The information contained in this guidebook is intended to assist you by drawing attention to some of the policies and information you will need to know as a student in the Occupational Therapy Program. This handbook is a supplement to the Florida Gulf Coast University Student Guidebook and/or University policies, procedures, rules, requirements, or publications.
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WELCOME

August 17, 2017

Dear FGCU Occupational Therapy Student,

    It gives me great pleasure to welcome you to the Occupational Therapy Program. The faculty, staff, and I look forward to the next two years with excitement and eagerness. Your class comes to us with a diversity of background and knowledge that promises to create opportunities for enhanced learning, and we hope to make your educational experience with us interesting and rewarding.

    Graduate study brings new challenges with increased expectations beyond those encountered as an undergraduate. You are preparing to enter a profession in an increasingly demanding health care environment. You must have the knowledge, skill, and integrity required to provide best practice with individual clients and with client groups. This requires that you obtain detailed knowledge, and that you are able to engage in strong clinical reasoning utilizing that knowledge when faced with specific client situations. You will also need to develop skill in discussing/presenting issues, information, or cases in scholarly and less formal contexts. Finally, you will need to develop professional behaviors that will serve you well in your future career. We believe you are equal to the task.

Welcome to the Program!

Lynn Jaffe

Lynn Jaffe, ScD, OTR/L, FAOTA
Program Director, Occupational Therapy
ACCREDITATION, CERTIFICATION, LICENSURE NOTICE, AND LIABILITY

Program Accreditation

The entry-level program in occupational therapy is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, Maryland, 20824-3449. ACOTE’s telephone number, c/o AOTA is 301-652-AOTA (2682) and the web address is www.acoteonline.org.

National Certification Examination Requirements

The National Board for Certification of Occupational Therapy (NBCOT) is a non-profit organization that was founded in 1987 to protect the public from incompetent and unethical occupational therapists and occupational therapy assistants. There are two primary mechanisms the board uses to carry out their mission. One is by requiring that an individual make a minimum passing score on the National Certification Examination for Occupational Therapist in order to become certified and be able to practice in the United States; the other is by requiring evidence of candidates’ continuing education before granting recertification. After successfully passing the certification examination, an individual may use the initials OTR (Occupational Therapist Registered) after his/her name. However, in many states with licensure, individuals cannot identify themselves as an OTR unless they are also licensed in the state; in other states, therapists may elect not to recertify through NBCOT, but retain their license after initial certification. In this case, therapists are not allowed to use OTR after their name, but may use OTL, indicating an occupational therapist fully licensed to practice in that state.

An occupational therapist is certified for three years by NBCOT. After three years, an occupational therapist may apply for recertification by NBCOT.

Specific information regarding the application process for taking the exam will be provided during the final year of the student’s program, although it is available online. For more information on the certification or recertification program, please contact NBCOT, 12 South Summit Avenue, Suite 100, Gaithersburg, MD 20877-4150. Telephone: (301) 990-7979 Website: www.nbcot.org.

NOTE: Students who think they may need extra time for taking the certification exam due to learning disabilities should contact FGCU’s Adaptive Services office and establish a record of need for this type of accommodation while here. This history will facilitate the process for obtaining this accommodation for the board exam.

NOTE: A felony conviction may affect a graduate’s ability to sit for the certification exam required by the National Board for Certification in Occupational Therapy. NBCOT will perform an early determination for persons who question whether this might apply to themselves.

Licensure/Trademark

Licensure laws vary from state to state, and it is the student’s responsibility to be familiar with the licensure requirements of the state in which they plan to practice. Currently, all 50 states, Washington D.C., Puerto Rico, and Guam have some form of professional regulation affecting the practice of occupational therapy in that state/territory. All of the states that have licensure use the
passing score on the National Certification Examination for Occupational Therapists as one of the criteria for licensure. Some states have a trademark law rather than licensure. A trademark law automatically recognizes a registered occupational therapist and a person does not have to apply individually for this recognition.

For the specific statutes that regulate the practice of occupational therapy in Florida, go to http://floridasoccupationaltherapy.gov/resources/. Specific sections pertaining to the practice of occupational therapy can be found in Chapter 468. Part III. Also see Chapter 64B11 regarding the Florida Administrative Code. The Statute is included at the end of this Handbook.

NOTE: A criminal background can affect an individual’s ability to obtain a license to practice in most states, including Florida. Prospective students should investigate whether incidents in their own background would preclude obtaining a license prior to enrollment in the Occupational Therapy Program.

**Liability Insurance Information**

The Department of Rehabilitation Sciences has contracted through Healthcare Providers Service Organization (HPSO) for liability insurance. The blanket rate is about half the cost of the individual rates. Students must purchase their own liability insurance. The coverage will begin August 14th of every calendar year and needs to be purchased by August 13th of each calendar year. The liability insurance coverage is purchased by each student through the department storefront. A link is provided on the main department webpage,

https://secure.touchnet.com/C20748_ustores/web/store_main.jsp?STOREID=30&SINGLESTORE=true

Professional liability insurance must be maintained until graduation. *Failure to comply with liability insurance requirements will result in professional behaviors probation. Students are NOT permitted to participate in a class/lab/experiential learning session(s). Failure to comply will result in students being administratively dropped from a course and require students to request a new plan of study.*

A student should communicate to the course faculty, program director or Academic Fieldwork Coordinator any incident or situation in which a student is involved in that potentially holds the student or university liable or at risk.
### CALENDAR OF IMPORTANT OCCUPATIONAL THERAPY DATES

#### 2017-2019 Calendar

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<th>Event</th>
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<td>August 21, 2017</td>
<td>The FGCU Occupational Therapy Class of 2019 begins study</td>
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<tr>
<td></td>
<td>Ft. Myers, Florida</td>
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<tr>
<td>November 3-4, 2017</td>
<td>Florida Occupational Therapy Association (FOTA) Annual Conference,</td>
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<td></td>
<td>Orlando, FL</td>
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<tr>
<td>November 21, 2017</td>
<td>Class of 2018 Research presentations</td>
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<tr>
<td>January 8, 2018</td>
<td>Spring semester classes begin</td>
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<tr>
<td>March 5-10, 2018</td>
<td>FGCU Spring Break (potential FWI week)</td>
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<tr>
<td>April 2018</td>
<td>National Occupational Therapy Month</td>
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<tr>
<td>April 19-April 22, 2018</td>
<td>American Occupational Therapy Association (AOTA) Annual Conference, Salt Lake City, UT</td>
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<tr>
<td>May 6, 2018</td>
<td>2018 Commencement Ceremony</td>
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<tr>
<td>May 14, 2018</td>
<td>Summer C Classes begin</td>
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<tr>
<td>August 20, 2018</td>
<td>Fall Classes begin</td>
</tr>
<tr>
<td>October, 2018</td>
<td>OTKE will be scheduled</td>
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<tr>
<td>January 7, 2019</td>
<td>Spring Classes begin</td>
</tr>
<tr>
<td>April 4-7, 2019</td>
<td>American Occupational Therapy Association (AOTA) Annual Conference, New Orleans, LA</td>
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<tr>
<td>May 4, 2019</td>
<td>2019 Commencement Ceremony</td>
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INTRODUCTION TO PROGRAM FOUNDATIONS

Mission Statement
The mission of the Occupational Therapy Program is to prepare students to embrace the art and science of the profession, thus enabling graduates to provide creative, ethical, and evidence-based services in an increasingly diverse and technologically advanced world. The Program and its community partners collaborate to promote client-centered, occupation-based practice and provide leadership within multiple communities. We value an active learning environment that fosters the personal and professional development of students, faculty, and community members.

Statement of Philosophy
The Florida Gulf Coast University faculty of the Occupational Therapy Program subscribe to a set of beliefs about the nature of human beings, the effect of occupation on their health and well-being, and the value of the teaching/learning process in the development of entry-level occupational therapists.

Humans are complex, dynamic, and adaptable beings, who need to be engaged in meaningful and purposeful occupations (Wilcock, 1993; 2005). They have an innate drive to explore and master the environment. This drive is essential to their development and adaptation throughout their lives. In the course of development, humans assume multiple roles within a variety of contexts influenced by the expectations of the culture and society; they define themselves in terms of the roles they assume in life, and the quality of their performance in those roles. As individuals, humans find fulfillment by making choices about their lives, establishing and pursuing goals, and engaging in occupations that are personally and socially meaningful.

Occupations are the daily life activities that “people do to occupy themselves, including looking after themselves...enjoying life...and contributing to the social and economic fabric of their communities” (Law, Polatajko, Baptiste, & Townsend, 1997). An individual becomes fully engaged in occupation through a dynamic process of interaction with the physical, social, temporal, cultural, psychological, spiritual, and virtual environments (AOTA, 2007, 2014).

Promotion of health and life satisfaction is determined by the balance of occupations in one’s life (AOTA, 2014). These occupations change over the lifespan in response to changing role expectations, values and priorities, physical capacities, and environmental contexts (Law et al, 1997). Healthier individuals select and engage in occupations that prevent disease, disability, injury, and premature death while promoting an environment that supports wellness. Selection of these beneficial occupations leads to a higher quality of life, greater personal contentment, and improved productivity (Healthy People 2020; Framework, 2010).

However, we recognize that an individual’s performance and roles may be disrupted by engaging in occupations that prohibit a healthy lifestyle as well as factors including developmental delays, diseases, and physical or emotional traumas. Occupational therapy embraces occupation as the central focus of meaning and health for humans, and utilizes occupation and purposeful activity to promote healthy adaptation to the challenges of incapacity or a constricting environment (Wilcock, 2005). Purposeful occupation serves as a major tool to evaluate, facilitate, restore, or maintain an individual’s ability to function competently in daily occupations.
The role of the occupational therapist is to assess the needs of individuals and populations for occupational engagement and to identify barriers to full occupational participation. Though direct patient care is perhaps most obvious, other roles of the therapist include that of educator, consultant, researcher, supervisor, and advocate. Occupational therapists, along with occupational therapy assistants, engage in occupations to restore, compensate, and modify performance deficits, prevent disabilities, and promote wellness. We affirm the Centennial Vision of the American Occupational Therapy Association in that occupational therapy practitioners have a client-centered, evidence-based, and science driven focus (AOTA, 2007). To function effectively in these roles, occupational therapists must uphold strong ethical standards, which require practices supported by sound reasoning and continuously updated knowledge of evidence and technology (see Code of Ethics, Appendix I; Standards of Practice, Appendix II).

Individuals have a natural potential and motivation for learning. The occupational therapy faculty recognize the importance of fostering an educational environment that respects different student learning styles and prior knowledge and experience of the student body (AOTA, 2007). Adult learning theory and frameworks of thinking informs our beliefs about andragogy and helps shape plans for learning experiences (Knowles, 1998; Moseley, Elliott, Gregson & Higgins, 2005). The adult learner’s life experiences enable him or her to actively engage in self-directed learning activities, establish personal learning goals, and stimulate clinical reasoning skills. Critical thinking that leads to professional reasoning, must be taught explicitly.

The Florida Gulf Coast University faculty subscribe to the importance of integrating the students’ prior knowledge with academic knowledge and experiential learning opportunities in a manner that is meaningful and authentic. We engage the students with multiple approaches that encourage personal growth, self-actualization, and a desire for lifelong learning (AOTA, 2014). Employing relational and affective learning allows students human connection and transformation of personal identities (Schaber, 2014). We promote highly contextualized, active engagement in community-campus partnerships that apply the skills learned in the classroom to better prepare the student to function effectively in a diversity of environments and cultures.

References


Professional Resources/Helpful Links

American Occupational Therapy Association (AOTA)
Accreditation Council for Occupational Therapy Education (ACOTE)
AOTA Fieldwork Resources
AOTA OT Connections
MyAOTA.org
American Journal of Occupational Therapy (AJOT)
FGCU Occupational Therapy Department
FGCU Library
FGCU Library OT Resource Page
FGCU Library OT Research Database Chart
FGCU Eagle Mail Login
FGCU OT Curriculum Map
FGCU Academic Calendar
FGCU Campus Recreation
Student Learning Outcomes

The following learning outcomes have been established by the Occupational Therapy Program at FGCU to enable the individual to progress professionally from the role of the student to that of an experienced, active member of the occupational therapy community and the community at large.

Graduates of the occupational therapy program will:

1. Use clinical reasoning skills to determine appropriate assessments for a given client, conduct and interpret those assessments, and establish a treatment plan consistent with best practices in occupational therapy.

2. Utilize content knowledge and clinical reasoning gained in the program of study to determine appropriate practice responses to various challenges in clinical context.

3. Interact with clients, caregivers, other professionals, representatives of funding sources, and support staff in a respectful manner, using language appropriate for the context.
### Faculty & Staff Directory

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
<th>Phone</th>
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<tr>
<td>Denise Allen, MHS, OT/L, CHT</td>
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<td>Annemarie Connor, PhD, OTR/L</td>
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<tr>
<td>Collette Krupp, BS, OT/L</td>
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<tr>
<td>Lynn Jaffe, ScD, OTR/L, FAOTA</td>
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<td>745-4315</td>
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<tr>
<td>Wanda Smith</td>
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<td>590-7550</td>
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<td></td>
<td></td>
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<tr>
<td>email: <a href="mailto:wsmith@fgcu.edu">wsmith@fgcu.edu</a></td>
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**Faculty Office Hours & Appointments**

All faculty allocate a minimum of five office hours that are available on a first-come first-served basis. Office hours are noted in course syllabi and/or posted near each faculty member’s door. In the event of an emergency or if a student is unable to meet with a faculty member during office hours, the student is responsible for arranging an appointment with the faculty member. To make an appointment with a faculty member, (1) e-mail the faculty member, (2) call the faculty member at his/her office phone number, or (3) leave a message on the faculty member’s office door. Messages with a stated purpose, name, phone number, and several time options for a call back, are easier to return. *Come see us!*

**Academic Advising**

Each student has an assigned Academic Advisor. Your Academic Advisor will counsel you regarding your academic and professional development program, and advise you regarding your academic progress toward fieldwork and graduation. Use the *Professional Behavior Self-Assessment* in **Appendix IV** to self-appraise before the first meeting and bring it with you each semester. In cases where intervention is required for academic, professional behavior, or disciplinary issues, the Advisor will be consulted and engaged in the process, as appropriate. The Academic Fieldwork Coordinator will provide advising for all students’ fieldwork placements.

Academic and clinical education faculty members are sensitive to the need for adequate educational preparation of students. The faculty-student role should not be confused with a therapist-patient relationship. Students who experience major personal crises or long term interpersonal problems are encouraged to seek appropriate counselors outside of the Occupational Therapy Program in order to protect student confidentiality and rights. The University provides counseling services for enrolled students through Student Health, Counseling and Psychological Services, (239) 590-7950.
Biographies of Faculty & Staff

Denise Allen, MHS, OT/L, CHT
Visiting Instructor

Professor Allen earned her Bachelor’s degree from the University of Florida in occupational therapy. She received her Master’s degree from Nova Southeastern University in health science with a concentration in education. Professor Allen is currently working on her doctorate in occupational therapy through Thomas Jefferson University. Professor Allen is a certified hand therapist, specializing in the upper extremity, who has worked in in-patient rehabilitation, outpatient neurological, acute care, pediatrics, and home health. Professor Allen started teaching as an adjunct at FGCU in the upper extremity lab instructing on splint fabrication and upper extremity assessment. She is a member of AOTA, FOTA, and ASHT. She is a true Floridian and enjoys the outdoors with boating, fishing, kayaking and scuba diving. Indoors, she enjoys cooking, reading, and spending time with her animals.

Brigitte Belanger, DSc, OTR/L
Assistant Professor

Dr. Belanger earned her Bachelor’s degree from Concordia University (Montreal, Canada) in French-English Translation. She received her Master’s in Bilingual & Bicultural Education from the University of Texas (San Antonio) and spent five years teaching in the public-school system until she discovered occupational therapy. She received her Master of Health Science (MHS) degree in occupational therapy from the University of Florida in 1997, and joined the U.S. Military as an Occupational therapist, where she specialized in orthopedics and mental health. During deployments to the Middle East she developed a passion for helping young service members find meaning for their lives as they transition from the military. She developed one of the first Warriors in Transition O.T. departments at Fort Gordon, GA. She also became very interested in the inclusion of animals to the therapeutic process. Dr. Belanger received a Doctor of Science degree (DSc) in occupational therapy from Baylor University in 2011 and subsequently completed a certificate in Animal Assisted therapy through the University of Denver. Recently she retired from the U.S. Army where she had reached the rank of Associate Professor and Program Director for the U.S. Army Baylor OT Doctoral Program. Dr. Belanger has practiced occupational therapy in sub-acute and long-term care settings, inpatient mental health, home health, and outpatient orthopedic clinics. She is a member of AOTA, FOTA, ASHT, Pet Partners, and an affiliate member of AAII.

Maria Colmer, OTD, OTR/L
Associate Professor
Academic Fieldwork Coordinator (AFWC)

Dr. Colmer earned an Associate of Science degree in the occupational therapy assistant curriculum from Mount Aloysius College (Cresson, PA), Bachelor of Science degree in occupational therapy from Towson University (Baltimore, MD), Master of Education degree from Saint Francis University (Loretto, PA), and Doctor of Occupational Therapy degree from Chatham University (Pittsburgh, PA). Dr. Colmer has over 30 years of experience in occupational therapy; areas of expertise include: Industrial Rehabilitation, Ergonomics, Functional Capacity Assessments, and Back School/Body Mechanic Training. Dr. Colmer’s main practice areas include inpatient rehabilitation
and outpatient therapy. Dr. Colmer’s research areas include: Office Ergonomics for the Administrative Professional.

Dr. Colmer served as a Fieldwork Educator during three Level I mission trips in Monte Cristi, Dominican Republic; Mao, Dominican Republic; and Maggoty, Jamaica. Dr. Colmer was the Academic Fieldwork Coordinator in the Department of Occupational Therapy program at Saint Francis University for 17 ½ years where she initiated and developed the fieldwork program. Dr. Colmer joined the occupational therapy faculty at Florida Gulf Coast University in January of 2016. She is a member of AOTA, FOTA, and FLOTEC.

Annemarie Connor, PhD, OTR/L
Assistant Professor

Dr. Connor earned a Bachelor of Arts in Biology and English from Lehigh University, a Master of Science in Occupational Therapy from Western Michigan University, and a Doctor of Philosophy in Rehabilitation Counselor Education from Michigan State University. Dr. Connor practiced as a registered and licensed occupational therapist for 15 years, with a primary emphasis on pediatric practice in schools and outpatient rehabilitation, and additional experience in home healthcare, skilled nursing, and adult outpatient settings. Her research and teaching interests focus on evidence-based, interdisciplinary assessment and intervention, therapeutic use of self, program evaluation, and the biopsychosocial aspects of disability. Her topical area is neurodevelopmental disabilities, with an emphasis on postsecondary transition. She is an active member of the American Occupational Therapy Association and the National Council on Rehabilitation Education. Dr. Connor has family in southwest Florida, and enjoys kayaking and outdoor recreation.

Sarah Fabrizi, PhD, OTR/L
Assistant Professor

Dr. Fabrizi received her Master of Health Science (MHS) degree in occupational therapy from the University of Florida and her PhD in occupational therapy from Nova Southeastern University. She has more than 10 years of experience working with a variety of clients including adult rehabilitation and pediatric NICU, Early Intervention, PPEC, outpatient, and private practice. Dr. Fabrizi currently collaborates with Early Steps of Southwest Florida, the local Early Intervention program. Dr. Fabrizi has presented both nationally and internationally on her research areas of interest, which include early intervention in pediatrics, play and playfulness, play participation, caregiver sensitivity and responsiveness, and occupational therapist-lead community playgroups for young children and their families. She is a member of WFOT, AOTA, and FOTA.

Lynn Jaffe, ScD, OTR/L, FAOTA
Associate Professor and Program Director

Dr. Jaffe earned a Bachelor of Arts in Theatre Arts from Mt Holyoke College (South Hadley, MA), a Master of Science in Occupational Therapy from Columbia University, and a Doctor of Science in Therapeutic Studies from Boston University. Her clinical work was primarily school system practice in MA, Early Intervention and Head Start in MA and GA, and administration with the MA Easter Seal Society.

Dr. Jaffe has been an academic well over twenty years, primarily at Georgia Regents University (Augusta, GA), where she was Program Director from 2013-2014 and retired as a
Professor Emerita. Dr. Jaffe’s areas of interest include pediatrics, mental health, and research. She is a life-long learner, adept with and fascinated by instructional technology. Her current research interests include effectiveness of teaching strategies in occupational therapy education, academic achievement, and development of critical thinking. Dr. Jaffe’s extracurricular interests include acting, directing, and storytelling. Her husband prefers sun over snow, which prompted their geographical progression from Massachusetts to Florida. She has adult twin sons.

C. Collette Krupp, BS, OT/L  
Faculty Assistant  
Mrs. Krupp received a Bachelor of Science (Occupational Therapy) from Colorado State University. She has practiced in eight states in clinical settings including Chicago and Portland school systems, three Level I trauma/teaching hospitals, bone marrow transplant, cardiac, neuro and burn intensive care units, in-patient chronic pain program, and at Burke, The New York Hospital in-patient rehabilitation setting. Mrs. Krupp’s 20 years in Florida have included practice at NCH Healthcare System, Manor Care and various assisted living facilities. She joined the faculty in 2001. She continued clinical work until October 2014, totaling over 40 years of practice. Her current role includes assisting with fieldwork placement, clinical laboratory skills and guest lecturing. Mrs. Krupp enjoys participation in fitness, arts, literature, beaching, spirituality and cooking with her husband and friends.

Edwin Myers, OTD, OTR/L  
Assistant Professor  
Dr. Myers earned his undergraduate degree in occupational therapy from the University of Findlay and his Master’s and Practice Doctorate degrees in occupational therapy from Boston University. In his 26 years of occupational therapy service, Dr. Myers has practiced in a wide variety of healthcare organizations with a focus on adult physical dysfunction as well as taught in an OT assistant program in Ohio and mentored over 100 fieldwork students. His professional area of expertise is in assistive technology, with a focus on seating and wheeled mobility, and gerontology. He also performs wheelchair evaluations for Lee Health through one of their outpatient clinics. Dr. Myers is the Student Occupational Therapy Association (SOTA) faculty advisor and welcomes your involvement with the organization. Dr. Myers moved to Florida from Ohio with his wife, who is a physical therapist, and his twin girls to teach at FGCU. He enjoys playing tennis and juggling.

Wanda Smith  
Office Manager  
Ms. Smith joined Florida Gulf Coast University in December of 1999. She lived in Indiana until the Summer of 1998 when she moved to Florida. Wanda has been employed as a secretary in middle school, high school and college settings. Her hobbies include walking on the beach and playing with her grandchildren.
General Program Information

Address/Telephone Changes
It is the responsibility of each student to maintain a current residential address and phone number with the Occupational Therapy Program, whether the student is on campus or off campus for fieldwork. The program will not be held responsible for consequences incurred due to address changes which are not reported within five (5) working days.

Computers
Many of the courses in the program are web-enhanced, meaning that course web pages are utilized for learning modules, class handouts, resource links or storage, discussion boards, etc. Students are expected to have sufficient computer skills to utilize these educational resources. Students are required to have free access to a computer, and are expected to check e-mail at least daily for communications from faculty. FGCU provides each student with an official e-mail address, and all program-related communications should go through that system (see FGCU policy regarding technology in the University Student Guidebook).

Students are permitted to use a laptop in class for taking notes or conducting searches assigned in class; surfing the web, checking e-mail or social networks is strictly prohibited while class is in session, but allowed during formal breaks. Students who violate this rule are subject to revocation of laptop privileges for the remainder of the class session, and may have laptop privileges revoked for that course at the instructor's discretion.

There are numerous computer labs on campus; please refer to the FGCU catalog for the locations of these labs. Computers in the offices of the Marieb College of Health & Human Services are not available for use by students except for student workers.

Student IDs
Students must have a Student ID in order to access library resources, including electronic resources. It is the student’s responsibility to ensure that the ID is obtained.

Copies
Please refer to the FGCU catalog for locations of copiers throughout the campus (library, etc.). Copy machines in the Marieb College of Health & Human Services work areas are not available for student use.

Lunch Area, Vending Machines
There are eating areas on the FGCU Campus in the Cohen Center, Howard Hall, connector between Lutgert and Holmes Halls (The Link, Dunkin’ Donuts), and vending machines are located in most buildings on campus. Starbucks is located in the library annex. Students have permission to heat up food during lunch hour in microwaves located in rooms 203 and 205 in Marieb Hall.

Tapes: Audio, Video
Students are allowed to audio tape classes with the permission of the class instructor. Videotaping of classes by students is not allowed without express permission of the instructor for
each occurrence, and within strict limitations regarding activities or views recorded. The University does videotape some class activities, and these may be available to students.

Under no circumstances are students to record or post on the internet any class member or class activity without the express consent of the instructor and the individuals to be depicted. Violation of this rule will be considered a serious conduct violation, and may result in disciplinary action.

**Graduate Tuition Support**

Graduate tuition support provides assistance for in-state tuition. Graduate tuition support does not cover any fees other than tuition. In-state tuition supports are highly competitive. These awards are available on a semester-by-semester basis, and students must apply by the deadline to be eligible. Students must also have a FAFSA on file with the Financial Aid office, and must submit a short letter to the Program Director, along with the application, addressing need for the waiver, especially factors that were not captured on the FAFSA. Application should also be submitted to the Office of Graduate Studies.

To apply for tuition support, students must:

- Be admitted to FGCU as a degree-seeking graduate student or have a pending application for admission.
- Refer to individual program requirements **BEFORE** submitting the application. Additional information and/or documents may be needed at the time of submission.
- Submit the application form and supplemental materials, as required by the individual program, by the deadline.
- Incomplete applications (e.g. incomplete application form, missing supplemental materials) will not be processed.

**Deadlines** (*Deadline may be extended only for out-of-state students who are in the process of re-classifying their Florida Residency.)

- Fall Deadline: May 1
- Spring Deadline: October 1
- Summer Deadline: March 1

Graduate Tuition Support Application Form can be found in the [ORGS Form Library](#).

**Students of MCHHS are expected to participate in 10 hours of department service for each credit of tuition support received** during the term; for instance, assisting with department sponsored events, assisting with departmental service activities on campus or in the community, assisting with department or faculty projects, etc.

**Social Networking**

The Occupational Therapy Program strongly recommends that students using any social networking sites do so only after implementing the highest levels of privacy settings available to ensure confidentiality. When using Facebook, be sure you configure the privacy settings so as to
allow only your Facebook “friends” to view your profile and photos. Never discuss any confidential information (particularly regarding patients or clients) from classes, fieldwork, or course activities on any social networking site. Do not post photos or videos of FGCU faculty or staff, fieldwork instructors, or classmates without first obtaining their permission. Please keep in mind that things you post today may be perceived negatively by potential employers and professional colleagues in the future.

**Classroom Etiquette**

Students are expected to be in their seat and attending to the speaker throughout the class session. Respect for the speaker, whether the instructor or a class member or guest, dictates that students pay attention and refrain from leaving the room during the presentation. There will be regular breaks for students to attend to personal needs. If a student has a medical problem that involves an urgent need for water or a bathroom, the student should alert the instructor to the possibility that he or she may have to leave the room quickly for the emergency; the student should then sit near the door to be able to exit and re-enter with a minimum of disruption.

In the case of self-paced labs, and at the instructor’s discretion, student groups may be allowed to take breaks as and when the group determines a convenient time.

*It is expected that students reply to faculty email requiring a response within twelve hours. This is a professional program and timeliness is a professional behavior.*

**Note:** Evidence has shown that knowledge retention is improved by hand-written notes in class, rather than typed notes on an electronic device. Evidence also demonstrates that multi-tasking is a myth – we can actually only focus on one activity at a time and splitting attention between multiple cognitive tasks degrades all. Additionally, it is a best practice to quiz yourself on material newly learned – much better than highlighting – to ensure moving information from short term to long term memory.
**CURRICULUM SEQUENCE & DESCRIPTION**

**Overview of the Occupational Therapy Curriculum**
(SEE THE UNIVERSITY CATALOG OR BELOW FOR FULL COURSE DESCRIPTIONS)

<table>
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<tr>
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<td>OTH6226C Evaluation of Occupational Performance Issues 3 Credits</td>
<td>OTH6707 Management and Supervision in OT 3 Credits</td>
<td>OTH6436C Adult UE Rehabilitation 3 Credits</td>
<td>OTH6845 Level II Fieldwork A 6 Credits</td>
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<td>Musculoskeletal Anatomy</td>
<td>OTH6009 Theory in Occupational Therapy 3 Credits</td>
<td>OTH6235C Occupational Therapy Interventions 3 Credits</td>
<td>OTH6523C Practice with Children 3 Credits</td>
<td>OTH6725 Community Practice Seminar 3 Credits</td>
<td>OTH6846 Level II Fieldwork B 6 Credits</td>
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<td>Neuroanatomy &amp; Function</td>
<td>OTH6536C Occupational Performance Issues I 3 Credits</td>
<td>OTH6018 Professional Practice 3 Credits</td>
<td>OTH6026 Group Process and Management 3 Credits</td>
<td>OTH6106C Technology in Practice 3 Credits</td>
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<td>OTH6605C Occupational Performance Issues II 3 Credits</td>
<td>OTH6751C Occupational Therapy Research 3 Credits</td>
<td>OTH 6973C Project Implementation 1 credit</td>
<td>OTH6910 Directed Study 3 Credits</td>
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<td>OTH6415C Human Motion in Activity 3 Credits</td>
<td>OTH6325C Practice in Behavioral Health 1 Credit</td>
<td>OTH6854 Level I Fieldwork B 1 credit</td>
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Note: C indicates a course with lab. Actual time in these courses will exceed number of credits.
Course Descriptions

Fall, Year 1:
- **OTH 6002 - Occupational Therapy History and Foundations**
  History, philosophy, evolution, and core values of occupational therapy. The Occupational Therapy Framework, professional behaviors, ethical issues, and roles of occupational therapists and certified occupational therapy assistants are introduced. May be waived for students with equivalent undergraduate coursework in occupational therapy.
- **OTH 6009 - Theory in Occupational Therapy**
  Comprehensive study of theory underpinning current occupational therapy practice; clinical reasoning; application of theory in context.
- **OTH 6415C - Human Motion in Activity**
  Analysis of human movement incorporating mechanical, biological, developmental and environmental factors. Basic skills in assessment of motor performance are developed.
- **OTH 6536C - Occupational Performance Issues I**
  Examination of infant through adolescent development of motor, process and interaction skills; occupational performance issues and patterns related to atypical development or disease; impact of an individual’s developmental and occupational performance needs on the family.
- **OTH 6605C - Occupational Performance Issues II**
  Examination of typical changes in motor, process and interaction skills due to aging and disease processes, relationships to successful occupational performance patterns throughout adulthood, implications for changes in occupational performance and impact of changes on family.

Spring, Year 1:
- **OTH 6018 - Professional Practice**
  Introduction to skills for management of client's physical and occupational needs. Includes analysis of activity, therapeutic use of activity, therapeutic use of self, and basics of documentation.
- **OTH 6226C - Evaluation of Occupational Performance**
  Comprehensive study of evaluation processes in occupational therapy using a top-down approach; assessments of occupational performance within developmentally appropriate contexts; assessment of performance skills and patterns.
- **OTH 6235C - Occupational Therapy Interventions**
  Selection and implementation of therapeutic interventions consistent with occupational therapy theory as applied in specific context. Evaluation of client outcomes, review of occupational performance process, and ethical decision-making are emphasized.
- **OTH 6325C - Practice in Behavioral Health**
  Occupational therapy interventions focusing on functional performance outcomes for clients with psychosocial problems; evidence-based and client-centered methods for use in community, hospital, or rehabilitation-based programs are emphasized.
- **OTH 6751C - Occupational Therapy Research**
  Applied research in occupational therapy. Critical analysis of published research, development of a research proposal, and planning for the implementation of a research project.
- **OTH 6840 - Level I Fieldwork A**
  Level IA Fieldwork introduces students to the fieldwork experience. Students begin development of clinical skills and professional behaviors working directly with clients under the supervision of an occupational therapy practitioner. ~ Program Permission.
Summer, Year 1:

• OTH 6026C - Group Process and Management
  Theory and practice of group dynamics; development of self-awareness and interpersonal communication skills necessary for successful management of therapeutic groups.

• OTH 6523C - Practice with Children
  Continuation of OTH 6226C and OTH 6235C. Evidence-based evaluation and interventions for children and their families; school-based traditional hospital or rehabilitation based, or community-based practice settings. Outcomes assessment and ethical decision-making are emphasized.

• OTH 6707 - Management and Supervision in Occupational Therapy
  Program planning, budgeting and evaluation; supervision of occupational therapy personnel; engagement in professional associations and promotion of occupational therapy.

• OTH6854 - Level I Fieldwork B
  Level IB Fieldwork continues the students' immersion into the fieldwork experience. Students further develop selected clinical skills by working directly with clients under the supervision of an occupational therapy practitioner.

• OTH 6973C - Project Implementation
  Continuation course to implement research protocols in OTH 6751C, Outcomes Research; students will participate at selected community sites under the supervision of a faculty mentor and a designated member of the community agency staff; schedule and site varies with the project assignment.

Fall, Year 2:

• OTH 6106C - Technology in Practice
  Examination of assistive technology and applications to enhance performance and prevent injury; analysis of need for assistive devices or environmental modification; application of technology in context; exploration of computer technology to enhance occupational therapy intervention.

• OTH 6436C - Adult Upper Extremity Rehabilitation
  Continuation of OTH 6226C and OTH 6235C. Evidence-based evaluation and interventions for individuals with acute and chronic injuries or conditions of the upper extremity. Emphasis on splinting skill development.

• OTH 6725 - Community Practice Seminar
  Explores the role of occupational therapy in community settings. Students develop proposals for occupation-based or occupational therapy services that support desired outcomes of service agencies the community. Field experience included.

• OTH 6855 - Level I Fieldwork C
  Level IC Fieldwork continues the students' immersion into the fieldwork experience. Students further develop selected clinical skills by working directly with clients under the supervision of an occupational therapy practitioner or another licensed service provider.

• OTH 6910 - Directed Study
  Student group carry out research planned in OTH 6772, Outcomes Research, under the supervision of a faculty advisor, and write an article of publishable quality according to manuscript guidelines of an occupational therapy publication appropriate for research.

Spring and Summer, Year 2:

• OTH 6845 - Level II Fieldwork A
  Twelve-week, full-time fieldwork placement in a clinical or community setting under the direct supervision of a licensed and/or registered occupational therapist. Includes pre-fieldwork seminars, a portfolio, and web board discussions.

• OTH 6846 - Level II Fieldwork B
  Twelve-week, full-time fieldwork placement in a setting different from the first internship (in service delivery context or population) under the direct supervision of a licensed and/or registered occupational therapist. Includes web board discussions.
Curriculum Design

The entry-level degree program is designed to be consistent with the missions of the University, the Marieb College of Health & Human Services, and the Department of Rehabilitation Sciences, all of which include themes of quality education, fidelity to students and the development of their personal and career potential, and to community partnerships in addressing the needs of the Southwest Florida region and of a diverse society at large. The program is also designed to be consistent with the philosophy embraced by the faculty in the Occupational Therapy Program.

Consistent with the missions of the University and its divisions, and the philosophy of the faculty, the program in occupational therapy focuses on the development of both clinical competence and personal confidence of its students, recognizing that development along both these axes is crucial to professional performance. The development of both competence and confidence requires focused study of requisite knowledge and opportunities to apply the knowledge in context. Case simulations, laboratory practice, and experiences in the community are utilized to leverage the knowledge into competent practice; as students practice and receive steady feedback, they develop confidence in their ability to perform in the practice context. Level I fieldwork experiences provide a supportive environment in which students can apply knowledge as they learn, and Level II fieldwork experiences enable students to increase their confidence and independence in the therapist role.

The content of the curriculum covers the scope of the domain and process of occupational therapy, as described in the Occupational Therapy Practice Framework 3rd ed. (2014), henceforth referred to as the Framework or OTPF, as well as that specified in the Standards from an Accreditation Council for Occupational Therapy Education (ACOTE, 2011). It reflects our beliefs about the nature of humankind, the power of occupation, and the practice of occupational therapy in its many and varied expressions.

Domain: The domain of occupational therapy is broad; it addresses many aspects of the human experience, as well as the elements of human capacity that enable participation, and the environmental contexts that influence experience. “Occupational therapy’s domain stems from the profession’s interest in human beings’ ability to engage in everyday life activities...Occupational therapists’...expertise lies in their knowledge of occupation and how engaging in occupations can be used to affect human performance and the effects of disease and disability” (AOTA, 2002, p. 4).
This statement implies that occupational therapists must have foundational knowledge in order to understand the elements of human performance. They need to know about many aspects of humans (e.g., biological, psychological, and social capacities); the context of human functioning (e.g., physical, social, and cultural environments); and about the meaning and importance of occupation. A combination of pre-requisite and foundational coursework within the formal program is used to address the domain of the profession.

Process: “Engagement in occupation to support participation in context is the focus and target end objective of occupational therapy intervention” (AOTA, 2002, p.7). The occupational therapy process model presented in the Framework (p. S10) provides the structure for this part of the curriculum (see Figure 1). It is organized into three sections, representing a process of professional practice: evaluation, intervention, and measurement of outcomes.

Roles and Context: At the heart of the Framework model, is an overlapping section described as “collaborative process between practitioner and client.” This alludes to the fact that occupational therapists assume various roles with clients, caregivers, and other professional and non-professional personnel in the practice environment. The curriculum design further elaborates this component to focus on the multiple roles of the occupational therapist in a variety of practice contexts.

*Figure 1: The Occupational Therapy Process Model*
The model is made unique to the field of occupational therapy by its details:

- Occupation is the focus of evaluation and intervention, as well as the desired outcome
- The client is at the center of the model, and all steps of the process involve the client’s perspective
- Context (of the client’s performance and of the delivery of OT services) impacts function, and is central to the process at all stages
- The model is dynamic, each part impacting and being impacted by the other parts

The FGCU curriculum uses the Framework for content guidance, but also as a guide to conceptualizing the process of educating individuals to embrace the roles of occupational therapists. Students and faculty members are occupational beings, students engaging in the role of learner, developing the skills they will need to function in the role of therapist, and faculty engaging in the role of facilitator of that learning process, guiding students in their study, demonstrating and shaping skills, and modeling behaviors of the professional. We recognize that we are engaged with each other in a dynamic system where we impact and are impacted by all members of the group and that the context of our interactions influences performance. This understanding of ourselves and our students as occupational beings influences our approach to the teaching-learning process.

The curriculum can be described as having both a concrete structure comprised of courses and topics covered within the courses that address knowledge and skill (domain, process, roles, and context) objectives, and a parallel structure or co-curriculum comprised of themes (or curricular threads) that address behavioral and affective (role-relevant) objectives. The faculty articulated three major student learning outcomes that integrate in context the requisite knowledge, skill, affective, and behavioral competencies important for our graduates. The following student learning outcomes have been established by the Occupational Therapy Program at FGCU to enable the individual to progress professionally from the role of the student to that of an experienced, active member of the occupational therapy community and the community at large.

Graduates of the occupational therapy program will:

1. Use clinical reasoning skills to determine appropriate assessments for a given client, conduct and interpret those assessments, and establish a treatment plan consistent with best practices in occupational therapy.
2. Utilize content knowledge and clinical reasoning gained in the program of study to determine appropriate practice responses to various challenges in clinical context.

3. Interact with clients, caregivers, other professionals, representatives of funding sources, and support staff in a respectful manner, using language appropriate for the context.

Curriculum Structure

The domain of occupational therapy is broad in scope, and includes knowledge and beliefs about human beings, about environments, and about the nature of occupation. Much of the foundational knowledge important in the domain of occupational therapy is addressed through the basic requirement for a baccalaureate degree, which includes a broad spectrum of liberal arts coursework coupled with specific major and related coursework. In addition, specific pre-requisite course requirements include:

On the Nature of Humans:

- Human Anatomy and Physiology, I and II (8 credits)
- General Psychology (3 credits)
- Human Development (life-span) (3 credits)
- Abnormal Psychology (3 credits)
- Gross (musculoskeletal) Anatomy (3-4 credits)
- Neuroanatomy/Neurophysiology (3-4 credits)

On the Nature of Environments:

- Anthropology or Sociology (with a multicultural theme) (3 credits)
- Physics or Physical Science (including the laws of mechanics) (3 credits)

In addition, other skills are needed for successful engagement in graduate study, so additional courses required for admission to the program include:

- Statistics
- Research (survey or foundations course in health care or behavioral science field)
- English (including writing)

The required coursework in this degree program extends the focus on the domain of occupational therapy through exploration of the nature of occupation (which includes concepts about humans, environments, specific conditions, and about the human/environment interaction), and covers the process of occupational therapy: the roles, skills, and functions of the occupational
therapist in a variety of service delivery contexts. Occupation- and client-centered, theory-driven, evidence-based practice is the focus of program instruction.

The program follows a developmental process model consistent with the Framework (AOTA, 2014). Courses are presented in sequence (see page 19), with early courses providing a foundation for the following courses. As a general rule, foundational work focuses on the domain of occupational therapy; focus progresses to occupational therapy processes, then explores various roles of occupational therapists and considers context of delivery systems and client populations.

Figure 2 displays the curriculum model in text. Figure 3 illustrates the curriculum model as perceived by the faculty graphically – the three major themes (stalks of bamboo) that the student (the curling bamboo shoot) is facilitated to embrace. Students enter the program with a strong foundation in pre-requisite coursework which address elements within the domain of occupational therapy. The first semester coursework focuses on specific foundational knowledge, but begins introducing concepts regarding occupational therapy process, roles, and context across the lifespan. These foundational courses all support learning in subsequent courses.

Second semester courses primarily focus on occupational therapy processes, including evaluation, intervention planning and implementation, documentation, and outcomes assessment. Topics within the courses include issues of role and/or context. There is a focus on behavioral health. Level IA fieldwork allows students to observe occupational therapy processes in context, and to practice some of the skills they have developed in class. In the third semester, students continue with process topics, but many more role- and context-relevant topics are addressed, as in Management and Supervision, and Practice with Children. Their skills with group process are enhanced and they lead groups with a psychosocial focus in Level IB fieldwork.

The fourth semester focuses primarily on role and context topics (Community Practice Seminar and Level IC Fieldwork), however, more advanced intervention areas are addressed in Adult Upper Extremity Rehabilitation and Technology in Practice, which incorporate some domain and significant elements of process within them. In the Community Practice Seminar class students engage in projects in groups that work with community agencies that do not currently have OT services or that desire program expansion in an occupational therapy practice area. The student groups conduct needs assessments and plan programming for the agency that would address elements of the agency’s mission using occupational therapy. The students then present their
proposals to the agencies; each agency decides whether to implement the project prepared for them. On occasion these projects turn into Level I Fieldwork placements in subsequent years. Level II fieldwork (fifth semester) provides the capstone experience in which students pull together information to apply it in the practice context, and to develop fully into the professional role.

Embedded within the curriculum design is the strategy for integrating teaching, scholarship, and community service for the benefit of students, faculty, community partners, and the University. Teaching and scholarship are addressed in the research course sequence. Beginning with Occupational Therapy Research in the second semester of the program, students are sorted into group topics that faculty members have as their scholarship content agendas. With guidance from the faculty mentor, students prepare a plan to study that topic, and meet Institutional Review Board (IRB) requirements for implementation of the study. The planned study takes place during the Summer in Project Implementation. In the fall, students continue in their research groups through the Directed Study course, completing their data collection, analyzing their findings, preparing a “publishable quality” manuscript on the project, creating and often presenting a poster at the Florida Occupational Therapy Association Annual Conference, and presenting the project before an audience of faculty, students, and clinical professionals.
Figure 2 Curriculum Model Framework, Florida Gulf Coast University, Entry-Level Occupational Therapy Program

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<th>DOMAIN</th>
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<td>Level I B Fieldwork</td>
<td>Level I C Fieldwork</td>
<td>Level II Fieldwork</td>
</tr>
<tr>
<td>FALL SEMESTER</td>
<td>SPRING SEMESTER</td>
<td>SUMMER SEMESTER</td>
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<td>SPRING SEMESTER</td>
<td>SUMMER SEMESTER</td>
<td>FALL SEMESTER</td>
<td>SPRING SEMESTER</td>
</tr>
</tbody>
</table>
In addition to the curricular framework, an internal structure of themes is woven throughout the curriculum. These themes are introduced early in the educational process, then modeled and reinforced throughout the curriculum, as the curling bamboo shoot “student” wraps around the themes, embracing the model framework. The themes reflect the core values and opinions of the profession and the faculty regarding appropriate professional conduct. The core values of the profession are: altruism, equality, freedom, justice, dignity, truth, and prudence (AOTA, 2010).
The themes within the curriculum are:

- Professional behavior
  - Ethical practice (encompasses many of the core values and other named threads)
  - Life-long learning
  - Cross-cultural understanding and sensitive practice

- Occupation-centered practice
  - Evidence-based practice
  - Client-centeredness
  - Clinical reasoning and reflective practice
  - Therapeutic use of self

- Community engagement
  - Collaborative practice
  - Advocacy for clients and client groups
  - Community outreach and support

These themes are introduced to students in the first semester course, Occupational Therapy History and Foundations, and are revisited at various points throughout the curriculum. Performance on Level II Fieldwork should reflect these integrated themes. Table 1 provides a description of when the themes are presented and re-visited, though many other less formal “teachable moments” occur throughout the curricular span, and are utilized by faculty to reinforce these ideas.
Table 1 Curricular Theme Reinforcement after Introduction in OTH 6002 (Level II Fieldwork reinforces all or most of these themes)

<table>
<thead>
<tr>
<th>Curricular Theme</th>
<th>Semester 1</th>
<th>Semester 2</th>
<th>Semester 3</th>
<th>Semester 4</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Behaviors:</td>
<td>6415C – Conducting a physical examination of someone unknown (quality of touch, interaction)</td>
<td>6018 – Ethics in documentation of services; NBCOT &amp; AOTA instruments for self-evaluation of CE needs</td>
<td>6026 – Professional behaviors in community-based experiences</td>
<td>6725 – Professional conduct required at community sites</td>
<td>Professional Behaviors Code (PBC) as set out in the Student Handbook; Faculty model these behaviors in all formal and informal interactions with students</td>
</tr>
<tr>
<td>Ethical Practice;</td>
<td></td>
<td></td>
<td></td>
<td>Cultural make-up of community agency clientele</td>
<td>Ethical dimensions of academic honesty in all coursework; respect for others reflected in PBC;</td>
</tr>
<tr>
<td>Life-long learning;</td>
<td></td>
<td></td>
<td></td>
<td>6973C – ethical conduct of research project</td>
<td>Faculty model values by conducting research, attending workshops or other continuing ed experiences and bringing back the information and excitement to students and other faculty members</td>
</tr>
<tr>
<td>Cross-cultural awareness and sensitive treatment</td>
<td>6009 – Professional Development Assessment (PDA); Content on ethical reasoning</td>
<td>6226C – Ethics associated with assessment</td>
<td>6523C – Continuing education for advanced practice; Reflect changes in practice over time &amp; need for keeping current on practice trends</td>
<td>6106C – Technology cases; response to technology</td>
<td>Use of examples incorporating cultural aspects through many courses</td>
</tr>
<tr>
<td></td>
<td>6536C, 6605C – Case studies incorporating cultural themes</td>
<td></td>
<td>6026 – Culture of community site clients</td>
<td>6855 – Ethical conduct in clinic; Web board discussion</td>
<td></td>
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**Professional Behaviors Code (PBC) as set out in the Student Handbook; Faculty model these behaviors in all formal and informal interactions with students. Ethical dimensions of academic honesty in all coursework; respect for others reflected in PBC; Faculty model values by conducting research, attending workshops or other continuing ed experiences and bringing back the information and excitement to students and other faculty members. Use of examples incorporating cultural aspects through many courses.**
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Occupation-centered Practice:</td>
<td>6009 – Covers multiple theory bases for reasoning and client-center practice; Literature review</td>
<td>6226C – Occupation-based assessments Evidence on Assessment Paper; Observation, analysis, interpretation of client assessment findings; identification of client goals Establishing rapport for effective data gathering</td>
<td>6523C – Evidence-based Intervention Paper; Occupationally relevant interventions; Targeted therapeutic activities Client-centered evaluation &amp; treatment activities; Oral motor interventions therapeutic activity assignment Interpretation of assessment; integration into intervention plans</td>
<td>6910 – Publishable-quality article</td>
<td>APA style documentation requirements for all written assignments; incorporation of evidence in course content</td>
</tr>
<tr>
<td>Evidence-Based Practice</td>
<td>6415C – Establishes Biomechanical/ Motor Control bases for reasoning; intervention paper; Performance variations based on occupation; Use of their own body for bracing client in evaluation of muscle strength – presence of self &amp; effects when evaluating by touch</td>
<td>6235C – Purposeful activity, exercise; work assessment; Case study reflection, ongoing evaluation in practice</td>
<td>6026 – Occupational-centered group intervention plans; Impact of self on group process</td>
<td>6725 – Occupation-centered program development project Population as ‘client’ – needs assessment involving all stakeholders &amp; program development</td>
<td>Occupation is stressed as fundamental in every class</td>
</tr>
<tr>
<td>Client-centeredness</td>
<td>6536C, 6605C – Occupational aspects related to developmental stages</td>
<td>6751C – Literature Review; Occupationally relevant outcomes</td>
<td>6854 – Group leadership skills; reflection on practice</td>
<td>6855 – Web board discussions of fieldwork experiences</td>
<td>Use of client-centered language in all formal and informal interactions</td>
</tr>
<tr>
<td>Clinical Reasoning &amp; Reflective Practice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Coaches students through reasoning when responding to questions; use of reflective journaling and/or debriefing with all experiential learning activities; Self-evaluation of strengths and weaknesses through PBSE activities; this factor is generic to all experiential and field learning activities</td>
</tr>
<tr>
<td>Curricular Theme</td>
<td>Semester 1</td>
<td>Semester 2</td>
<td>Semester 3</td>
<td>Semester 4</td>
<td>Other</td>
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</tr>
<tr>
<td>Community Engagement: Collaborative Practice; Community outreach &amp; support Advocacy for clients and client group</td>
<td><strong>6009</strong> – Literature review is focused; applying theory to specific client needs Group project <strong>6226C</strong> – Home evaluation project <strong>6751C</strong> – Group research project collaborating with other students and agency professionals Outcomes research projects often serving community agencies <strong>6235C</strong> – Advocacy in mental health <strong>6853</strong> – Collaboration with various professionals in a clinic setting—discussion board reflection</td>
<td><strong>6026</strong> – Collaborative groups at community agency sites <strong>6973C</strong> – Implementation of research projects <strong>6523C</strong> – Advocacy for services for children <strong>6707</strong> – Licensure laws and changes to the practice act; other legislative impacts on practice &amp; professional</td>
<td><strong>6725</strong> – Collaborative groups working with community agency personnel on needs assessment and program development Advocacy for populations associations’ actions to influence these</td>
<td><strong>6106C</strong> – Group technology project with a client School technology project 6910 Encouragement toward poster presentation at professional conference</td>
<td>Multiple group assignments stressing collaborative behaviors; Professional Behaviors Code of Conduct All faculty have service/scholarship relationships with community agencies All faculty are engaged in FOTA and AOTA &amp; regularly attend &amp; present at annual conferences &amp; discuss conference events with students; some faculty participate on community boards or serve in office or committees of professional associations Many classroom and out-of-class encounters lend themselves to discussion of advocacy issues AOTA conference: encouraging student attendance; reporting activities</td>
</tr>
</tbody>
</table>
Fieldwork Experience

The Accreditation Council for Occupational Therapy Education (ACOTE) states that Level I and Level II Fieldwork are crucial in the development of the occupational therapist. The FGCU Fieldwork experiences are designed to complement class experiences (on-site assignments) in order to expose the student to a variety of traditional and non-traditional practice settings with client populations across the life span. The fieldwork experiences are fully developed in the Occupational Therapy Fieldwork Manual and are briefly described below.

Level I Fieldwork is designed to offer the students opportunities to begin integrating academic learning with clinical practice. The Occupational Therapy Program faculty have developed a three-course sequence of Level I fieldwork experiences which take the form of directed observation and participation in selected aspects of the practice of occupational therapy.

Level II Fieldwork experiences are designed to immerse students in all aspects of the occupational therapy process and the culture of the profession. The Occupational Therapy Program has established a two-course sequence of Level II Fieldwork experiences, each 12 weeks in length. Fieldwork placements will be assigned in a manner that provides each student with opportunities to work in a variety of occupational therapy settings that serve clients across the lifespan.

ACOTE standards recommend that Level II experiences be completed on a full-time basis and consist of 24 weeks. Fieldwork is a very time intensive component of the program, and generally does not include a stipend or other form of payment. Students are advised not to plan on being employed during this time and that they will need their own transportation. Students are consulted and encouraged to submit their preferences for placements. However, the program cannot promise or guarantee that one or both Level II placements will be at their preferred site.

Students must complete all didactic and Level I Fieldwork courses with a grade of B or S (satisfactory) before they may begin Level II Fieldwork. Students must complete all Level II fieldwork within 2 years of completion of the didactic program.

Students are advised to read the FGCU Occupational Therapy Fieldwork Manual for specific requirements, policies, procedures, and syllabi of all fieldwork experiences.
Summary of Curriculum Design

The goal of the faculty when designing the curriculum is to impart clinical competence and personal confidence in graduates through comprehensive multi-modal instructional efforts. The omission of any element would leave the graduate poorly prepared for professional practice. In order to achieve these goals, we engage in numerous experiential learning exercises and critically evaluate student performance through multiple modes. We develop opportunities to practice what is being learned, along with opportunities for reflection and feedback. These experiences help students to develop along both axes. Feedback from various interested parties is sought regarding outcomes of the program, and continuous monitoring of program effectiveness provides input which drives revisions to course activities, curricular structure, and other programmatic factors as we continuously strive to maintain and improve quality of the program.

References

Approved by the Faculty, 5/24/16
**CURRICULUM POLICIES & PROCEDURES**

**Program Standards & Requirements for Progression**
All Program standards are designed to augment the existing University standards. The Occupational Therapy Program reserves the right to remove any student from the program if *professional behavior and/or academic standards* are not maintained.

Students in the Occupational Therapy Program are admitted for full-time study, and are expected to complete their degree requirements approximately 23 months following admission. Faculty are committed to providing a high-quality educational experience which should prepare students well for successful performance on the National Certification Examination and for clinical practice. Students are responsible for their own learning, and are expected to participate fully in the educational experiences planned for them.

Students are admitted each fall within a class cohort, and are expected to register for all classes planned for the cohort each term. Failure of students to progress with the cohort interferes with the efficient operation of the program as well as the timely graduation of students, and is therefore a central topic within the Program standards.

**Transfer of Credit**
The Occupational Therapy Program does not accept transfer credits from other programs. All required coursework must be completed at FGCU with a grade of B or better.

**Proficiency Requirements (Clinical Competency)**
The Occupational Therapy Program requires that students pass a Clinical Proficiency Checkout before beginning their Level II Fieldwork experiences. The checkout involves basic clinical skills such as transfers and muscle testing, as well as other basic evaluation techniques—all material is covered in prior course work. It is performed as a Practical Exam, given in the fall semester prior to the scheduled Level II Fieldwork. Students will not be allowed to begin Level II Fieldwork until this requirement is met.

Sessions are scheduled in the fourth semester of study; students are notified in advance so they may plan around the dates. At the time of the check-out, students demonstrate skills learned in the program related to specific assessment and treatment skills. A list of skills to review will be provided to students in advance so that they have time to review and practice.
Failure to pass a clinical competency requirement will result in the student being placed on academic probation (see below).

**Technical Requirements for Success in the Program**

Success in the Program is measured through 1) completion of all coursework with the grade of B or S (satisfactory), 2) completion of Level II fieldwork with clinical performance judged appropriate for entry-level practice by an experienced supervising therapist at the clinical placement site, and 3) passing the national certification exam thereby earning the right to obtain a license to practice in the State of Florida. In order to be able to achieve success, each student must have the inherent capacities or abilities that may be further developed in order to benefit from the program of study. These include, but are not limited to:

- **Cognitive skills**
  - Intellectual capacity to measure, calculate, reason, and the ability to develop higher cognitive functions of analysis of information, application of learning in various contexts, interpretation of multiple types and sources of data, and synthesis of information, critical thinking and problem solving
  - The ability to monitor clinic activities and react quickly to intervene when patient safety is threatened, despite environmental distractions
  - The ability to develop skilled observation of movement, position, function, and the fit and/or effectiveness of devices utilized to achieve therapeutic goals
  - The ability to acquire, retain, recall, prioritize, organize information in a useful and efficient manner, to conceptualize and integrate abstract information
  - The ability to comprehend three-dimensional relationships and to understand the spatial relationships of structures, equipment, and people in the environment

- **Physical capacities**
  - The ability to handle clients for the purposes of evaluation and/or treatment of injuries or conditions that limit their function
  - The ability to position oneself optimally to perform evaluations and/or treatment interventions with various client populations
  - The ability to manipulate materials, construct devices such as splints, fit and/or adjust devices to patients for optimum function
  - The visual acuity for observations of client performance to ensure accurate assessment and safety
  - Sufficient auditory ability to monitor and assess health needs and to hear information given by the client to answer inquiries

- **Interpersonal / communication skills**
  - The ability to communicate verbally and in writing to multiple audiences including clients or families who often need ordinary language, and other professionals who expect communication of technical information utilizing formal, professional terminology—this includes formal documentation of evaluations or interventions entered into the medical record
  - The ability to listen constructively, and to modify plans or other behaviors when appropriate
- The ability to respond appropriately to the verbal and non-verbal communication of others, encoding and decoding nonverbal messages
- The ability to initiate and guide conversation in a way that encourages others to engage in the discourse
- The ability to communicate effectively with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds
- The ability to adjust one’s own actions and communication as appropriate to the situation
- The ability to project confidence and instill trust in others

- Ethical behaviors
  - A history unblemished by legal/ethical transgressions as evidenced by arrest records, criminal convictions or documented academic dishonesty (minor youthful indiscretions excluded)
  - A willingness to learn the requirements of ethical practice, and the ability to behave ethically as stipulated by the professional code of ethics
  - An open mind and ability to accept, respect, and effectively interact with persons from varied racial, cultural, or ethnic backgrounds
  - A commitment to performance of classroom and clinic responsibilities unimpaired by alcohol, prescription drugs or other illegal substances

- Behavioral and Social Skills
  - Demonstrate emotional stability
  - The ability to exercise sound judgment
  - The graceful acceptance of professional responsibilities
  - The ability to complete all responsibilities in a timely manner
  - The ability to develop mature and effective interpersonal relationships with others
  - The ability to function under stress, to tolerate physically and emotionally taxing workloads
  - The ability to be flexible and to adapt to unpredictable and rapid changes in the work environment

**ADA Compliance**

The Occupational Therapy Program does not discriminate against applicants on the basis of disability, and recognizes that applicants who have medical limitations or handicapping conditions may be perfectly capable of performing safely and competently in the role of an occupational therapist with reasonable accommodations. Students who need reasonable accommodations in order to be able to participate in the program should contact the Office of Adaptive Services at 239-590-7956 or TTY 239-243-9453 in order to arrange such accommodations.

Entering students will review these technical requirements and document that they intend to fulfill each, or provide evidence of need for exception, within the first week of the program.
Academic Standards

Students must earn a grade of B or S (satisfactory) in all courses. Failure to achieve a minimum grade of B or S (satisfactory) will result in interruption of progression through the program.

Additionally, students must maintain a GPA of 3.0 or higher on a 4.0 scale (each semester) to remain in the occupational therapy program. Failure to achieve this standard will result in dismissal from the program; students so dismissed may re-apply for admission to a subsequent class cohort, but will not be given preference over new applicants to the program. See section on Progression, Probation, Dismissal, and Grievance for detailed information.

Grading Scale

The following grading scale is used for all OTH courses:

- A = 95-100
- A- = 90-94
- B+ = 85-89
- B = 80-84
- B- = 75-79 (not passing in this program)
- C = 70-75
- F = 69 and below

Faculty are responsible for fully informing students of performance requirements and grading weights for assignments (typically communicated through the syllabus). They are also expected to supply grades and provide feedback on assignments in a timely fashion. Be proactive if you have questions and seek out the faculty for information. Clinical educators will provide formal mid-term evaluations of students on Level II Fieldwork.

Students are responsible for monitoring their performance in courses and obtaining sufficient grade information to enable them to meet the minimum grade requirements of the program.

Final Course Grade

The student has the right to utilize the formal grade appeals process detailed in the University Student Guidebook and in the Grievance section of this document. In instances where a grade below B or ‘pass’ is earned, the student can decide if he/she would like to discuss the grade with the instructor and/or utilize the formal grade appeals process. However, according to university policy, grades based on a Fieldwork Educators’ judgment of a student’s clinical performance are not subject to appeal (see section on “Grievances”).

Incomplete Course Grade

Students may request a grade of Incomplete (I) if bona fide personal or family health problems prevent completion of a course, AND the student was performing at a passing level prior to the problem. A student must make the request of the course instructor and notify his/her Academic Advisor and the Program Director if a grade of I is being requested for any required course(s). Such notification is to be received by the Academic Advisor and the
Program Director in writing prior to a decision regarding the request, and no later than two weeks before the end of the semester.

According to University guidelines, a student has one year to complete a course if a grade of I has been assigned. If the course is not completed within one year, the grade of I will be converted automatically to an F. If a grade of I has been assigned to a required course for the major, the student must develop and sign an Incomplete Grade Agreement Form with the course instructor and his/her Academic Advisor for successful completion of the course by a designated date.

A grade of I in program coursework will, in most cases, interrupt progress in the program unless the course requirements are completed prior to the beginning of the following term. This is necessary because early courses provide the foundation for subsequent courses in this curriculum design (see section on “Progression”).

**Level II Fieldwork**

Level II Fieldwork is graded on a pass-fail basis. A student who fails to earn a “pass” grade on a Level II Fieldwork experience will have to repeat that experience, as soon as an adequate site is available. A student may not withdraw from a Level II Fieldwork experience (OTH6845 or OTH6846) without the negotiated agreement by the FGCU Occupational Therapy Program’s Academic Fieldwork Coordinator and the site’s Clinical Fieldwork Educator. Level II Fieldwork cannot extend beyond 24 months from the end of the successful completion of the didactic portion of the curriculum. **Note: More information on fieldwork is available in the FGCU Occupational Therapy Fieldwork Manual located on the program website.**

**Part-Time Status**

The Occupational Therapy Program is designed as a full-time course of study; therefore, students will not be admitted on a part-time basis.

**Leave of Absence**

A student may request a leave of absence from the Occupational Therapy Program where military duty or serious personal circumstances prevent the student from continuing. The request must be made in writing to the student’s Academic Advisor. The Academic Advisor shall forward the request and his/her written recommendation to the Occupational Therapy Program Director.

The Program Director shall review the request and recommendation of the Academic Advisor, and provide the student with a written approval or denial of the request. A leave of absence shall be granted for a maximum of one year. The student must notify the Program Director of his/her desire to return to the program by the first day of registration for the semester he/she intends to return. If the student does not notify the Occupational Therapy Program Director by the designated date, he/she will not be permitted to re-enter the program.

**Return to the Program**

In cases where the student takes a leave of absence or is suspended from the program until a course is repeated successfully, the student will be expected to audit one or more of the
foundational courses prior to resuming the program unless granted a waiver by the Program Director. This policy is designed to maximize the potential of the student to successfully complete the program and the national exam.

**Professional Behavior Standards**

Professional behaviors are those actions by which Occupational Therapy students and practitioners demonstrate the values and beliefs that are commonly held by members of the profession. These behaviors are a manifestation of the individual’s personal ethics, and are a reflection of his/her sense of personal integrity, acceptance of opposing points of view, respect for self and others, and commitment to the welfare of others (Fidler, 1996). Professional behaviors are demonstrated through the students and practitioner’s dependability, professional presentation, initiative, empathy, cooperation, organization, clinical reasoning, participation in the supervisory process, and verbal and written communication.

Students entering the Occupational Therapy Program possess a personal perception of the meaning of these behaviors. The depth of understanding and commitment to the importance of these behaviors in occupational therapy practice settings may not be as clear for students as they are for experienced occupational therapists. These behaviors are developed over time as students are mentored and nurtured by faculty within the academic setting. This nurturance is continued by fieldwork educators who model professional behaviors in occupational therapy practice settings, and students are expected to continue to develop and demonstrate these behaviors in their daily fieldwork activities.

The Occupational Therapy Program utilizes an adaptation of the Philadelphia Region Occupational Therapy Fieldwork Consortium Professional Behavior Form (Modified with permission) to assess students’ professional behaviors (PBFE/PBSE) (see Appendix IV). Students complete a shortened form of the PBFE in each of the four academic semesters of the program and share with their academic advisor. Additionally, the program faculty collaborates on the assessment of each student’s professional behaviors at the end of each semester. The faculty provides students with clear and direct feedback regarding their demonstration of professional behaviors in the classroom and in course related activities in various community settings. Students meet with their academic advisor during each semester to discuss the similarities and differences between their self-assessment and the faculty’s assessment of their demonstrated professional behaviors. Students who do not receive ratings of at least a 4 in each area will work with their faculty advisor to determine strategies for achieving these expected ratings during the current semester. These strategies, expressed as personal objectives with timelines for achievement, will be documented on the program Corrective Action Plan form (Appendix V). The form will be entered into the student’s file, with a copy provided to the student. Achievement of the Corrective Action Plan objectives will be discussed at follow-up meetings between the student and his/her advisor. Students’ professional behaviors are also assessed by the fieldwork educators on each of the Level I and Level II rotations.

Failure to correct or modify behaviors identified in the academic or fieldwork settings and described in a formal Corrective Action Plan (Appendix V) will result in disciplinary proceedings as described in the Disciplinary Action section of this document. Students must also be aware that in fieldwork courses, the fieldwork educator or service administrator at the placement agency may demand removal of a student from the fieldwork placement when the
student’s behavior is problematic. They have the right to do this even without a Corrective Action Plan if they believe the student’s behavior warrants it. If this should occur, the student will receive a failing grade in the course and will be required to meet corrective action requirements imposed by the Academic Fieldwork Coordinator before being placed in a subsequent field experience and/or referred to the Committee on Academic Progress and Professional Standards for a decision on the appropriate course of action.

References


**Academic Honesty**

Occupational Therapy Program students are expected to demonstrate the highest standards of honesty, including academic honesty, consistent with the Code of Conduct espoused by the profession. Any student caught cheating (which includes plagiarizing) will be dismissed from the program. Written assignments are routinely screened by anti-plagiarism software available through [www.turnitin.com](http://www.turnitin.com). See **Academic Integrity** under University Academic Standards.

**Student Responsibilities in Event of Arrest, Conviction for Violations of Law**

As developing professionals, FGCU Occupational Therapy Students are held to the highest standards of professional conduct. Students are expected to abide by all federal, state, and local laws, the Occupational Therapy Code of Ethics and Ethics Standards, as well as all university, college, and departmental policies, regulations, and standards. In particular, violations of any laws or standards may compromise a student’s ability to be placed in fieldwork, to sit for the NBCOT exam, and/or obtain licensure in various states. If arrested, charged with a crime (misdemeanor or felony), convicted of a crime, or charged with a violation of any standard, policy or code of conduct, the student **MUST** notify the Academic Fieldwork Coordinator (AFWC) immediately and schedule a meeting to discuss the implications of the violation and course of action. The student will need to provide a copy of all documentation regarding the violation to the AFWC on a timely basis. The student may also be required to complete another background check and may need to submit documentation regarding violation and/or background check to potential fieldwork placements.

- Examples of legal offenses include:
  - Arrest/conviction for driving under the influence
  - Arrest/conviction for possession of illegal drugs/substances

**Professional Dress**

Students are expected to dress professionally for all educational experiences in the Occupational Therapy Program. Specific dress requirements for Level I and Level II Fieldwork are outlined in the **Fieldwork Manual**, and these requirements are also in effect for off-campus class experiences (such as field trips).
For all attire, please no bare midriffs, plunging necklines, or outfits with suggestive statements on them. On campus, students are expected, during lecture days, to dress in professional attire though relaxed somewhat from fieldwork attire. This includes the use of a department approved embroidered polo shirt. Pants must loosely cover ankles and socks worn at all time; lower legs or ankles should not be exposed. Non-denim trousers are considered appropriate for wear, though please no “skinny” pants. Non-denim shorts no higher than 4” above the knees may also be worn. Casual shoe attire is also approved.

During lab days, gym shorts or athletic pants are allowed along with t-shirts or other athletic tops. For the safety of our lab experiences, closed toed shoes must be worn on lab days. Please have hair pulled back on lab days in such a manner that it would not fall in front of your face or come in contact with another person when you change positions or engage in patient handling techniques.

Occupational Therapy Knowledge Exam (OTKE)

During the fourth semester of the program, students will be required to take the OTKE, a national exam, for the purpose of identifying knowledge gaps. This enables the student to find areas of weakness in their knowledge and target them for more in-depth study during preparation for the national certification exam, which will follow graduation. The program will use the aggregate data from this exam to evaluate the curriculum and identify changes that might be needed.

Progression, Probation, Corrective Action Plan, Dismissal, and Grievance

Failure to Progress in the Program

Academic Advisors will review students’ progression in the Occupational Therapy Program at the end of each semester, as needed. A student is progressed to the next semester of the Occupational Therapy Program upon earning a grade of B or S (satisfactory) in all courses taken within a semester. If a grade of C is earned, the student will be placed on Departmental Academic Probation (see below). If a grade of D or F is earned, the student will be dismissed from the program.

If a student falls below the required 3.0 semester GPA, the student will be dismissed from the program. In such cases, students will not be automatically eligible to re-enroll in the course the following year, but may re-apply for admission into the next class cohort.

Departmental Academic Probation

A student is placed on Departmental Academic Probation when he/she fails to pass a course or competency assessment with a grade of B or S (satisfactory). When a student is placed on probation, he or she must meet with the assigned Academic Advisor to discuss development of a corrective action plan. This plan shall be forwarded to the Program Director for review and approval. The student will not be allowed to register for any subsequent occupational therapy course until he/she has repeated the course in which he/she failed to earn a B (typically not available for repeat until the following year except in the case of fieldwork courses). The student must retake the course at the first opportunity (typically within
one year) in order to guarantee his/her place in the program. Failed Competency Requirements must be remediated and passed within six weeks of initial attempt. The student shall be removed from academic probation when he/she has repeated and passed the course or competency. Students who fail to repeat the course within one year or who repeat and fail to meet the minimum B grade requirement will be dropped from the program.

As with Leave of Absences, students who repeat a course in order to resume the program may also be required to audit one or more courses already successfully completed in order to refresh foundational knowledge and maximize the student’s potential to complete the program and pass the national exam.

**Corrective Action Plan**

A student requiring a Corrective Action Plan will have ten business days to use the form (see Appendix V) to document the reason for the need and plan of correction. The student’s advisor will review and, in conjunction with the Program Director, approve the plan and timeframe for completion. Failure to comply with the plan in a timely manner will result in dismissal from the program.

**Committee on Academic Progress and Professional Standards**

FGCU occupational therapy students who are experiencing problems meeting academic and/or departmental standards (including Technical Requirements for Success in the Program), and/or who may have violated any regulation, policy, and/or code of conduct such that they interfere with the educational process or jeopardize the welfare of a client, fellow classmate, faculty, or staff member within the Marieb College of Health & Human Services, the University, or any fieldwork or community placement site, may be referred to the Committee. The Program Director, after conducting a preliminary review, may convene a Committee to review the student’s situation.

- The Committee consisting of at least 2 faculty members (one of whom is the student’s advisor), an outside observer, and the Program Director shall review all documentation related to the situation/behavior(s) in question
- Any student referred to the Committee will be invited to meet with that Committee in order to assist the group to determine the facts of the situation
- The Committee shall elect to take any of the following (but not limited to) actions:
  - formulate a corrective action plan
  - decide to dismiss the student from the program, or
  - refer the case to the Dean of Students for disciplinary action as outlined in the University Student Guidebook
    [http://studentservices.fgcu.edu/StudentConduct/guidebook.html](http://studentservices.fgcu.edu/StudentConduct/guidebook.html)
- The student shall be notified in writing within 10 school days of the Committee’s decision

**EXCEPTION:** Any student deemed by a fieldwork supervisor to be a danger to patients due to careless or unsafe practices will be sent home from the fieldwork site forthwith, and will receive a grade of ‘U’ (unsatisfactory) for the course. Other special fieldwork rules apply, and can be found in the Fieldwork Manual.
**Dismissal from the Program**

A student may be dismissed from the Program for any of the following reasons:

- Failure to pass a repeated course with a B or S (satisfactory)
- Failure to earn at least a C on any course (probation is bypassed)
- Failure to meet the minimum B grade requirement in more than one course (e.g., fails a course, retakes it and passes, then fails a subsequent course, including Level II Fieldwork)
- Failure to maintain a semester GPA of 3.0 or higher (Students may reapply for admission to a subsequent class cohort after dismissal for GPA reasons, but will not be given preference over other applicants)
- Failure to notify the Program Director prior to returning from a leave of absence (see sections related to Leave-of-Absence)
- Failure to meet professional behavior or other expectations following counseling and corrective action planning
- Failure to comply with provisions of a corrective action plan approved by the Program Director
- Failure to meet technical requirements for skills, abilities, and behaviors needed for success in program and as a professional (see Handbook section re: Technical Requirements for Success in Program) and/or conduct violations that threaten the safety/security of individuals within the academic or community learning environments, including fieldwork sites
- Academic dishonesty or other behavior specifically prohibited in the University’s Code of Conduct

**Departmental Grievances**

Students are entitled to formal grievance and potential reversal of Instructor, Program, or Departmental rulings that are or may be perceived as detrimental to the student. This may include grades received, decisions regarding probation or dismissal from the program, or other decisions.

The Occupational Therapy Program encourages the informal resolution of grievances directly as stated in the University Student Guidebook, Grievance Procedure (http://studentservices.fgcu.edu/StudentConduct/grievance.html). Steps for informal grievance resolution within the Occupational Therapy Program include the following:

- The student and faculty member attempt to informally resolve the grievance
- Failing an informal resolution, the next step is arbitration by the Program Director

If the student is dissatisfied with the arbitration decision, the student may proceed within 10 school days of receipt of the Program Director’s decision to file a written appeal with the Office of the Dean of the Marieb College of Health & Human Services. The Dean shall ask the Academic and Admission Appeals Committee (MCHHS Student Affairs Committee) to conduct a formal review, in accordance with the Academic Procedures as outlined in the University Student Guidebook.
In the event a student fails to complete a Level II Fieldwork course successfully, or the student is dismissed from the Occupational Therapy Program based on unsuccessful completion of Level II Fieldwork, the student should be aware that FGCU Policy 1.010, Section IV Procedures, Student Course & Credits Grievance Policy, states that these are not appealable events. The policy states, “This policy provides a procedure whereby students appeal decisions related to access to course and credit granted toward a degree.” The procedure specifies, however, “The professional judgment of licensed practitioners in the health-related professions as it is exercised regarding a student’s fitness to continue in a program is not appealable under this policy.”

**Formal Complaint Against the Program**

Should the preceding grievance policy be unsatisfactory, complaints against the Florida Gulf Coast University Occupational Therapy Program may be submitted directly to the Accreditation Council for Occupational Therapy Education (ACOTE). To receive formal consideration, all complaints must be submitted in writing to the ACOTE Chairperson:

ACOTE Chairperson  
C/o the AOTA Accreditation Department  
4720 Montgomery Lane, Suite 200  
Bethesda, MD 20814-3449  
Phone: 301-652-2682 ([www.acoteonline.org](http://www.acoteonline.org))

Letters of complaint against educational programs must:

a. describe the nature of the complaint and the related accreditation Standards or accreditation policies or procedures that the complainant believes are not being met by the program;

b. document that the complainant has made reasonable efforts to resolve the complaint, or alternatively that such efforts would be unavailing; and

c. be signed by the complainant.

**NOTE:** The confidentiality of the complaining party is protected by AOTA Accreditation staff, unless release of identity has been authorized, or disclosure is required by legal action.
Equipment and Procedure Safety Policy

Some of the laboratory and clinical experiences will involve the use of equipment, supplies, and/or procedures that could pose a safety hazard if safety precautions are not followed. In the case of equipment use or patient care procedures, the instructor will demonstrate and instruct students in the safe use of equipment or implementation of a procedure. It is the student’s responsibility to attend to the instruction and to follow proper safety precautions.

If a student is unsure about the safe use of equipment or of the safe implementation of a procedure, it is the student’s responsibility to seek clarification from the instructor. At fieldwork sites, students must follow instructions of fieldwork educators regarding safety, and modify behavior immediately if the fieldwork educator corrects them on a safety issue. A student can be withdrawn immediately from a fieldwork site for violations of safety precautions, with a resulting grade of F in the course.

In the event of an accident or injury on the premises of FGCU, the student and faculty member will complete the FGCU Incident Report within 24 hours of the incident’s occurrence. In case of an accident, personal injury or injury to a client while on fieldwork or at an off-campus site for a class, the student will report the accident or injury to her/his immediate supervisor at the site and complete the necessary paperwork for that organization. In addition, the student will notify the Academic Fieldwork Coordinator or course faculty member immediately, and complete the FGCU Incident Report for Non-Employees.

UNIVERSITY ACADEMIC STANDARDS

Academic Integrity Statement

Students at Florida Gulf Coast University have the responsibility to practice academic integrity. Students who engage in activities such as cheating, plagiarism, knowingly furnishing false research data and being in unauthorized areas after hours will subject themselves to violations of the Student Code of Conduct and could result in dismissal from the Occupational Therapy Program. Students are also expected to comply with all requirements and expectations for behavior as laid out in the course syllabus. Faculty reserve the right to use anti-plagiarism software to analyze papers and other written works. For more information on university behavioral and academic standards, the Conduct Process, and the Academic Integrity Process, see the FGCU Student Code of Conduct.

ADA Compliance and Accommodations for Disabilities

Florida Gulf Coast University, in accordance with the Americans with Disabilities Act and the university’s guiding principles, will provide classroom and academic accommodations to students with documented disabilities. If you need to request an accommodation in this class due to a disability, or you suspect that your academic performance is affected by a disability, please contact the Office of Adaptive Services. The Office of Adaptive Services is located in the Wellness Building. The phone number is 239-590-7956 or TTY 239-243-9453. In addition to classroom and campus accommodations, individuals with disabilities are encouraged to create their personal emergency evacuation plan and FGCU is committed to providing information on
emergency notification procedures. You can find information on the emergency exits and Areas of Rescue Assistance for each building, as well as other emergency preparedness materials on the Environmental Health and Safety and University Police Department websites. If you will need assistance in the event of an emergency due to a disability, please contact Adaptive Services for available services and information.

Assignment Deadlines
An instructor may ask that an assignment be turned into the program’s Office Manager. When the assignment is handed to the program Office Manager, the assignment will be initialed and time stamped by the Office Manager. Professors retain the right to assess grade penalties for late assignments.

Class Attendance/Participation
Class attendance and participation is important for academic success. Each faculty member establishes attendance requirements, make-up procedures, and guidelines for excused absences at the beginning of a course. Students are expected to attend all class meetings for courses in which they are enrolled. Each student is responsible for complying with the announced procedures for making up missed work (if feasible) or may receive no grade if a make-up is not possible.

Confidentiality
All information regarding fellow students, FGCU personnel, and/or patient (client) records, communications, and activities are strictly confidential. Any confidential information should only be discussed for educational purposes within an educational/professional private area. NEVER discuss confidential information with family, friends (who do not have a need to know). It is your responsibility to demonstrate professional responsibility and maintain confidentiality.

Conduct
Students are expected to demonstrate high standards of performance and integrity during classroom, laboratory and fieldwork activities. Florida Gulf Coast University’s Occupational Therapy Program students are always representing Florida Gulf Coast University as a student and a future member of the health profession. Behavior must always be consistent with the highest professional code of ethics appropriate for the setting. Remember, photos or videos that you post on social networking sites may be accessed in the future by potential employers, always exercise good judgment with what you share.

Course Scheduling
The Occupational Therapy Program, Marieb College of Health & Human Services, reserves the right to cancel, postpone, or reschedule any course, course section, practice or fieldwork experience.
Illegal Use of Alcohol and Drugs

The unlawful or unauthorized possession, use, consumption, sale or distribution of illicit drugs and/or alcohol by employees and students within the Occupational Therapy Program on FGCU property or at community based educational sites is strictly prohibited, and may result in dismissal from the program.

Letters of Reference

A student may request a letter of reference from faculty/staff in the Occupational Therapy Program while they are still enrolled as a student. Faculty/staff then decide whether they can provide such a reference. If the faculty/staff member agrees, it is suggested that the student provide topics or general information to be covered in the letter of reference.

Questions during Exams

All students have the right to ask for clarification of test items. Student questions and instructor responses will be shared with the entire class verbally or written on the board if the instructor deems the answer important for clarification or correction of the test. The instructor will use his/her discretion to determine which terms will be defined.

Release of Information

Student information is private by law, except for directory information, unless a student requests such information to be kept confidential. If a student wants specific information to be provided to outside parties including parents, employers, or scholarship-granting organizations, the student needs to provide written consent for the information to be released. A letter must be signed by the student, dated, and must specify what information and to whom the information may be released.

Sexual Harassment

Sexual harassment includes any unwelcome sexual behavior and is not limited by the gender of either the alleged victim or perpetrator. Sexual harassment may include physical or verbal conduct. Members of the Occupational Therapy Program and the educational community at FGCU are entitled to an environment that enables them to learn and contribute to their full capacity. When sexual harassment occurs, the learning environment is disrupted. Sexual harassment committed within the Occupational Therapy Program or at clinical sites by a student, faculty or staff member against any student, faculty, staff member or visitor will not be tolerated. Allegations of sexual harassment should be reported to the University Ombudsman, 239-590-1022.

University Withdrawal and Readmission

STUDENT RESOURCES

Francis Joseph Nicpon Library Information and Procedures
MAR 401: Occupational Therapy Program Holdings

In the interest of making occupational therapy resource materials available to our faculty, students and area OT clinicians, the Occupational Therapy Program has reserved books, CD-ROMs and DVDs in the colleges’ health professions library. OT assessments and equipment are reserved in other rooms for checking out.

Hours

The Library is accessible **Monday through Friday, 8:00 a.m. to 4:30 p.m.** In order for students or area clinicians to access these resources for checking out, they must contact the Faculty Assistant or Office Manager of the Occupational Therapy Program. The room is not to be unlocked or door propped. Faculty are not to be asked by students for library access or to be responsible for book check out-in procedures. Students may email ahead to ensure access is available when needed.

Sign Out Procedure

- Holdings are listed on CANVAS, on hard copy in the library or with the Office Manager.
- Assessments and their kits are to be signed out in the blue binder in 206.
- Books, audio and video resources contain an index card. OT student borrowers sign the card attaching a paper clip to the top and file the card in the file box. Clinicians add email.
- Clinical supervisors of fieldwork and other area clinicians can check out equipment or books for one week. Assessments require prior approval from the Faculty Assistant or Office Manager two weeks before checkout. These materials are for review by the outside clinician for potential usefulness and not to be used for generating billable units.

General Books/Items

- Students may check out up to five books or assessments at a time.
- Assessments may be borrowed for one week unless for research group with prior faculty approval. Other items may be borrowed for up to three weeks unless they are on reserve status. Reserve items are held at the Office Manager’s desk. Books or assessments needed for current class instruction by faculty may not be taken.

Reserve Books/Items

- Books/items on reserve are for student use only
- Students may check out one reserved book/item at a time. Students must be enrolled in the class for which the resource is reserved. Reserved books are kept with the Office Manager
- Reserved items may not leave the campus and must be returned before 4:30 PM each day Monday through Friday. Exceptions to this rule will require permission of the faculty member who has reserved the resource.
• All books/items must be returned to the OT Faculty Assistant or Office Manager. Do not return items to faculty. Faculty are not responsible for misplaced or lost materials you check out. Unless you sign the card or assessment log returning the item, you are still responsible for replacement value.
• Failure to return items on time or violation of other HP Library rules may result in forfeiture of borrowing privileges. Repeated violation of the rules will result in said forfeiture.
• Borrowing privileges may only be reinstated by the Program Director of the Occupational Therapy Program.
• All books/items must be returned by the last day of classes each semester unless approval for Level I or Level II preparation study has been obtained.
• If a book or other item is damaged upon return, the borrower shall be responsible for the cost of having the book/item repaired or replaced. The decision to repair or replace shall be made by the Program Director of the Occupational Therapy Program.

Student Government Association (SGA)
Students are encouraged to be active in student government on the FGCU campus since this is an opportunity to develop interdisciplinary activity and leadership. Vote for changes that are important to you and the future of this University.

Student Occupational Therapy Association (SOTA)
FGCU MSOT students are encouraged to join SOTA. SOTA creates opportunities for students to have a collaborative relationship with other student health professional organizations and encourages participation in the national organization of the American Occupational Therapy Association and the state association and conference.

Student Name Tags
Name tags are required for all community site experiences, including class assignments and fieldwork; it is necessary that students wear their name tag in all situations where the student is involved in observation and laboratory education off campus. Student ID’s serve the purpose of name tags, and clips for fixing these on your clothing will be provided by the program.

Student Representatives
Each class will have a representative who will act as a liaison to the department faculty and attend departmental meetings in which general student issues are discussed. This representative will be elected by each entering class approximately 1 month following the start of the first term, and will serve for the duration of the program.

Responsibilities:
• The class representative will represent the occupational therapy class, during the Occupational Therapy Program faculty meetings, as needed
• The class representative will communicate concerns/points of view/questions from class members’ perspective, rather than from a personal one
• The class representative will report to the class all information/decisions/suggestions/inquiries from faculty, in a timely manner
• The class representative will make sure that items to be brought to the attention of the Occupational Therapy Program faculty are not related to the management of a specific course, as these need to be discussed with the individual professor(s) in charge of the course. Matters pertaining to broader curricular or instructional issues are appropriate to be brought to the faculty in this manner
• Sensitive issues should be brought directly to the Program Director who will determine the appropriateness for open faculty meeting versus more confidential handling of the matter

Procedure (Process):
• The class representative shall notify the Program Director of the Occupational Therapy program of agenda items to be discussed, at least 1 week prior to a faculty meeting
• The agenda items related to student issues shall be placed first on the agenda
• The class representative shall attend the faculty meeting for the duration of the discussion related to the issues brought forth on behalf of students
• If the class representative is unable to attend the faculty meeting, he/she shall notify the Office Manager of the program and let her know if an alternate class representative will be in attendance

Safety on Campus
Students who may be concerned about walking to their car at night, may call the University Police Department at 239-590-1900 and request an escort. The student will be asked to state which building s/he is in and where her/his car is located.

Health and Academic Resource Phone Numbers
The academic program in occupational therapy is rigorous and requires student commitment. Although some students may work and have other responsibilities or time commitments, our primary focus in the occupational therapy program is the acquisition of knowledge, skills and abilities for professional practice as an occupational therapist. It is anticipated that students will study approximately 3 hours per week for every academic credit hour.

Several resources for time and stress management are available to any FGCU student and you are encouraged to use any of the following support services:

Adaptive Services, 239-590-7956
Counseling and Psychological Services (CAPS), 239-590-7950
Campus Recreation, 239-590-7860
Prevention & Wellness Services, 239-590-7733
Student Health Services/Clinic, 239-590-7966; immunization appts 239-590-1254
Writing Center, (Library West 202), 239-590-7141
APPENDIX I  OCCUPATIONAL THERAPY CODE OF ETHICS (2015)
(reprinted with permission of AOTA)

Preamble
The 2015 Occupational Therapy Code of Ethics (Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in research, education, and practice. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be individuals, groups, families, organizations, communities, or populations (AOTA, 2014b).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It outlines Standards of Conduct the public can expect from those in the profession. It should be applied to all areas of occupational therapy and shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles, and
2. It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote compliance with these Principles and is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analysis of the complex dynamics of situations, weighing of consequences, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel, including students in occupational therapy programs, are expected to abide by the Principles and Standards of Conduct within this Code. Personnel roles include clinicians (e.g., direct service, consultation, administration); educators; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

The process for addressing ethics violations by AOTA members (and associate members, where applicable) is outlined in the Code’s Enforcement Procedures (AOTA, 2014a).

Although the Code can be used in conjunction with licensure board regulations and laws that guide standards of practice, the Code is meant to be a free-standing document, guiding ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist in resolving ethical issues not addressed in this document. Resources can include, but are not limited to,
ethics committees, ethics officers, the AOTA Ethics Commission or Ethics Program Manager, or an ethics consultant.

Core Values

The profession is grounded in seven long-standing Core Values: (1) Altruism, (2) Equality, (3) Freedom, (4) Justice, (5) Dignity, (6) Truth, and (7) Prudence. Altruism involves demonstrating concern for the welfare of others. Equality refers to treating all people impartially and free of bias. Freedom and personal choice are paramount in a profession in which the values and desires of the client guide our interventions. Justice expresses a state in which diverse communities are inclusive; diverse communities are organized and structured such that all members can function, flourish, and live a satisfactory life. Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in addressing unjust inequities that limit opportunities for participation in society (Braveman & Bass-Haugen, 2009).

Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and Dignity of the client, by treating him or her with respect in all interactions. In all situations, occupational therapy personnel must provide accurate information in oral, written, and electronic forms (Truth). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions in professional and volunteer roles (Prudence).

The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. Although the Core Values are not themselves enforceable standards, they should be considered when determining the most ethical course of action.

Principles and Standards of Conduct

The Principles and Standards of Conduct that are enforceable for professional behavior include (1) Beneficence, (2) Nonmaleficence, (3) Autonomy, (4) Justice, (5) Veracity, and (6) Fidelity. Reflection on the historical foundations of occupational therapy and related professions resulted in the inclusion of Principles that are consistently referenced as a guideline for ethical decision making.

Beneficence

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

Beneficence includes all forms of action intended to benefit other persons. The term beneficence connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2013). Beneficence requires taking action by helping others, in other words, by promoting good, by preventing harm, and by removing harm. Examples of beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2013).
Related Standards of Conduct

Occupational therapy personnel shall

A. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs.

B. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised.

C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice.

D. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research.

E. Provide occupational therapy services, including education and training that are within each practitioner’s level of competence and scope of practice.

F. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice.

G. Maintain competency by ongoing participation in education relevant to one’s practice area.

H. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial.

I. Refer to other providers when indicated by the needs of the client.

J. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including determination of potential risks and benefits.

Nonmaleficence

Principle 2. Occupational therapy personnel shall refrain from actions that cause harm.

*Nonmaleficence* “obligates us to abstain from causing harm to others” (Beauchamp & Childress, 2013, p. 150). The Principle of *Nonmaleficence* also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle often is examined under the context of due care. The standard of *due care* “requires that the goals pursued justify the risks that must be imposed to achieve those goals” (Beauchamp & Childress, 2013, p. 154). For example, in occupational therapy practice, this standard applies to situations in which the client might feel pain from a treatment
intervention; however, the acute pain is justified by potential longitudinal, evidence-based benefits of the treatment.

Related Standards of Conduct
Occupational therapy personnel shall

A. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees.

B. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason.

C. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues, students, research participants, or others.

D. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide OT services, education, or research.

E. Address impaired practice and when necessary report to the appropriate authorities.

F. Avoid dual relationships, conflicts of interest, and situations in which a practitioner, educator, student, researcher, or employer is unable to maintain clear professional boundaries or objectivity.

G. Avoid engaging in sexual activity with a recipient of service, including the client’s family or significant other, student, research participant, or employee, while a professional relationship exists.

H. Avoid compromising rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, falsification of documentation, inaccurate coding) by exercising professional judgment and critical analysis.

I. Avoid exploiting any relationship established as an occupational therapy clinician, educator, or researcher to further one’s own physical, emotional, financial, political, or business interests at the expense of recipients of services, students, research participants, employees, or colleagues.

J. Avoid bartering for services when there is the potential for exploitation and conflict of interest.

Autonomy
Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent.

The Principle of Autonomy expresses the concept that practitioners have a duty to treat the client according to the client’s desires, within the bounds of accepted standards of care, and to protect the client’s confidential information. Often, respect for Autonomy is referred to as the self-determination principle. However, respecting a person’s autonomy goes beyond acknowledging an individual as a mere agent and also acknowledges a person’s right “to hold views, to make choices, and to take actions based on [his or her]
values and beliefs” (Beauchamp & Childress, 2013, p. 106). Individuals have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, his or her autonomy should be respected through involvement of an authorized agent or surrogate decision maker.

**Related Standards of Conduct**

**Occupational therapy personnel shall**

A. Respect and honor the expressed wishes of recipients of service.

B. Fully disclose the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.

C. Obtain consent after disclosing appropriate information and answering any questions posed by the recipient of service or research participant to ensure voluntariness.

D. Establish a collaborative relationship with recipients of service and relevant stakeholders, to promote shared decision making.

E. Respect the client’s right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes.

F. Refrain from threatening, coercing, or deceiving clients to promote compliance with occupational therapy recommendations.

G. Respect a research participant’s right to withdraw from a research study without penalty.

H. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act).

I. Display responsible conduct and discretion when engaging in social networking, including but not limited to refraining from posting protected health information.

J. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, culture) with the recipient of service (or responsible party), student, or research participant.

**Justice**

**Principle 4. Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services.**

The Principle of *Justice* relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2013). Occupational therapy personnel should relate in a
respectful, fair, and impartial manner to individuals and groups with whom they interact. They should also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent following of rules to generate unbiased decisions and promote fairness. As occupational therapy personnel, we work to uphold a society in which all individuals have an equitable opportunity to achieve occupational engagement as an essential component of their life.

**Related Standards of Conduct**

**Occupational therapy personnel shall**

A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy.

B. Assist those in need of occupational therapy services to secure access through available means.

C. Address barriers in access to occupational therapy services by offering or referring clients to financial aid, charity care, or pro bono services within the parameters of organizational policies.

D. Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services.

E. Maintain awareness of current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy.

F. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents.

G. Hold requisite credentials for the occupational therapy services they provide in academic, research, physical, or virtual work settings.

H. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines.

I. Obtain all necessary approvals prior to initiating research activities.

J. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts.

K. Report to appropriate authorities any acts in practice, education, and research that are unethical or illegal.

L. Collaborate with employers to formulate policies and procedures in compliance with legal, regulatory, and ethical standards and work to resolve any conflicts or inconsistencies.

M. Bill and collect fees legally and justly in a manner that is fair, reasonable, and commensurate with services delivered.

N. Ensure compliance with relevant laws and promote transparency when participating
in a business arrangement as owner, stockholder, partner, or employee.

O. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations.

P. Refrain from participating in any action resulting in unauthorized access to educational content or exams (including but not limited to sharing test questions, unauthorized use of or access to content or codes, or selling access or authorization codes).

Veracity
Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Veracity is based on the virtues of truthfulness, candor, and honesty. The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information (Beauchamp & Childress, 2013). Veracity is based on respect owed to others, including but not limited to recipients of service, colleagues, students, researchers, and research participants.

In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.

Concepts of veracity must be carefully balanced with other potentially competing ethical principles, cultural beliefs, and organizational policies. Veracity ultimately is valued as a means to establish trust and strengthen professional relationships. Therefore, adherence to the Principle of Veracity also requires thoughtful analysis of how full disclosure of information may affect outcomes.

Related Standards of Conduct
Occupational therapy personnel shall

A. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication.

B. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims.

C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities.

D. Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients.
E. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public.

F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties.

G. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.

H. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize).

I. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution.

J. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services.

Fidelity
Principle 6. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.

The Principle of Fidelity comes from the Latin root fidelis, meaning loyal. Fidelity refers to the duty one has to keep a commitment once it is made (Veatch, Haddad, & English, 2010). In the health professions, this commitment refers to promises made between a provider and a client or patient based on an expectation of loyalty, staying with the patient in a time of need, and compliance with a code of ethics. These promises can be implied or explicit. The duty to disclose information that is potentially meaningful in making decisions is one obligation of the moral contract between provider and client or patient (Veatch et al., 2010).

Whereas respecting Fidelity requires occupational therapy personnel to meet the client’s reasonable expectations, the Principle also addresses maintaining respectful collegial and organizational relationships (Purlito & Doherty, 2011). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. Practitioners, educators, and researchers alike must consistently balance their duties to service recipients, students, research participants, and other professionals as well as to organizations that may influence decision making and professional practice.

Related Standards of Conduct
Occupational therapy personnel shall

A. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws.

B. Address incompetent, disruptive, unethical, illegal, or impaired practice that jeopardizes the safety or well-being of others and team effectiveness.
C. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research.

D. Avoid using one’s position (employee or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations.

E. Be diligent stewards of human, financial, and material resources of their employers, and refrain from exploiting these resources for personal gain.

F. Refrain from verbal, physical, emotional, or sexual harassment of peers or colleagues.

G. Refrain from communication that is derogatory, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue.

H. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients.

I. Respect the practices, competencies, roles, and responsibilities of their own and other professions to promote a collaborative environment reflective of interprofessional teams.

J. Use conflict resolution and internal and alternative dispute resolution resources as needed to resolve organizational and interpersonal conflicts, as well as perceived institutional ethics violations.

K. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization’s official and authorized positions.

L. Refrain from actions that reduce the public’s trust in occupational therapy.

M. Self-identify when personal, cultural, or religious values preclude, or are anticipated to negatively affect, the professional relationship or provision of services, while adhering to organizational policies when requesting an exemption from service to an individual or group on the basis of conflict of conscience.

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discourse in occupational therapy research and intervention. *American Journal of Occupational Therapy*, 63, 7–12. [http://dx.doi.org/10.5014/ajot.63.1.7](http://dx.doi.org/10.5014/ajot.63.1.7)


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*Adopted by the Representative Assembly 2015AprilC3.*

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APPENDIX II STANDARDS OF PRACTICE FOR OCCUPATIONAL THERAPY
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STANDARDS OF PRACTICE FOR OCCUPATIONAL THERAPY

This document defines minimum standards for the practice of occupational therapy. The practice of occupational therapy means the therapeutic use of occupations (everyday life activities) with persons, groups, and populations for the purpose of participation in roles and situations in the home, school, workplace, community, or other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction.

Occupational therapy addresses the physical, cognitive, psychosocial, sensory–perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life (American Occupational Therapy Association [AOTA], 2011). The overarching goal of occupational therapy is to support people in participation in life through engagement in occupation for “habilitation, rehabilitation, and promotion of health and wellness for clients with disability- and non–disability-related needs” (AOTA, 2014b, p. S1).

The Standards of Practice for Occupational Therapy are requirements for occupational therapists and occupational therapy assistants for the delivery of occupational therapy services. The Reference Manual of the Official Documents of the American Occupational Therapy Association, Inc. (AOTA, 2015b) contains documents that clarify and support occupational therapy practice, as do various issues of the American Journal of Occupational Therapy. These documents are reviewed and updated on an ongoing basis for their applicability.

Education, Examination, and Licensure Requirements

All occupational therapists and occupational therapy assistants must practice under federal and state laws. To practice as an occupational therapist, the individual must

- Have graduated from an occupational therapy program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) or predecessor organizations;
- Have successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapists that is accredited by ACOTE or predecessor organizations;
- Have passed the entry-level examination for occupational therapists approved by the state occupational therapy regulatory board or agency; and
- Fulfill state requirements for licensure, certification, or registration. Internationally educated occupational therapists must complete occupational therapy education programs (including fieldwork requirements) that are deemed comparable (by the credentialing body recognized by the state occupational therapy regulatory board or agency) to entry-level occupational therapy education programs in the United States.
To practice as an occupational therapy assistant, the individual must

- Have graduated from an occupational therapy assistant program accredited by ACOTE or predecessor organizations;
- Have successfully completed a period of supervised fieldwork experience required by the recognized educational institution where the applicant met the academic requirements of an educational program for occupational therapy assistants that is accredited by ACOTE or predecessor organizations;
- Have passed the entry-level examination for occupational therapy assistants approved by the state occupational therapy regulatory board or agency; and
- Fulfill state requirements for licensure, certification, or registration.

**Definitions**

The following definitions are used in this document. All definitions are retrieved from the *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2014b) unless noted otherwise:

- **Activities**: Actions designed and selected to support the development of performance skills and performance patterns to enhance occupational engagement (AOTA, 2014b, p. S41).
- **Assessments**: “Specific tools or instruments that are used during the evaluation process” (AOTA, 2010, p. S107).
- **Client**: Person or persons (including those involved in the care of a client), group (collective of individuals, e.g., families, workers, students, or community members), or population (collective of groups or individuals living in a similar locale—e.g., city, state, or country—or sharing the same or like concerns) (AOTA, 2014b, p. S41).
- **Evaluation**: “Process of obtaining and interpreting data necessary for intervention. This includes planning for and documenting the evaluation process and results” (AOTA, 2010, p. S107).
- **Intervention**: “Process and skilled actions taken by occupational therapy practitioners in collaboration with the client to facilitate engagement in occupation related to health and participation. The intervention process includes the plan, implementation, and review” (AOTA, 2010, p. S107; see Table 6).
- **Occupation**: Daily life activities in which people engage. Occupations occur in context and are influenced by the interplay among client factors, performance skills, and performance patterns. Occupations occur over time; have purpose, meaning, and perceived utility to the client; and can be observed by others (e.g., preparing a meal) or be known only to the person involved (e.g., learning through reading a textbook). Occupations can involve the execution of multiple activities for completion and can result in various outcomes. The *Framework* identifies a broad range of occupations categorized as activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation (AOTA, 2014b, p. S43).
- **Outcome**: End result of the occupational therapy process; what clients can achieve through occupational therapy intervention (AOTA, 2014b, p. S44).
- **Reevaluation**: Reappraisal of the client’s performance and goals to determine the type and
amount of change that has taken place (AOTA, 2014b, p. S45).

- **Screening:** Obtaining and reviewing data relevant to a potential client to determine the need for further evaluation and intervention.
- **Transitions:** Actions coordinated to prepare for or facilitate a change, such as from one functional level to another, from one life [change] to another, from one program to another, or from one environment to another.

**Standard I. Professional Standing and Responsibility**

1. An occupational therapy practitioner (occupational therapist or occupational therapy assistant) delivers occupational therapy services that reflect the philosophical base of occupational therapy and are consistent with the established principles and concepts of theory and practice.

2. An occupational therapy practitioner is knowledgeable about and delivers occupational therapy services in accordance with AOTA standards, policies, and guidelines and state, federal, and other regulatory and payer requirements relevant to practice and service delivery.

3. An occupational therapy practitioner maintains current licensure, registration, or certification as required by law or regulation.


5. An occupational therapy practitioner abides by the *Standards for Continuing Competence (AOTA, 2015c)* by establishing, maintaining, and updating professional performance, knowledge, and skills.

6. An occupational therapist is responsible for all aspects of occupational therapy service delivery and is accountable for the safety and effectiveness of the occupational therapy service delivery process (AOTA, 2014a).

7. An occupational therapy assistant is responsible for providing safe and effective occupational therapy services under the “direct and indirect” supervision of and in partnership with the occupational therapist and in accordance with laws or regulations and AOTA documents (AOTA, 2014a).

8. An occupational therapy practitioner maintains current knowledge of legislative, political, social, cultural, societal, and reimbursement issues that affect clients and the practice of occupational therapy.

9. An occupational therapy practitioner is knowledgeable about evidence-based practice and applies it ethically and appropriately to provide occupational therapy services consistent with best practice approaches.

10. An occupational therapy practitioner obtains the client’s consent throughout the occupational therapy process.

11. An occupational therapy practitioner is an effective advocate for the client’s intervention and/or accommodation needs.

12. An occupational therapy practitioner is an integral member of the interdisciplinary collaborative health care team. He or she consults with team and family members to ensure the client-centeredness of evaluation and intervention practices.
13. An occupational therapy practitioner respects the client’s sociocultural background and provides client-centered and family-centered occupational therapy services.

**Standard II. Screening, Evaluation, and Reevaluation**

1. An occupational therapist is responsible for all aspects of the screening, evaluation, and reevaluation process.
2. An occupational therapist accepts and responds to referrals in compliance with state or federal laws, other regulatory and payer requirements, and AOTA documents.
3. An occupational therapist, in collaboration with the client, evaluates the client’s ability to participate in daily life tasks, roles, and responsibilities by considering the client’s history, goals, capacities, and needs; analysis of task components; the activities and occupations the client wants and needs to perform; and the environments and context in which these activities and occupations occur.
4. An occupational therapist initiates and directs the screening, evaluation, and reevaluation process and analyzes and interprets the data in accordance with federal and state laws, other regulatory and payer requirements, and AOTA documents.
5. An occupational therapy assistant contributes to the screening, evaluation, and reevaluation process by administering delegated assessments and by providing verbal and written reports of observations and client capacities to the occupational therapist in accordance with federal and state laws, other regulatory and payer requirements, and AOTA documents.
6. An occupational therapy practitioner uses current assessments and assessment procedures and follows defined protocols of standardized assessments and needs assessment methods during the screening, evaluation, and reevaluation process.
7. An occupational therapist completes and documents the results of the occupational therapy evaluation. An occupational therapy assistant may contribute to the documentation of evaluation results. An occupational therapy practitioner abides by the time frames, formats, and standards established by practice settings, federal and state laws, other regulatory and payer requirements, external accreditation programs, and AOTA documents.
8. An occupational therapy practitioner communicates screening, evaluation, and reevaluation results within the boundaries of client confidentiality and privacy regulations to the appropriate person, group, or population.
9. An occupational therapist recommends additional consultations or refers clients to appropriate resources when the needs of the client can best be served by the expertise of other professionals or services.
10. An occupational therapy practitioner educates current and potential referral sources about the scope of occupational therapy services and the process of initiating occupational therapy services.

**Standard III: Intervention Process**

1. An occupational therapist has overall responsibility for the development, documentation, and implementation of the occupational therapy intervention plan based on the
evaluation, client goals, best available evidence, and professional and clinical reasoning. When delegating aspects of the occupational therapy intervention to the occupational therapy assistant, the occupational therapist is responsible for providing appropriate supervision.

2. An occupational therapist ensures that the intervention plan is documented within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, state and federal laws, and other regulatory and payer requirements.

3. An occupational therapy practitioner collaborates with the client to develop and implement the intervention plan, on the basis of the client’s needs and priorities, safety issues, and relative benefits and risks of the interventions and service delivery.

4. An occupational therapy practitioner coordinates the development and implementation of the occupational therapy intervention with the intervention provided by other professionals, when appropriate.

5. An occupational therapy practitioner uses professional and clinical reasoning, available evidence-based practice, and therapeutic use of self to select and implement the most appropriate types of interventions. Preparatory methods and tasks, education and training, advocacy, and group interventions are used, with meaningful occupations as the primary treatment modality, both as an ends and a means.

6. An occupational therapy assistant selects, implements, and makes modifications to therapeutic interventions that are consistent with the occupational therapy assistant’s demonstrated competency and delegated responsibilities, the intervention plan, and requirements of the practice setting.

7. An occupational therapist modifies the intervention plan throughout the intervention process and documents changes in the client’s needs, goals, and performance.

8. An occupational therapy assistant contributes to the modification of the intervention plan by exchanging information with and providing documentation to the occupational therapist about the client’s responses to and communications throughout the intervention.

9. An occupational therapy practitioner documents the occupational therapy services provided within the time frames, formats, and standards established by the practice settings, agencies, external accreditation programs, federal and state laws, other regulatory and payer requirements, and AOTA documents.

**Standard IV. Transition, Discharge, and Outcome Measurement**

1. An occupational therapist is responsible for selecting, measuring, documenting, and interpreting expected and achieved outcomes that are related to the client’s ability to engage in occupations.

2. An occupational therapist is responsible for documenting changes in the client’s performance and capacities and for transitioning the client to other types or intensity of service or discontinuing services when the client has achieved identified goals, reached maximum benefit, or does not desire to continue services.

3. An occupational therapist prepares and implements a transition or discontinuation plan based on the client’s needs, goals, performance, and appropriate follow-up resources.
4. An occupational therapy assistant contributes to the transition or discontinuation plan by providing information and documentation to the supervising occupational therapist related to the client’s needs, goals, performance, and appropriate follow-up resources.

5. An occupational therapy practitioner facilitates the transition or discharge process in collaboration with the client, family members, significant others, other professionals (e.g., medical, educational, social services), and community resources, when appropriate.

6. An occupational therapist is responsible for evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.

7. An occupational therapy assistant contributes to evaluating the safety and effectiveness of the occupational therapy processes and interventions within the practice setting.

8. The occupational therapy practitioner responsibly reports outcomes to payers and referring entities as well as to relevant local, regional, and national databases and registries, when appropriate.

References


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Adopted by the Representative Assembly, 2015NovCO14
Note. These standards are intended as recommended guidelines to assist occupational therapy practitioners in the provision of occupational therapy services. These standards serve as a minimum standard for occupational therapy practice and are applicable to all individual populations and the programs in which these individuals are served.
This revision replaces the 2010 document Standards of Practice for Occupational Therapy (previously published and copyrighted in 2010 by the American Occupational Therapy Association in the American Journal of Occupational Therapy, 64(Suppl.), S106–S111. http://dx.doi.org/10.5014/ajot.2010.64S106
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APPENDIX III  FLORIDA STATUTES: OCCUPATIONAL THERAPY PRACTICE

PART III
OCCUPATIONAL THERAPY

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468.201  Short title; purpose.—

(1) This act shall be known and may be cited as the “Occupational Therapy Practice Act.”

(2) It is the purpose of this act to provide for the regulation of persons offering occupational therapy services to the public in order to:

a. Safeguard the public health, safety, and welfare.

b. Protect the public from being misled by incompetent, unscrupulous, and unauthorized persons.

c. Assure the highest degree of professional conduct on the part of occupational therapists and occupational therapy assistants.

d. Assure the availability of occupational therapy services of high quality to persons in need of such services.

History.—ss. 1, 2, ch. 75-179; s. 2, ch. 81-318; ss. 12, 13, ch. 84-4; s. 4, ch. 91-429.

468.203  Definitions.—As used in this act, the term:

(1) “Association” means the Florida Occupational Therapy Association.

(2) “Board” means the Board of Occupational Therapy Practice.

(3) “Occupational therapist” means a person licensed to practice occupational therapy as defined in this act and whose license is in good standing.

(4) “Occupational therapy” means the use of purposeful activity or interventions to achieve functional outcomes.

a. For the purposes of this subsection:

i. “Achieving functional outcomes” means to maximize the independence and the maintenance of health of any individual who is limited by a
physical injury or illness, a cognitive impairment, a psychosocial
dysfunction, a mental illness, a developmental or a learning disability, or
an adverse environmental condition.

ii. “Assessment” means the use of skilled observation or the administration
and interpretation of standardized or nonstandardized tests and
measurements to identify areas for occupational therapy services.

b. Occupational therapy services include, but are not limited to:

i. The assessment, treatment, and education of or consultation with the
individual, family, or other persons.

ii. Interventions directed toward developing daily living skills, work
readiness or work performance, play skills or leisure capacities, or
enhancing educational performance skills.

iii. Providing for the development of: sensory-motor, perceptual, or
neuromuscular functioning; range of motion; or emotional, motivational,
cognitive, or psychosocial components of performance.

(5) These services may require assessment of the need for use of interventions such as the
design, development, adaptation, application, or training in the use of assistive
technology devices; the design, fabrication, or application of rehabilitative technology
such as selected orthotic devices; training in the use of assistive technology; orthotic or
prosthetic devices; the application of physical agent modalities as an adjunct to or in
preparation for purposeful activity; the use of ergonomic principles; the adaptation of
environments and processes to enhance functional performance; or the promotion of
health and wellness.

a. The use of devices subject to 21 C.F.R. s. 801.109 and identified by the board is
expressly prohibited except by an occupational therapist or occupational therapy
assistant who has received training as specified by the board. The board shall
adopt rules to carry out the purpose of this provision.

(6) “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.

(7) “Occupational therapy assistant” means a person licensed to assist in the practice of
occupational therapy, who works under the supervision of an occupational therapist,
and whose license is in good standing.

(8) “Person” means any individual, partnership, unincorporated organization, or corporate
body, except that only an individual may be licensed under this act.

(9) “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.

**History.**—s. 3, ch. 75-179; s. 1, ch. 78-18; s. 333, ch. 81-259; s. 2, ch. 81-318; ss. 1, 12, 13, ch. 84-4; s. 1, ch. 90-22; s. 4, ch. 91-429; s. 107, ch. 92-149; s. 123, ch. 97-264.

**468.204 Authority to adopt rules.**—The board has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this part conferring duties upon it.

**History.**—ss. 2, 13, ch. 84-4; s. 4, ch. 91-429; s. 133, ch. 98-200.

**468.205 Board of Occupational Therapy Practice.**—

(1) There is created within the department the Board of Occupational Therapy Practice, composed of seven members appointed by the Governor, subject to confirmation by the Senate.

(2) Four members shall be licensed occupational therapists in good standing in this state who are residents of this state and have been engaged in the practice of occupational therapy for at least 4 years immediately prior to their appointment. One member shall be a licensed occupational therapy assistant in good standing in this state who is a resident of the state and has been engaged in the practice of occupational therapy for at least 4 years immediately prior to the appointment. Two members shall be consumers who are residents of the state who are not connected with the practice of occupational therapy.

(3) Within 90 days after the effective date of this act, the Governor shall appoint the board as follows:

   a. Two members for terms of 2 years each.
   b. Two members for terms of 3 years each.
   c. Three members for terms of 4 years each.

(4) As the terms of the members expire, the Governor shall appoint successors for terms of 4 years and such members shall serve until their successors are appointed.

(5) All provisions of chapter 456 relating to activities of the board shall apply.

**History.**—s. 6, ch. 75-179; s. 171, ch. 77-104; s. 2, ch. 81-318; s. 1, ch. 82-46; s. 2, ch. 83-265; ss. 3, 12, 13, ch. 84-4; s. 2, ch. 90-22; s. 4, ch. 91-429; s. 124, ch. 97-264; s. 82, ch. 98-166; s. 140, ch. 2000-160.

**468.207 License required.**—No person shall practice occupational therapy or hold himself or herself out as an occupational therapist or an occupational therapy assistant or as being able to practice occupational therapy or to render occupational therapy services in the state unless he or she is licensed in accordance with the provisions of this act.

**History.**—s. 4, ch. 75-179; s. 2, ch. 81-318; ss. 12, 13, ch. 84-4; s. 4, ch. 91-429; s. 276, ch. 97-103.

**468.209 Requirements for licensure.**—

(1) An applicant applying for a license as an occupational therapist or as an occupational therapy assistant shall file a written application, accompanied by the application for licensure fee prescribed in s. 468.221, on forms provided by the department, showing to the satisfaction of the board that she or he:

   a. Is of good moral character.

   b. Has successfully completed the academic requirements of an educational program in occupational therapy recognized by the board, with concentration in
biologic or physical science, psychology, and sociology, and with education in selected manual skills. Such a program shall be accredited by the American Occupational Therapy Association’s Accreditation Council for Occupational Therapy Education, or its successor.

c. Has successfully completed a period of supervised fieldwork experience at a recognized educational institution or a training program approved by the educational institution where she or he met the academic requirements. For an occupational therapist, a minimum of 6 months of supervised fieldwork experience is required. For an occupational therapy assistant, a minimum of 2 months of supervised fieldwork experience is required.

d. Has passed an examination conducted or adopted by the board as provided in s. 468.211.

(2) (An applicant who has practiced as a state-licensed or American Occupational Therapy Association-certified occupational therapy assistant for 4 years and who, prior to January 24, 1988, completed a minimum of 6 months of supervised occupational-therapist-level fieldwork experience may take the examination to be licensed as an occupational therapist without meeting the educational requirements for occupational therapists made otherwise applicable under paragraph (1)(b).

(3) If the board determines that an applicant is qualified to be licensed by endorsement under s. 468.213, the board may issue the applicant a temporary permit to practice occupational therapy until the next board meeting at which license applications are to be considered, but not for a longer period of time. Only one temporary permit by endorsement shall be issued to an applicant, and it shall not be renewable.

(4) If the board determines that the applicant has not passed an examination, which examination is recognized by the board, to determine competence to practice occupational therapy and is not qualified to be licensed by endorsement, but has otherwise met all the requirements of this section and has made application for the next scheduled examination, the board may issue the applicant a temporary permit allowing her or him to practice occupational therapy under the supervision of a licensed occupational therapist until notification of the results of the examination. An individual who has passed the examination may continue to practice occupational therapy under her or his temporary permit until the next meeting of the board. An individual who has failed the examination shall not continue to practice occupational therapy under her or his temporary permit; and such permit shall be deemed revoked upon notification to the board of the examination results and the subsequent, immediate notification by the board to the applicant of the revocation. Only one temporary permit by examination shall be issued to an applicant, and it shall not be renewable. However, applicants enrolled in a full-time advanced master’s occupational therapy education program who have completed all requirements for licensure except examination shall, upon written request, be granted a temporary permit valid for 6 months even if that period extends beyond the next examination, provided the applicant has not failed the examination. This permit shall remain valid only while the applicant remains a full-time student and, upon written request, shall be renewed once for an additional 6 months.
(5) An applicant seeking reentry into the profession who has not been in active practice within the last 5 years must, prior to applying for licensure, submit to the board documentation of continuing education as prescribed by rule.

History.—s. 7, ch. 75-179; s. 1, ch. 77-174; s. 2, ch. 78-18; s. 2, ch. 81-318; ss. 4, 12, 13, ch. 84-4; s. 4, ch. 91-429; s. 277, ch. 97-103; s. 125, ch. 97-264.

468.211 Examination for licensure.—

(1) Any person applying for licensure shall, in addition to demonstrating his or her eligibility in accordance with the requirements of s. 468.209, make application to the board or the appropriate examining entity for examination, upon a form and in such a manner as the board or the examining entity prescribes. Such application shall be accompanied by the nonrefundable fee prescribed by s. 468.221 or by a fee established by the examining entity. A person who fails an examination may make application for reexamination accompanied by the prescribed fee; such person shall also reapply to the board for licensure in the manner prescribed in s. 468.209.

(2) Each applicant for licensure under this act shall be examined in a manner determined by the board in a written examination to test his or her knowledge of the basic and clinical sciences relating to occupational therapy and occupational therapy theory and practice, including the applicant’s professional skills and judgment in the utilization of occupational therapy techniques and methods, and such other subjects as the board may deem useful to determine the applicant’s fitness to practice. The board shall establish standards for acceptable performance.

(3) Applicants for licensure shall be examined at such times and places and under such supervision as the board may determine. Examinations shall be given at least twice each year at such places within this state as the board may determine, and the board shall give reasonable public notice of such examinations in accordance with its rules at least 60 days prior to their administration and shall notify by mail each individual examination applicant of the time and place of their administration.

(4) The board may, by rule, adopt the use of a national examination in lieu of part or all of the examination required by this section; and a reasonable passing score shall be set by rule of the board.

(5) Applicants may obtain their examination scores and review their papers in accordance with such rules as the board may establish.

(6) If an applicant fails to pass the examination in three attempts, the applicant shall not be eligible for reexamination unless the applicant completes additional education or training requirements prescribed by the board. An applicant who has completed the additional education or training requirements prescribed by the board may take the examination on two more occasions. If the applicant has failed to pass the examination after five attempts, the applicant is no longer eligible to take the examination.

History.—s. 8, ch. 75-179; s. 2, ch. 81-318; ss. 5, 12, 13, ch. 84-4; s. 4, ch. 91-429; s. 278, ch. 97-103; s. 126, ch. 97-264.

468.213 Licensure by endorsement.—

(1) The board may waive the examination and grant a license to any person who presents proof of current certification as an occupational therapist or occupational therapy
assistant by a national certifying organization if the board determines the requirements for such certification to be equivalent to the requirements for licensure in this act.

(2) The board may waive the examination and grant a license to any applicant who presents proof of current licensure as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or any territory or jurisdiction of the United States or foreign national jurisdiction which requires standards for licensure determined by the board to be equivalent to the requirements for licensure in this act.

History.—s. 9, ch. 75-179; s. 2, ch. 81-318; ss. 6, 12, 13, ch. 84-4; s. 4, ch. 91-429; s. 127, ch. 97-264.

468.215 Issuance of license.—

(1) The board shall issue a license to any person who meets the requirements of this act upon payment of the license fee prescribed.

(2) Any person who is issued a license as an occupational therapist under the terms of this act may use the words “occupational therapist,” “licensed occupational therapist,” or “occupational therapist registered,” or he or she may use the letters “O.T.,” “L.O.T.,” or “O.T.R.,” in connection with his or her name or place of business to denote his or her registration hereunder.

(3) Any person who is issued a license as an occupational therapy assistant under the terms of this act may use the words “occupational therapy assistant,” “licensed occupational therapy assistant,” or “certified occupational therapy assistant,” or he or she may use the letters, “O.T.A.,” “L.O.T.A.,” or “C.O.T.A.,” in connection with his or her name or place of business to denote his or her registration hereunder.

History.—s. 10, ch. 75-179; s. 2, ch. 81-318; ss. 12, 13, ch. 84-4; s. 4, ch. 91-429; s. 279, ch. 97-103.

468.217 Denial of or refusal to renew license; suspension and revocation of license and other disciplinary measures.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

a. Attempting to obtain, obtaining, or renewing a license to practice occupational therapy by bribery, by fraudulent misrepresentation, or through an error of the department or the board.

b. Having a license to practice occupational therapy revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.

c. Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of occupational therapy or to the ability to practice occupational therapy. A plea of nolo contendere shall be considered a conviction for the purposes of this part.

d. False, deceptive, or misleading advertising.

e. Advertising, practicing, or attempting to practice under a name other than one’s own name.

f. Failing to report to the department any person who the licensee knows is in violation of this part or of the rules of the department or of the board.
g. Aiding, assisting, procuring, or advising any unlicensed person to practice occupational therapy contrary to this part or to a rule of the department or the board.

h. Failing to perform any statutory or legal obligation placed upon a licensed occupational therapist or occupational therapy assistant.

i. Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records include only those which are signed in the capacity as a licensed occupational therapist or occupational therapy assistant.

j. Paying or receiving any commission, bonus, kickback, or rebate to or from, or engaging in any split-fee arrangement in any form whatsoever with, a physician, organization, agency, or person, either directly or indirectly, for patients referred to providers of health care goods and services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. The provisions of this paragraph shall not be construed to prevent an occupational therapist or occupational therapy assistant from receiving a fee for professional consultation services.

k. Exercising influence within a patient-therapist relationship for purposes of engaging a patient in sexual activity. A patient is presumed to be incapable of giving free, full, and informed consent to sexual activity with the patient’s occupational therapist or occupational therapy assistant.

l. Making deceptive, untrue, or fraudulent representations in the practice of occupational therapy or employing a trick or scheme in the practice of occupational therapy if such scheme or trick fails to conform to the generally prevailing standards of treatment in the occupational therapy community.

m. Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A “solicitation” is any communication which directly or implicitly requests an immediate oral response from the recipient.

n. Failing to keep written records justifying the course of treatment of the patient, including, but not limited to, patient histories, examination results, and test results.

o. Exercising influence on the patient or client in such a manner as to exploit the patient or client for financial gain of the licensee or of a third party which includes, but is not limited to, the promoting or selling of services, goods, appliances, or drugs.

p. Performing professional services which have not been duly authorized by the patient or client, or his or her legal representative, except as provided in s. 768.13.

q. Gross or repeated malpractice or the failure to practice occupational therapy with that level of care, skill, and treatment which is recognized by a reasonably prudent similar occupational therapist or occupational therapy assistant as being acceptable under similar conditions and circumstances.
r. Performing any procedure which, by the prevailing standards of occupational therapy practice in the community, would constitute experimentation on a human subject without first obtaining full, informed, and written consent.

s. Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform.

t. Being unable to practice occupational therapy with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon probable cause, authority to compel an occupational therapist or occupational therapy assistant to submit to a mental or physical examination by physicians designated by the department. The failure of an occupational therapist or occupational therapy assistant to submit to such examination when so directed constitutes an admission of the allegations against him or her, upon which a default and final order may be entered without the taking of testimony or presentation of evidence, unless the failure was due to circumstances beyond his or her control. An occupational therapist or occupational therapy assistant affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume the competent practice of occupational therapy with reasonable skill and safety to patients. In any proceeding under this paragraph, neither the record of proceedings nor the orders entered by the board shall be used against an occupational therapist or occupational therapy assistant in any other proceeding.

u. Delegating professional responsibilities to a person when the licensee who is delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them.

v. Violating a lawful order of the board or department previously entered in a disciplinary hearing or failing to comply with a lawfully issued subpoena of the department.

w. Conspiring with another licensee or with any other person to commit an act, or committing an act, which would tend to coerce, intimidate, or preclude another licensee from lawfully advertising his or her services.

x. Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

(2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).

(3) The board may not reinstate the license of an occupational therapist or occupational therapy assistant, or cause a license to be issued to a person it has deemed unqualified, until such time as the board is satisfied that such person has complied with all the terms and conditions set forth in the final order and is capable of safely engaging in the practice of occupational therapy.
History.—s. 11, ch. 75-179; s. 36, ch. 78-95; s. 2, ch. 81-318; ss. 7, 12, 13, ch. 84-4; s. 4, ch. 91-429; s. 280, ch. 97-103; s. 39, ch. 2001-277; s. 15, ch. 2005-240.

468.219 Renewal of license; continuing education.—
(1) Licenses issued under this part are subject to biennial renewal as provided in s. 456.004.
(2) The board may by rule prescribe continuing education requirements, not to exceed 30 contact hours biennially, as a condition for renewal of licensure. The program criteria for those requirements must be approved by the board.

History.—s. 12, ch. 75-179; s. 2, ch. 81-318; ss. 8, 12, 13, ch. 84-4; s. 4, ch. 91-429; s. 194, ch. 94-119; s. 83, ch. 98-166; s. 141, ch. 2000-160.

468.221 Fees.—
(1) The board shall prescribe, and publish in the manner established by its rules, fees in amounts determined by the board for the following purposes:
   a. Application for license.
   b. Examination fee.
   c. Initial license fee.
   d. Renewal of active license fee.
   e. Delinquency fee.
   f. Application for inactive license fee.
   g. Renewal of inactive license fee.
   h. Reactivation fee.
(2) Such fees shall be set in such amounts as to reimburse the state, to the extent feasible, for the cost of the services rendered.

History.—s. 13, ch. 75-179; s. 2, ch. 81-318; ss. 9, 12, 13, ch. 84-4; s. 4, ch. 91-429; s. 195, ch. 94-119.

468.223 Prohibitions; penalties.—
(1) A person may not:
   a. Practice occupational therapy unless such person is licensed pursuant to ss. 468.201-468.225;
   b. Use, in connection with his or her name or place of business, the words “occupational therapist,” “licensed occupational therapist,” “occupational therapist registered,” “occupational therapy assistant,” “licensed occupational therapy assistant,” “certified occupational therapy assistant”; the letters “O.T.,” “L.O.T.,” “O.T.R.,” “O.T.A.,” “L.O.T.A.,” or “C.O.T.A.”; or any other words, letters, abbreviations, or insignia indicating or implying that he or she is an occupational therapist or an occupational therapy assistant or, in any way, orally or in writing, in print or by sign, directly or by implication, to represent himself or herself as an occupational therapist or an occupational therapy assistant unless the person is a holder of a valid license issued pursuant to ss. 468.201-468.225;
   c. Present as his or her own the license of another;
   d. Knowingly give false or forged evidence to the board or a member thereof;
   e. Use or attempt to use a license which has been suspended, revoked, or placed on inactive or delinquent status;
   f. Employ unlicensed persons to engage in the practice of occupational therapy; or
   g. Conceal information relative to any violation of ss. 468.201-468.225.
(2) Any person who violates any provision of this section commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

History.—s. 14, ch. 75-179; s. 2, ch. 81-318; ss. 10, 12, 13, ch. 84-4; s. 3, ch. 90-22; s. 4, ch. 91-429; s. 196, ch. 94-119; s. 281, ch. 97-103.

468.225 Exemptions.—

(1) Nothing in this act shall be construed as preventing or restricting the practice, services, or activities of:

a. Any person licensed in this state by any other law from engaging in the profession or occupation for which he or she is licensed.

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

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

d. Any person fulfilling the supervised fieldwork experience requirements of s. 468.209, if such activities and services constitute a part of the experience necessary to meet the requirements of that section.

(2) No provision of this act shall be construed to prohibit physicians, physician assistants, nurses, physical therapists, osteopathic physicians or surgeons, clinical psychologists, speech-language pathologists, or audiologists from using occupational therapy as a part of or incidental to their profession, when they practice their profession under the statutes applicable to their profession.

History.—s. 5, ch. 75-179; s. 1, ch. 77-174; s. 2, ch. 81-318; ss. 12, 13, ch. 84-4; s. 4, ch. 90-22; s. 4, ch. 91-429; s. 282, ch. 97-103; s. 128, ch. 97-264.

Source:
**APPENDIX IV PROFESSIONAL BEHAVIOR SELF-EVALUATION**

(Note – this form should be used by students to assess their progression in development of professional behaviors each semester and shared with academic advisor; it is also used by Fieldwork Educators to assess student performance.)

Student's Name: ________________________ Advisor: ________________________

CIRCLE THE NUMBER THAT RELATES TO YOUR PERFORMANCE FOR EACH OF THE 12 PROFESSIONAL BEHAVIORS.

<table>
<thead>
<tr>
<th>Professional Behaviors</th>
<th>Exceeds Standards</th>
<th>Meets Standards</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points</td>
<td>5.0</td>
<td>4.0</td>
<td>3.0</td>
<td>2.0</td>
<td>(4.0)</td>
</tr>
<tr>
<td>1. Time Management Skills:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider ability to be prompt, arrive on time, and complete assignments on time.</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Organization:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider ability to set priorities, be dependable, be organized, follow through with responsibilities</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Engagement in the coursework:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider student's apparent level of interest, level of active participation while in class; investment in individuals and learning outcomes.</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Self-Directed Learning:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider ability to take responsibility for own learning; demonstrate motivation.</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. Reasoning/Problem solving:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; understand the OT process.</td>
<td></td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>6. Written Communication:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider grammar, spelling, legibility, successful completion of written assignments, documentation skills.</td>
<td></td>
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<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Initiative:</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider initiative, ability to seek and acquire information from a variety of sources; demonstrates flexibility as needed.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Behaviors</td>
<td>Exceeds Standards</td>
<td>Meets Standards</td>
<td>Needs Improvement</td>
<td>Unsatisfactory</td>
<td>N/A</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Points</strong></td>
<td>5.0</td>
<td>4.0</td>
<td>3.0</td>
<td>2.0</td>
<td>(4.0)</td>
</tr>
<tr>
<td><strong>8. Observation skills:</strong></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider ability to observe relevant behaviors related to occupational performance and client factors, and to verbalize perceptions and observations. Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9. Participation in Group Process:</strong></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider ability to give, receive and respond to feedback; seek guidance when necessary; follow proper channels. Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10. Verbal communication and Interpersonal skills with clients/staff/caregivers:</strong></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider ability to interact appropriately with individuals such as eye contact, empathy, limit setting, respectfulness, use of authority, etc; degree/quality of verbal interactions; use of body language and non-verbal communication; exhibits confidence. Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11. Professional and Personal Boundaries:</strong></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider ability to recognize and handle personal / professional frustrations; balance personal/professional obligations; handle responsibilities; work with others cooperatively, considerately, and effectively; responsiveness to social cues. Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12. Use of professional terminology:</strong></td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>N/A</td>
</tr>
<tr>
<td>Consider ability to respect confidentiality; appropriately apply professional terminology (i.e. Occupational Therapy Practice Framework, acronyms, abbreviations, etc) in written and oral communication. Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student’s Signature: ________________________________________________________________
I have heard the student appraisal. Advisor’s Signature: ________________________________
Comments:
STUDENT PROFESSIONAL BEHAVIOR SELF-EVALUATION GRADING GUIDELINES
(Modified with the permission from the Philadelphia Region Occupational Therapy Fieldwork Consortium)

Indicate your level of performance using the scale below.

5 – Exceeds Standards: Performance is highly skilled and self-initiated. Carries out tasks and activities consistently. Performance is the best expected from any student.

4 – Meets Standards: 80% of the time carries out tasks and activities that meet expectations. This rating is used more frequently than others.

3 – Needs Improvement: 70% of the time carries out required tasks and activities.

2 – Unsatisfactory: Opportunities for improvement exist however student has not demonstrated adequate response to feedback.

N/A – Not Applicable: Did not require this Professional Behavior and unable to rate.

<table>
<thead>
<tr>
<th>1. Time Management Skills</th>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td></td>
<td>Performance is highly skilled and self-initiated. Consistently demonstrates the ability to be prompt, arrive on time, and complete assignments on time.</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>4.0</td>
<td></td>
<td>80% of the time needs no supervision or encouragement to be prompt, arrive on time, and complete assignments on time.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td></td>
<td>70% of the time needs no supervision or encouragement to be prompt, arrive on time, and complete assignments on time.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td></td>
<td>Requires continual encouragement to be prompt, arrive on time, and complete assignments on time.</td>
</tr>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td></td>
<td>Professional Behavior was not observed, unable to rate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Organization</th>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td></td>
<td>Performance is highly skilled and self-initiated. Consistently sets priorities, is dependable, organized, and follows through with responsibilities</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>4.0</td>
<td></td>
<td>80% of the time sets priorities, is dependable, organized, and follows through with responsibilities</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td></td>
<td>70% on the time sets priorities, is dependable, organized, and follows through with responsibilities</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td></td>
<td>Does not set priorities, is not dependable, unorganized, and does not follow through with responsibilities</td>
</tr>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td></td>
<td>Professional Behavior was not observed, unable to rate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Engagement in the classroom</th>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td></td>
<td>Performance is highly skilled and self-initiated. Consistently demonstrates apparent level of interest and active participation; and is always invested in the clients and treatment outcomes.</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>4.0</td>
<td></td>
<td>80% of the time demonstrates a level of interest, a level of active participation, and an invested interested in the clients and treatment outcomes.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td></td>
<td>70% of the time demonstrates a level of interest, a level of active participation, and an invested interested in the clients and treatment outcomes.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td></td>
<td>Does not demonstrates any level of interest, level of active participation, and is not invested in clients and treatment outcomes.</td>
</tr>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td></td>
<td>Professional Behavior was not observed, unable to rate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Self-Directed Learning</th>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td></td>
<td>Performance is highly skilled and self-initiated. Consistently demonstrates the ability to take responsibility for own learning and demonstrate motivation.</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>4.0</td>
<td></td>
<td>80% of the time demonstrates the ability to take responsibility for own learning and demonstrate motivation.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td>70% of the time demonstrates the ability to take responsibility for own learning and demonstrate motivation.</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-----</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td>Does not demonstrates the ability to take responsibility for own learning and does no demonstrate motivation.</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td>Professional Behavior was not observed, unable to rate.</td>
<td></td>
</tr>
</tbody>
</table>

5. Reasoning/Problem solving

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td>Performance is highly skilled and self-initiated. Consistently demonstrates the ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; understand the OT process.</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>4.0</td>
<td>Frequently demonstrates the ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; understand the OT process.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td>Occasionally demonstrates the ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; understands the OT process.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td>Does not demonstrate the ability to use self-reflection, willingness to ask questions; ability to analyze, synthesize and interpret information; does not understand the OT process.</td>
</tr>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td>Professional Behavior was not observed, unable to rate.</td>
</tr>
</tbody>
</table>

6. Written Communication

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td>Performance is highly skilled and self-initiated. Consistently demonstrates the ability to use proper grammar, spelling, legibility, successful completion of written assignments, documentation skills.</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>4.0</td>
<td>80% of the time, demonstrates the ability to use proper grammar, spelling, legibility, successful completion of written assignments, documentation skills.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td>70% of the time, demonstrates the ability to use proper grammar, spelling, legibility, successful completion of written assignments, documentation skills.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td>Does not demonstrates the ability to use proper grammar, spelling, legibility, or successful completion of written assignments, documentation skills.</td>
</tr>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td>Professional Behavior was not observed, unable to rate.</td>
</tr>
</tbody>
</table>

7. Initiative

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td>Performance is highly skilled and self-initiated. Consistently exhibits initiative, ability to seek and acquire information from a variety of sources; demonstrates flexibility as needed.</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>4.0</td>
<td>80% of the time, exhibits initiative, ability to seek and acquire information from a variety of sources; demonstrates flexibility as needed.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td>70% of the time, exhibits initiative, ability to seek and acquire information from sources; demonstrates flexibility.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td>Does not exhibit initiative or the ability to seek and acquire information from a variety of sources; or does not demonstrate flexibility as needed.</td>
</tr>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td>Professional Behavior was not observed, unable to rate.</td>
</tr>
</tbody>
</table>

8. Observation skills

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td>Performance is highly skilled and self-initiated. Consistently demonstrates the ability to observe relevant behaviors related to occupational performance and client factors, and to verbalize perceptions and observations.</td>
</tr>
</tbody>
</table>
| Meets Standards         | 4.0    | 80% of the time demonstrates the ability to observe relevant behaviors related to
### Occupational Performance and Client Factors

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td>70% of the time demonstrates the ability to observe relevant behaviors related to occupational performance and client factors, and to verbalize perceptions and observations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td>Does not demonstrate the ability to observe relevant behaviors related to occupational performance and client factors, and cannot verbalize perceptions and observations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N/A</th>
<th>rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td>Professional Behavior was not observed and unable to rate.</td>
</tr>
</tbody>
</table>

### Participation in Group Process

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td>Performance is highly skilled and self-initiated. Consistently demonstrates the ability to give, receive, and respond to feedback; seeks guidance when necessary; follows proper channels.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td>70% of the time demonstrates the ability to give, receive, and respond to feedback; seeks guidance when necessary; and follows proper channels.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N/A</th>
<th>rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td>Professional Behavior was not observed and unable to rate.</td>
</tr>
</tbody>
</table>

### Verbal Communication and Interpersonal Skills

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td>Performance is highly skilled and self-initiated. Constantly demonstrates the ability to interact appropriately with individuals, such as eye contact, empathy, limit setting, respectfulness, use of authority; quality of verbal interactions; use of body language and non-verbal communication; and exhibits confidence.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needs Improvement</th>
<th>rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td>70% of the time demonstrates the ability to interact appropriately with individuals, such as eye contact, empathy, limit setting, respectfulness, use of authority; quality of verbal interactions; use of body language and non-verbal communication; and exhibit confidence.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td>Does not demonstrate the ability to interact appropriately with individuals, does not have good eye contact, empathy, use good limit setting abilities, have respectfulness or use of authority appropriately; does not have quality verbal interactions; does not have appropriate body language or non-verbal communication skills; and does not exhibit confidence.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N/A</th>
<th>rating</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>(4.0)</td>
<td>Professional Behavior was not observed and unable to rate.</td>
</tr>
</tbody>
</table>
### 11. Professional and Personal Boundaries

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td>Performance is highly skilled and self-initiated. Constantly demonstrates ability to recognize and handle personal / professional frustrations; balance personal / professional obligations; handle responsibilities; work with others cooperatively, considerately, and effectively; responsiveness to social cues.</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>4.0</td>
<td>80% of the time demonstrates the ability to recognize and handle personal / professional frustrations; balance personal / professional obligations; handle responsibilities; work with others cooperatively, considerately, and effectively; responsiveness to social cues.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td>70% of the time demonstrates the ability to recognize and handle personal / professional frustrations; balance personal/professional obligations; handle responsibilities; work with others cooperatively, considerately, and effectively; responsiveness to social cues.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td>Does not demonstrates the ability to recognize or handle personal / professional frustrations; balance personal/professional obligations; handle responsibilities; work with others cooperatively, considerately, or effectively; and is unresponsive to social cues.</td>
</tr>
<tr>
<td>N/A</td>
<td>4.0</td>
<td>Professional Behavior was not observed and unable to rate.</td>
</tr>
</tbody>
</table>

### 12. Use of professional terminology

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Standards</td>
<td>5.0</td>
<td>Performance is highly skilled and self-initiated. Consistently respects confidentiality; appropriately applies professional terminology (i.e. the Occupational Therapy Practice Framework, acronyms, abbreviations) in written and oral communication.</td>
</tr>
<tr>
<td>Meets Standards</td>
<td>4.0</td>
<td>80% of the time respects confidentiality; appropriately applies professional terminology (i.e. the Occupational Therapy Practice Framework, acronyms, abbreviations) in written and oral communication.</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>3.0</td>
<td>80% of the time respects confidentiality; appropriately applies professional terminology (i.e. the Occupational Therapy Practice Framework, acronyms, abbreviations) in written and oral communication.</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>2.0</td>
<td>Does not respect confidentiality; does not appropriately apply professional terminology (i.e. the Occupational Therapy Practice Framework, acronyms, abbreviations) in written or in oral communication.</td>
</tr>
<tr>
<td>N/A</td>
<td>4.0</td>
<td>Professional Behavior was not observed and unable to rate.</td>
</tr>
</tbody>
</table>
APPENDIX V  CORRECTIVE ACTION PLAN

Occupational Therapy Program

Corrective Action Plan

Date:__________________________________________________________

Student Name (printed):________________________________________

Faculty Advisor (printed):________________________________________

Reason for Corrective Action:____________________________________

Outline of Corrective Action Plan:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Expected Outcome (include date/time frame for completion):

____________________________________________________________________

____________________________________________________________________

Student Signature:___________________________________________

Advisor Signature:___________________________________________