



Occupational Therapy Assistant (OTA) Expired License Activation 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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Application Instructions Checklist

You will be notified in writing if more documentation is required.

To ensure you have submitted the necessary fees and documentation, we encourage you to use the following checklist:

- Pay** Late Renewal Penalty Fee.
- Pay** Current Renewal Fee.
- Pay** Expired License Reissuance Fee.

All fees are non-refundable. You can check the [fee page](#) for current fees.

- 1. Demographic Information.**

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

Legal Name: List your full name, first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Birth place: Provide the city, state, and country where you were born.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax, and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

- 2. Previous Credentialing.** List **all** licenses you have held since last being licensed in Washington State. List in chronological order, most current first. Include your last active license in Washington State. If you need more space, attach a piece of paper.
- 3. Professional Experience.** In chronological order, list all your professional work experience since your Washington State credential expired. If you need more space, attach a piece of paper.
- 4. AIDS Education and Training Attestation.** Required by [WAC 246-12-040](#).
- 5. Disciplinary Action Attestation.** Required by [WAC 246-12-040](#).
- 6. Continuing Education Attestation.** Required by [WAC 246-12-040](#).
- 7. Applicant’s Attestation.** Required to be both signed and dated in order to process the application.

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Occupational Therapy Assistant Expired Credential Activation Application

Please type or print clearly in ink. Follow the instructions provided. It is the responsibility of the applicant to submit all required supporting documentation. Failure to do so may result in a delay in processing your application.

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions.)

Male
 Female

Name First Middle Last

Birth date (mm/dd/yyyy)

Place of birth

City

State

Country

Address

City State Zip County

Country

Phone (enter 10 digit #)

Fax (enter 10 digit #)

Cell (enter 10 digit #)

Email address

Mailing address (if different from above)

City State Zip County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? Yes No

If yes, list name(s)

Will documents be received in another name? Yes No

If yes, list name(s):

For Office Use Only

License # _____ Issue Date _____

2. Previous Credentialing (Include Previous Credentials in Washington State)

State/Jurisdiction	Profession	Credential			Method of Credentialing	Currently In Force	
		Type	Number	Year Issued		No	Yes

3. Professional Experience

Type of experience of practice and location	start (mm/yyyy)	end (mm/yyyy)

4. AIDS Education and Training Attestation

I certify I have completed the minimum of seven hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested.

I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

Applicant's Initials	Date
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5. Disciplinary Action Attestation

I certify that no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify that I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

Applicant's Initials	Date
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6. Continuing Education/Continuing Competency Attestation (If Applicable)

I certify that I have met all continuing education and competency requirements for the past two years. I am enclosing documentation on all classes attended/claimed.

Applicant's Initials	Date
----------------------	------

7. Applicant's Attestation

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

- 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 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 that 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 _____ at _____
(mm/dd/yyyy) (City, State)

By: _____
(Signature of applicant)

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Occupational Therapy Practice Board
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

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 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 at the assistant level 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 is documented face-to-face meetings between the supervisor and the applicant at intervals. This is as determined necessary by the supervising occupational therapist. They must establish, review or revise the client's treatment objectives and ensure completion of education goals. The supervisor must be on-site unless otherwise approved by the Board.
 - 2.3.2. According to RCW 18.59.040(3), when the re-entry applicant is fulfilling clinical experience activities, the re-entry applicant is designated by a title clearly indicating he or she is a trainee.
3. Once all educational plan activities are completed and goals are achieved, the re-entry applicant and clinical experience supervisor send their educational plan final reports to the Board for review. The plan supervisor send a copy of the Certificate of Completion of an Occupational Therapy Re-Entry Educational Program to the Board. The re-entry applicant then may be considered for license.
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 license 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.



Occupational Therapy Credentialing
PO Box 47877
Olympia, WA 98504-7877
360.236.4700

Occupational Therapy Re-entry/Mentorship Instructions and Checklist

During your license application review the board request for you to complete a re-entry/mentorship program. If so, these are the steps that must be followed:

1. Complete and forward the following items to the board. 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** (completed by applicant)
 - Re-entry Site and Supervisor Data Sheet** (completed by supervisor)
 - OT or OTA Re-entry Initial Self Assessment** (completed by applicant)
 - Summary of Re-entry Educational Plan & Agreement Form** (completed by supervisor and applicant)
2. 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 that 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.
 - OT or OTA Re-entry Outcome Assessment Form: Report of Supervised Clinical Experience—Applicant** (completed by applicant)
 - OT or OTA Re-entry Outcome Assessment Form: Report of Supervised Clinical Experience—Supervisor** (completed by supervisor)
3. 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.
4. 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.
5. When the Board receives the final clinical experience outcome reports from the applicant and the supervisor, it determines whether the documentation provides evidence that entry level skill competence has been attained.
6. You will be informed of the Board's decision at the earliest possible date.

If you have questions regarding this process contact customer service 360.236.4700.

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Coursework

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

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

Employment

List all your professional education 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	Employer/Activities	Address/Phone Number	Title

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

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	County
Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (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 that 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 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 that 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 _____ at _____
(mm/dd/yyyy) (City, State)

By: _____
(Signature of applicant)

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Name: _____

Re-Entry Initial Self Assessment: Assessment Skills

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

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.			

Initial Self Assessment (Applicant)

Name: _____

Re-Entry Initial Self Assessment: Assessment Skills

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

Assessment	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
15. Responds to changes in the 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.			

Name: _____

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

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

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, 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 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.			

Initial Self Assessment (Applicant)

Name: _____

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

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

Assessment	Possess entry-level knowledge	Possess entry-level skill	Goals for enhancing knowledge or skill
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.			

Name: _____

Re-Entry Initial Self Assessment: Treatment Skills

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

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.			

Initial Self Assessment (Applicant)

Name: _____

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

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

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 _____

Initial Self Assessment (Applicant)

Name: _____

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

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

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.		

Outcome Assessment (Applicant)

Name: _____

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

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

Assessment	Self-Assessment of Performance	Comments
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.		

Planning, Documenting, and Reporting

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.		

Outcome Assessment (Applicant)

Name: _____

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

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

Assessment	Self-Assessment of Performance	Comments
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.		

Treatment

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.		

Outcome Assessment (Applicant)

Name: _____

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

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

Treatment	Self-Assessment of Performance	Comments
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.		

Administrative Skills and Work Behaviors

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 _____

Outcome Assessment (Applicant)

Name: _____

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

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

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.				

Outcome Assessment (Supervisor)

Name: _____

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

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

Assessment	Supervisor Assessment of Performance	Supervisor Assessment of Judgment	Supervisor Assessment of Attitude	Comments
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.				

Planning, Documenting, and Reporting

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.				

Outcome Assessment (Supervisor)

Name: _____

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience—Supervisor

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

Planning, Documenting, and Reporting	Supervisor Assessment of Performance	Supervisor Assessment of Judgment	Supervisor Assessment of Attitude	Comments
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.				

Treatment

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.				

Outcome Assessment (Supervisor)

Name: _____

Re-Entry Outcome Assessment Form: Report of Supervised Clinical Experience—Supervisor

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

Treatment	Supervisor Assessment of Performance	Supervisor Assessment of Judgment	Supervisor Assessment of Attitude	Comments
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.				

Administrative Skills and Work Behaviors

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 _____

Outcome Assessment (Supervisor)

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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
P.O. Box 31220
Bethesda, MD 20824-1220
301.652.2682

Washington Occupational Therapy Association
P.O. Box 4499 Midway Station
Kent, WA 98032
206.242.9862

Publishers

American Occupational Therapy Association
4720 Montgomery Lane
P.O. Box 31220
Bethesda, MD 20824-1220
301.652.2682

Aspen Publishers
P.O. 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
P.O. Box 31220
Bethesda, MD 20824-1220
301 652.2682

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



RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act.....	<u>UDA RCW 18.130</u>
Administrative Procedure Act	<u>APA RCW 34.05</u>
Administrative procedures and requirements.....	<u>WAC 246-12</u>
Occupational Therapy RCW.....	<u>RCW 18.59</u>
Occupational Therapy WAC	<u>WAC 246-847</u>
NBCOT	<u>http://www.nbcot.org/</u>

On-Line

AIDS Training Resources	<u>Reference Page</u>
Occupational Therapy Practice Board Program.....	<u>Web site</u>