Section 6 of this act before January 1, 1988, and has passed the examination for occupational therapist.

888.9. Denial, refusal, suspension, revocation, censure, probation and reinstatement of license

A. The Board may deny or refuse to renew a license, or may suspend or revoke a license, or may censure a licensee, publicly or otherwise, or may impose probationary conditions where the licensee or applicant for license has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public. Such unprofessional conduct includes:

1. Obtaining a license by means of fraud, misrepresentation, or concealment of material facts;

2. Engaging in unprofessional conduct as defined by the rules established by the Board, or violating the Code of Ethics adopted and published by the Board;

3. Being convicted of a felony crime that substantially relates to the occupation of occupational therapy or poses a reasonable threat to public safety;
4. Violating any lawful order, rule, or regulation rendered or adopted by the Board; and

5. Violating any provisions of this act.

B. Such denial, refusal to renew, suspension, revocation, censure, or imposition of probationary conditions upon a license may be ordered by the Board in a decision made after a hearing in the manner provided by the rules and regulations adopted by the Board. One (1) year from the date of the revocation, refusal of renewal, suspension, or probation of the license, application may be made to the Board for reinstatement. The Board shall have discretion to accept or reject an application for reinstatement and may, but shall not be required to, hold a hearing to consider such reinstatement.

C. As used in this section:

1. “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; and

2. “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.

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888.10. Renewal of license - Continuing education

A. Licenses under this act shall be subject to annual renewal and shall expire unless renewed in the manner prescribed by the rules and regulations of the Board, upon payment of a renewal fee provided for in Section 11 of this act. The Board may provide for the late renewal of a license upon payment of a late fee in accordance with its rules and regulations, but no such late renewal of a license may be granted more than five (5) years after its expiration. A hearing before the Board may be required in addition to a late fee.

B. A suspended license is subject to expiration and may be renewed as provided in this section, but such renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity, or in any conduct or activity in violation of the order or judgment by which the license was suspended. If a license revoked on disciplinary grounds is reinstated, the licensee as a condition of reinstatement, shall pay the renewal fee and any late fee that may be applicable.

C. The Board may establish continuing education requirements to facilitate the maintenance of current practice skills of all persons licensed under this act.

888.11. Fees
The Board shall prescribe and publish, in the manner established by its rules and regulations, fees in the amounts determined by the Board for the following:

1. Initial license fee;

2. Renewal of license fee; and

3. Late renewal fee.

888.12. Oklahoma Occupational Therapy Advisory Committee - Creation - Membership - Term - Vacancies - Removal - Liability

An Oklahoma Occupational Therapy Advisory Committee of the State Board of Medical Licensure and Supervision is hereby created. The Committee shall consist of five (5) members appointed by the Board, upon recommendation of the Oklahoma Occupational Therapy Association, for staggered terms of three (3) years, except for the first Committee appointed hereunder. Three members shall be occupational therapists with at least five (5) years' experience, one member shall be an occupational therapy assistant with at least three (3) years' experience, and one member shall be a consumer. All of the therapists shall be licensed except for the first members of the Committee who shall be licensed as soon after their appointments as possible. Said licensing shall take place within ninety (90) days after this act becomes effective.

The terms of the members shall be for three (3) years and until their successors are appointed and qualify; except of those first appointed, one shall serve for one (1) year, one shall serve for two (2) years, and three shall serve for three (3) years. Vacancies shall be filled in the manner of the original appointment for the unexpired portion of the term only. The Board after notice and opportunity for hearing may remove any member of the Committee for neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. A member of the Committee is not liable to civil action for any act performed in good faith in the execution of his duties in this capacity.

888.13 Oklahoma Occupational Therapy Advisory Committee - Officers - Meetings - Rules - Records - Expenses

A. The members of the Oklahoma Occupational Therapy Advisory Committee shall elect from their number a chairman. Special meetings of the Committee shall be called by the chairman on the written request of any three members. The Committee shall recommend to the Board for adoption rules as necessary to govern its proceedings and implement the purposes of this act.

B. The Board shall keep a written record of each meeting of the Committee and maintain a register containing names of all occupational therapists licensed under this act, which shall be at all times open to public inspection. On March 1, of each year, the Board shall transmit an
official copy of the list of licensees to the Secretary of State for a permanent record, a certified copy of which shall be admissible as evidence in any court in the state.

C. Members of the Committee shall be reimbursed for all actual and necessary expenses incurred in the performance of duties required by this act in accordance with the provisions of the State Travel Reimbursement Act.

888.14 Powers and duties of Committee

A. The Oklahoma Occupational Therapy Advisory Committee shall recommend to the Board for approval a list of applicants for licenses at least twice each year at such reasonable times and places as shall be designated by the Board in its discretion.

B. The Board shall approve the examination as described in Section 7 of this act.

C. The Board may investigate complaints, issue, suspend, deny, and revoke licenses, reprimand licensees and place them on probation, issue subpoenas, and hold hearings.

D. The Committee shall propose rules to the Board consistent with this act to carry out its duties in administering this act.

E. The Board may hire individuals as it deems necessary to implement the purposes of this act.

F. The Board shall assist the proper legal authorities in the prosecution of all persons violating any provisions of this act.

G. The Board shall issue a license to any person who meets the requirements of this act upon payment of the prescribed license fee.

888.15 Titles and abbreviations - Misrepresentation - Penalties

A. Any person holding a license as occupational therapist issued by the Board may use the title "Occupational Therapist", "Registered Occupational Therapist", or "Licensed Occupational Therapist", or the letters "O.T.", "O.T.R.", or "O.T.R./L.". Any person holding a license as an occupational therapy assistant issued by the Board may use the title "Occupational Therapy Assistant", "Certified Occupational Therapy Assistant", or "Licensed Occupational Therapy Assistant" or use the letters "O.T.A.", "C.O.T.A.", or "O.T.A./L.". No other person shall in any way, orally or in writing, in print, or by sign or transmission of sound or sight, directly or by implication, represent himself as an occupational therapist. Such misrepresentation, upon conviction, shall constitute a misdemeanor and shall be punishable as herein provided; provided, however, that nothing in this act shall prohibit any person who does not in any way assume or represent himself to be an occupational therapist, registered occupational therapist, licensed occupational therapist, occupational therapy assistant, certified occupational therapy assistant, or licensed occupational therapy assistant, from doing other types of therapies as may be authorized
by law.

B. Any person who obtains, or attempts to obtain, licensure as an occupational therapist or occupational therapy assistant by any willful misrepresentation, grossly negligent misrepresentation, or any fraudulent misrepresentation, upon conviction, shall be guilty of a misdemeanor and punishable as herein set forth.

C. Any person who violates any provisions of this act, upon conviction, shall be guilty of a misdemeanor, and shall be punished by a fine of not less than Fifty Dollars ($50.00) nor more than Five Hundred Dollars ($500.00) or by imprisonment in the county jail in the county in which such conviction occurred for not less than five (5) days or more than thirty (30) days, or by both such fine and imprisonment. Each day upon which this act shall be violated shall constitute a separate offense and shall be punishable as such.
Effective September 12, 2016

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

Section
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[Authority: Title 59 O.S., Section 888.14]
[Source: Codified 12-30-91]

*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.

"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.

"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.

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-site 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 Therapy student or a graduate Occupational Therapy Assistant. 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.

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.
(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.

(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 without 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 an 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

(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 7-12-01Amended 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.

[Source: Added at 20 Ok Reg 982, eff 5-21-03]