



Occupational Therapy/Occupational Therapy Assistant Expired License Re-entry Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360-236-4700 for more information. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with Initial documentation and your check or money order payable to:

Department of Health
 PO Box 1099
 Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Occupational Therapy
 Credentialing
 PO Box 47877
 Olympia, WA 98504-7877

Contact us:

360-236-4700

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Health Professions Quality Assurance Program Policy and Procedure

Board: Occupational Therapy

Subject: Re-Entry/Mentorship

Reference: [WAC 246-847-055](#) Initial application for individuals who have not practiced within the past four years

[WAC 246-847-068](#) Expired License (3)

[WAC 246-847-125](#) Applicants currently licensed in other states or territories

Effective Date: October 1, 2004

Supersedes: May 6, 1998, October 10, 1994

1. The re-entry educational program is for occupational therapists and occupational therapy assistants who have not practiced or been licensed in any other United States jurisdiction for a specified period of time. This method of re-entry to the practice of occupational therapy is in accordance with WACs [246-847-055](#), [246-847-068](#), [246-847-125](#). Re-entry can be achieved after a re-entry applicant: (a) has updated his or her knowledge of occupation therapy theory and practice and, (b) possesses the skills necessary to practice occupational therapy at the entry level.
 - 1.1. An initial applicant who has not been actively engaged in the practice of occupation therapy within the past four years must comply with [WAC 246-847-055](#).
 - 1.2. A reactivation applicant who has not been in active practice in another United States jurisdiction within the past three years must comply with [WAC 246-847-068\(3\)\(a\)\(b\)](#).
2. A re-entry program has three phases: self-assessment, study and clinical experience.
 - 2.1. The self-assessment of knowledge and skills is conducted by the re-entry applicant in collaboration with his or her proposed clinical experience supervisor. They must use the forms and instructions provided by the Board. The self-assessment results in an educational plan for study and clinical experience. It is developed with the proposed clinical experience supervisor. The plan is sent to the Board for pre-approval.
 - 2.2. The Board reviews the educational plan and determines whether the goals are reasonable and the activities meet the goals. The Board notifies the applicant of approval or the need to revise the educational plan. Clinical experience begins after the study phase of the educational plan is done or underway.
 - 2.3. The clinical experience supervisor is a therapist or an assistant who has been licensed and in continuous practice Washington for at least two years. Occupational therapist re-entry applicants are supervised by a therapist. Occupational therapy assistant applicants may be supervised by an assistant.

Note: Although the educational plan of the assistant level re-entry applicant may be supervised by a licensed assistant, the re-entry applicant's clinical work must be supervised by a licensed occupational therapist as provided for in [WAC 246-847-010](#).

- 2.3.1. Supervision of the re-entry applicant by the supervisor shall mean documented face to face meetings between the supervisor and the re-entry applicant at intervals as determined necessary by the supervising occupational therapist to (a) establish, review, or revise the client's treatment objectives and (b) ensure completion of education goals. The supervisor must be on-site unless otherwise approved by the Board.
 - 2.3.2. In accordance with [RCW 18.59.040\(3\)](#), when the re-entry applicant is fulfilling clinical experience activities, the re-entry applicant is designated by a title that clearly indicates he or she is a trainee.
3. Once all educational plan activities have been completed and all goals have been achieved, the re-entry applicant and clinical experience supervisor submit their educational plan final reports to the Board for review. The educational plan supervisor forwards to the Board a copy of the Certificate of Completion of an Occupational Therapy Re-Entry Educational Program and the re-entry applicant may be considered for licensure.
4. The Board delegates to the Board Chair and/or Vice Chair to expedite the initial re-entry plan review approval. The re-entry applicant may be considered for licensure only when an official Board quorum decision is made at a regularly scheduled closed session meeting.
5. The educational plan final reports and the license application must be submitted within two years of approval of the education plan.

Re-entry/Mentorship Instructions and Checklist

During your license application review the board may request a completed re-entry/mentorship program. If so, complete the following steps:

Step one:

The board will review and approve your plan, or recommend changes within two weeks. If a specialist review/board consultation is needed, it may take 30 working days for the initial review.

- Re-entry Applicant Data Sheet**—this will be completed by the applicant.
- Re-entry Site and Supervisor Data Sheet**—this will be completed by the supervisor.
- Re-entry Initial Self Assessment**—this will be completed by the applicant.
- Summary of Re-entry Educational Plan and Agreement Form**—this will be completed by the applicant and the supervisor.

Step two:

Recommended changes are sent to the applicant who makes changes and re-submits the materials. If the application is approved, the applicant and supervisor receive notice the applicant is considered to be a student in a board-approved program, and the clinical experience can begin. The forms listed below are to be completed during the clinical experience.

- Re-entry Outcome Assessment Form: Report of Supervised Clinical Experience**—this will be completed by the applicant.
- Re-entry Outcome Assessment Form: Report of Supervised Clinical Experience**—this will be completed by the supervisor.

Step three:

The plan for the clinical experience should be based on an applicant's self-assessment of skills with input from the proposed clinical supervisor. The board provides a self-assessment form for the applicant's use. The applicant may add other items to the self-assessment if he/she wishes. However, at minimum, all items on the Board-provided forms must be completed. The applicant and the supervisor sign an agreement to formalize their working relationship and planned supervision for the re-entry clinical experience.

Step four:

Clinical Experience begins after the board approves the plan. Approval is based on the thoroughness of the applicant's self-assessment and the degree to which the plan appears to provide opportunity to remediate weak areas.

Step five:

When the board receives the final clinical experience outcome reports from the applicant and the supervisor, it determines whether the documentation provides evidence entry level skill competence has been attained.

Step six:

You will be informed of the Board's decision at the earliest possible date.

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Date
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Occupational Therapy Practice Board Re-entry Site and Applicant Data Sheet

1. Applicant Information:

Social Security Number (SSN) (If you do not have a SSN, see instructions)

Name	First	Middle	Last
------	-------	--------	------

Mailing Address

City	State	Zip Code	County
------	-------	----------	--------

Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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License Number	Expiration Date
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Retry Candidates Name

2. Professional Training:

List your professional education and training including college, university, technical or professional training pertaining to the practice of occupational therapy taken prior to passing the AOTCB or NBCOT certification examination.

Start mm/yyyy	End mm/yyyy	Name of Location or Institution	Degree/Certificate	Date Received

3. Fieldwork:

List your fieldwork II sites/addresses

Start mm/yyyy	End mm/yyyy	Name of Location or Institution

4. Coursework

List your courses taken since AOTCB or NBCOT certification. You must submit evidence of completion of coursework.

Start (mm/dd/yyyy)	End (mm/dd/yyyy)	Name of Location of Institution

5. Experience

List in date order, most recent to later, all of your professional experience. Attach additional pages if you need more space.

Start (mm/dd/yyyy)	End (mm/dd/yyyy)	Employer/Activities	Address/Phone Number	Title

6. Membership in Professional Organizations

List names and addresses of any professional organizations in which you hold or have held membership.

Date Joined	Name of Location or Institution

7. Supervisor Information

Your supervisor must hold a current Washington OT/OTA license, and have been in continuous practice for a period of at least two years. A Re-entry Program **cannot** be approved without this information.

Supervisor's Name

Supervisor's Address

City	State	Zip Code	County
Phone (enter 10 digit #)	Cell (enter 10 digit #)	Fax (enter 10 digit #)	
Supervisor's License Number		Expiration Date	

Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of
(Print applicant name clearly)
the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ By: _____
(mm/dd/yyyy) (Original Signature of applicant)

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Date
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Occupational Therapist Practice Board Re-entry Site and Supervisor Data Sheet

1. Supervisor Information:

Social Security Number (SSN) (If you do not have a SSN, see instructions)

Name	First	Middle	Last
------	-------	--------	------

Mailing Address

City	State	Zip Code	County
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Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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License Number	Expiration Date
----------------	-----------------

Retry Candidates Name

2. Employment:

List your employment pertaining to the practice of occupational therapy taken prior to passing the AOTCB or NBCOT certification examination.

Start mm/yyyy	End mm/yyyy	Address	Employer/Activities	Title

3. Supervisor Attestation:

List your current job responsibilities:

List your clinical experience site:

I agree to supervise the above name re-entry candidate during his or her re-entry program. I am a Washington State licensed occupational therapist, and have been in continuous practice for at least two years.

Supervisor's Signature _____ Date _____

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Re-Entry Initial Self Assessment: Assessment Skills

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Assessment	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
1. Gathers necessary information before assessing the patient.			
2. Selects relevant areas to assess.			
3. Selects the correct methods to assess the relevant areas.			
4. Obtains complete information from staff, family members, patient, and records.			
5. Administers the assessment procedures according to standardized or recommended techniques.			
6. Adapts assessment method when usual procedures are not practical.			
7. Interprets assessment data accurately.			
8. Reports the results of assessment and reassessment(s) accurately and completely.			
9. Reassesses the patient's programs and progress at regular intervals.			
10. Presents assessment purposes and procedures to patient, family and significant others in a manner consistent with their level of understanding.			
11. Explains the steps of the activity at the patient's level of understanding.			
12. Establishes and maintains a therapeutic relationship with the patient.			
13. Creates an environment which maximizes patient's responses.			
14. Adheres to treatment precautions and contraindications.			
15. Responds to changes in patient's physical and emotional status during administrations of the assessment procedures			
16. Intervenes, when necessary, at signs of fatigue or frustration.			
17. Uses praise or other reinforcers to elicit desired behavior.			
18. Sets necessary limits in response to undesirable physical or social behavior.			

Re-Entry Initial Self Assessment: Planning, Documenting and Reporting Skills

Rating Scale: Mark S for satisfactory (meets entry level); U for unsatisfactory.

Name: _____

Assessment	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
1. Establishes relevant and attainable short term goals which reflect the assessment data.			
2. Documents and reports the treatment plan.			
3. Documents and reports treatment.			
4. Establishes relevant and long term goals which reflect the assessment data.			
5. Collaborates with the patient in establishing goals.			
6. Collaborates with other practitioners to establish overall goals for patients.			
7. Contributes to discussions at case conferences, rounds, in services, staff, and other pertinent meetings.			
8. Establishes treatment priorities with patient, family, and significant others.			
9. Reviews progress with patients, family and significant others at regular intervals.			
10. Develops and documents discharges and follow-up programs in accordance with patient's probable discharge environment.			
11. Collaborates with patient, family, significant others, and staff to formulate discharge and follow-up plans.			
12. Terminates treatment when patient has received maximum benefit from services.			
13. Maintain established treatment plan.			
14. Plans treatment based upon an accurate analysis of activities.			
15. Determines the logical sequences of treatment activities to attain the established goals.			
16. Selects treatment activities that demonstrate an understanding of occupational therapy theory.			
17. Modifies goals as patient's condition or response to treatment changes.			

Re-Entry Initial Self Assessment: Treatment Skills

Rating Scale: Mark S for satisfactory (meets entry level); U for unsatisfactory.

Name: _____

Assessment	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
1. Contributes to discussions at case conferences, rounds, inservices, staff, and other pertinent meetings.			
2. Orients and instructs family, significant others, and staff in activities which support the treatment programs.			
3. Prepares the patient for initial and ongoing treatment.			
4. Explains the steps of the activity at the patient's level of understanding.			
5. Establishes and maintains a therapeutic relationship with the patient.			
6. Creates an environment which maximizes patient's responses.			
7. Adheres to treatment precautions and contraindications.			
8. Intervenes, when necessary at signs of fatigue or frustration.			
9. Uses praise or other reinforcers to elicit desired behavior.			
10. Sets necessary limits in response to undesirable physical or social behavior.			
11. Incorporates prevention related activities in treatment.			
12. Uses purposeful activities to maximize patient performance.			
13. Uses a variety of possible strategies for achieving treatment goals.			
14. Adapts treatment activities, when necessary, to reach desired goals.			
15. Demonstrates problem-solving skills in patient treatment.			

Re-Entry Initial Self Assessment: Administrative Skills and Work Behaviors

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Assessment	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
1. Manages time effectively.			
2. Adjusts priorities according to the needs of the program, department, and others.			
3. Complies with the institution's policies and procedures.			
4. Participates responsibly in the supervisory relationship.			
5. Adjusts to change and modifies own behavior according to the demands of the situation.			
6. Assumes responsibility for professional behavior and growth.			
7. Demonstrates an understanding of professional standards and code of ethics.			
8. Maintains work area, equipment, and supplies in a manner conducive to efficiency and safety.			
9. Demonstrates an understanding of the implications of treatment costs and financial support on occupational therapy services.			

Applicant Signature

Date

Supervisor Signature

Date

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Assessment	Self-Assessment of Performance	Comments
1. Gathers necessary information before assessing the patient.		
2. Selects relevant areas to assess.		
3. Selects the correct methods to assess the relevant areas.		
4. Obtains complete information from staff, family members, patient and records.		
5. Administers the assessment procedures according to standardized or recommended techniques.		
6. Adapts assessment method when usual procedures are not practical.		
7. Interprets assessment data accurately.		
8. Reports the results of assessment and reassessment(s) accurately and completely.		
9. Reassesses the patient's programs and progress at regular intervals.		
10. Presents assessment purposes and procedures to patient, family, and significant others in a manner consistent with their level of understanding.		
11. Explains the steps of the activity at the patient's level of understanding.		
12. Establishes and maintains a therapeutic relationship with the patient.		
13. Creates an environment which maximizes patient's responses.		
14. Adheres to treatment precautions and contraindication.		
15. Responds to changes in the patient's physical and emotional status during administration of the assessment procedures.		
16. Intervenes, when necessary, at signs of fatigue or frustration.		
17. Uses praise or other reinforcers to elicit desired behavior.		
18. Sets necessary limits in response to undesirable physical or social behavior.		

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Planning, Documenting, and Reporting	Self-Assessment of Performance	Comments
1. Establishes relevant and attainable short term goals which reflect the assessment data.		
2. Documents and reports the treatment plan.		
3. Documents and reports treatment.		
4. Establishes relevant and attainable long term goals which reflect the assessment data.		
5. Collaborates with the patient in establishing goals.		
6. Collaborates with other practitioners to establish overall goals for patients.		
7. Contributes to discussions at case conferences, rounds, inservices, staff, and other pertinent meetings.		
8. Establishes treatment priorities with patient, family, and significant others.		
9. Reviews progress with patients, family, and significant others at regular intervals.		
10. Develops and documents discharge and follow-up programs in accordance with patient's probable discharge environment.		
11. Collaborates with patient, family, significant others, and staff to formulate discharge and follow-up plans.		
12. Terminates treatment when patient has received maximum benefit from services.		
13. Maintains established treatment plan.		
14. Plans treatment based upon an accurate analysis of activities.		
15. Determines the logical sequences of treatment activities to attain the established goals.		
16. Selects treatment activities that demonstrate an understanding of occupational therapy theory.		
17. Modifies goals as a patient's condition or response to treatment changes.		

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant
Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Treatment	Self-Assessment of Performance	Comments
1. Contributes to discussions at case conferences, rounds, inservices, staff, and other pertinent meetings.		
2. Orients and instructs family, significant others, and staff in activities which support the treatment programs.		
3. Prepares the patient for initial and ongoing treatment.		
4. Explains the steps of the activity at the patient's level of understanding.		
5. Establishes and maintains a therapeutic relationship with the patient.		
6. Creates an environment which maximizes patient's responses.		
7. Adheres to treatment precautions, and contraindications.		
8. Intervenes, when necessary, at signs of fatigue or frustration.		
9. Uses praise or other reinforcers to elicit desired behavior.		
10. Sets necessary limits in response to undesirable physical or social behavior.		
11. Incorporates prevention related activities in treatment.		
12. Uses purposeful activities to maximize patient performance.		
13. Uses a variety of possible strategies for achieving treatment goals.		
14. Adopts treatment activities, when necessary, to reach desired goals.		
15. Demonstrates problem-solving skills in patient treatment.		

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant

Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Administrative Skills and Work Behaviors	Self-Assessment of Performance	Comments
1. Manages time effectively.		
2. Adjusts priorities according to the needs of the program, department, and others.		
3. Complies with the institution's policies and procedures.		
4. Participates responsibly in the supervisory relationship.		
5. Adjusts to change and modifies own behavior according to the demands of the situation.		
6. Assumes responsibility for professional behavior and growth.		
7. Demonstrates an understanding of professional standards and code of ethics.		
8. Maintains work area, equipment, and supplies in a manner conducive to efficiency and safety.		
9. Demonstrates an understanding of the implications of treatment costs and financial support on occupational therapy services.		

Applicant Signature

Date

Supervisor Signature

Date

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant
 Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Assessment	Supervisor Assessment of Performance	Supervisor Assessment of Judgment	Supervisor Assessment of Attitude	Comments
1. Gathers necessary information before assessing the patient.				
2. Selects relevant areas to assess.				
3. Selects the correct methods to assess the relevant areas.				
4. Obtains complete information from staff, family members, patient and records.				
5. Administers the assessment procedures according to standardized or recommended techniques.				
6. Adapts assessment method when usual procedures are not practical.				
7. Interprets assessment data accurately.				
8. Reports the results of assessment and reassessment(s) accurately and completely.				
9. Reassesses the patient's programs and progress at regular intervals.				
10. Presents assessment purposes and procedures to patient, family, and significant others in a manner consistent with their level of understanding.				
11. Explains the steps of the activity at the patient's level of understanding.				
12. Establishes and maintains a therapeutic relationship with the patient.				
13. Creates an environment which maximizes patient's responses.				
14. Adheres to treatment precautions and contraindication.				
15. Responds to changes in the patient's physical and emotional status during administration of the assessment procedures.				
16. Intervenes, when necessary, at signs of fatigue or frustration.				
17. Uses praise or other reinforcers to elicit desired behavior.				
18. Sets necessary limits in response to undesirable physical or social behavior.				

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant
Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Planning, Documenting, and Reporting	Supervisor Assessment of Performance	Supervisor Assessment of Judgment	Supervisor Assessment of Attitude	Comments
1. Establishes relevant and attainable short term goals which reflect the assessment data.				
2. Documents and reports the treatment plan.				
3. Documents and reports treatment.				
4. Establishes relevant and attainable long term goals which reflect the assessment data.				
5. Collaborates with the patient in establishing goals.				
6. Collaborates with other practitioners to establish overall goals for patients.				
7. Contributes to discussions at case conferences, rounds, inservices, staff, and other pertinent meetings.				
8. Establishes treatment priorities with patient, family, and significant others.				
9. Reviews progress with patients, family, and significant others at regular intervals.				
10. Develops and documents discharge and follow-up programs in accordance with patient's probable discharge environment.				
11. Collaborates with patient, family, significant others, and staff to formulate discharge and follow-up plans.				
12. Terminates treatment when patient has received maximum benefit from services.				
13. Maintains established treatment plan.				
14. Plans treatment based upon an accurate analysis of activities.				
15. Determines the logical sequences of treatment activities to attain the established goals.				
16. Selects treatment activities that demonstrate an understanding of occupational therapy theory.				
17. Modifies goals as a patient's condition or response to treatment changes.				

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant
Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Treatment	Supervisor Assessment of Performance	Supervisor Assessment of Judgment	Supervisor Assessment of Attitude	Comments
1. Contributes to discussions at case conferences, rounds, inservices, staff, and other pertinent meetings.				
2. Orients and instructs family, significant others, and staff in activities which support the treatment programs.				
3. Prepares the patient for initial and ongoing treatment.				
4. Explains the steps of the activity at the patient's level of understanding.				
5. Establishes and maintains a therapeutic relationship with the patient.				
6. Creates an environment which maximizes patient's responses.				
7. Adheres to treatment precautions, and contraindications.				
8. Intervenes, when necessary, at signs of fatigue or frustration.				
9. Uses praise or other reinforcers to elicit desired behavior.				
10. Sets necessary limits in response to undesirable physical or social behavior.				
11. Incorporates prevention related activities in treatment.				
12. Uses purposeful activities to maximize patient performance.				
13. Uses a variety of possible strategies for achieving treatment goals.				
14. Adopts treatment activities, when necessary, to reach desired goals.				
15. Demonstrates problem-solving skills in patient treatment.				

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience–Applicant
Rating Scale: Mark S for satisfactory (meets entry level): U for unsatisfactory.

Name: _____

Administrative Skills and Work Behaviors	Supervisor Assessment of Performance	Supervisor Assessment of Judgment	Supervisor Assessment of Attitude	Comments
1. Manages time effectively.				
2. Adjusts priorities according to the needs of the program, department, and others.				
3. Complies with the institution's policies and procedures.				
4. Participates responsibly in the supervisory relationship.				
5. Adjusts to change and modifies own behavior according to the demands of the situation.				
6. Assumes responsibility for professional behavior and growth.				
7. Demonstrates an understanding of professional standards and code of ethics.				
8. Maintains work area, equipment, and supplies in a manner conducive to efficiency and safety.				
9. Demonstrates an understanding of the implications of treatment costs and financial support on occupational therapy services.				

Summary of Re-entry Educational Plan & Agreement Form

To be completed by the Applicant and the Supervisor (Attach additional sheets if necessary)

Goals	Plan (Include study and clinical components)	Expected Date of Completion

What is the minimum frequency, duration, and availability of the formal supervised sessions and treatments agreed upon by the applicant and supervisor?

When completed in conjunction with the accompanying documents, this form constitutes a formal agreement between the re-entry applicant and his/her supervisor.

I agree to, and verify the above conditions, and certify this re-entry plan is valid, and will be adhered to. If any changes are to be made, the Occupational Therapy Practice Board will be notified in advance.

Applicant Signature

Date

Proposed Supervisor Signature

Date

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Resource List

Professional Organizations Professional organizations are a key resource for member continuing education. You are encouraged to explore the option of membership in your national and state organization.

American Occupational Therapy Association
4720 Montgomery Lane
PO Box 31220
Bethesda, MD 20824-1220
301-652-2682

Washington Occupational Therapy Association
PO Box 4499 Midway Station
Kent, WA 98032
206-242-9862

Publishers

American Occupational Therapy Association
4720 Montgomery Lane
PO Box 31220
Bethesda, MD 20824-1220
301-652-2682

Aspen Publishers
PO Box 990
Frederick, MD 21705-9782

F. A. Davis
915 Arch Street
Philadelphia, PA 19103

Haworth Press
10 Alice Street
Binghamton, NY 13904-1580

Mosby Publishers
11830 Westline Industrial Avenue
St. Louis, MO 63146

Slack, Inc.
6900 Grove Road
Thorofare, NJ 08086

Electronic Resources

OT Reliable Source Electronic Bulletin Board Service
American Occupational Therapy Association
4720 Montgomery Lane
PO Box 31220
Bethesda, MD 20824-1220
301-652-2682

Internet Resource: <http://otpt.ups.edu>

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RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Occupational Therapy Laws, RCW 18.59](#)

[Occupational Therapy Rules, WAC 246-847](#)

[NBCOT, http://www.nbcot.org/](http://www.nbcot.org/)

On-Line

[AIDS Training Resources, Reference Page](#)

[Occupational Therapy Practice Board Program, Web site](#)