



AK PT/OT Board - Regulations Committee Mtg - May 14, 2025

Alaska Division of Corporations, Business and Professional Licensing
Juneau - Zoom
2025-05-14 10:00 - 12:00 AKDT

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- Who can sign off on progress/discharge notes? FAQ

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- Tori Daugherty - MN, WA, CT
- Valerie Phelps - AZ, UT, TX
- Rebecca Dean - OH, CA, NC
- Sheri Ryan - FSBPT + AOTA

Please share this FSBPT webinar for PT/PTA Teams and Supervision for our upcoming meeting on supervision for PTAs and OTAs
<https://youtu.be/zOjWpq7aN0c?si=K0bKKU92IOpzzUz6>

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Tabled until SB74 Regulations project completed - use Supervised Service Delivery by Credentials as template

6. Next Steps

7. Adjourn



AK PT/OT Board - Regulations Committee Mtg - May 14, 2025

Alaska Division of Corporations, Business and Professional Licensing
Wednesday, May 14, 2025 at 10:00 AM AKDT to 12:00 PM AKDT
Juneau - Zoom

Meeting Details:

<https://us02web.zoom.us/j/87684383840?pwd=N07ycAR08QLk7uVaOjLHVOW8cKLQf.1>

Meeting ID: 876 8438 3840

Passcode: 626714

Call-in: +1 253 205 0468 US

Agenda

1. Call to Order/Roll Call 10:00 AM

Committee Members:

Valerie Phelps

Rebecca Dean

Alternate - Tori Daugherty

2. Review/Approve Agenda 10:05 AM

3. Approve Minutes - 2/21/2025 + 03/13/2025

4. Public Comment 10:10 AM

5. Regulations Projects 10:25 AM

A. OTA/PTA supervision Question Research

- Who can write progress reports or discharge notes? FAQ
- Who can sign off on progress/discharge notes? FAQ

Research Assignments:

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iv. What about PTAs and OTAs supervising aides/technicians (aka unlicensed personnel)?

- Can a PTA or OTA supervise a technician - What about a certified or professional technician and patient care

B. Definition of Employment and Professional Reference Requirements for licensure by credentials - PT and OT

C. Explore Supervised Service Delivery by Examination - PT and OT

Tabled until SB74 Regulations project completed - use Supervised Service Delivery by Credentials as template

6. Next Steps

11:55 AM

7. Adjourn

12:00 PM



AK PT/OT Board - Regulations Committee Mtg - February 21, 2025 Minutes

Alaska Division of Corporations, Business and Professional Licensing
2/21/2025 10:00 AM AKST
Virtual Meeting via Zoom

These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

1. Call to Order/Roll Call

Committee Members: Valerie Phelps, Rebecca Dean
Alternate - Tori Daugherty

The Physical Therapy and Occupational Therapy Board Regulations Committee meeting was called to order on Friday, February 21, 2025 at 9:59 am by Valerie Phelps. Roll call taken:

Committee members present: Valerie Phelps, Tori Daugherty, and Rebecca Dean.

Staff present: Shane Bannarbie, Project Coordinator; Alison Osborne, Regulations Specialist; and Sheri Ryan, Licensing Examiner.

2. Review/Approve Agenda

Rebecca Dean moved to approve the agenda as submitted. Motion seconded by Tori Daugherty. All in favor; none opposed. Motion passes unanimously.

3. Approve Minutes - 01/10/2025

Rebecca Dean moved to approve the minutes from January 10, 2025 as written. Motion seconded by Tori Daugherty. All in favor; none opposed. Motion passes unanimously.

4. Public Comment

No public comment given.

5. Regulations Projects

Committee members discussed changing future meeting schedule to every other month rather than monthly. Decision to leave scheduled meeting as is and cancel if no work; meeting will be based on homework assigned.

A. SB74 DRAFT (Presenters: Alison Osborne)

Alison Osborne, Regulations Specialist went over the draft for SB 74. 12 AAC 54.140 repealed in the past. Cannot reuse that numbering. New section to be created 12 AAC 54.101 for application by credentials by Supervised Delivery Plan. This will remove/replace 12 AAC 54.100(5)(c). New application will need to be created when/if regulation is passed as new pathway for licensure. Need to look at requirement of 150 hour internship as an alternative for work requirement at renewal under 12 AAC 54.405(a)(2)(D) and how that would work with Supervised Delivery Plan and any possible elimination of "internship".

Action Items:

Staff to send updated version of 12 AAC 54.670 to Regulations Specialist.

B. Strategize OTA/PTA supervision next steps

Item tabled for next meeting's discussion.

C. Definition of Employment and Professional Reference Requirements for licensure by credentials - PT and OT

Item tabled for next meeting's discussion.

D. Expand CEU Opportunities for OT and PT

Item tabled for next meeting's discussion.

6. Next Steps

Committee members to review SB74 Draft at discuss at next meeting.

7. Adjourn

The Physical Therapy and Occupational Therapy Board Regulations Committee meeting was adjourned at 12:30 pm on Friday, February 21, 2025.

Next meeting scheduled for Friday, March 13, 2025 at 1:00 pm.



AK PT/OT Board - Regulations Committee Mtg - March 13, 2025 Minutes

Alaska Division of Corporations, Business and Professional Licensing
3/13/2025 1:00 PM AKDT
Virtual Meeting via Zoom

These are DRAFT minutes prepared by staff of the Division of Corporations, Business and Professional Licensing. They have not been reviewed or approved by the Board.

1. Call to Order/Roll Call

Committee Members:

Valerie Phelps

Rebecca Dean

Alternate - Tori Daugherty

The Physical Therapy and Occupational Therapy Board Regulations Committee meeting was called to order on Thursday, March 13, 2025 at 1:04 pm by Valerie Phelps. Roll call taken:

Committee members present: Valerie Phelps, Tori Daugherty, and Rebecca Dean.

Staff present: Shane Bannarbie, Project Coordinator and Sheri Ryan, Licensing Examiner.

Guest: Kristen Neville, Manager State Affairs, American Occupational Therapy Association (AOTA).

2. Review/Approve Agenda

All in favor to accept agenda as submitted for March 13, 2025 Regulations Committee meeting by consensus.

3. Approve Minutes - 2/21/2025

Minutes are tabled for 02/21/2025 as not submitted as of this date.

4. Public Comment

Kristen Neville, Manager State Affairs, American Occupational Therapy Association (AOTA) asked if PT/OT dry needling draft language was put forth at February 27-28, 2025 board meeting. OTAs contribute to an evaluation but do not initiate evaluations. AOTA position is that both OT and OTAs should be able to perform dry needling but

understands states position to limit to occupational therapists only. Supports additional training requirement for any therapist before performing dry needling as not an "entry level" capable service.

5. Regulations Projects

A. Strategize OTA/PTA supervision next steps

Committee brainstormed - what problem are they trying to solve? Looked at board correspondence received:

- delegation of services to PTA/OTA
- progress notes
- discharge notes
- can PTAs/OTAs contribute to the evaluation
- telehealth questions
- supervision of techs
- use of PTAs/OTAs in school delivery systems
- dry needling

Action Items:

- Kristen Neville to share state by state chart re: supervision language related to unlicensed personnel for aides and techs and chart for CE requirement for OT by state

B. Definition of Employment and Professional Reference Requirements for licensure by credentials - PT and OT

Currently 60 hours of physical therapy or occupational therapy services requirement in 12 AAC 54.100(5)(A) and 12 AAC 54.600(6)(A) has to be "paid" work experience (employment) when applying by credentials. Want to look at what can be done to translating that 60 hours of physical therapy or occupational therapy services similar to volunteer service in renewal requirements under 12 AAC 54.405(b) + (c) and 12 AAC 54.405 (b) + (c) where it could be services where a therapist was not financially compensated. Example - volunteer for a non-profit or care for aging parents or disabled child. Concerns expressed regarding verification requirements.

Use language "having provided physical therapy services for at least 60 hours" instead of "been employed in physical therapy".

Use language "having provided occupational therapy services for at least 60 hours" instead of "been employed in occupational therapy".

Professional Reference - Regulation language would need to be updated to remove outdated reference allowances. Head of physical therapy or occupational therapy school or instructor would be more relevant when applying by examination, not when applying by credentials. Change language in PT, OT, and Foreign-educated by credentials regulations to read "Supervisor with whom there is a direct professional relationship". 12 AAC 54.100; 12 AAC 54.110, 12 AAC 54.605 (new addition SB74), 12 AAC 54.610.

Action Items:

Staff to write up language and put for review for next meeting.

C. Expand CEU Opportunities for OT and PT

Dispatch this item to Continuing Competency Committee to address.

D. Explore Supervised Service Delivery by Examination - PT and OT

Table item until SB74 Draft is completed/enacted to plug and play for use as template for by examination.

E. SB74 DRAFT (Presenters: Alison Osborne)

Item tabled as Regulations Specialist not available.

6. Next Steps

- Staff to resend Board action items from February board meeting to Rebecca Dean per request
- Cancel meeting scheduled for April 18, 2025
- Supervision to be primary discussion at May 14 meeting. Valerie Phelps to forward list of questions as outlined at this meeting for research re: PTA/OTA supervision topics. Staff to forward to committee members + build in OnBoard for upload of materials (contributors). Each member to create a chart based on 3 or 4 most important questions and drop in what other states say about it; include supervision of technicians in research. Each member assigned specific states based off previous listing. Staff to locate states assigned to each individual previously and notify. Each committee member to research and upload.
 - Research Assignments:
 - Tori Daugherty - MN, WA, CT
 - Valerie Phelps - AZ, UT, TX

- Rebecca Dean - OH, CA, NC

7. Adjourn

The Physical Therapy and Occupational Therapy Board Regulations Committee meeting was adjourned at 3:03 pm on Thursday, March 13, 2025.

Next meeting scheduled for Wednesday, May 14, 2025 at 10:00 am.

DRAFT

Occupational Therapy Aide Statutes and Regulations

State	Statute or Regulation ¹
Alabama	<p>Statute: Alabama Code §34-39-3, Definitions (7) OCCUPATIONAL THERAPY AIDE. A person who assists in the delivery of occupational therapy, who works under direct on-site supervision of an occupational therapist or occupational therapy assistant, or both, and whose activities require an understanding of occupational therapy but do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy. No activity listed under paragraph a. of subdivision (4) may be performed by an occupational therapy aide.</p> <p>Regulation: Alabama Administrative Code 625–X–2, Exemptions from Licensing .01 Exemptions. The requirement for a license as an Occupational Therapist or an Occupational Therapy Assistant does not apply to a person who is: (e) Employed as an occupational therapy aide. (1) Aids/unlicensed support personnel are required to be registered on official forms as approved by the board by employers and updated annually.</p> <p>Regulation: Alabama Administrative Code 625–X–8, Supervision of Occupational Therapy Assistants, Holders of Limited Permits, and Occupational Therapy Aides Code of Alabama 1975, §34-39-3 and 34-39-11 provides, in pertinent part, that an Occupational Therapy Assistant, and Occupational Therapy Aide or an individual issued a limited permit may only provide occupational therapy services under the supervision of an Occupational Therapist. This regulation sets forth the terms and requirements of such supervision.</p> <p>.03 Supervision of Occupational Therapy Aides (1) An occupational therapy aide/support personnel is an unlicensed person who assist in the practice of occupational therapy, who works under the supervision of a licensed occupational therapist and whose activities require an understanding of occupational therapy but do not require professional or advance training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy. An occupational therapy aide is a worker who is trained on the job to meet the specific needs of the facility. (2) A licensed occupational therapist may delegate to occupational therapy aides only specific tasks which are neither evaluative, assessive, task selective nor recommending in nature, and only after insuring that the aide has been appropriately trained for the performance of the task. (3) Any duties assigned to an occupational therapy aide must be determined and appropriately supervised by a licensed occupational therapist and must not exceed the level of training, knowledge, skill, and competence of the individual being supervised. The licensed occupational therapist is totally and wholly responsible for the acts or actions performed by any occupational therapy aide functioning in the occupational therapy setting. (4) Duties or functions which occupational therapy aides may perform include, but are not limited to:</p>

¹ DISCLAIMER: This chart is provided for informational and educational purposes only and is not a substitute for legal advice or the professional judgment of health care professionals in evaluating and treating patients. Contact your state OT licensing board, committee, or agency with any questions regarding this information or to verify the accuracy of this information.

Occupational Therapy Aide Statutes and Regulations

	<ul style="list-style-type: none"> (a) Routine department maintenance task; (b) Transportation of patients/clients; (c) Preparation or setting up of treatment equipment and work area; (d) Taking care of patient's/client's personal needs during treatment; (e) Clerical, secretarial, administrative activities. <p>(5) Duties or functions which occupational therapy aides shall not perform include, but are not limited to,</p> <ul style="list-style-type: none"> (a) Interpret referrals or prescriptions for occupational therapy services; (b) Perform evaluative procedures; (c) Develop, plan, adjust, or modify treatment procedures; (d) Act on behalf of the occupational therapist in any matter related to direct patient care which requires judgment or decision making. (e) Act independently or without supervision of an occupational therapist. <p>(6) An aide/support personnel may assist in the delivery of occupational therapy; however, may not provide direct patient treatment.</p> <p>(7) Care rendered independently by an occupational therapy aide/support personnel shall not be charged as occupational therapy.</p>
Alaska	<p><u>Regulation:</u> Alaska Administrative Code 12 AAC 54.800, Occupational Therapy Standards</p> <p>(a) In order to maintain a high standard of integrity in the profession and to safeguard the health and welfare of the public, occupational therapists and occupational therapy assistants shall adhere to the <i>Alaska Board of Physical Therapy and Occupational Therapy Principles of Practice</i>, dated March 2015. The <i>Alaska Board of Physical Therapy and Occupational Therapy Principles of Practice</i> is adopted by reference.</p> <p>(b) An occupational therapist may not supervise, in any combination, more than three aides, assistants, students, foreign-trained candidates, or permittees at the same time.</p> <p><u>Regulation:</u> Alaska Administrative Code Title 12, Chapter 54, Article 7, Occupational Therapy Standards of Practice. §12 AAC 54.800, OCCUPATIONAL THERAPY STANDARDS.</p> <p>(a) In order to maintain a high standard of integrity in the profession and to safeguard the health and welfare of the public, occupational therapists and occupational therapy assistants shall adhere to the <i>State Physical Therapy and Occupational Therapy Board Principles of Practice</i>, dated March 2015. The <i>State Physical Therapy and Occupational Therapy Board Principles of Practice</i> is adopted by reference.</p> <p>(b) An occupational therapist may not supervise more than three aides, assistants, students, foreign-educated candidates, or permittees at the same time, in any combination.</p> <p><u>§12 AAC 54.890, DEFINITIONS RELATED TO OCCUPATIONAL THERAPY.</u></p> <p>(a) In 12 AAC 54.600 – 12 AAC 54.890,</p> <ul style="list-style-type: none"> (3) "non-licensed personnel" <ul style="list-style-type: none"> (A) means personnel who are <ul style="list-style-type: none"> (i) used by a licensed occupational therapist or occupational therapy assistant to deliver patient-related duties and non-patient related duties related to the practice of occupational therapy; and (ii) trained under the direction of a licensed occupational therapist or occupational therapy assistant to perform designated non-patient related duties and patient-related duties related to the practice of occupational therapy; (B) includes personnel who are referred to as "aides", "technicians", or "techs";

Occupational Therapy Aide Statutes and Regulations

	<p>(4) "non-patient related duties" includes clerical and maintenance activities and preparation of the work area or equipment;</p> <p>(5) "patient-related duties" means routine tasks that do not require the education, skill, and training of an occupational therapist or occupational therapy assistant, and for which the</p> <ul style="list-style-type: none"> (A) outcome anticipated for the task is predictable; (B) situation of the patient and the environment is stable and will not require that judgment, interpretations, or adaptations be made by non-licensed personnel; and (C) task routine and process have been clearly established; <p>(b) In AS 08.84.190, "occupational therapy" does not include exercise or activities performed by non-licensed personnel in a home or school setting for the benefit of a patient or student.</p>
Arizona	<p><u>Statute: Arizona Revised Statutes §32–3441, Proper use of title or designation of occupational therapists; license display; supervision; responsibilities</u></p> <p>C. The board may adopt rules reasonably related to sound client care governing an occupational therapist's supervision of licensed occupational therapy assistants or unlicensed personnel or students working with the occupational therapist.</p> <p>D. An occupational therapist and an occupational therapy assistant are professionally and legally responsible for supervising client care given by unlicensed personnel or students. If an occupational therapist or occupational therapy assistant fails to adequately supervise client care given by unlicensed personnel or students, the board may take disciplinary action against the occupational therapist or occupational therapy assistant.</p> <p><u>Regulation: Arizona Administrative Code R4–43–101, Definitions</u></p> <p>In addition to the definitions at A.R.S. § 32-3401, in this Chapter:</p> <ul style="list-style-type: none"> 4. "Immediate area" means an occupational therapist is on the same floor and within 80 feet of an occupational therapy aide providing services to an occupational therapy patient. 7. "Occupational therapy aide," "unlicensed personnel," and "occupational therapy technician" mean a person who is not licensed as an occupational therapist or occupational therapy assistant, working under the continuous supervision of a licensed occupational therapist. 11. "Supervision" means a collaborative process for the responsible periodic review and inspection of all aspects of occupational therapy services. The following levels of supervision are minimal. An occupational therapist may assign an increased level of supervision if necessary for the safety of a patient or client. The levels of supervision are: <ul style="list-style-type: none"> b. "Continuous supervision" means the supervising occupational therapist is in the immediate area of the occupational therapy aide performing supportive services. 12. "Supportive Services" means clerical and maintenance activities, preparation of work area or equipment, and delegated, routine aspects of an intervention session with a patient or client that require no adaptations by an occupational therapy aide. <p><u>Regulation: Arizona Administrative Code R4–43–402, Supervision of Occupational Therapy Aides and Other Unlicensed Personnel</u></p> <p>A. An occupational therapy aide shall not provide occupational therapy services in any setting. However, an occupational therapy aide may provide supportive services assigned by an occupational therapist or occupational therapy assistant after the aide is specifically trained to provide the supportive services by an occupational therapist.</p> <p>B. An occupational therapy aide shall receive continuous supervision.</p>

Occupational Therapy Aide Statutes and Regulations

	<p>C. An occupational therapy aide shall not act independently.</p> <p>D. An occupational therapy aide shall not perform the following tasks:</p> <ol style="list-style-type: none"> 1. Evaluate a client or patient; 2. Prepare a treatment plan; 3. Make entries in client or patient record regarding client or patient status; 4. Develop, plan, adjust, or modify treatment procedures; 5. Interpret referrals or prescriptions for occupational therapy services; 6. Continue a task if there is a change in the client's or patient's condition; 7. Perform any task without adequate training or skills; and 8. Perform any task requiring licensure under A.R.S. § 32-3401-3445. <p><u>Regulation:</u> Arizona Administrative Code R4–43–403, Designation of Title</p> <p>An unlicensed person who works in a facility of practice shall use 1 of the following titles:</p> <ol style="list-style-type: none"> 1. A person practicing under a limited permit shall use the term “Limited Permit” following the person’s name. 2. An occupational therapy aide shall use the term “OT Aide” following the occupational therapy aide’s name. 3. An occupational therapy student enrolled in an accredited program in occupational therapy shall use the term “OT Student” following the student’s name.
Arkansas	<p><u>Statute:</u> Arkansas Medical Practices Act §17–88–102, Definitions.</p> <p>As used in this chapter:</p> <p>(3) “Occupational therapy aide” or “worker” means a person who aids a licensed occupational therapist in the practice of occupational therapy, whose activities require an understanding of occupational therapy but do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy;</p> <p><u>Regulation:</u> Arkansas State Medical Board Rule 6.3, Direct Supervision of Aides Defined</p> <p>(A) The occupational therapy aide as defined in 17-88-102 (4) means a person who aids a licensed occupational therapist or occupational therapy assistant in the practice of occupational therapy, whose activities require an understanding of occupational therapy but do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy.</p> <p>(B) The aide functions with supervision appropriate to the task as determined by the supervisor. This supervision is provided by the occupational therapists or the occupational therapy assistant. The aide is not trained to make professional judgments or to perform tasks that require the clinical reasoning of an occupational therapy practitioner. The role of the aide is strictly to support the occupational therapist or the occupational therapy assistant with specific non-client related tasks, such as clerical and maintenance activities, preparation of a work area or equipment, or with routine client-related aspects of the intervention session.</p> <p>(C) Any duties assigned to an occupational therapy aide must be determined and appropriately supervised on-site, in-sight daily by a licensed occupational therapist or occupational therapy assistant and must not exceed the level of training, knowledge, skill and competence of the individual being supervised. Direct client related duties shall require continuous visual supervision by the occupational therapist or the occupational therapy assistant. The Board holds the supervising occupational therapist professionally responsible for the acts or actions performed by any occupational therapy aide supervised by the therapist in the occupational therapy setting.</p>

Occupational Therapy Aide Statutes and Regulations

	<p>(D) Duties or functions which occupational therapy aides shall not perform include the following:</p> <ol style="list-style-type: none"> (1) Interpreting referrals or prescriptions for occupational therapy services; (2) Performing evaluative procedures; (3) Developing, planning, adjusting, or modifying treatment procedures; (4) Preparing written documentation of patient treatment or progress for the patient's record; (5) Acting independently or without on-site, insight supervision of a licensed occupational therapist during patient therapy sessions. <p>(E) Direct client related services provided solely by an occupational therapy aide/tech without onsite, insight continuous visual supervision by a licensed occupational therapist or an occupational therapy assistant cannot be billed as occupational therapy services.</p> <p>(F) Failure of licensee to supervise an Aide as described herein will be considered as unprofessional conduct and may result in punishment by the Board.</p>
California	<p><u>Statute: California Business and Professions Code, Division 2, Chapter 5.6 Occupational Therapy</u></p> <p>2570.2. As used in this chapter, unless the context requires otherwise:</p> <p>(a) "Appropriate supervision of an aide" means that the responsible occupational therapist or occupational therapy assistant shall provide direct in-sight supervision when the aide is providing delegated client-related tasks and shall be readily available at all times to provide advice or instruction to the aide. The occupational therapist or occupational therapy assistant is responsible for documenting the client's record concerning the delegated client-related tasks performed by the aide.</p> <p>(b) "Aide" means an individual who provides supportive services to an occupational therapist or occupational therapy assistant and who is trained by an occupational therapist or occupational therapy assistant to perform, under appropriate supervision, delegated, selected client and nonclient-related tasks for which the aide has demonstrated competency. An occupational therapist or occupational therapy assistant licensed pursuant to this chapter may utilize the services of one aide engaged in client-related tasks to assist the occupational therapist or occupational therapy assistant in the practice of occupational therapy. The occupational therapist shall be responsible for the overall use and actions of the aide.</p> <p>2570.13. (a) Consistent with this section, subdivisions (a), (b), and (c) of Section 2570.2, and accepted professional standards, the board shall adopt rules necessary to assure appropriate supervision of occupational therapy assistants and aides.</p> <p>(b) An occupational therapy assistant may practice only under the supervision of an occupational therapist who is authorized to practice occupational therapy in this state.</p> <p>(c) An aide providing delegated, client-related supportive services shall require continuous and direct supervision by an occupational therapist or occupational therapy assistant.</p> <p><u>Regulation: California Code of Regulations Title 16, Division 39, Article 9, Supervision Standards.</u></p> <p>§4181 Supervision Parameters</p> <p>(b) The supervising occupational therapist shall at all times be responsible for all occupational therapy services provided by an occupational therapy assistant, a limited permit holder, a student or an aide. The supervising occupational therapist has continuing responsibility to follow the progress of each client, provide direct care to the client, and assure that the occupational therapy assistant, limited permit holder, student or aide do not function autonomously.</p> <p>(d) Occupational therapy assistants may supervise:</p> <ol style="list-style-type: none"> (1) Level I occupational therapy students; (2) Level I and Level II occupational therapy assistant students; and

Occupational Therapy Aide Statutes and Regulations

	<p>(3) Aides providing non-client related tasks.</p> <p>§4184 Delegation of Tasks to Aides</p> <p>(a) The primary function of an aide in an occupational therapy setting is to perform routine tasks related to occupational therapy services. Non-client related tasks may be delegated to an aide when the supervising occupational therapy practitioner has determined that the person has been appropriately trained and has supportive documentation for the performance of the services.</p> <p>(b) Client related tasks that may be delegated to an aide include specifically selected routine aspects of an intervention session. In addition to the requirements of Code section 2570.2, subdivisions (a) and (b), the following factors must be present when an occupational therapist delegates a selected aspect of an intervention to an aide:</p> <ol style="list-style-type: none"> (1) The outcome anticipated for the aspects of the intervention session being delegated is predictable. (2) The situation of the client and the environment is stable and will not require that judgment or adaptations be made by the aide. (3) The client has demonstrated previous performance ability in executing the task. (4) The aide has demonstrated competence in the task, routine and process. <p>(c) The supervising occupational therapist shall not delegate to an aide the following tasks:</p> <ol style="list-style-type: none"> (1) Performance of occupational therapy evaluative procedures; (2) Initiation, planning, adjustment, or modification of treatment procedures. (3) Acting on behalf of the occupational therapist in any matter related to occupational therapy treatment that requires decision making.
Colorado	<p><u>Statute:</u> Colorado Revised Statutes §12-270-104, Definitions</p> <p>(2) "Aide" means a person who is not licensed by the director and who provides supportive services to occupational therapists and occupational therapy assistants.</p> <p>(8) "Supervision" means the giving of aid, directions, and instructions that are adequate to ensure the safety and welfare of clients during the provision of occupational therapy by the occupational therapist designated as the supervisor. Responsible direction and supervision by the occupational therapist shall include consideration of factors such as level of skill, the establishment of service competency, experience, work setting demands, the complexity and stability of the client population, and other factors. Supervision is a collaborative process for responsible, periodic review and inspection of all aspects of occupational therapy services, and the occupational therapist is legally accountable for occupational therapy services provided by the occupational therapy assistant and the aide.</p> <p><u>Statute:</u> Colorado Revised Statutes §12-270-109 Supervision of occupational therapy assistants and aides.</p> <p>(3) An aide shall function only under the guidance, responsibility, and supervision of an occupational therapist or occupational therapy assistant. The aide shall perform only specifically selected tasks for which the aide has been trained and has demonstrated competence to the occupational therapist or occupational therapy assistant. The supervising occupational therapist or occupational therapy assistant shall supervise the aide in a manner that ensures compliance with this subsection (3) and is subject to discipline under section 12-270-114 for failure to properly supervise an aide.</p>

Occupational Therapy Aide Statutes and Regulations

	<p><u>Regulation:</u> Code of Colorado Regulations 3 CCR 715–1, Section 1.8 Supervision of Licensed Occupational Therapy Assistants and Aides</p> <p>A. The occupational therapist is legally responsible for the performance of the licensed occupational therapy assistant(s) and aide(s) operating under the occupational therapist’s direction and supervision as authorized by section 12-270-104(12), C.R.S. That responsibility in turn requires the occupational therapist to provide supervision adequate to ensure the safety and welfare of clients.</p> <p>B. Adequate supervision of licensed occupational therapy assistants and aides requires, at a minimum, that a supervising occupational therapist perform the following:</p> <ol style="list-style-type: none"> 1. Provide client evaluation and appropriate reassessment; 2. Interpret available information concerning the individual under care; 3. Develop a plan of care, including long and short term goals; 4. Identify and document precautions, special problems, contraindications, anticipated progress, and/or plans for reevaluation; 5. Select and delegate appropriate tasks in the plan of care; 6. Designate or establish channels of written and oral communication; 7. Assess competence of personnel to perform assigned tasks; 8. Direct and supervise personnel in delegated tasks; and 9. When necessary, re-evaluate, adjust plan of care, perform final evaluation, and/or establish follow-up plan. <p>C. An occupational therapist must exercise professional judgment when determining the number of personnel he/she can safely and effectively supervise to ensure that quality client care is provided at all times.</p> <p>D. An occupational therapist must provide adequate staff-to-client ratio at all times to ensure the provision of safe, quality care.</p> <p>F. Supervision of aides shall be accomplished to ensure that aides perform only specific tasks that are neither evaluative, task selective, nor recommending in nature, and only after ensuring that the aide has been appropriately trained for, and has demonstrated competence to the occupational therapist or occupational therapy assistant as authorized by section 12-270-104(2), C.R.S., in the performance of the tasks.</p> <ol style="list-style-type: none"> 1. Such tasks may include, but are not limited to: <ol style="list-style-type: none"> a. Routine department maintenance or housekeeping activities. b. Transportation of clients. c. Preparing or setting up a work area or equipment. d. Taking care of clients’ personal needs during treatments. e. Clerical, secretarial, or administrative activities. 2. The following may not be delegated to an aide: <ol style="list-style-type: none"> a. Performance of any occupational therapy evaluative procedures. b. Initiation, planning, adjustment, modification, or performance of occupational therapy treatment procedures. c. Making occupational therapy entries directly in clients’ official records. d. Acting on behalf of the occupational therapist and/or occupational therapy assistant in any matter related to occupational therapy treatment which requires judgment and/or decision making.
Connecticut	No relevant statutes or regulations
Delaware	No relevant statutes or regulations

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District of Columbia	<p><u>Regulation:</u> DC Municipal Regulations, §17-63 (Occupational therapists)</p> <p>6314 Occupational Therapy Aides</p> <p>6314.1 An occupational therapy aide may be permitted to perform the following duties:</p> <ul style="list-style-type: none">(a) Under direct supervision of an occupational therapist:<ul style="list-style-type: none">(1) Guarding;(2) Positioning;(3) Holding body parts for splinting or bracing; and(4) Assisting with group and community reentry activities;(b) Under direct supervision of an occupational therapist or occupational therapy assistant:<ul style="list-style-type: none">(1) Transfer practice;(2) Assisting in routine:<ul style="list-style-type: none">A) Functional activity;B) Functional exercise; andC) Activities of daily living (ADL) program;(3) Applying assistive devices;(4) Applying adaptive devices;(5) Assisting the client with the use of assistive equipment; and(6) Reality orientation for the confused client; and(c) Under general supervision of an occupational therapist or an occupational therapy assistant:<ul style="list-style-type: none">(1) Clerical;(2) Secretarial;(3) Housekeeping;(4) Supply maintenance;(5) Equipment maintenance;(6) Fabrication of straps for splinting and bracing;(7) Fabrication of assistive devices that are not work directly by a client;(8) Routine transfers for transporting clients;(9) Transporting clients; and(10) Activities ancillary to group and individual activities. <p>6314.2 An occupational therapy aide shall not be permitted to do the following under any circumstance:</p> <ul style="list-style-type: none">(a) Interpret care plans;(b) Participate in care conferences;(c) Provide any hands-on care except as specified above;(d) Interpret referrals;(e) Perform evaluation procedures;(f) Initiate or adjust treatment programs;(g) Assume responsibility for planning treatment care; or(h) Document care given, including checklists or other forms of documentation.
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	<p>6399 Definitions.</p> <p>6399.1 As used in this chapter, the following terms and phrases shall have the meanings ascribed:</p> <p>Direct supervision - Supervision in which the supervisor is personally present and immediately available within the treatment area to give aid, direction, and instruction when occupational therapy procedures or activities are performed.</p> <p>General supervision - Supervision in which the supervisor is available on the premises or by communication device at the time the supervisee is practicing, and can be on-site in the event of a clinical emergency within two (2) hours.</p> <p>Occupational therapy aide - A person who has received on-the-job training in occupational therapy and is employed in an occupational therapy setting under the immediate supervision of a licensed occupational therapist.</p> <p>Supervised practice - unlicensed practice by a student, graduate, or person seeking reactivation, reinstatement, or re-licensure, as authorized by the Board and subject to the general supervision of an occupational therapist.</p> <p><u>Regulation:</u> DC Municipal Regulations, §17-73 (Occupational therapy assistants)</p> <p>7315 Occupational Therapy Aides.</p> <p>7315.1 An occupational therapy assistant may supervise an occupational therapy aide to perform duties in accordance with § 6314 of this title.</p> <p>7315.2 An occupational therapy assistant shall not supervise more than three (3) occupational therapy aides at any given time.</p> <p>7399 Definitions.</p> <p>7399.1 As used in this chapter, the following terms and phrases shall have the meanings ascribed:</p> <p>Direct supervision - supervision in which the supervisor is personally present and immediately available within the treatment area to give aid, direction, and instruction when occupational therapy procedures or activities are performed.</p> <p>General supervision - supervision in which the supervisor is available on the premises or by communication device at the time the supervisee is practicing, and can be on-site within two (2) hours in the event of a clinical emergency.</p> <p>Occupational therapy aide - a person who has received on-the-job training in occupational therapy and is employed in an occupational therapy setting under the supervision of a licensed occupational therapist or licensed occupational therapy assistant</p> <p>Supervised practice - unlicensed practice by a student, graduate, or person seeking reactivation, reinstatement, or re-licensure, as authorized by the Board and subject to the general supervision of an occupational therapist or occupational therapy assistant.</p>
Florida	<p><u>Statute:</u> Florida Statutes §468.203, Definitions.</p> <p>As used in this act, the term:</p>

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(5) "Occupational therapy aide" means a person who assists in the practice of occupational therapy, who works under the direct supervision of a licensed occupational therapist or occupational therapy assistant, and whose activities require a general understanding of occupational therapy pursuant to board rules.

(8) "Supervision" means responsible supervision and control, with the licensed occupational therapist providing 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 the 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.

Regulation: Florida Administrative Regulations §64B11-4.002, Occupational Therapy Aides and Other Unlicensed Personnel Involved in the Practice of Occupational Therapy.

(1) An occupational therapy aide is an unlicensed person who assists in the practice of occupational therapy, who works under the direct supervision of a licensed occupational therapist or occupational therapy assistant and whose activities require an understanding of occupational therapy but do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy. An occupational therapy aide is a worker who is trained on the job to provide support services to occupational therapists and occupational therapy assistants. The term occupational therapist aide as used in this section means any unlicensed personnel involved in the practice of occupational therapy.

(2) A licensed occupational therapist or occupational therapy assistant may delegate to occupational therapy aides only specific tasks which are neither evaluative, assessive, task selective nor recommending in nature, and only after insuring that the aide has been appropriately trained for the performance of the task. All delegated patient related tasks must be carried out under direct supervision, which means that the aide must be within the line of vision of the supervising occupational therapist or occupational therapy assistant.

(3) Any duties assigned to an occupational therapy aide must be determined and appropriately supervised by a licensed occupational therapist or occupational therapy assistant and must not exceed the level of training, knowledge, skill, and competence of the individual being supervised. The licensed occupational therapist or occupational therapy assistant is totally and wholly responsible for the acts or actions performed by any occupational therapy aide functioning in the occupational therapy setting.

(4) Occupational therapy aides may perform ministerial duties, tasks and functions without direct supervision which shall include, but not be limited to:

- (a) Clerical or secretarial activities;
- (b) Transportation of patients/clients;
- (c) Preparing, maintaining or setting up of treatment equipment and work area;
- (d) Taking care of patients'/clients' personal needs during treatment.

(5) Occupational therapy aides shall not perform tasks that are either evaluative, assessive, task selective or recommending in nature which shall include, but not be limited to:

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	<p>(a) Interpret referrals or prescriptions for occupational therapy services;</p> <p>(b) Perform evaluative procedures;</p> <p>(c) Develop, plan, adjust, or modify treatment procedures;</p> <p>(d) Act on behalf of the occupational therapist in any matter related to direct patient care which requires judgment or decision making except when an emergency condition exists;</p> <p>(e) Act independently or without direct supervision of an occupational therapist;</p> <p>(f) Patient treatment;</p> <p>(g) Any activities which an occupational therapy aide has not demonstrated competence in performing.</p>
Georgia	<p><u>Statute:</u> Georgia Code §43–28–3 Definitions. As used in this chapter, the term:</p> <p>(7) "Occupational therapy aide" means an unlicensed person who provides supportive services to the occupational therapist and the occupational therapy assistant under the direct supervision of the occupational therapist or the occupational therapist assistant.</p> <p><u>Regulation:</u> Georgia Rules and Regulations Chapter 671–2, Definitions. Rule 671–2–.02, Supervision Defined Supervision as used in the law shall mean personal involvement of the licensed occupational therapist in the supervisee's professional experience which includes evaluation of his or her performance. Further, supervision shall mean personal supervision with weekly verbal contact and consultation, monthly review of patient care documentation, and specific delineation of tasks and responsibilities by the licensed occupational therapist and 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 licensed occupational therapist to ensure that the supervisee does not perform duties for which he or she is not trained. C.O.T.A.s and limited permit holders must be supervised.</p> <p>Rule 671–2–.03, Direct Supervision Defined Direct Supervision as used in the Law shall mean daily on-site, close contact whereby the supervisor is able to respond quickly to the needs of the client or supervisee. It requires specific delineation of task and responsibilities by a licensed Occupational Therapist and shall include the responsibility for personally reviewing and interpreting the result of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the licensed occupational therapist to ensure that the supervisee does not perform duties for which he/she is not trained.</p>
Guam	<p><u>Statute:</u> Guam Code Annotated Title 10, Chapter 12, Part 2, Article 14, §121401, Definitions (e) Occupational therapy technician/aide means a person who can assist in treatment oriented activities, under the direct supervision and presence of an occupational therapist or occupational therapy assistant, and whose activities require a general understanding of occupational therapy services acquired on-the-job.</p>
Hawaii	No relevant statutes or regulations
Idaho	<p><u>Statute:</u> Idaho Statutes §54–3702 Definitions As used in this chapter:</p>

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(11) "Aide in the delivery of occupational therapy services" means a person who is not licensed by the board and who provides supportive services to occupational therapists and occupational therapy assistants. An aide shall function only under the guidance, responsibility and line of sight supervision of the licensed occupational therapist or an occupational therapy assistant who is appropriately supervised by an occupational therapist. The aide provides only specifically selected client-related or nonclient-related tasks for which the aide has been trained and has demonstrated competence.

Regulation: Idaho Administrative Code 24.06.01. RULES FOR THE LICENSURE OF OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

010. Definitions.

01. Client-Related Tasks. Client-related tasks are routine tasks during which the aide may interact with the client but does not act as a primary service provider of occupational therapy services.

02. Direct Line-of-Sight Supervision. Direct line-of-sight supervision requires the supervisor's physical presence when services are being provided to clients by the individual under supervision.

011. Supervision.

An occupational therapist shall supervise and be responsible for the patient care given by occupational therapy assistants, limited permit holders, aides, and students. An occupational therapist's or occupational therapy assistant's failure to provide appropriate supervision in accordance with these rules is grounds for discipline.

03. Occupational Therapy Aides. Occupational therapy aides do not provide skilled occupational therapy services. An aide must be trained by an occupational therapist or an occupational therapy assistant to perform specifically delegated tasks. The occupational therapist is responsible for the overall use and actions of the aide. The occupational therapist must oversee the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the occupational therapy aide to carry out non-client related and client-related tasks. The occupational therapy assistant may contribute to the development and documentation of this plan.

a. The following factors must be present when an occupational therapist or occupational therapy assistant assigns a selected client-related task to the aide:

- i. The outcome of the assigned task is predictable;
- ii. The situation of the client and the environment is stable and will not require that judgment, interpretations, or adaptations be made by the aide;
- iii. The client has demonstrated some previous performance ability in executing the task; and
- iv. The task routine and process have been clearly established.

b. Before assigning client-related and non-client related tasks to an aide, the occupational therapist or occupational therapy assistant must ensure that the aide is able to competently perform the task.

c. The occupational therapist or occupational therapy assistant must train the aide to perform client related and non-client related tasks at least once per month.

d. An aide must perform client-related tasks under the direct line-of-sight supervision of an occupational therapist or occupational therapy assistant.

e. Occupational therapists and occupational therapy assistants must document all training and supervision of an aide.

05. Supervision Requirements. Supervision is the direction and review of service delivery, treatment plans, and treatment outcomes. Unless otherwise specified in this rule, General Supervision is the minimum level of supervision that must be provided. Methods of

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	<p>supervision may include, but are not limited to, Direct Line-of-Sight Supervision, Direct Supervision, Routine Supervision, or General Supervision, as needed to ensure the safe and effective delivery of occupational therapy.</p> <ul style="list-style-type: none"> a. An occupational therapist and an occupational therapy assistant must ensure the delivery of services by the individual being supervised is appropriate for client care and safety and must evaluate: <ul style="list-style-type: none"> i. The complexity of client needs; ii. The number and diversity of clients; iii. The skills of the occupational therapist assistant, aide, or limited permit holder; iv. The type of practice setting; v. The requirements of the practice setting; and vi. Other regulatory requirements applicable to the practice setting or delivery of services. b. Supervision must be documented in a manner appropriate to the supervised position and the setting. The documentation must be kept as required by Section 013 of these rules. c. Supervision must include consultation at appropriate intervals regarding evaluation, intervention, progress, reevaluation and discharge planning for each patient. Consultation must be documented and signed by the supervisor and supervisee.
Illinois	<p><u>Statute:</u> Illinois Compiled Statutes 225 ILCS 75/3.3 Sec. 3.3. Rules. The Department shall promulgate rules to define and regulate the activities of an aide in occupational therapy.</p> <p><u>Regulation:</u> Title 68, Chapter VII, Subchapter b, Section 1315.164 Supervision of an Aide in Occupational Therapy</p> <ul style="list-style-type: none"> a) An aide in occupational therapy may also be called an occupational therapy technician (tech) or occupational therapy paraprofessional. This is a person who is not licensed by the Board and provides supportive services to occupational therapists and occupational therapy assistants that may include client-related and non-client related duties and that do not require the knowledge, skills or judgment of an occupational therapist or occupational therapy assistant. An aide in occupational therapy works under the direct on-site supervision of an occupational therapist and/or occupational therapy assistant who is ultimately responsible for the use of aides in occupational therapy. b) An occupational therapist and/or occupational therapy assistant may delegate to an aide in occupational therapy only specific tasks, which are neither evaluative, selective nor recommending in nature, only after insuring that the aide has been appropriately trained for the performance of the task. c) Any duties assigned to an aide in occupational therapy must be determined and appropriately supervised by an occupational therapist and/or occupational therapy assistant and must not exceed the level of training, knowledge, skill and competence of the individual being supervised. d) Duties and/or functions that aides in occupational therapy may perform include, but are not limited to: <ul style="list-style-type: none"> 1) Under supervision: <ul style="list-style-type: none"> A) routine department maintenance work; B) transportation of individuals/patients/clients; C) preparation or setting up of treatment equipment and work areas; D) taking care of individuals'/patients'/clients' personal needs during treatment that are not part of occupational therapy treatment; E) clerical, secretarial, administrative activities; and F) assisting in the construction of adaptive equipment. 2) On-site supervision and within the visual field of the occupational therapist or occupational therapy assistant:

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	<p>A) following up with selected routine activity or exercise; and B) aiding the occupational therapist and/or the occupational therapy assistant during occupational therapy treatment of the individual, patient, or client.</p> <p>e) Duties or functions that aides in occupational therapy shall not perform include, but are not limited to:</p> <ol style="list-style-type: none"> 1) initiate and/or interpret referrals for occupational therapy services; 2) perform evaluative/assessment procedures; 3) develop, plan, adjust or modify treatment procedures; 4) act on behalf of the occupational therapist and/or occupational therapy assistant in any matter related to direct individual/patient/client care that requires judgment or decision making; 5) document services reported as occupational therapy; or 6) represent himself or herself as an occupational therapist or an occupational therapy assistant. <p>f) An aide in occupational therapy may not provide direct individual/patient/client treatment.</p>
Indiana	<p><u>Regulation: Indiana Administrative Code 844 IAC 10-6-2, Indirect and direct patient services</u></p> <p>Sec. 2. An occupational therapy aide may contribute to indirect patient services through the provision of the following:</p> <ol style="list-style-type: none"> (1) Routine department maintenance. (2) Transportation of patients. (3) Preparation and setting up of treatment equipment. (4) Performing clerical activities. <p>An aide, with direct on-site supervision of a licensed occupational therapist or, when appropriate, a licensed occupational therapy assistant, may provide direct patient service.</p>
Iowa	<p><u>Regulation: Iowa Administrative Code 645-208.5, Supervision Requirements</u></p> <p>208.5(1) Care rendered by unlicensed assistive personnel shall not be documented or charged as occupational therapy unless direct on-site supervision is provided by an OT or in-sight supervision is provided by an OTA.</p> <p>208.5(4) Supervision of unlicensed assistive personnel. OTs are responsible for patient care provided by unlicensed assistive personnel under the OT's supervision. Unlicensed assistive personnel shall not provide independent patient care unless each of the following standards is satisfied:</p> <ol style="list-style-type: none"> a. The supervising OT shall physically participate in the patient's treatment or evaluation, or both, each treatment day; b. The unlicensed assistive personnel shall provide independent patient care only while under the on-site supervision of the supervising OT; c. Documentation made in occupational therapy records by unlicensed assistive personnel shall be cosigned by the supervising OT; and d. The supervising OT shall provide periodic reevaluation of the performance of unlicensed assistive personnel in relation to the patient. <p>208.5(7) Unlicensed assistive personnel. Unlicensed assistive personnel may assist an OTA in providing patient care in the absence of an OT only if the OTA maintains in-sight supervision of the unlicensed assistive personnel and the OTA is primarily and significantly involved in that patient's care.</p>

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Kansas	<p><u>Statute:</u> Kansas Statutes Annotated Chapter 65, Article 54, Occupational Therapy §65–5402 Definitions.</p> <p>(h) “Occupational therapy aide,” “occupational therapy tech” or “occupational therapy paraprofessional” means a person who provides supportive services to occupational therapists and occupational therapy assistants in accordance with K.S.A. 65-5419, and amendments thereto.</p> <p><u>§65–5419 Supervision of persons providing supportive services; supervision requirements.</u></p> <p>(a) An occupational therapy aide, occupational therapy tech or occupational therapy paraprofessional shall function under the guidance and responsibility of the licensed occupational therapist and may be supervised by the occupational therapist or an occupational therapy assistant for specifically selected routine tasks for which the occupational therapy aide, occupational therapy tech or occupational therapy paraprofessional has been trained and has demonstrated competence. The occupational therapy aide, occupational therapy tech or occupational therapy paraprofessional shall comply with supervision requirements developed by the board by rules and regulations which are consistent with prevailing professional standards.</p> <p>(b) This section shall be part of and supplemental to the occupational therapy practice act.</p> <p>(c) The provisions of this section shall take effect on and after April 1, 2003.</p> <p><u>Regulation:</u> Kansas Administrative Regulations 100–54–10, Delegation and Supervision</p> <p>(a) Occupational therapy procedures delegated by an occupational therapist or occupational therapy assistant to an occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional shall be performed under the direct, on-site supervision of a licensed occupational therapist or occupational therapy assistant.</p> <p>(b) (1) “Occupational therapy technician” as used in this regulation, shall mean “occupational therapy tech” pursuant to K.S.A. 65-5419 and amendments thereto.</p> <p>(2) An occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional shall mean an individual who provides support services to the occupational therapist and occupational therapy assistant.</p> <p>(c) A task delegated to an occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional by an occupational therapist or occupational therapy assistant shall not exceed the level of training, knowledge, skill, and competence of the individual being supervised. The occupational therapist or occupational therapy assistant shall be responsible for the acts or actions performed by the occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional functioning in a practice setting.</p> <p>(d) Each occupational therapist and each occupational therapy assistant shall delegate only specific tasks to an occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional that meet all of the following conditions:</p> <p>(1) The tasks are routine in nature.</p> <p>(2) The treatment outcome is predictable.</p> <p>(3) The task does not require judgment, interpretation, or adaptation by the occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional.</p> <p>(e) The tasks that an occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional may perform shall include the following specifically selected routine tasks:</p> <p>(1) Clerical, secretarial, or administrative duties;</p> <p>(2) transportation of patients, clients, or students;</p>
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	<p>(3) preparation or setup of the treatment equipment and work area;</p> <p>(4) attending to a patient's, client's, or student's needs during treatment; and</p> <p>(5) maintenance or restorative services to patients, clients, or students.</p> <p>(f) Any occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional may assist in the delivery of occupational therapy services. However, no occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional shall provide independent treatment or use any title or description implying that the occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional is a provider of occupational therapy services.</p> <p>(g) An occupational therapy aide, occupational therapy technician, or occupational therapy paraprofessional shall not perform any of the following:</p> <p>(1) Interpret referrals or prescriptions for occupational therapy services;</p> <p>(2) evaluate treatment procedures;</p> <p>(3) develop, plan, adjust, or modify treatment procedures;</p> <p>(4) act on behalf of the occupational therapist or occupational therapy assistant relating to direct patient care that requires judgment or decision making; and</p> <p>(5) act independently or without the supervision of an occupational therapist or occupational therapy assistant.</p>
Kentucky	<p><u>Statute:</u> Kentucky Revised Statutes 319A.010 Definitions for chapter</p> <p>(5) "Aide" means a person who is not licensed by the board who provides supportive services to occupational therapists and occupational therapy assistants. An aide shall function under the guidance and responsibility of a licensed occupational therapist and is supervised by an occupational therapist or an occupational therapy assistant for specifically selected routine tasks for which the aide has been trained and has demonstrated competence. The aide shall comply with supervision requirements developed by the board that are consistent with prevailing professional standards;</p> <p><u>Regulation:</u> Kentucky Administrative Regulations 201 KAR 28:130, Supervision of occupational therapy assistants, occupational therapy aides, occupational therapy students, and temporary permit holders.</p> <p>Section 1. Definitions.</p> <p>(2) "Face-to-face supervision" means being physically present in the room and being able to directly communicate with an individual while observing and guiding the activities of that individual, including:</p> <p>(a) A review of the occupational therapy services being provided to a client that might affect the therapeutic outcomes and the revision of the plan of care for each client; and</p> <p>(b) An interactive process between the supervisor and the individual under supervision involving direct observation, co-treatment, dialogue, teaching, and instruction in a face-to-face setting.</p> <p>Section 4. Supervision of Occupational Therapy Aides.</p> <p>(1) An occupational therapy aide shall provide supportive services only with face-to-face supervision from an OT/L or OTA/L.</p> <p>(2) The supervising OT/L or OTA/L shall be in direct verbal and visual contact with the occupational therapy aide, at all times, for all therapy-related activities.</p>
Louisiana	No relevant statutes or regulations.
Maine	No relevant statutes or regulations.

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Maryland	<p>Statute: Annotated Code of Maryland, Health Occupations Article, Title 10</p> <p>§10-101</p> <p>(a) In this title the following words have the meanings indicated.</p> <p>(c) “Aide” means any individual who:</p> <ul style="list-style-type: none">(1) Is not licensed by the Board to perform occupational therapy or limited occupational therapy; and(2) Provides supportive services to the occupational therapist or occupational therapy assistant under direct supervision. <p>(e) “Direct supervision” means supervision provided on a face-to-face basis by a supervising therapist when delegated client-related tasks are performed.</p> <p>§10-301</p> <p>(b) This section does not apply to:</p> <ul style="list-style-type: none">(3) Subject to the regulations adopted by the Board, an aide who supports the practice of occupational therapy or the practice of limited occupational therapy, if the aide:<ul style="list-style-type: none">(i) Works only under the direct supervision of a licensed occupational therapist or occupational therapy assistant and subject to the occupational therapist’s responsibility for supervision, as provided by this subtitle; and(ii) Performs only support activities that do not require training in the basic anatomical, biological, psychological, and social sciences used in the practice of occupational therapy; <p>Regulation: Code of Maryland Regulations 10.46.01, General Regulations</p> <p>.01 Definitions.</p> <p>A. In this chapter, the following terms have the meanings indicated.</p> <p>B. Terms Defined.</p> <ul style="list-style-type: none">(1) “Aide” means any individual who is not licensed by the Board to perform occupational therapy or limited occupational therapy and who provides supportive services to the occupational therapist or occupational therapy assistant under direct supervision.(8) “Direct supervision” means supervision provided on a face-to-face basis by a supervisor who is a licensed occupational therapist or occupational therapy assistant, during the performance of delegated client-related tasks. <p>.04 Supervision Requirements</p> <p>A. Occupational Therapist.</p> <ul style="list-style-type: none">(1) A licensed occupational therapist may supervise the clinical practice of the following:<ul style="list-style-type: none">(a) Occupational therapist;(b) Occupational therapy assistant;(c) Temporary occupational therapist;(d) Temporary occupational therapy assistant;(e) Aide; and(f) Occupational therapy student or occupational therapy assistant student.(2) Unless otherwise stated, a supervisor need not be physically present on the premises at all times, but may be available by telephone or by other electronic communication means. <p>B. Occupational Therapy Assistant.</p>
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- (1) Subject to the requirements of this section, an occupational therapy assistant may practice limited occupational therapy under the supervision of an occupational therapist provided it is at least periodic supervision.
- (2) The supervising occupational therapist working with the occupational therapy assistant shall determine the appropriate amount and type of supervision necessary, taking into consideration:
 - (a) Skills, experience, and education of the occupational therapy assistant and the occupational therapist;
 - (b) Change in a client's status;
 - (c) Complexity of the treatment program; and
 - (d) Type and requirements of practice setting.
- (3) In addition to the other requirements specified by this section, supervision requires that, before the initiation of the treatment program and before a planned discharge, the supervising occupational therapist shall provide direction to the occupational therapy assistant by verbal, written, or electronic communication.
- (4) An occupational therapy assistant, under the direction of the occupational therapist, is permitted to be the primary clinical supervisor for the following:
 - (a) Aide;
 - (b) Temporary occupational therapy assistant;
 - (c) Level I fieldwork occupational therapy student; and
 - (d) Level I and Level II fieldwork occupational therapy assistant student.
- (5) The occupational therapy assistant may be utilized to facilitate occupational therapy student and occupational therapy assistant student learning experiences in both Level I and Level II fieldwork under the direction of the occupational therapist.
- (6) The supervising occupational therapist and the occupational therapy assistant are jointly responsible for maintaining formal documentation of periodic supervision as set forth in Regulation .05 of this chapter.

E. Aide.

- (1) A supervising occupational therapist or occupational therapy assistant working with an aide shall provide direct supervision to the aide when the aide is performing tasks within the occupational therapy treatment program.
- (2) The supervising occupational therapist or occupational therapy assistant shall assign to an aide only those tasks that do not require education or training in occupational therapy and that the aide can perform competently.
- (3) The supervising occupational therapist or occupational therapy assistant is responsible for ensuring that the aide delivers service in a safe and competent manner.
- (4) Prescribed tasks within the treatment program that may be performed by an aide under the direct supervision of an occupational therapist include, but are not limited to:
 - (a) Guarding;
 - (b) Positioning;
 - (c) Holding body parts for splinting or bracing; and
 - (d) Assisting with group and community reentry activities.
- (5) Prescribed tasks within the treatment program that may be performed by an aide under the direct supervision of an occupational therapist or occupational therapy assistant include:
 - (a) Transfer practice;
 - (b) Assisting in routine:
 - (i) Functional activity;

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	<ul style="list-style-type: none"> (ii) Functional exercise; and (iii) Activities of daily living (ADL) program; (c) Applying assistive devices; (d) Applying adaptive devices; (e) Assisting the client with the use of assistive equipment; (f) Assisting the client with the use of adaptive equipment; and (g) Reality orientation for the confused client. <p>(6) Nontreatment activities that may be performed by an aide under the direction of an occupational therapist or occupational therapy assistant include:</p> <ul style="list-style-type: none"> (a) Clerical; (b) Secretarial; (c) Housekeeping; (d) Supply maintenance; (e) Equipment maintenance; (f) Fabrication of straps for splinting and bracing; (g) Fabrication of assistive devices that are not worn directly by a client; (h) Routine transfers for transporting clients; (i) Transporting clients; and (j) Activities ancillary to group and individual activities.
Massachusetts	<p><u>Statute: Massachusetts General Laws, Part I, Title XVI, Chapter 112, Section 23A, Definitions</u></p> <p>"Occupational therapy", the application of principles, methods and procedures of evaluation, problem identification, treatment, education, and consultation which utilizes purposeful activity in order to maximize independence, prevent or correct disability, and maintain health. These services are used with individuals, throughout the life span, whose abilities to interact with their environment are limited by physical injury or illness, disabilities, poverty and cultural differences or the aging process. Occupational therapy includes but is not limited to:</p> <ul style="list-style-type: none"> (1) administering and interpreting tests necessary for effective treatment planning; (2) developing daily living skills, perceptual motor skills, sensory integrative functioning, play skills and prevocational and vocational work capacities; (3) designing, fabricating or applying selected orthotic and prosthetic devices or selected adaptive equipment; (4) utilizing designated modalities, superficial heat and cold, and neuromuscular facilitation techniques to improve or enhance joint motion muscle function; (5) designing and applying specific therapeutic activities and exercises to enhance or monitor functional or motor performance and to reduce stress; and (6) adapting environments for the handicapped. These services are provided to individuals or groups through medical, health, educational, industrial or social systems. <p>Occupational therapy shall also include delegating of selective forms of treatment to occupational therapy assistants and occupational therapy aides; provided, however, that the occupational therapist so delegating shall assume the responsibility for the care of the patient and the supervision of the occupational therapy assistant or the occupational therapy aide.</p>

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Regulation: Code of Massachusetts Regulations 259 CMR 3.00

3.01: Definitions

Assessment. An assessment is a standardized or non-standardized tool or instrument used in the evaluation process.

Evaluation. The process of obtaining and interpreting data necessary for an intervention, including planning for and documenting the evaluation process and results.

Intervention Plan. An outline of selected approaches and types of interventions, based on the results of the evaluation process and developed to reach the client's identified targeted outcomes.

Occupational Therapy Aide. An occupational therapy aide is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Occupational therapy aides do not provide skilled occupational therapy services. An occupational therapy aide is trained by an occupational therapist or occupational therapy assistant to perform specifically delegated tasks. The occupational therapist is responsible for the overall use and actions of the occupational therapy aide. An occupational therapy aide must first demonstrate competency to be able to perform any assigned, delegated client or non-client tasks.

Occupational Therapy Service Delivery Process. The process of evaluation, intervention planning, intervention implementation, intervention review, and outcome evaluation for a client.

Screening. An initial brief assessment to determine the need for occupational therapy evaluation and intervention, consisting of record review, observation, and intervention.

Service Competency. Demonstration of specific knowledge and skills to permit safe and competent delivery of occupational therapy services.

3.02: Occupational Therapy Service Delivery Process

(1) Responsibility of the Occupational Therapist.

- (a) Responsible for all aspects of occupational therapy service delivery, including Screening, Evaluation and reevaluation and is accountable for the safety and effectiveness of the Occupational Therapy Service Delivery Process.
- (b) Must be directly involved in the delivery of services during the Screening, initial Evaluation, reevaluation, and regularly throughout the course of intervention, including discharge/outcome Evaluation.
- (c) Responsible for determining when to delegate to other occupational therapy personnel. When delegating aspects of occupational therapy services, the occupational therapist considers the following factors
 1. The complexity of the Client's condition.
 2. The knowledge, skill and competence of the occupational therapy practitioner and/or the Occupational Therapy Aide.
 3. The nature and complexity of the intervention.
 4. The needs and requirements of the practice setting.

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	<p>(e) Provides appropriate and required supervision (see 259 CMR 3.05) to other occupational therapy personnel, including occupational therapy assistant, occupational therapy student or occupational therapy assistant student and Occupational Therapy Aide.</p> <p>(3) Responsibility of Occupational Therapy Aides.</p> <p>(a) Occupational Therapy Aides may not act as the primary service provider. Activities which may be performed under the direct supervision of the occupational therapist or occupational therapy assistant by Occupational Therapy Aides are restricted to the following activities:</p> <ol style="list-style-type: none">1. Follow-up of routine specific exercises.2. Application of superficial heat and cold.3. Non-intervention related services, including clerical, maintaining supplies and equipment, transporting Clients, and preparing for interventions. <p>3.03: Documentation</p> <p>Timely and accurate documentation is necessary whenever occupational therapy services are provided, regardless of payer source. The Client's record must be signed with the provider's name, professional designation, and license number.</p> <p>(3) The Occupational Therapy Aide's primary role is to document objective information, such as number of repetitions performed, etc., on documents such as logs and flow sheets.</p> <p>3.04: Co-signing of Documentation</p> <p>(4) The supervising occupational therapist or occupational therapy assistant must co-sign the documentation of Occupational Therapy Aides.</p> <p>3.05: Supervision of Personnel</p> <p>Various types and methods of supervision should be used. These may include direct, face-to-face contact and indirect contact. Examples of supervision involving direct, fact-to-face contact include: observation, modeling, co-intervention, discussions, teaching, and instruction. Examples of supervision involving indirect contact include: telephone conversations, written correspondence, and electronic exchanges.</p> <p>(1) Primary responsibility for occupational therapy services rendered by supportive personnel rests with the supervising occupational therapist.</p> <p>(2) Occupational therapists and occupational therapy assistants must exercise their professional judgment when determining the number of personnel they can safely and effectively supervise to ensure that safe and appropriate care is provided at all times.</p> <p>(a) Specific frequency, methods, and content of supervision should be determined based on the following factors:</p> <ol style="list-style-type: none">1. Complexity of Clients' needs;2. Number of Clients;3. Diversity of Client conditions;4. Service Competency of the occupational therapist and the occupational therapy assistant;5. Type of practice setting and the administrative requirements of that setting; and6. Other regulatory requirements.
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	<p>(b) Supervision may necessarily be more frequent than the minimum required by the practice setting or regulatory agencies depending upon:</p> <ol style="list-style-type: none"> 1. The complexity or unpredictability of the Client's needs or the Occupational Therapy Service Delivery Process. 2. The number of Clients and the diversity of their conditions within a particular practice setting. 3. The professional judgment of the occupational therapist or occupational therapy assistant, that additional supervision is necessary to ensure the safe and effective delivery of occupational therapy services. <p>(3) Supervision of the Occupational Therapy Aide. Client-related activities may be delegated by the occupational therapist or the occupational therapy assistant only when the Occupational Therapy Aide has been trained and has demonstrated competency for the task, including equipment use, has been specifically instructed on how to carry out the task with the specific Client, and knows the precautions, signs and symptoms for the specific Client that indicate a need to seek assistance from the supervisor. The occupational therapist or occupational therapy assistant supervisor should consider the following additional factors before delegating selected Client-related tasks to the Occupational Therapy Aide:</p> <ol style="list-style-type: none"> (a) The predictability of the task's outcome. (b) The situation of the Client and stability of the environment are such that the Occupational Therapy Aide will not be required to exercise judgment, interpretation or adaptation. (c) The Client has demonstrated some previous performance ability in executing the task. (d) The task routine and process have been clearly established. <p>(4) Supervision of supportive personnel must be documented with the date, method of supervision used, nature and extent of supervision, and name and designation of all persons participating in the supervisory process. Documentation of the supervision of the Occupational Therapy Aide must be done at least weekly and more often as needed.</p>
<p style="text-align: center;">Michigan</p>	<p>Statute: Michigan Public Health Code Act 368 of 1978, Chapter 333</p> <p>333.16104 Definitions; D to G.</p> <p>(2) "Delegation" means an authorization granted by a licensee to a licensed or unlicensed individual to perform selected acts, tasks, or functions that fall within the scope of practice of the delegator and that are not within the scope of practice of the delegatee and that, in the absence of the authorization, would constitute illegal practice of a licensed profession.</p> <p>333.16105 Definitions; H.</p> <p>(1) "Health occupation" means a health related vocation, calling, occupation, or employment performed by an individual whether or not the individual is licensed or registered under this article.</p> <p>(2) "Health profession" means a vocation, calling, occupation, or employment performed by an individual acting pursuant to a license or registration issued under this article.</p> <p>(5) "Health profession subfield" means an area of practice established under this article which is within the scope of the activities, functions, and duties of a licensed health profession, and requires less comprehensive knowledge and skill than is required to practice the full scope of the health profession.</p> <p>333.16109 Definitions; S to T.</p> <p>(2) "Supervision", except as otherwise provided in this article, means the overseeing of or participation in the work of another individual by a health professional licensed under this article in circumstances where at least all of the following conditions exist:</p>

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- (a) The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional.
- (b) The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions.
- (c) The provision by the licensed supervising health professional of predetermined procedures and drug protocol.

333.16215 Delegation of acts, tasks, or functions to licensed or unlicensed individual; supervision; rules; immunity; third party reimbursement or worker's compensation benefits.

- (1) Subject to subsections (2) to (6), a licensee who holds a license other than a health profession subfield license may delegate to a licensed or unlicensed individual who is otherwise qualified by education, training, or experience the performance of selected acts, tasks, or functions where the acts, tasks, or functions fall within the scope of practice of the licensee's profession and will be performed under the licensee's supervision. A licensee shall not delegate an act, task, or function under this section if the act, task, or function, under standards of acceptable and prevailing practice, requires the level of education, skill, and judgment required of the licensee under this article.
- (5) A board may promulgate rules to further prohibit or otherwise restrict delegation of specific acts, tasks, or functions to a licensed or unlicensed individual if the board determines that the delegation constitutes or may constitute a danger to the health, safety, or welfare of the patient or public.
- (6) To promote safe and competent practice, a board may promulgate rules to specify conditions under which, and categories and types of licensed and unlicensed individuals for whom, closer supervision may be required for acts, tasks, and functions delegated under this section.
- (7) An individual who performs acts, tasks, or functions delegated pursuant to this section does not violate the part that regulates the scope of practice of that health profession.

Regulation: Michigan Administrative Code R 338.1229a, Delegation of tasks to an unlicensed individual; direct supervision of an unlicensed individual; requirements.

- (1) An occupational therapist who delegates the performance of selected tasks to an unlicensed individual as allowed under section 16215 of the code, MCL 333.16215, shall supervise the unlicensed individual consistent with section 16109(2) of the code, MCL 333.16109, and satisfy the requirements of this rule. As used in this rule, "unlicensed individual" means an individual who does not hold an occupational therapist license, an occupational therapy assistant license, or another health professional license and who may be able to perform the tasks identified in this rule.
- (2) An occupational therapist who delegates tasks to an unlicensed individual shall provide direct supervision of the unlicensed individual.
- (3) An occupational therapist who delegates tasks under subrule (2) of this rule shall also comply with all of the following:
 - (a) Before delegating a task, the occupational therapist shall evaluate the qualifications of the unlicensed individual under the occupational therapist's direct supervision, including verification of the unlicensed individual's training and education.
 - (b) Examine and evaluate the patient or client before delegating tasks to be performed by an unlicensed individual.
 - (c) Provide predetermined procedures and protocols for tasks that are delegated.
 - (d) Maintain a record of the unlicensed individuals to whom tasks have been delegated, under section 16213 of the code, MCL 333.16213.
 - (e) Monitor an unlicensed individual's practice of assigned tasks.

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	<p>(4) An occupational therapist shall not supervise more than 3 unlicensed individuals who are providing services to patients or clients at the same time.</p> <p>(5) An occupational therapist shall not delegate any of the to an unlicensed individual:</p> <ul style="list-style-type: none"> (a) An occupational therapy intervention. (b) An assessment. (c) An evaluation. <p>(6) Under section 16171 of the code, MCL 333.16171, the requirements of subrules (2), (3)(b), and (5) of this rule do not apply to a student enrolled in an ACOTE accredited or WFOT approved occupational therapist educational program or an ACOTE accredited occupational therapy assistant educational program approved by the board.</p>
Minnesota	<p><u>Statute: Minnesota Statutes 148.6402, DEFINITIONS</u> Subd. 9.Delegate. "Delegate" means to transfer to an occupational therapy assistant the authority to perform selected portions of an occupational therapy evaluation or treatment plan for a specific patient.</p> <p><u>Statute: Minnesota Statutes 148.6430, DELEGATION OF DUTIES; ASSIGNMENT OF TASKS.</u> The occupational therapist is responsible for all duties delegated to the occupational therapy assistant or tasks assigned to direct service personnel. The occupational therapist may delegate to an occupational therapy assistant those portions of a client's evaluation, reevaluation, and treatment that, according to prevailing practice standards of the American Occupational Therapy Association, can be performed by an occupational therapy assistant. The occupational therapist may not delegate portions of an evaluation or reevaluation of a person whose condition is changing rapidly.</p>
Mississippi	<p><u>Statute: Mississippi Code §73–24–3, Definitions</u> The following words and phrases shall have the following meanings, unless the context requires otherwise:</p> <p style="padding-left: 40px;">(h) "Occupational therapy aide" means a person not licensed in the field of occupational therapy who assists occupational therapists and occupational therapy assistants in the practice of occupational therapy, is under the direct supervision of the licensed occupational therapist or licensed occupational therapy assistant, and whose activities require an understanding of occupational therapy.</p> <p><u>Regulation: Mississippi Administrative Code Title 15, Part 19, Subpart 60, Chapter 8, REGULATIONS GOVERNING LICENSURE OF OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS</u></p> <p>Rule 8.1.3 Definitions</p> <p>12. Occupational Therapy Aide means a person who is not licensed in the field of occupational therapy and who assists occupational therapists and occupational therapy assistants in the practice of occupational therapy under direct supervision. The occupational therapy aides' activities require an understanding of occupational therapy.</p> <p>14. Direct supervision means the daily, direct, on-site contact at all times of a licensed occupational therapist or occupational therapy assistant when an occupational therapy aide assists in the delivery of patient care.</p> <p>Rule 8.10.2 Supervision or Consultation</p> <p>3. Occupational therapy aides:</p> <ul style="list-style-type: none"> a. An occupational therapy aide is an unlicensed person who assists an occupational therapist or occupational therapy assistant as defined in Rule 8.1.3 of these regulations. An occupational therapy aide is a worker who is trained on the job.

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	<p>b. Duties assigned to an occupational therapy aide must be determined and directly supervised by a licensed occupational therapist or occupational therapy assistant and must not exceed the level of specific training, knowledge, skill and competence of the individual being supervised.</p> <p>c. The supervising occupational therapist or occupational therapy assistant is professionally responsible for the acts or actions performed by any occupational therapy aide supervised by the licensee in the occupational therapy setting.</p> <p>d. Documentation of all training specific to the aide's duties must be in the aide's file.</p> <p>e. Duties or functions which occupational therapy aides shall not perform include the following:</p> <ul style="list-style-type: none"> i. Interpreting referrals or prescriptions for occupational therapy services; ii. Performing evaluative procedures; Developing, planning, adjusting, or modifying treatment procedures; iii. Preparing written documentation of patient treatment or progress; and iv. Act independently without the direct supervision of a licensed occupational therapist or occupational therapy assistant during patient therapy sessions.
Missouri	<p><u>Statute: Missouri Revised Statutes 324.050, Occupational practice act – definitions</u></p> <p>(7) "Occupational therapy aide", a person who assists in the practice of occupational therapy under the direct supervision of an occupational therapist or occupational therapy assistant at all times and whose activities require an understanding of occupational therapy but do not require training in the basic anatomical, biological, psychological and social sciences involved in the practice of occupational therapy;</p> <p><u>Regulation: 20 CSR 2205 – 4.030, Supervision of Occupational Therapy Aides</u></p> <p>PURPOSE: This rule establishes the requirements for the supervision of aides within the practice of occupational therapy.</p> <p>(1) An occupational therapist or occupational therapy assistant must provide direct supervision of an occupational therapy aide at all times.</p> <p>(2) When an occupational therapist or occupational therapy assistant delegates to an occupational therapy aide maintenance or restorative services to patients/clients, the occupational therapist or occupational therapy assistant must be in the immediate area and within audible and visual range of the patient/client and the occupational therapy aide.</p> <p>(3) An occupational therapist or occupational therapy assistant may delegate to an occupational therapy aide only specific tasks which are neither evaluative, assessive, task selective nor recommending in nature, and only after ensuring that the aide has been appropriately trained for the performance of the task.</p> <p>(4) Occupational therapists and occupational therapy assistants must exercise their professional judgement when determining the number of occupational therapy aides they can safely and effectively supervise to ensure that quality care is provided at all times.</p> <p>(5) Any duties assigned to an occupational therapy aide must be determined and appropriately supervised by an occupational therapist or occupational therapy assistant and must not exceed the level of training, knowledge, skill, and competence of the individual being supervised. The licensed occupational therapist or occupational therapy assistant is responsible for the acts or actions performed by any occupational therapy aide functioning in the occupational therapy setting.</p> <p>(6) An occupational therapist or occupational therapy assistant may delegate to an occupational therapy aide duties or functions other than maintenance or restorative services to patients or clients, including but not limited to subsections (6)(A) through (6)(D). When an occupational therapist or occupational therapy assistant delegates to an occupational therapy aide, duties or functions other than maintenance or restorative services to patients or clients, the occupational therapist or</p>

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	<p>occupational therapy assistant must provide direct supervision, however, the occupational therapist or occupational therapy assistant is not required to remain within audible and visual range of the patient/client—</p> <ul style="list-style-type: none"> (A) Transportation of patients/clients; (B) Preparation or setting up of treatment equipment and work area; (C) Attending to patient's/client's personal needs during treatment; and (D) Clerical/secretarial or administrative duties. <p>(7) Duties or functions that an occupational therapist or occupational therapy assistant may not delegate to an occupational therapy aide include, but are not limited to:</p> <ul style="list-style-type: none"> (A) Interpretation of referrals or prescriptions for occupational therapy services; (B) Evaluative procedures; (C) Development, planning, adjusting or modification of treatment procedures; (D) Acting on behalf of the occupational therapist in any matter related to direct patient care which requires judgement or decision making; and (E) Any act performed independently or without supervision of an occupational therapist.
Montana	<p><u>Statute: Montana Code Annotated §37–24–103, Definitions</u></p> <p>(6) "Occupational therapy aide" means a person who assists in the practice of occupational therapy under the direct supervision of an occupational therapist or occupational therapy assistant and whose activities require an understanding of occupational therapy but do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the practice of occupational therapy.</p> <p><u>Regulation: Administrative Regulations of Montana Title 24, Chapter 24.165, Board of Occupational Therapy Practice</u></p> <p>24.165.302 DEFINITIONS</p> <p>For the purpose of this chapter the following definitions apply:</p> <p>(4) "Direct supervision" means the supervisor is physically present in the direct treatment area of the client-related activity being performed by the supervisee and requires face-to-face communication, direction, observation, and daily evaluation.</p> <p>24.165.501 SUPERVISION</p> <p>(1) Supervisors shall determine the required level of supervision based on the supervisee's clinical experience, responsibilities, and competence.</p> <p>(2) Occupational therapists do not require supervision except for direct supervision of proctored treatments.</p> <p>(3) Except per 37-24-105(2) and 37-24-106(2), MCA, certified occupational therapy assistants must work under the general supervision of an occupational therapist.</p> <p>(4) Temporary practice permit holders must work under the routine supervision of a certified occupational therapy assistant or an occupational therapist.</p> <p>(5) Occupational therapy aides must work under the direct supervision of an occupational therapist or an occupational therapy assistant.</p>
Nebraska	<p><u>Statute: Nebraska Revised Statutes §38–2511, Occupational therapy aide, defined</u></p> <p>Occupational therapy aide means a person who is not licensed under the Occupational Therapy Practice Act and who provides supportive services to occupational therapists and occupational therapy assistants.</p>

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Statute: Nebraska Revised Statutes §38–2525, Occupational therapy aide; supervision requirements

An occupational therapy aide shall function under the guidance and responsibility of an occupational therapist and may be supervised by an occupational therapist or an occupational therapy assistant for specifically selected routine tasks for which the aide has been trained and has demonstrated competence. The aide shall comply with supervision requirements developed by the board. The board shall develop supervision requirements for aides which are consistent with prevailing professional standards.

Regulation: Nebraska Rules and Regulations Title 172, Chapter 114, LICENSURE OF OCCUPATIONAL THERAPY

002. DEFINITIONS. Definitions are set out in the Occupational Therapy Practice Act, the Uniform Credentialing Act, 172 Nebraska Administrative Code (NAC) 10, and this chapter.

002.06 CERTIFIED OCCUPATIONAL THERAPY ASSISTANT. A person who is certified pursuant to guidelines established by the National Board for Certification in Occupational Therapy (NBCOT).

002.14 OCCUPATIONAL THERAPIST REGISTERED. A person who is registered under guidelines established by the National Board for Certification in Occupational Therapy (NBCOT).

002.15 ONSITE. The location where the occupational therapy assistant is providing occupational therapy services.

002.16 ONSITE SUPERVISION. The occupational therapist or occupational therapy assistant must be physically present at the practice site to direct all actions when occupational therapy services are being provided.

002.17 SUPERVISION. The process by which the quantity and quality of work of an occupational therapy assistant is monitored. Supervision means the directing of the authorized activities of an occupational therapy assistant by a licensed occupational therapist and will not be construed to require the physical presence of the supervisor when carrying out assigned duties.

002.18 TREATMENT PLAN. A written statement setting forth the goals, method of treatment, and time frame for goal achievement.

006. SUPERVISION OF AIDES IN OCCUPATIONAL THERAPY. An aide, as used in occupational therapy practice, is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Aides are not primary service providers of occupational therapy in any practice setting. Aides do not provide skilled occupational therapy services. An aide is trained by an occupational therapist or an occupational therapy assistant to perform specifically delegated tasks. The occupational therapist is responsible for the overall use and actions of the aide. An aide first must demonstrate competency to be able to perform the assigned, delegated client and non-client-related tasks.

(A) The occupational therapist must oversee the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the occupational therapy aide to carry out client and non-client-related tasks. The occupational therapy assistant may contribute to the development and documentation of this plan.

(B) The occupational therapy assistant may supervise the aide.

(C) Non-client-related tasks include clerical and maintenance activities and preparation of the work area or equipment.

(D) Client-related tasks are routine tasks during which the aide may interact with the client but does not act as a primary service provider of occupational therapy services. Onsite supervision of an aide is required by an occupational therapist or an occupational therapy assistant when an aide is performing all client-related tasks. Onsite supervision of an aide means that the occupational therapist or occupational therapy assistant must be physically present at the practice site to direct all actions when occupational therapy services are being provided.

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	<p>006.01 DELEGATION FACTORS. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide:</p> <ul style="list-style-type: none"> (A) The outcome anticipated for the delegated task is predictable; (B) The situation of the client and the environment is stable and will not require that judgment, interpretations, or adaptations be made by the aide; (C) The aide has demonstrated some previous performance ability in executing the task; and (D) The task routine and process have been clearly established. <p>006.02 TRAINING REQUIREMENTS. When performing delegated client-related tasks, the supervisor must ensure that the aide:</p> <ul style="list-style-type: none"> (A) Is trained and able to demonstrate competency in carrying out the selected task and using equipment, if appropriate; (B) Has been instructed on how to specifically carry out the delegated task with the specific client; and (C) Knows the precautions, signs, and symptoms for the particular client that would indicate the need to seek assistance from the occupational therapist or occupational therapy assistant. <p>006.03 REQUIRED DOCUMENTATION. The supervision of the aide must be documented and include:</p> <ul style="list-style-type: none"> (A) Information about frequency and methods of supervision used; (B) The content of the supervision; and (C) The names and credential of all persons participating in the supervisory process. <p>006.04 PROHIBITED TASKS. An occupational therapy aide may not perform evaluation, reevaluation, treatment planning or establish treatment goals.</p>
Nevada	<p>Regulation: Nevada Administrative Code Chapter 640A, OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS</p> <p>640A.250 Occupational therapy assistant or provisional licensee: Practice under general supervision of occupational therapist.</p> <p>3. An occupational therapy assistant or provisional licensee may assist an occupational therapist in:</p> <ul style="list-style-type: none"> (a) Preparing and disseminating any written or oral reports, including, without limitation, the final evaluation and discharge summary of a patient; (b) Unless the treatment is terminated by a patient or his or her provider of health care, determining when to terminate treatment; and (c) Delegating duties to an occupational therapy aide or technician. <p>640A.270 Delegation of duties to occupational therapy aide or technician; limitations.</p> <p>1. A person may assist a licensed occupational therapist or occupational therapy assistant as an occupational therapy aide or technician. Such an occupational therapy aide or technician is not required to be licensed pursuant to the provisions of chapter 640A of NRS or possess the professional or advanced training in basic anatomical, biological, psychological or social sciences which are required for the practice of occupational therapy.</p> <p>2. Except as otherwise provided in subsection 3, a licensed occupational therapist or occupational therapy assistant may delegate duties to an occupational therapy aide or technician if he or she determines, before delegating a duty, that the aide or technician possesses the</p>

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	<p>necessary knowledge, competence, training and skills to perform the duty. The duties which may be delegated to an occupational therapy aide or technician include, but are not limited to, the:</p> <ul style="list-style-type: none"> (a) Routine maintenance of a department; (b) Transportation of a patient; (c) Preparation of a work area for a therapy session with a patient; (d) Preparation of treatment equipment for a therapy session with a patient; (e) Attendance to the personal needs of a patient during treatment; (f) Assistance in the construction of adaptive equipment and splints; (g) Performance of clerical, secretarial and administrative duties; and (h) Monitoring a patient for safety purposes while the patient is performing an activity, including, without limitation, the practice of repetitive skills. <p>3. A licensed occupational therapist or occupational therapy assistant may not delegate a duty to an occupational therapy aide or technician if the duty requires the aide or technician to perform treatments or make independent evaluations, assessments or recommendations. The duties which may not be delegated to an aide or technician include, but are not limited to, the:</p> <ul style="list-style-type: none"> (a) Interpretation of the record of a patient referred to an occupational therapist; (b) Interpretation of prescriptions for a patient; (c) Development, planning, adjustment or modification of procedures for the treatment of a patient; (d) Recordation of the treatment or progress of a patient; (e) Duties described in subsection 4 of NAC 640A.265; (f) Performance of any duty which requires the aide or technician to act independently or without the supervision of a licensed occupational therapist or occupational therapy assistant during a therapy session with a patient; and (g) Performance of any treatments or procedures requiring professional training in occupational therapy. <p>4. An occupational therapist or occupational therapy assistant who delegates a duty to an aide or technician:</p> <ul style="list-style-type: none"> (a) Shall directly supervise the aide or technician in accordance with the provisions of NAC 640A.275; (b) Is professionally responsible for the duty performed by the aide or technician; and (c) Shall note in the record of a patient any duties performed by the aide or technician. <p>640A.275 Supervision of occupational therapy aide or technician: “Directly supervise” interpreted.</p> <p>1. A licensed occupational therapist or occupational therapy assistant shall directly supervise the work of any person who assists the occupational therapist or occupational therapy assistant as an occupational therapy aide or technician.</p> <p>2. As used in this section, the term “directly supervise” means to supervise an occupational therapy aide or technician by:</p> <ul style="list-style-type: none"> (a) Being physically present on the premises at all times when the aide or technician is assisting with patients; (b) Providing personal instruction to the aide or technician on a regular basis; (c) Personally evaluating the work of the aide or technician on a regular basis; and (d) Setting forth detailed statements of the duties and responsibilities of the aide or technician.
New Hampshire	<p>Regulation: New Hampshire Administrative Rules Chapter Occ 400, CONTINUED STATUS</p> <p>Part Occ 401 DEFINITIONS</p> <p>Occ 401.08 “Supportive tasks” means tasks or treatment which facilitate the delivery of occupational therapy, are routine and are easily learned by unlicensed persons.</p>

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	<p>Part Occ 407 ONGOING REQUIREMENTS</p> <p>Occ 407.11 Licensee's Delegation of Supportive Tasks to Individuals Not Licensed by the Board</p> <p>(a) A licensee shall delegate supportive tasks to an individual not licensed by the board only when:</p> <ol style="list-style-type: none"> (1) The anticipated outcome of such tasks is predictable; (2) The client and the client's environment are sufficiently stable that judgment, interpretations and adaptations by the unlicensed individual will not be required; (3) The client has previously demonstrated some ability to perform the client's part of the tasks; and (4) The licensee has taught the unlicensed individual the delegated tasks or is satisfied on the basis of a demonstration that the unlicensed individual is competent to perform the tasks. <p>(b) When delegating supportive tasks to an individual not licensed by the board the licensee shall ensure that the unlicensed individual:</p> <ol style="list-style-type: none"> (1) Is trained and able to demonstrate competence in carrying out the supportive tasks and in using any equipment which may be required; (2) Has been instructed in how to carry out the supportive tasks with the particular client involved; and (3) Knows the precautions, signs and symptoms for that particular client which would indicate the need to seek assistance from the licensee. <p>(c) A licensee delegating supportive tasks to an individual not licensed by the board shall:</p> <ol style="list-style-type: none"> (1) Directly supervise the unlicensed individual when that individual performs tasks of client care during the treatment of an occupational therapy client; and (2) Indirectly supervise the unlicensed individual at all other times.
New Jersey	No relevant statutes or regulations
New Mexico	<p><u>Statute:</u> New Mexico Statutes Annotated §61–12A–6, License required</p> <p>D. A person offering or assisting in the offering of occupational therapy shall be properly identified by a name badge or other identification indicating whether the person is an occupational therapist, an occupational therapy assistant, an occupational therapy aide or technician or a person practicing under a provisional permit.</p> <p><u>Regulation:</u> New Mexico Administrative Code 16.15.3.7, DEFINITIONS</p> <p>A. "Aide" means a person who is not licensed by the board and who provides supportive services to occupational therapists and occupational therapy assistants. An aide shall function under the guidance and responsibility of the occupational therapist and may be supervised by the occupational therapist or an occupational therapy assistant for specifically selected routine tasks for which the aide has been trained and has demonstrated competency.</p> <p>H. "Supervision" means a cooperative process in which two or more people participate in a joint effort to establish, maintain, and elevate a level of competence and performance. Within the scope of occupational therapy practice, supervision is aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development.</p> <p>I. "Supportive services" means tasks that include providing patient transport, routine maintenance of equipment or work areas, setup, preparation, and cleanup of equipment of work areas, and supporting licensed practitioners during treatment or intervention while under the direct supervision of the licensed practitioner.</p>

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	<p>Regulation: New Mexico Administrative Code 16.15.3.8, SUPERVISION</p> <p>B. Non-licensed personnel, including aides, is an individual who provides supportive services to the occupational therapist and the occupational therapy assistant. Non-licensed personnel do not provide skilled occupational therapy services. Non-licensed personnel must be trained by the occupational therapist or occupational therapy assistant to perform specifically designated tasks, and the non-licensed personnel must first demonstrate competency to be able to perform the assigned, delegated client and non-client related tasks.</p> <ul style="list-style-type: none"> (1) The occupational therapist must oversee the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the non-licensed personnel, to carry out client and non-client-related tasks. The occupational therapy assistant may contribute to the development and documentation of this plan. (2) The occupational therapy assistant may supervise the non-licensed personnel. (3) Non-client-related tasks include clerical and maintenance activities and preparation of the work area or equipment. (4) Client-related tasks are routine tasks during which the aide may interact with the client but does not act as a service provider of occupational therapy services. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide: <ul style="list-style-type: none"> (a) The outcome anticipated for the delegated task is predictable. (b) The situation of the client and the environment is stable and will not require that judgement, interpretations, or adaptations be made by the non-licensed personnel. (c) The client has demonstrated some previous performance ability in executing the task. (d) The task routine and process have been clearly established. (5) When performing delegated client-related tasks, the supervisor must ensure that the non-licensed personnel: <ul style="list-style-type: none"> (a) is trained and able to demonstrate competency in carrying out the selected task and using equipment, if appropriate; (b) has been instructed on how to specifically carry out the delegated task with the specific client, and; (c) knows the precautions, signs, and symptoms for the particular client that would indicate the need to seek assistance from the occupational therapist or occupational therapist assistant. (6) The supervisor of the aide must be documented and include; <ul style="list-style-type: none"> (a) information about frequency and methods of supervision used, (b) the content of the supervision; and (c) the names and credentials of all persons participating in the supervisory process.
New York	No relevant statutes or regulations
North Carolina	<p>Regulation: North Carolina Administrative Code Title 21, Chapter 38, Occupational Therapy</p> <p>Section .0100 ORGANIZATION AND GENERAL PROVISIONS</p> <p>.0103 DEFINITIONS</p> <p>(21) "Supervision" is the process by which two or more people participate in joint effort to establish, maintain, and elevate a level of performance to ensure the safety and welfare of clients during occupational therapy. Supervision is structured according to the supervisee's qualifications, position, level of preparation, depth of experience and the environment within which the supervisee functions. Levels of supervision are:</p> <ul style="list-style-type: none"> (b) "Direct supervision," which is required for all unlicensed personnel and volunteers. It means the Occupational Therapy supervisor must be within audible and visual range of the client and unlicensed personnel and available for immediate physical intervention. Videoconferencing is not allowed for direct supervision.

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(22) "Unlicensed personnel" means individuals within an occupational therapy setting who provide supportive services to the occupational therapist and the occupational therapy assistant and who function only under the guidance, responsibility, and supervision of the licensed occupational therapist or occupational therapy assistant to provide only specifically selected client-related or non-client related tasks for which the unlicensed personnel has been trained and has demonstrated competence.

Section .0900 SUPERVISION, SUPERVISORY ROLES, AND CLINICAL RESPONSIBILITIES OF OCCUPATIONAL THERAPIST AND OCCUPATIONAL THERAPY ASSISTANTS

.0903 DOCUMENTATION OF SUPERVISION

(c) Unlicensed personnel and volunteers require direct supervision. Unlicensed personnel or volunteers may be supervised by occupational therapists or occupational therapy assistants.

Section .1100 SUPERVISION OF UNLICENSED PERSONNEL

.1101 RESPONSIBILITY OF THE OCCUPATIONAL THERAPY PRACTITIONER

(a) The occupational therapy practitioner is responsible for the quality of all occupational therapy services provided to the client by persons under the practitioner's supervision. It is the occupational therapy practitioner who provides skilled occupational therapy services through the exercise of professional judgment.

(b) The occupational therapy practitioner shall provide and review these Rules with each unlicensed person under the practitioner's supervision.

.1102 DELEGATION OF DUTIES TO UNLICENSED PERSONNEL

(a) Unlicensed personnel do not provide skilled occupational therapy services. Unlicensed Personnel are trained by an occupational therapist or occupational therapy assistant to perform specifically delegated tasks. The occupational therapist is responsible for the overall use and actions of the unlicensed personnel. Unlicensed personnel first must demonstrate competency to be able to perform the assigned, delegated client and non-client related tasks.

(b) The occupational therapist must oversee the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the unlicensed personnel to carry out client and non-client related tasks. The occupational therapy assistant may contribute to the development and documentation of this plan.

(c) The occupational therapy assistant may supervise unlicensed personnel.

(d) Non-client related tasks include clerical and maintenance activities and preparation of the work area or equipment.

(e) Client-related tasks are routine tasks during which the unlicensed personnel may interact with the client but does not provide skilled occupational therapy services. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the unlicensed personnel:

(1) The outcome anticipated for the delegated task is predictable;

(2) The situation of the client and environment is stable and will not require the judgment interpretation, or adaptations be made by the unlicensed personnel;

(3) The client has demonstrated some previous performance ability in executing the task; and

(4) The task routine and process have been established.

(f) When performing delegated client-related tasks the supervisor must ensure that the unlicensed personnel:

(1) is trained and able to demonstrate competency in carrying out the selected task and using equipment, if appropriate;

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	<p>(2) has been instructed on how to specifically carry out the delegated task with the specific client, and</p> <p>(3) knows the precautions, signs and symptoms for the particular client that would indicated the need to seek assistance for the occupational therapist or occupational therapy assistant.</p> <p>(g) The supervision of the unlicensed personnel must be documented and include:</p> <p>(1) information about frequency and methods of supervision used;</p> <p>(2) the content of supervision; and</p> <p>(3) the names and credentials of all persons participating in the supervisory process.</p> <p>(h) Occupational therapy practitioners shall not allow employer or work place pressures to result in the prohibited use of unlicensed personnel.</p> <p>(i) Services provided by unlicensed personnel may not be billed, charged, or identified as "occupational therapy".</p>
North Dakota	<p>Statute: North Dakota Century Code Chapter 43–40, Occupational Therapists</p> <p>43–40–01 Definitions</p> <p>As used in this chapter, unless the context or subject matter otherwise requires:</p> <p>3. "Occupational therapy aide" means an unlicensed person who assists in the practice of occupational therapy under the direct supervision of an occupational therapist or occupational therapy assistant in accordance with rules adopted by the board.</p> <p>43–40–03.1 Occupational therapy students – Occupational therapy aides.</p> <p>2. Occupational therapy aides may assist in the practice of occupational therapy only under the direct supervision of an occupational therapist or occupational therapy assistant and in accordance with rules adopted by the board.</p> <p>Regulation: North Dakota Administrative Code Title 55.5, Article 02, Chapter 03, Supervision</p> <p>55.5–02–03–01.1. Definitions.</p> <p>For purposes of sections 55.5-02-03-01.2 and 55.5-02-03-01.3:</p> <p>1. "Direct supervision" means face-to-face contact, including observation, modeling, cotreatment, discussions, teaching, and video conferencing.</p> <p>55.5–02–03–02. Delegation of tasks to occupational therapy aides.</p> <p>1. The primary function of occupational therapy aides functioning in an occupational therapy setting is to perform designed routine tasks related to the operation of an occupational therapy service. An occupational therapist or an occupational therapy assistant may delegate to occupational therapy aides only specific tasks which are neither evaluative, task selective, nor recommending in nature, and only after ensuring that the occupational therapy aides are appropriately trained and have supportive documentation for the performance of the tasks. Such tasks may include:</p> <ol style="list-style-type: none"> a. Routine department maintenance. b. Transportation of patients and clients. c. Preparation or setting up of treatment equipment and work area. d. Taking care of patient's and client's personal needs during treatments. e. Assisting the occupational therapist or occupational therapy assistant in the construction of adaptive equipment. f. Clerical, secretarial duties. <p>2. The occupational therapist or occupational therapy assistant may not delegate to occupational therapy aides:</p>

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	<ul style="list-style-type: none"> a. Performance of occupational therapy evaluative procedures. b. Initiation, planning, adjustment, modification, or performance of occupational therapy treatment procedures. c. Making occupational therapy entries directly in patient's or client's official records. d. Acting on behalf of the occupational therapist or occupational therapy assistant in any matter related to occupational therapy intervention which requires decision-making.
Ohio	<p><u>Regulation: Ohio Administrative Code 4755:1–2 Code of Ethical Conduct and Practice Definition</u> 4755:1–2–02 Occupational therapy practice defined. For the purpose of division 4755:1 of the Administrative Code, the following definitions apply:</p> <p>(H) "Unlicensed personnel" means any person who is on the job trained and supports the delivery of occupational therapy services by personally assisting the occupational therapist, occupational therapy assistant, student occupational therapist, and/or student occupational therapy assistant while the occupational therapist, occupational therapy assistant, student occupational therapist, and/or student occupational therapy assistant is concurrently providing services to the same client.</p> <p>(I) "Supervising occupational therapist" means the occupational therapist who is available to supervise the occupational therapy assistant, the student occupational therapist, student occupational therapy assistant, or unlicensed personnel. The supervising occupational therapist may be the occupational therapist who performed the initial evaluation or another occupational therapist with whom that occupational therapist has a documented agreement.</p> <p>(J) "Supervising occupational therapy assistant" means the occupational therapy assistant who is appropriately available to supervise the student occupational therapy assistant, the student occupational therapist who is completing the level I fieldwork experience, or unlicensed personnel.</p> <p>4755:1–2–03 Roles and responsibilities. (D) Unlicensed personnel. The primary function of unlicensed personnel functioning in an occupational therapy setting is to perform designated routine tasks related to the operation and delivery of occupational therapy services. Such tasks may include, but are not limited to:</p> <ul style="list-style-type: none"> (1) Routine department maintenance; (2) Transportation of clients; (3) Preparation or setting up of treatment equipment and work area; (4) Taking care of clients' personal needs during treatments; (5) Assisting in the construction of adaptive equipment and splints; (6) Clerical, secretarial, and administrative activities; and (7) Personally assisting the occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant while the occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant is concurrently providing services to the same client. <p>4755:1–2–04 Delegation. (D) Unlicensed personnel. (1) Unlicensed personnel may only perform specific tasks which are neither evaluative, task selective, nor recommending in nature. The occupational therapist, occupational therapy assistant, student occupational therapist, or student</p>

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occupational therapy assistant may delegate such tasks only after ensuring that the unlicensed personnel has been appropriately trained for the performance of the tasks.

(2) The occupational therapist, occupational therapy assistant, student occupational therapist, and student occupational therapy assistant shall not delegate the following to unlicensed personnel:

- (a) Performance of occupational therapy evaluative services;
- (b) Initiation, planning, adjustment, modification, or performance of occupational therapy services;
- (c) Making occupational therapy entries directly in the client's official records; and

(3) The unlicensed personnel shall not act independently on behalf of the occupational therapist, occupational therapy assistant, student occupational therapist, or student occupational therapy assistant in any matter related to occupational therapy treatment.

4755:1-2-05 Supervision.

(A) Supervision shall ensure consumer protection. The supervising occupational therapist is ultimately responsible for all clients and is accountable and responsible at all times for the actions of persons supervised, including the:

- (1) Occupational therapy assistant;
- (2) Student occupational therapist;
- (3) Student occupational therapy assistant; and
- (4) Unlicensed personnel.

(B) The following factors shall be considered by the supervising occupational therapist when determining the appropriate frequency, methods, and content of supervision:

- (1) Complexity of the client needs;
- (2) Number and diversity of clients;
- (3) Skills of the occupational therapist and occupational therapy assistant;
- (4) Type and number of practice settings;
- (5) Requirements of the practice setting; and
- (6) Any other regulatory or administrative requirements.

(C) Occupational therapy assistant.

Supervision of the occupational therapy assistant, as defined in division (C) of section 4755.04 of the Revised Code, requires initial direction and periodic inspection of the service delivery and relevant in-service training. The supervising occupational therapist need not be on-site, but shall be available for consultation with the occupational therapy assistant at all times.

- (1) The supervising occupational therapist shall provide supervision at least one time per week for all occupational therapy assistants who are in their first year of practice.
- (2) The supervising occupational therapist shall provide supervision at least one time per month for all occupational therapy assistants beyond their first year of practice.
- (3) Supervision requires an interactive process between the supervising occupational therapist and the occupational therapy assistant. The interactive process includes review of the following:
 - (a) Client assessment;
 - (b) Client reassessment;
 - (c) Treatment/intervention plan;

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	<p>(d) Intervention; and</p> <p>(e) Discontinuation of treatment/intervention plan.</p> <p>(4) Co-signing client documentation alone does not meet the minimum level of supervision.</p> <p>(5) The supervising occupational therapy assistant is accountable and responsible at all times for the actions of all student occupational therapy assistants and unlicensed personnel supervised by the supervising occupational therapy assistant.</p> <p>(D) Student occupational therapist.</p> <p>(1) Fieldwork and capstone supervision.</p> <p>(a) A student occupational therapist on level II fieldwork shall be supervised by an occupational therapist who has completed at least one year of professional practice as a fully licensed occupational therapist.</p> <p>(b) No minimum amount of experience is required to supervise a level I fieldwork student occupational therapist. Supervision should be in accordance with current standards set forth by the accreditation council for occupational therapy education (ACOTE).</p> <p>(c) A student occupational therapist completing a capstone which includes provision of occupational therapy as defined by section 4755.04 of the Revised Code shall be supervised while they are providing occupational therapy services by an occupational therapist at least one time per week.</p> <p>(2) A student occupational therapist shall be at least eighteen years old to be supervised by an occupational therapist licensed pursuant to Chapter 4755. of the Revised Code. This includes supervision for level I and level II fieldwork.</p> <p>(3) The student occupational therapist, who is being supervised in accordance with the laws and rules governing the practice of occupational therapy, may supervise unlicensed personnel.</p> <p>(E) Student occupational therapy assistant.</p> <p>(1) Fieldwork supervision.</p> <p>(a) A student occupational therapy assistant on level II fieldwork shall be supervised by an occupational therapist or occupational therapy assistant who has completed at least one year of professional practice as a fully licensed occupational therapist or occupational therapy assistant.</p> <p>(b) No minimum amount of experience is required to supervise a level I fieldwork student occupational therapy assistant. Supervision should be in accordance with current standards set forth by ACOTE.</p> <p>(2) A student occupational therapy assistant shall be at least eighteen years old to be supervised by an occupational therapist or occupational therapy assistant pursuant to Chapter 4755. of the Revised Code. This includes supervision for level I and level II fieldwork.</p> <p>(3) The student occupational therapy assistant, who is being supervised in accordance with the laws and rules governing the practice of occupational therapy, may supervise unlicensed personnel.</p>
Oklahoma	<p><u>Statute:</u> Oklahoma Statutes Title 59, Section 888</p> <p>888.3 Definitions</p> <p>As used in this the Occupational Therapy Practice Act:</p> <p>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;</p>

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888.5 Practice, 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:

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

Regulation: Oklahoma Administrative Code §435:30–1–2, Definitions.

"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.

"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.

"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.

§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.

(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

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	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.
Oregon	<p><u>Regulation:</u> Oregon Administrative Rules Chapter 339, Division 10, Implementation and Administration of the Occupational Therapy Practice Act</p> <p>339-010-0005 Definitions.</p> <p>(4) "Occupational therapy aide," as it is used in OAR 339-010-0055, means an unlicensed worker who is assigned by the licensed occupational therapy practitioner to perform selected tasks.</p> <p>339-010-0055 Occupational Therapy Aides Tasks</p> <p>(1) An "aide" is a person who provides support services to an occupational therapist and occupational therapy assistant, but is not licensed by the Occupational Therapy Licensing Board. Any aide who is working with or supporting patients, and is performing activities covered under the occupational therapy plan of treatment, is considered an occupational therapy aide. The occupational therapy practitioner is responsible for the overall use and actions of the aide, and must ensure the competency of the aide performing the assigned tasks.</p> <p>(2) An occupational therapist or occupational therapy assistant may supervise the aide. When the aide is performing treatment related tasks, the supervising occupational therapy practitioner must be within sight or earshot of the aide, and must be immediately available at all times to provide in-person direction, assistance, advice, or instruction to the aide.</p> <p>(3) Treatment related tasks that the aide may assist with under the direct supervision of the occupational therapy practitioner include:</p> <ul style="list-style-type: none"> (a) Routine transfers; (b) Routine care of patient's personal needs during the course of treatment; (c) Execution of a well-established routine activity and/or exercise; (d) Assisting the occupational therapy practitioner as directed during the course of treatment. <p>(4) Non-treatment related tasks that may be performed by the occupational therapy aide include:</p> <ul style="list-style-type: none"> (a) Clerical; (b) Secretarial; (c) Housekeeping; (d) Supply ordering; (e) Equipment maintenance; (f) Fabrication of generic strapping material for splints; (g) Transporting patients; (h) Preparation of the work area or equipment. <p>(5) An aide does not provide skilled occupational therapy services in any practice setting. These rules do not apply to school aides and occupational therapists working in school settings. The rules on aides in the education setting are found in OAR 339-010-0050.</p>
Pennsylvania	<p><u>Regulation:</u> Pennsylvania Code 49 PA Code §42.21, Delegation of duties to aides and other unlicensed personnel.</p> <p>(a) A licensee may delegate to aides and other unlicensed personnel duties associated with nontreatment aspects of occupational therapy services if the following conditions are met:</p> <ul style="list-style-type: none"> (1) The licensee who delegates a duty shall accept professional responsibility for the performance of that duty by the aide or other unlicensed person to whom it is delegated. Responsibility for the performance of a duty delegated by an occupational therapy assistant shall lie with both the assistant and with the occupational therapist who supervises that assistant. (2) The aide or other unlicensed person does not perform an activity which requires licensure under the act.

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	<p>(b) The following are examples of the lawful use of aides or other unlicensed personnel in the occupational therapy setting:</p> <ul style="list-style-type: none"> (1) Transporting patients. (2) Preparing or setting up a work area or equipment. (3) Attending to the personal needs of patients/clients during treatment. (4) Assisting patients/clients with nontreatment aspects of occupational therapy services, such as monitoring and cuing patients/clients as they participate in activities. (5) Performing clerical and housekeeping activities. <p>(c) The following are examples of the unlawful use of aides or other unlicensed personnel in the occupational therapy setting:</p> <ul style="list-style-type: none"> (1) Evaluating patients/clients. (2) Treating patients/clients. (3) Recording occupational therapy progress reports on the chart of a patient/client. <p>(d) Failure to comply with this section constitutes unprofessional conduct under section 16(a)(2) of the act (63 P. S. § 1516(a)(2)).</p>
Puerto Rico	No relevant statutes or regulations
Rhode Island	<p><u>Statute:</u> Rhode Island General Laws Title 5, Chapter 40.1, Occupational Therapy</p> <p>Section 3 Definitions</p> <p>(h) "Occupational therapy aide" means a person not licensed pursuant to the statutes and rules applicable to the practice of occupational therapy; who works under the supervision of a licensed occupational therapist or occupational therapy assistant; who assists in the practice of occupational therapy; and whose activities require an understanding of occupational therapy, but do not require professional or advanced training in the basic anatomical, psychological, and social sciences involved in the practice of occupational therapy.</p> <p>(k) "Supervision" means that a licensed occupational therapist or occupational therapy assistant is at all times responsible for supportive personnel and students.</p> <p>Section 21, Supervision.</p> <p>(a) A licensed occupational therapist shall exercise sound judgment and shall provide adequate care in the performance of duties. A licensed occupational therapist shall be permitted to supervise the following: occupational therapists, occupational therapy assistants, occupational therapy aides, care extenders, occupational therapy students, and volunteers.</p> <p>(b) A licensed occupational therapy assistant shall exercise sound judgment and shall provide adequate care in the performance of duties. A licensed occupational therapy assistant shall be permitted to supervise the following: occupational therapy aides, care extenders, students, and volunteers.</p> <p>(e) (1) An occupational therapy aide shall be a worker trained on the job. A licensed occupational therapist or licensed occupational therapy assistant using occupational therapy aide personnel to assist with the provision of occupational therapy services must provide close supervision in order to protect the health and welfare of the consumer.</p> <p> (2) The primary function of an occupational therapy aide functioning in an occupational therapy setting shall be to perform designated routine tasks related to the operation of an occupational therapy service. These tasks may include, but are not limited to, routine department maintenance, transporting patients/clients, preparing or setting up treatment equipment and work area, assisting patients/clients with their personal needs during treatment, assisting in the construction of adaptive equipment, and carrying out a predetermined segment or task in the patient's care.</p> <p>(f) The licensed occupational therapist or occupational therapy assistant shall not delegate to an occupational therapy aide:</p> <ul style="list-style-type: none"> (1) Performance of occupational therapy evaluation procedures;

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	<p>(2) Initiation, planning, adjustment, modification, or performance of occupational therapy procedures requiring the skills or judgment of a licensed occupational therapist or licensed occupational therapy assistant;</p> <p>(3) Making occupational therapy entries directly in patients' or clients' official records; and</p> <p>(4) Acting on behalf of the occupational therapist in any matter related to occupational therapy, which requires decision making or professional judgment.</p> <p>Regulation: Rhode Island Code of Regulations 216–RICR–40–05–12, Occupational Therapists and Occupational Therapy Assistants</p> <p>12.2 Definitions.</p> <p>A. Wherever used in this Part the following terms shall be construed as follows:</p> <p>9. "Occupational therapy aide" means a person not licensed pursuant to the statutes and rules applicable to the practice of occupational therapy, who works under the supervision of a licensed occupational therapist or occupational therapy assistant, who assists in the practice of occupational therapy and whose activities require an understanding of occupational therapy, but do not require professional or advanced training in the basic anatomical, psychological and social sciences involved in the practice of occupational therapy.</p> <p>10. "Supervision" means that a licensed occupational therapist or occupational therapy assistant shall at all times be responsible for supportive personnel and students.</p>
South Carolina	<p>Statute: South Carolina Code of Laws Title 40, Chapter 36, Occupational Therapists</p> <p>Section 40–36–20, Definitions.</p> <p>(4) "Direct supervision" means personal, daily supervision, and specific delineation of tasks and responsibilities by an occupational therapist and includes the responsibility for personally reviewing and interpreting the results of a supervisee on a daily basis.</p> <p>(8) "Occupational therapy aide" means a person who has received on-the-job training in occupational therapy and is employed in an occupational therapy setting under the direct on-site supervision of a licensed occupational therapist or licensed occupational therapy assistant.</p> <p>(10) "On-site" means the same premises while direct client treatment is being performed.</p> <p>(12) "Supervision" means personal and direct involvement of an occupational therapist in a supervisee's professional experience which includes evaluation of the supervisee's performance with respect to each client treated by the supervisee.</p> <p>Section 40–36–300, Responsibilities and duties of occupational therapy assistants and aides; restrictions.</p> <p>(B) An occupational therapy aide may perform duties associated with nontreatment aspects of occupational therapy including, but not limited to, transporting clients, preparing treatment areas, attending to the personal needs of clients during treatment sessions, and clerical or housekeeping activities under the direct on-site supervision of a licensed occupational therapist or licensed occupational therapy assistant. When performing these duties, the occupational therapy aide must be clearly identified by using "O.T./Aide" or another designation approved by the board;</p> <p>(C) An occupational therapy aide may not:</p> <p>(1) perform an activity or task which requires licensure under this chapter;</p> <p>(2) perform an activity or task which requires the exercise of the professional judgment of an occupational therapist; or</p> <p>(3) develop or model client treatment plans or discharge plans.</p>

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South Dakota	<p><u>Statute:</u> South Dakota Codified Laws 36–31–1, Definition of terms. (5) "Occupational therapy aide," any person who assists in the practice of occupational therapy under the direct supervision of an occupational therapist or occupational therapy assistant;</p> <p><u>Regulation:</u> South Dakota Administrative Rules Article 20:64, Occupational Therapists and Occupational Therapy Assistants 20:64:01:01. Definitions. Words defined in SDCL 36-31 have the same meaning when used in this article. In addition, terms used in this article mean: (3) "Supervision," the physical presence of an occupational therapist on the premises where a patient is being cared for by an occupational therapy assistant.</p> <p>20:64:03:01. Direct supervision of occupational therapy aide. An occupational therapy aide may only perform selected routine tasks which are neither evaluative, assessive, nor recommendative and for which the aide has been suitably trained. An occupational therapy aide shall be under the direct supervision of an occupational therapist or occupational therapy assistant.</p>
Tennessee	<p><u>Statute:</u> Tennessee Code Annotated Title 63, Chapter 13, Occupational and Physical Therapy Practice Act §63–13–103, Definitions. As used in this chapter, unless the context otherwise requires: (20) "Unlicensed person working in occupational therapy" means a person who performs specific supportive tasks related to occupational therapy practice under the direct supervision of an occupational therapist or an occupational therapy assistant and whose activities do not require professional or advanced training in the basic anatomical, biological, psychological and social sciences involved in the provision of occupational therapy services. Such persons are often referred to as aides, technicians, transporters or support staff.</p> <p>§63–13–207, Delegation of tasks to unlicensed personnel. (a) A licensed physician, occupational therapist or licensed occupational therapy assistant may delegate to an unlicensed person specific routine tasks associated with nontreatment aspects of occupational therapy practice that are not evaluative, assessive, task selective or recommendational in nature and do not require making decisions or making assessment or treatment entries in official patient records, if the following conditions are met: (1) The physician, occupational therapist or occupational therapy assistant accepts professional responsibility for the performance of that duty by the person to whom it is delegated. In the case of duties delegated by an occupational therapy assistant, the occupational therapy assistant, the physician and occupational therapist who supervises the occupational therapy assistant shall be responsible; (2) The unlicensed person does not perform any duties that require licensure under this chapter; and (3) The physician, occupational therapist or occupational therapy assistant ensures that the unlicensed person has been appropriately trained for the performance of the tasks.</p> <p>(b) Tasks that may be delegated may include: (1) Transporting of patients; (2) Preparing or setting up a work area or equipment; (3) Routine department maintenance or housekeeping activities; (4) Taking care of patient's personal needs during treatments; and</p>

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(5) Clerical, secretarial or administrative duties.

Regulation: Tennessee Rules and Regulations Chapter 1150–02, General Rules Governing the Practice of Occupational Therapy 1150–02–.01 Definitions

As used in these rules, the terms and acronyms shall have the following meanings ascribed to them.

(29) Unlicensed person - A person who performs specific supportive tasks related to occupational therapy practice under the direct supervision of an occupational therapist or an occupational therapy assistant and whose activities do not require professional or advanced training in the basic anatomical, biological, psychological, and social sciences involved in the provision of occupational therapy services. Such persons are often referred to as aides, technicians, transporters, or support staff.

1150–02–.10 Supervision

(5) Supervision of an unlicensed person shall be as follows:

(a) There shall be close supervision with daily, direct contact at site of treatment, which demands the physical presence of a licensed physician, Occupational Therapist or Occupational Therapy Assistant, whenever the unlicensed person assists in the practice of Occupational Therapy.

(b) There shall be personal instruction, observation and evaluation by the licensed physician, Occupational Therapist or Occupational Therapy Assistant.

(c) There shall be specific delineation of tasks and responsibilities by the licensed physician, Occupational Therapist or Occupational Therapy Assistant who is responsible for reviewing and interpreting the results of care. The licensed physician, Occupational Therapist or Occupational Therapy Assistant must ensure that the unlicensed person does not perform duties for which he is not trained.

1. A licensed physician, Occupational Therapist or Occupational Therapy Assistant may delegate to unlicensed persons specific routine tasks associated with nontreatment aspects of occupational therapy services which are neither evaluative, assessive, task selective, or recommending in nature, nor which require decision-making or making occupational therapy entries in official patient records, if the following conditions are met:

(i) The licensed physician, Occupational Therapist or Occupational Therapy Assistant accepts professional responsibility for the performance of that duty by the personnel to whom it is delegated. In the case of duties delegated by a OTA, the licensed physician, Occupational Therapist or Occupational Therapy Assistant who supervises the technician will be responsible; and

(ii) The unlicensed personnel do not perform any duties which require licensure under this act; and

(iii) The licensed physician, Occupational Therapist or Occupational Therapy Assistant ensures that the unlicensed personnel have been appropriately trained for the performance of the tasks.

2. Tasks which may be delegated may include:

(i) Transporting of patients;

(ii) Preparing or setting up a work area or equipment;

(iii) Routine department maintenance or housekeeping activities;

(iv) Taking care of patients' personal needs during treatments; and

(v) Clerical, secretarial or administrative duties.

(d) Appropriate records must be maintained to document compliance.

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	<p>(e) The intensity of the supervision is determined by the nature of the task to be performed, the needs of the consumer, and the capability of the unlicensed person.</p>
Texas	<p><u>Statute:</u> Texas statutes Title 3, Subtitle H, Chapter 454, Occupational therapists Sec. 454.002. DEFINITIONS. In this chapter: (5) "Occupational therapy aide" means a person: (A) who aids in the practice of occupational therapy; and (B) whose activities require on-the-job training and on-site supervision by an occupational therapist or an occupational therapy assistant.</p> <p><u>Regulation:</u> Texas Administrative Code §362.1, Definitions (25) Non-Licensed Personnel--OT Aide or other person not licensed by this board who provides support services to and requires supervision by occupational therapy practitioners.</p> <p><u>Regulation:</u> Texas Administrative Code §373.1. Supervision of Non-Licensed Personnel (a) Occupational Therapists are fully responsible for the planning and delivery of occupational therapy services. They may use non-licensed personnel to extend their services; however, the non-licensed personnel must be under the supervision of an occupational therapy practitioner. (b) Supervision in this section for occupational therapy aides as defined by the Occupational Therapy Practice Act, §454.002 (relating to Definitions), is on-site contact whereby the supervising occupational therapy practitioner is able to respond immediately to the needs of the client. (c) Supervision of other non-licensed personnel either on-site or via telehealth requires that the occupational therapy practitioner maintain line of sight of the services provided. (d) When occupational therapy practitioners delegate occupational therapy tasks to nonlicensed personnel, the occupational therapy practitioners are responsible for ensuring that this person is adequately trained in the tasks delegated. (e) The occupational therapy practitioners providing the intervention must interact with the client regarding the client's condition, progress, and/or achievement of goals during each intervention session. (f) Delegation of tasks to non-licensed personnel includes but is not limited to: (1) assisting in the construction of adaptive/assistive equipment and splints. The licensee must be attending for any initial applications to the client. When telehealth may be used for the supervision of non-licensed personnel as described in this section, the licensee may attend via telehealth, provided the licensee maintains line of sight of the services provided; (2) carrying out a predetermined segment or task in the client's care for which the client has demonstrated some previous performance ability in executing the task. (g) The Non-Licensed Personnel may not: (1) perform occupational therapy evaluative procedures; (2) initiate, plan, adjust, or modify occupational therapy procedures; (3) act on behalf of the occupational therapist in any matter relating to occupational therapy that requires decision making or professional judgments;</p>

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	<p>(4) write or sign occupational therapy documents in the permanent record. However, non-licensed personnel may record quantitative data for tasks delegated by the supervising occupational therapy practitioner. Any documentation reflecting activities by non-licensed personnel must identify the name and title of that person and the name of the supervising occupational therapy practitioner.</p>
Utah	<p><u>Statute:</u> Utah Code Title 58, Chapter 42a, Occupational Therapy Practice Act §58-42a-102 Definitions. In addition to the definitions in Section 58-1-102, as used in this chapter: (4) "Occupational therapy aide" means a person who is not licensed under this chapter but who provides supportive services under the supervision of an occupational therapist or occupational therapy assistant.</p> <p>§58-42a-305 Limitation upon occupational therapy services provided by an occupational therapy assistant and an occupational therapy aide. (2) An occupational therapy aide: (a) may only perform occupational therapy services under the direct supervision of an occupational therapist or an occupational therapy assistant; (b) may not write, modify, contribute, or maintain an individual treatment plan; and (c) may only perform tasks that are repetitive and routine for which the aide has been trained and has demonstrated competence.</p>
Vermont	No relevant statutes or regulations
Virginia	<p><u>Regulation:</u> Virginia Administrative Code 18 VAC 85-80-111. Supervision of Unlicensed Occupational Therapy Personnel. A. Unlicensed occupational therapy personnel may be supervised by an occupational therapist or an occupational therapy assistant. B. Unlicensed occupational therapy personnel may be utilized to perform: 1. Nonclient-related tasks including, but not limited to, clerical and maintenance activities and the preparation of the work area and equipment; and 2. Certain routine patient-related tasks that, in the opinion of and under the supervision of an occupational therapist, have no potential to adversely impact the patient or the patient's treatment plan.</p>
Washington	<p><u>Statute:</u> Revised Code of Washington 18.59.020, Definitions. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter. (5) "Occupational therapy aide" means a person who is trained to perform specific occupational therapy techniques under professional supervision as defined by the board but who does not perform activities that require advanced training in the sciences or practices involved in the profession of occupational therapy.</p> <p><u>Regulation:</u> Washington Administrative Code Chapter 246-847, Occupational Therapists 246-847-010 Definitions The definitions in this section apply throughout this chapter unless the context clearly requires otherwise. (4) "Client-related tasks" are routine tasks during which an occupational therapy aide may interact with the client, but does not act as a primary service provider of occupational therapy services. The following factors must be present when an occupational therapist or occupational therapy assistant delegates a selected client-related task to the aide: (a) The outcome anticipated for the delegated task is predictable;</p>

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	<p>(b) The status of the client and the environment is stable and will not require that the aide make judgments, interpretations, or adaptations;</p> <p>(c) The client has demonstrated some previous performance ability in executing the task; and</p> <p>(d) The task routine and process have been clearly established.</p> <p>(8) "Occupational therapy aide" means a person who is trained by an occupational therapist or occupational therapy assistant to perform client and nonclient related tasks. Occupational therapy aides are not primary service providers of occupational therapy in any practice setting. Occupational therapy aides do not provide skilled occupational therapy services.</p> <p>(9) "Professional supervision" of an occupational therapy aide as described in RCW 18.59.020(5) means in-person contact at the treatment site by an occupational therapist or occupational therapy assistant licensed in the state of Washington. When client-related tasks are provided by an occupational therapy aide more than once a week, professional supervision must occur at least weekly. When client-related tasks are provided by an occupational therapy aide once a week or less, professional supervision must occur at least once every two weeks.</p> <p>246–847–020 Persons exempt from the definition of an occupational therapy aide. An "occupational therapy aide" for whom an occupational therapist must provide professional supervision pursuant to RCW 18.59.020(5) does not include persons employed at a facility who are performing services under the supervision or direction of another licensed health care practitioner or certified teacher if the occupational therapist serves solely in a consulting capacity to the facility.</p> <p>246–847–135 Standards of supervision. The following are the standards for supervision of occupational therapy assistants, limited permit holders, and occupational therapy aides:</p> <p>(3) An occupational therapy aide must be supervised and trained by an occupational therapist or an occupational therapy assistant licensed in the state of Washington. Professional supervision must include documented supervision and training.</p> <p>(a) The occupational therapist or occupational therapy assistant shall provide professional supervision as defined in WAC 246-847-010 to the occupational therapy aide on client and nonclient related tasks.</p> <p>(b) When performing client related tasks, the occupational therapist or occupational therapy assistant must ensure the occupational therapy aide is trained and competent in performing the task on the specific client.</p> <p>(c) The documentation must be maintained in a location determined by the supervising occupational therapist or occupational therapy assistant.</p>
West Virginia	<p><u>Statute:</u> West Virginia Code Chapter 30, Article 28, West Virginia Occupational Therapy Practice Act</p> <p>§30–28–3 Definitions</p> <p>As used in this article, the following words and terms have the following meanings, unless the context clearly indicates otherwise:</p> <p>(d) "Client-related tasks" means tasks which are related to treatment and which, when performed by an occupational therapy aide, must be performed under direct supervision, including routine transfers, routine care of a patient's personal needs during the course of treatment, execution of an established routine activity or exercise, and assisting the supervising occupational therapist or occupational therapy assistant as directed during the course of treatment.</p> <p>(e) "Direct supervision" means the actual physical presence of a licensed supervising occupational therapist or licensed occupational therapy assistant, and the specific delineation of tasks and responsibilities for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the limited permit holder, occupational therapy student, or aide. Direct supervision includes direct close supervision and direct continuous supervision.</p>

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	<p>(g) "Direct continuous supervision" means the licensed supervising occupational therapist or licensed occupational therapy assistant is physically present and in direct line of sight of the occupational therapy student or aide.</p> <p>(h) "General supervision" means initial direction and periodic inspection of the activities of a licensed occupational therapist assistant by the supervising licensed occupational therapist, but does not necessarily require constant physical presence on the premises while the activities are performed.</p> <p>(j) "Nonclient-related tasks" means tasks which are not related to treatment and do not require independent clinical reasoning, including clerical and maintenance activities, housekeeping, preparation of the work area or equipment, transporting patients, and ordering supplies, and which, when performed by an occupational therapy aide, must be performed under general supervision.</p> <p>(m) "Occupational Therapy Aide" means a person who may provide nonclient-related tasks under general supervision, or specifically delegated client-related tasks, subject to the conditions set forth in subsection (f), section four of this article, under direct supervision of an Occupational Therapist or an Occupational Therapy Assistant, in accordance with the provisions of this article.</p> <p>§30-28-4 Scope of Practice; License and Supervision Requirements</p> <p>(e) An occupational therapist or an occupational therapy assistant may delegate nonclient-related tasks to an occupational therapy aide only under the following conditions:</p> <ol style="list-style-type: none"> (1) The occupational therapy aide functions under the general supervision of either the occupational therapist or the occupational therapy assistant who is under the general supervision of the occupational therapist; and (2) The occupational therapy aide provides only tasks for which he or she has been trained and has demonstrated competence. <p>(f) An occupational therapist or an occupational therapy assistant may delegate specifically selected client-related tasks to an occupational therapy aide only under the following conditions:</p> <ol style="list-style-type: none"> (1) The occupational therapy aide functions under the direct continuous supervision of either the occupational therapist or the occupational therapy assistant that is under the general supervision of the occupational therapist; (2) The occupational therapy aide provides only tasks for which he or she has been trained and has demonstrated competence; (3) The outcome anticipated for the delegated task is predictable; (4) The client and the environment are stable and will not require judgment, interpretation or adaptation by the occupational therapy aide; and (5) The supervising occupational therapist is responsible for the tasks delegated to the occupational therapy aide.
<p>Wisconsin</p>	<p><u>Regulation: OT 4.05, Supervision of non-licensed personnel and therapy aides.</u></p> <p>(1) An occupational therapist or occupational therapy assistant must provide direct supervision of non-licensed personnel at all times. Direct supervision requires that the supervising occupational therapist or occupational therapy assistant be available to assist, either on premises or through technology and equipment meeting the requirements of s. OT 6.03.</p> <p>(2) When an occupational therapist or occupational therapy assistant delegates to non-licensed personnel maintenance or restorative services to clients, the occupational therapist or occupational therapy assistant must be within audible and visual range of the client and the non-licensed personnel, either on premises in the immediate area or through technology and equipment meeting the requirements of s. OT 6.03.</p> <p>(3) An occupational therapist or occupational therapy assistant may delegate to non-licensed personnel only non-skilled, specific tasks which are neither evaluative, assessive, task selective nor recommending in nature, and only after ensuring that the non-licensed person has been appropriately trained for the performance of the task.</p>

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	<p>(4) Occupational therapists and occupational therapy assistants must exercise their professional judgment when determining the number of non-licensed persons they can safely and effectively supervise to ensure that quality care is provided at all times. A limit of 2 is recommended.</p> <p>(5) Any duties assigned to non-licensed personnel must be determined and appropriately supervised by an occupational therapist or occupational therapy assistant and must not exceed the level of training, knowledge, skill and competence of the individual being supervised. The licensed occupational therapist or occupational therapy assistant is responsible for the acts or actions performed by any non-licensed person functioning in the occupational therapy setting.</p> <p>(6) An occupational therapist or occupational therapy assistant may delegate to non-licensed personnel duties or functions, including the following services:</p> <ul style="list-style-type: none"> (a) Transportation of clients. (b) Preparation or setting up of treatment equipment and work area. (c) Attending to clients' personal needs during treatment. (d) Clerical, secretarial or administrative duties. <p>(7) Duties or functions that an occupational therapist or occupational therapy assistant may not delegate to non-licensed personnel include, but are not limited to, the following:</p> <ul style="list-style-type: none"> (a) Interpretation of referrals or orders for occupational therapy services. (b) Evaluative procedures. (c) Development, planning, adjusting or modification of treatment procedures. (d) Acting on behalf of the occupational therapist or occupational therapy assistant in any matter related to direct client care which requires judgment or decision making.
Wyoming	No relevant statute or regulation.

OCCUPATIONAL THERAPY PROFESSION—CONTINUING COMPETENCE REQUIREMENTS

State	Requirements ¹	Special Requirements
Alabama	OT: 3.0 CEUs (or 30 contact hours) biennially OTA: 2.0 CEUs (or 20 contact hours) biennially	
Alaska	OT and OTA: If licensed for 12 months or more of the concluding licensing period, complete 24 contact hours. If licensed for less than 12 months of the concluding licensing period, complete 12 contact hours of continuing education during that licensing period.	
Arizona	OT: 20 clock hours for renewal of a 2-year license OTA: 12 clock hours for renewal of a 2-year license	
Arkansas	OT and OTA: 10 hours of continuing education each year	
California	OT and OTA: 24 PDUs for each biennial renewal period.	
Colorado	OT and OTA: Participate in Continuing Professional Development (CPD) Program involving completion of Reflective Self-Assessment Tool (RSAT) once per renewal period, execution of Learning Plan based on licensee's RSAT once per renewal period, and 24 Professional Development Activities (PDA) during each renewal period. Alternatively, obtain Deemed Status or an exemption for military service.	
Connecticut	OT: 24 contact hours biennially, prorated for new licensees OTA: 18 contact hours biennially, prorated for new licensees	
Delaware	24 hours per biennial period	
District of Columbia	OT: 24 hours of approved continuing education credit biennially OTA: 12 hours of approved continuing education credit biennially	<p>2 credits of instruction on cultural competency or specialized training focusing on patients who identify as gay, lesbian, bisexual, transgender, gender non-conforming, queer, or question their sexual orientation or gender identity and expression.</p> <p>10% of the required continuing education shall be in the subjects determined by the Director as public health priorities in the District, which shall be published every 5 years or as deemed appropriate.</p> <p>2 hours of CE on COVID-19 vaccines are required for OTs only and may be counted towards the public health priorities training requirement.</p>
Florida	OT and OTA: 26 hours of continuing education per biennium	<p>2 hour course on prevention of medical errors.</p> <p>2 hour course on State OT laws and rules.</p> <p>Completion of 1 hour continuing education course on human trafficking which may be included in</p>

¹ **DISCLAIMER:** This chart is provided for informational and educational purposes only and is not a substitute for legal advice or the professional judgment of health care professionals in evaluating and treating patients. Contact your state licensing board, committee, or agency with any questions regarding this information or to verify the accuracy of this information.

State	Requirements ¹	Special Requirements
		the total General Hours and must be completed by January 1, 2021.
Georgia	OT and OTA: 24 continuing education hours during each 2 year renewal period.	At least 2 hours must be in the ethics of occupational therapy practice.
Hawaii	No requirements	
Idaho	OT and OTA: At least 2 CEUs and at least 10 hours of professional development units biennially	
Illinois	OT and OTA: 24 contact hours of continuing education (CE) relevant to the practice of occupational therapy completed in the 24 months preceding December 31 in the year of renewal.	<p>One contact hour of ethics required in each renewal period.</p> <p>In each renewal period, one contact hour shall include a course in sexual harassment prevention training to be completed as a condition of renewal of a license.</p> <p>In each renewal period, one contact hour shall include a course on implicit bias awareness training to be completed as a condition of renewal of a license.</p> <p>One hour course in cultural competency to be taken as a condition of renewal of a license and repeated once every 6 years, but the licensee may do so more frequently. Requirement becomes effective for the first applicable renewal on or after January 1, 2025.</p> <p>One hour course on the diagnosis, treatment, and care of individuals with Alzheimer's disease and other dementias required of health care professionals who provide services to and have direct patient interactions with adult populations age 26 or older in their practice. Completion of the course is a condition of renewal of a license. The course must be repeated once every 6 years, but the licensee may do so more frequently. Requirement becomes effective for the first applicable renewal on or after January 1, 2025.</p>
Indiana	OT and OTA: 18 continuing competency hours biennially. No hours are required if a license is valid for less than 12 months; if valid for 12-24 months, 9 hours are required.	
Iowa	OT: 30 hours of continuing education each biennium. No requirement for individuals renewing their license for the first time.	

State	Requirements ¹	Special Requirements
	OTA: 15 hours of continuing education each biennium. No requirement for individuals renewing their license for the first time.	
Kansas	OT and OTA: 40 contact hours of continuing education during the preceding 24 months. No evidence of continuing education shall be required for renewal in even-numbered years.	
Kentucky	OT and OTA: 12 CCUs of qualified activities for maintaining continuing competence during the preceding annual renewal period; if license is issued for less than 12 months, number of CCUs required is prorated to 1 CCU for each month licensed.	
Louisiana	OT and OTA: 12 hours or 1.2 continuing education units (CEUs) annually	
Maine	OT: 10 hours of continuing education relevant to the practice of occupational therapy or interprofessional practice OTA: 6 hours of continuing education relevant to the practice of occupational therapy or interprofessional practice	1 hour of the total required shall be on ethics in the practice of occupational therapy.
Maryland	OT and OTA: minimum of 24 contact hours of competency activities obtained within the 2-year period preceding the application	Completion of an approved implicit bias training program required for first license renewal after April 1, 2022.
Massachusetts	OT and OTA: Minimum of 24 points of Board recognized activities for maintaining continuing competence during the preceding biennial renewal period	Two points in ethics, laws and regulations governing practice in the state or a combination thereof.
Michigan	OT and OTA: Not less than 20 continuing education contact hours approved by the Board earned during the 2 years preceding expiration date of the license.	1 hour of continuing education shall be earned in the area of pain and symptom management. One-time training in identifying victims of human trafficking required to be completed in the two years preceding renewal; training required for initial licenses starting in June, 2022. Beginning June 1, 2022, 2 hours of implicit bias training within 5 years immediately preceding issuance of the license.
Minnesota	OT: 24 contact hours of continuing education in the 2 year licensure period; if license is issued for less than two years, contact hours are prorated based on number of months licensed OTA: 18 contact hours of continuing education in the 2 year licensure period; if license is issued for less than two years, contact hours are prorated based on number of months licensed	
Mississippi	OT and OTA: 20 contact hours (CH) or 2 Continuing Education Units (CEU) to be accrued during the licensure period.	
Missouri	OT and OTA: 24 continuing competency credits (CCC) for the 2 year license period.	
Montana	OT and OTA: 10 hours of continuing education annually	
Nebraska	OT: 20 hours of continuing education during the preceding 24 month period OTA: 15 hours of continuing education during the preceding 24 month period	

State	Requirements ¹	Special Requirements
Nevada	OT and OTA: 24 hours of continuing education during a biennial renewal cycle. For an applicant who obtains a standard license within 12 months of graduation from an accredited academic program, 12 hours are required to renew the license the first time.	
New Hampshire	OT and OTA: 24 contact hours continuing professional education per biennium if renewing an initial license in an even-numbered year or renewing a license already renewed once.	
New Jersey	No requirements	
New Mexico	OT and OTA: 15 continuing education contact hours annually.	
New York	OT and OTA: 36 hours of continuing competency learning activities each triennial registration period	
North Carolina	OT and OTA: 15 points for approved continuing competence activities between July 1 of the preceding year and June 30 of the current year.	15 points shall include 1 contact hour related to ethics in the practice of occupational therapy.
North Dakota	OT and OTA: 20 contact hours within the 24 months prior to the completed application for renewal of licensure. Initial licensees who obtain a license between July 1 and December 31 of the odd-numbered year must complete 10 contact hours, Initial licensees who obtain a license on or after January 1 of the even-numbered year has no requirement for that period only.	
Ohio	OT and OTA: 20 contact hours of continuing education activities within a 2-year renewal cycle. If license is valid for 12 months or less, the licensee must complete 10 contact hours within that renewal period, including 1 hour of ethics education.	At least 1 contact hour of ethics education per renewal cycle, jurisprudence, or cultural competence per renewal cycle. At least 1 contact hour of mental health and/or substance use education per renewal cycle.
Oklahoma	OT and OTA: 20 hours every 2 years	2 CE units in telehealth practice each reporting period for OTs and OTAs providing therapy services via telehealth as a service delivery mode.
Oregon	OT and OTA: 30 points of CE for the 2 years preceding the date of the license renewal	One-time requirement of 7 points of CE on pain management prior to next renewal or within 2 years of licensing in the state, whichever comes first At least 1 hour of CE in cultural competency during each license renewal cycle. Beginning in 2024, licensees must demonstrate completion in a format prescribed by the Board during every other license renewal. Cultural competence CE counts towards required 30 hours for renewal of a license.
Pennsylvania	OT and OTA: 24 contact hours per biennium	At least 3 hours of approved training in child abuse recognition and reporting for initial applicants, at least 2 hours is required for renewal of a license.

State	Requirements ¹	Special Requirements
Puerto Rico	OT: 30 contact hours OTA: 24 contact hours	2 hours in Cultural Competence in Services to the LGBTQ Population, 2 hours COVID-19, 3 hours in ethics.
Rhode Island	OT and OTA: 20 hours biennially	
South Carolina	OT and OTA: 16 hours of continuing education credit per biennium and must maintain continuing competence in compliance with NBCOT	
South Dakota	OT and OTA: 12 continuing competency points in one year period in professional education activities updating competency in occupational therapy practice	
Tennessee	OT and OTA: 24 continued competency credits for the 2 years preceding the date of the 2 year license renewal.	1 hour of the 24 shall pertain to the AOTA Code of Ethics; 1 hour of the 24 shall pertain to the state OT practice act and rules. Starting January 1, 2020, all active licensees must complete a minimum 2-hour training by a Board-approved provider relative to suicide prevention at least once every 4 years. Hours earned count towards meeting the 24-hour CE requirement.
Texas	OT and OTA: 24 contact hours of continuing education every two years	Complete 1 training course per renewal period on human trafficking. Maximum credit is 2 contact hours. Course counts towards the minimum hours of required continuing education for each renewal.
Utah	OT and OTA: 24 hours of continuing education. If a renewal cycle is extended or shortened, the required continuing education hours are increased or decreased proportionally	Minimum of 2 hours must be related to legal and ethical principles of practice.
Vermont	OT and OTA: 20 hours of continuing competence requirements during the preceding two-year period. An OT or OTA renewing for the first time after initial licensure shall complete 10 hours of continuing competence per full year of licensure. If the license has been held for one year or less, no continuing competence is required. If held for more than one year, but less than two, 10 hours is required.	
Virginia	OT and OTA: 20 contact hours of continuing education activities every 2 years.	In December, 2023, the Board notified all licensees that, as a result of a change in law, 1 hour of CE in human trafficking is required to be completed to renew a license for the 2024 and 2025 renewal cycles.
Washington	OT and OTA: 30 hours of continuing education every two years.	3 hours of training every 6 years in suicide assessment. Beginning, January 1, 2021, a health care professional who provides clinical services through telemedicine, shall complete telemedicine training.

State	Requirements ¹	Special Requirements
		As of January 1, 2024, OTs and OTAs must obtain at least 2 hours in health equity CE every 4 years. These hours are counted towards the required 30 hours of CE.
West Virginia	OT and OTA: 24 contact hours of continuing education and competency activities obtained within 2 year period	
Wisconsin	OT and OTA: 24 points of continuing education in the 2 years preceding renewal of the license.	
Wyoming	OT and OTA: 24 hours of continuing education every 2 years	

PHY Regulations Project – Definition of Employment and Professional Reference Requirements for licensure by credentials – PT and OT

PURPOSE: Expand the definition of “employment” for therapists (PT/PTA and OT/OTA) - applicants for licensure applying by credentials to allow for not only paid employment options but also volunteer work to fulfill the 60 hours of therapy services in the past 36 months experience requirement similar to option(s) available for renewal in 12 AAC 54.405(b) +(c) and 12 AAC 54.705(b) + (c). Language to match 12 AAC 54.405(a)(1) and 12 AAC 54.705(a)(1). Examples: volunteering for non-profits and other community efforts, caring for aging parents or a disabled child, etc.

Remove antiquated options of professional reference options that no longer apply for this method of application.

Need to update PT by Credentials, OT by Credentials (see SB74) and FE PT by Credentials and FE OT by Credentials.

12 AAC 54.100. APPLICATION FOR LICENSURE BY CREDENTIALS

(5) verification sent directly to the department from the source that the applicant has

(A) ~~been employed in~~ **provided** physical therapy **services for** at least 60 hours within the 36 months immediately preceding the date the application is received;

(8) a signed letter of professional reference sent directly to the department on a form provide by the department from

~~[(A) the head of the physical therapy school; or]~~

~~(B) [an instructor, physician, supervising physical therapist, or]~~ supervisor

with whom there is a direct professional relationship;

Commented [SR1]: Language to match 12 AAC 54.405(a)(1)

Commented [SR2]: Intent is to create a pathway for applicants to have alternatives other than “paid” employment for providing therapy services such as volunteer work or caring for aging parents or disable children similar to renewal requirements available in 12 AAC 54.405(c) and 12 AAC 54.705(c)

Commented [SR3]: These options apply to application by examination, not application by credentials

Commented [SR4]: This option is holdover from when referral was required from a physician for physical therapy.

Commented [SR5]: Removing - redundant - supervisor is inclusive - can be PT or non-PT.

12 AAC 54.110. FOREIGN-EDUCATED APPLICANTS.

(7) a signed letter of professional reference sent directly to the department on a form provided by the department from

~~[(A) the head of the physical therapy school from which the applicant graduated; or]~~

~~[(B) an instructor, physician, or physical therapist other than the physical therapist preceptor described in 12 AAC 54.040(e) and (f)]~~ **supervisor with whom there is a direct professional relationship;** and

(8) verification sent directly to the department from the source that the applicant has

(A) ~~been employed in~~ **provided** physical therapy **services for** at least 60 hours during the 36 months immediately preceding the date the application is received; or

Commented [SR6]: Language to match 12 AAC 54.405(a)(1)

12 AAC 54.605. Application for occupational therapy licensure by credentials.

An applicant for an occupational therapist license or occupational therapy assistant license, other than an applicant who is a graduate of a school of occupational therapy that is located outside the United States, must submit a completed application on a form prescribed by the board and

Commented [SR7]: This is the NEW language from the SB74 Regulations Project draft

(1) payment fees established in 12 AAC 02.320;

(2) a signed letter of professional reference sent directly to the department on a form provided by the department from

~~[(A) an official of the applicant's occupational therapy school; or~~

~~(B) an instructor, physician, or]~~ **supervisor with whom there is a direct professional relationship;**

(3) meet the jurisprudence requirement prepared by the Alaska Board covering the provision of AS 08.84 with a passing score of 80%;

(4) proof of initial certification sent directly to the department from the National Board for Certification in Occupational Therapy (NBCOT) as evidence of having met the requirements of AS 08.84.030(b);

(5) verification of the applicant's licensure status sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice occupational therapy; one of which must indicate a current license in good standing; each verification must include an explanation of any disciplinary actions taken against the license; and

(6) verification sent directly to the department from the source that the applicant has

(A) ~~been employed in~~ **provided** occupational therapy **services for** at least 60 hours within the 36 months immediately preceding the date the application is received;

Commented [SR8]: Language to match 12 AAC 54.705(a)(1)

(B) passed the NBCOT examination within the 24-month period immediately preceding the date the application is received; or

(C) received board approval to proceed with the proposed supervised service delivery plan that meets the requirements set out under 12 AAC 54.840;

(7) the applicant's fingerprint information as set out under 12 AAC 54.905 required under AS 08.84.030(b)(4).

Commented [SR9]: Board understands this section may be removed and a new section created for ability to apply by credentials by supervised service delivery.

12 AAC 54.610. FOREIGN-EDUCATED OCCUPATIONAL THERAPY APPLICANTS.

(4) a signed letter of professional reference sent directly to the department on a form provided by the department from a physician, instructor, supervisor **with whom there is a direct professional relationship**, or official of the applicant's occupational therapy school;

(6) verification that, ~~within the 24 months immediately before the date the application is received by the department,~~ the applicant

- (A) ~~performed~~ **provided** at least 60 hours of occupational therapy services **for at least 60 hours within the 36 months immediately preceding the date the application is received**; the verification [~~of at least 60 hours of occupational therapy service~~] must be sent directly to the department on a form provided by the department from the agency or source; or
- (B) passed the NBCOT examination **within the 24 months immediately before the date the application is received by the department**; and