

AGENDA ITEM 4

CONSIDERATION AND POSSIBLE RECOMMENDATION TO THE BOARD ON ADDITIONAL AMENDMENTS TO SECTIONS 4180 AND SECTION 4181.

The following attached for review:

- Background information
- Board-approved amendments to Sections 4180 and 4181
- 2023 ACOTE Standards (Effective 7/31/2025)
- Supervision Requirements for other states (provided by AOTA)
- Florida supervision requirements
- Illinois supervision requirements
- New York supervision requirements
- Texas supervision requirements

Link to **2023 ACOTE Standards** below:

<https://acoteonline.org/download/5856/?tmstv=1706886053>

Board Meeting November 3-4, 2022

Agenda Item 12. Consideration and possible action on determining the maximum number of occupational therapy students completing their fieldwork that can be supervised by an occupational therapist who is concurrently supervising occupational therapy assistants and/or limited permit holders.

A very lengthy and robust discussion took place regarding the maximum number of students that could be supervised considering both clinical and nonclinical settings, the many role configurations possible in student supervision, and the best options to ensure consumer protection. The Board also discussed the parameters of when a licensee could seek approval from the Board to increase the number of how many students they could supervise in a non-clinical setting.

- Richard Bookwalter moved to add language to the California Code of Regulations (CCR), Title 16, Division 39, Section 4181, Supervision Parameters that states, *“An Occupational Therapist may not supervise more than three Level One fieldwork students, Level Two fieldwork students, Doctoral Capstone students, or Limited Permit holders at any one time, except by approval of the Board.”* And add *“An Occupational Therapy Assistant may not supervise more than three Level One fieldwork students, Level Two fieldwork students, Doctoral Capstone students or Limited Permit holders at any one time, except by approval of the Board.”*
- Hector Cabrera seconded the motion.

Vice President Beata Morcos expressed that she felt that students in any discipline need more oversight during their fieldwork; thus, she felt that the number of students should be less than the maximum number of occupational therapy assistants (OTAs) which an occupational therapist (OT) can supervise, which is three.

Hector Cabrera stated that he felt the maximum number of students supervised concurrently by an OT supervising OTAs, should be three. He also stated that if quality care and ethical learning is a priority, a lesser number of students is better.

- Denise Miller moved to send the issue of non-clinical student supervision maximums to the Board’s Administrative Committee for discussion and to include representatives from CAOTFC.
- Richard Bookwalter seconded the motion

It was noted that the committee should discuss specific numbers of students that could be safely supervised in specific practice areas, including emerging practice areas, and provide their recommendations to the Board.

Agenda Item 13. Consideration and possible action on determining the maximum number of students completing their entry-level doctoral capstone that can be supervised by an occupational therapist who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

The motion from agenda item 12 included agenda item 13 as well.

Administrative Committee Meeting March 22, 2023

Agenda Item 4. *Consideration and discussion on the maximum number of students completing a nonclinical entry-level doctoral capstone that can be supervised by an occupational therapist who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.*

Agenda Item 5. *Consideration of possible recommendation to the Board on the maximum number of students completing a non-clinical entry-level doctoral capstone that can be supervised by an occupational therapist who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.*

Board Meeting May 18-19, 2023

Agenda Item 14. *Consideration and possible action on amending California Code of Regulations (CCR), Title 16, Division 39, Section 4180, Definitions, to define "Doctoral Capstone student."*

- Richard Bookwalter moved to approve the proposed language for noticing to amend CCR Section 4180, Definitions, to define "Doctoral Capstone Student."
- Beata Morcos seconded the motion.

The proposed language approved was: "Doctoral Capstone student" means an occupational therapy student completing a capstone project or capstone experience while enrolled in an ACOTE-accredited doctoral degree program.

Agenda Item 15. *Consideration and possible action on amending CCR Title 16, Division 39, Section 4181, Supervision Parameters, to specify: a) The maximum number of fieldwork students, doctoral capstone students, limited permit holders and occupational therapy assistants that an occupational therapist may concurrently supervise; and b) The maximum number of fieldwork students, doctoral capstone students, and limited permit holders that an occupational therapy assistant may concurrently supervise.*

President Miller referred to the letter the Board recently received from the California Occupational Therapy Association (OTAC) regarding the use of limits on mentorship and supervision of capstone students. Executive Officer Heather Martin explained that when the Board previously decided on "supervising no more than a total of three," it was based on doctoral capstone students in general and did not distinguish between the different types of capstone experiences.

Board Member Richard Bookwalter opined that the topic should go back to the committee. Mr. Bookwalter expressed that the letter opposed the language because doctoral capstone students of all types are being grouped together with Fieldwork II students and others.

Board Member Sharon Pavlovich mentioned that each school defines the capstone experience differently and each experience does not require the same level of supervision. Ms. Pavlovich noted that to allow for innovation and creativity, the authors of the letter may not want limitations on the supervision models but would rather have the freedom to find the perfect fit for supervision on an individual basis.

President Miller opposed the removal of the capstone students from the supervision 'maximum' language approved by the Board. She stated that the Accreditation Council for Occupational Therapy Education (ACOTE) standards address each area that the letter mentions. She indicated she could support supervision being done by the subject matter expert but wants a final assessment done by an occupational therapist who could confirm the capstone experience was relevant to the field, the research was in line with the profession's practice framework and scope, and that it was a service that would be provided to consumers.

Board Member Bookwalter expressed that as regulators, the Board would need to distinguish between capstone supervision in clinical settings and other non-clinical settings. There was further discussion on sending the topic back to the Administrative Committee with the letter from OTAC.

- Sharon Pavlovich moved to send Agenda Item 15, regarding supervision parameters for doctoral capstone students, to the Administrative Committee with the accompanying OTAC letter.
- Beata Morcos seconded the motion.

Administrative Committee Meeting August 18, 2023

Agenda Item 5. Consideration and possible recommendation to the Board on the maximum number of students completing a non-clinical entry-level doctoral capstone that can be supervised by an occupational therapist who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

The Committee suggested for clarity, rather than use the general terms "clinical capstone experience" or "non-clinical capstone experience," that a *non-clinical capstone experience* be specified by the capstone areas listed in the ACOTE Guidelines. Thus, "non-clinical capstone experience" would be replaced with "Doctoral capstone students completing an experience in including "an experience in research skills, administration, leadership, program and policy development, advocacy, or education," with no maximum number of students specified.

Agenda Item 6. Consideration and possible recommendation to the Board on the maximum number of students completing a clinical entry-level doctoral capstone that can be supervised by an occupational therapist who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

Given the Board's discussion surrounding a total of three Level I fieldwork students, Level II fieldwork students, Limited Permit holders, Doctoral capstone students completing a clinical capstone experience, and occupational therapy assistants, as being the most that an occupational therapist could supervise, the Committee thought it important to provide more specificity. Thus, they discussed the importance of adding further language to 'clinical experience' to include 'direct patient care.'

The new language the Committee would recommend to the Board would be: "Occupational therapists may supervise... No more than a total of three Level I fieldwork students, Level II fieldwork students, Limited Permit holders, Occupational Therapy Assistants, or Doctoral capstone students completing a clinical, direct patient/client care experience, at any one time."

Agenda Item 7. Consideration and possible recommendation to the Board on the maximum number of students completing a non-clinical entry-level doctoral capstone that can be supervised by an occupational therapy assistant who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

The Committee suggested adding a new subsection acknowledging that occupational therapy assistants (OTAs) can supervise doctoral capstone students completing a non-clinical capstone, as allowed under ACOTE Guidelines.

The new language the Committee would recommend to the Board would be: “Occupational therapy assistants may supervise Doctoral capstone students completing an experience in research skills, administration, leadership, program and policy development, advocacy, or education, as required by an accredited educational program”

Agenda Item 8. Consideration and possible recommendation to the Board on the maximum number of students completing a clinical entry-level doctoral capstone that can be supervised by an occupational therapy assistant who is concurrently supervising occupational therapy assistants, limited permit holders or students completing their fieldwork.

To be consistent with ACOTE Guidelines, the Committee agreed to recommend to the Board, that language not be included to authorize OTAs to supervise an OT completing a clinical doctoral capstone experience.

Board Meeting August 24-25, 2023

Executive Officer Heather Martin reminded the Board that at the May 2023, Board meeting there were two recommended edits to the supervision parameters and definitions in Sections 4180 and 4181. The Board approved language editing Section 4180, however, that did not include language limiting the number for Level I & II Fieldwork students, limited permit holders, and capstone students. The topic was sent to the Administrative Committee, which discussed clinical doctoral capstone experiences versus non-clinical doctoral capstone experiences when the committee met. At that meeting, Dr. Penny Stack, OTD, OTR/L, CLT, Doctoral Capstone Coordinator at Loma Linda University clarified that an OTA cannot supervise a doctoral capstone student completing a capstone project or experience in a clinical setting. The Administrative Committee made that correction to the proposed language and distinguished between the different types of capstone experiences.

President Miller announced that at the Administrative Committee’s August meeting, subject matter experts collaborated with the Committee to develop the proposed regulatory language presented. Ms. Martin noted that for *non-clinical* capstone projects, the proposed language lists the different areas allowed under ACOTE Guidelines, including research skills, administration, program policy development, advocacy, and education.

Ms. Miller announced that the Board received a public comment after the Administrative Committee meeting. It was from Dr. Penny Stack of Loma Linda University, who explained that a

site mentor for a capstone experience is not meant to be supervision as used in traditional clinical practice and direct patient care.

Ms. Miller acknowledged that the Board also received a letter from OTAC. The authors asked the Board to reconsider the use of limits on mentorship and supervision of capstone students. They asked that the Board make an exception to the limits on occupational therapists supervising a doctoral capstone student that was focused on the clinical practice skills and not education, advocacy, or theory development.

Ms. Martin responded by noting that Committee recommended that non-clinical capstone experiences not be included in the 'maximum of three' limitation. The new language would be in alignment with the ACOTE standards for non-clinical capstone experiences and there would be no supervision limits on non-clinical capstone experiences.

Ms. Miller asked the Board to look at the Administrative Committee meeting highlights in their materials. Specifically, item #9, the language was specific to Section 4181, and the Board would need a motion to approve that language. She suggested that it was impossible to discuss Section 4181 without discussing Section 4180; therefore, the Administrative Committee will hold another meeting to discuss CCR 4180, and will bring language to the November 2023, Board meeting.

Board Member Richard Bookwalter spoke in favor of the language as presented for CCR 4181 with the addition of "occupational therapy assistants" in section 2. On E2, he suggested removing "patient" and replacing it with "direct care," along with the other edits previously discussed.

Ms. Miller explained that the committee got very specific as to clinical versus non-clinical in order to provide the language for CCR 4181. She noted that Mr. Bookwalter's concerns would be addressed at the next committee meeting.

The Board agreed to use "patient/client care experience" in the proposed language for CCR 4181.

Ms. Miller requested that when the Administrative Committee discusses CCR section 4180 and 4181, that they determine if other regulations concerning supervision would be impacted. If so, she would prefer everything to be noticed and brought back to a Board meeting at the same time.

- Richard Bookwalter moved to approve the proposed text amending Section 4181 with the amendments provided today and directed Board staff to submit the text, take all steps necessary to initiate the rulemaking process, and set the matter for a hearing, if requested.
- Christine Wietlisbach seconded the motion.

November 2023 Board Meeting:

President Miller announced that the Board received several comments from members of the public regarding proposed amendments to Sections 4180 and 4181.

Executive Officer Martin provided background on the amendments to Section 4180, Definitions, and Section 4181, Supervision Parameters, to specify supervision maximums by occupational therapy assistants and occupational therapists. The Board had approved the proposed edits to Section 4181 at the August 2023 Board meeting and she provided a summary of the edits.

Ms. Miller moved the conversation to the second letter, which was from the University of the Pacific (UOP).

Mr. Bookwalter noted that some of the comments from UOP were similar to those already discussed by the Board, for example, the limits on the supervision. UOP proposed changing the definition for “faculty led fieldwork” to “fieldwork completed with direct, on-site supervision of a licensed OT or OTA employed by an accredited California academic institution.” The proposed change, as it stood, eliminated the ability of OT/OTA programs that are in the accreditation process from leading fieldwork experiences and placed an undue burden on academic institutions striving for accreditation, limiting their ability to provide essential and diverse fieldwork experiences to their students. UOP proposed a modification to the wording, "A California academic institution that has submitted a candidacy report to ACOTE."

Ms. Miller stated that those comments from the UOP letter, stood out to her as well. Also, the paragraph above it. The authors addressed the definition of “faculty led fieldwork.” She noted that the authors were not commenting on the current language. Mr. Bookwalter agreed. In the Board’s current language “pre-accreditation or candidacy status” was added.

Ms. Miller presented the third letter which was from Loma Linda University (LLU) regarding proposed amendments to Section 4181

The Board moved to the fourth letter, which was from Sacramento City College (SCC) dated October 27, 2023, regarding the limitation on how many students could be supervised at a given time.

Ms. Miller stated that she believed the Board was getting closer to a feasible number. The Board would like more public participation which can be done by reviewing the minutes and weighing in.

Ms. Miller presented the last letter which was from OTAC. Ms. Miller asked the representative from OTAC, who was in attendance, to discuss the association’s concerns.

Samia Rafeedie stated that OTAC’s main concern was how the Board reached the suggested supervision ratio numbers.

Mr. Bookwalter added that for a long time an OT could only supervise two OTAs but could supervise three students. He stated that those numbers seemed unbalanced because an OTA had a degree and had been through a great deal of training whereas a student was just the opposite. It made good sense to change the number of OTAs an OT could supervise to three as well.

Penny Stack and Heather Kitching were asked what number they would be comfortable with, and they agreed on 15-18 Level 1 fieldwork students but since the Committee did not want to use a range, the Committee came up with the number 20. The Committee members and subject matter experts were very clear that if the number was more than 20, the quality of patient care would suffer.

Ms. Miller reiterated that the committee members were looking to limit the number to 15-18, but the subject matter experts in attendance justified limiting the supervision of up to 20 individual

Level I occupational therapy students, Level I and Level II occupational therapy assistant students, or Aides providing non-client related tasks.

Ms. Pavlovich added that both of the subject matter experts described the types of labs that they used and how many students could be comfortably accommodated in terms of supervision and engaging with clients. The conversation was collaborative and productive in getting to the agreed upon number of 20.

Ms. Pavlovich noted that she thought one of the letters in question suggested the supervision number be raised to 30. Ms. Pavlovich added that she thought thirty is too many students for one person to supervise.

Candace Chatman addressed the concern that the public was not getting involved. She noted of her peers in the meeting minutes but acknowledged that there are a lot of new practitioners who are not aware that they can come to these meetings or where they can access meeting information. Although, the literature says you can have up to six students, she is comfortable with three students. She also acknowledged that the literature does not speak to consumer protection. Ms. Chatman expressed her desire to find a middle ground for educators and the Board, because the facilities focus on protecting their business. She asked for clarification on situations where an OT supervises a Level I student one day, two Level I students on a different day, and two Level I students and yet another day and how many students that would total since it's different days.

A robust conversation ensued regarding the meaning of "at any one time."

Ms. Miller and Ms. Pavlovich agreed that "at any one time" could be interpreted as two on one day and two different students on the next day. Ms. Wietlisbach confirmed that the language was open to interpretation.

Ms. Martin suggested that Level I Fieldwork students be addressed in a separate section so the language could address observation only, exposure and all other experiences and/or settings that pertain to only Level 1 Fieldwork.

Ms. Miller thought it was a good suggestion but was unsure if she wanted to move forward on adding additional language for something that may not be common.

Board Member Richard Bookwalter spoke in favor of the proposed language as it existed. He felt that the language gave a cushion for people who want to limit the number of students they take.

Ms. Miller asked if the Board voted on the language, when would it be presented as a regulatory package?

Ms. Martin added and there was still a lot of work to do before noticing the language because there are three agencies that would need to look at it before it was made available to the public. If the Board decides on maximum to be supervised is three (individuals) then that number will need to be justified. Ms. Martin suggested that "at any one time" or any other language is not clear, then it would be best to address before the package is submitted.

Attorney Helen Geoffroy stated that it should be part of this preprocess to weed out the comments and lack of clarity and to find a number that is justified so that when it goes to the Office of Administrative Law, they do not have any questions regarding clarity or justification so that a second public comment period is required.

Ms. Martin added that one of the public comments referred to the ACOTE guidelines and the fact that if the faculty led fieldwork supervision rate exceeds one to fifteen, the program must be able to provide ACOTE with a sufficient explanation and justify how safety and quality of instruction are managed. Ironically, if the Board's regulations allowed the supervision of twenty Level 1 Fieldwork students, that program would be required to advise ACOTE, which could be a burden.

Ms. Rafeedie asked for clarification regarding being able to supervise 20 Level 1 Fieldwork students and the language in the OT Practice Act that states an OT cannot supervise more than three OTAs at any one time.

Ms. Martin stated that the language referring to supervising no more than three OTAs should clarify that it "excludes" or "shall not apply" to faculty-led fieldwork. Ms. Martin suggested that this clarification could be added in subsection (e)(2).

California Code of Regulations
Title 16 Professional and Vocational Regulations
Division 39. California Board of Occupational Therapy
Article 9. Supervision Standards

Legend:	Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
----------------	---

Amend section 4180 to read as follows:

§ 4180. Definitions

In addition to the definitions found in Business and Professions Code sections 2570.2 and 2570.3 the following terms are used and defined herein:

- ~~(a)~~ ~~"Client related tasks" means tasks performed as part of occupational therapy services rendered directly to the client.~~
- ~~(b)~~ (a) "Level I student" means an occupational ~~therapy~~ therapist or occupational therapy assistant student participating in activities designed to introduce him or her to fieldwork experiences and develop an understanding of the needs of clients.
- ~~(c)~~ (b) "Level II student" means an occupational ~~therapy~~ therapist or occupational therapy assistant student participating in delivering occupational therapy services to clients with the goal of developing competent, entry-level practitioners.
- (c) "Doctoral Capstone student" means an occupational therapy student completing a capstone project or capstone experience while enrolled in an ACOTE-accredited doctoral degree program or doctoral program with ACOTE pre-accreditation or candidacy status.
- (d) "Supervision of a doctoral capstone experience" means the mentorship of the doctoral capstone student completing a direct patient/client care experience.
- (e) "Client related tasks" means tasks performed as part of occupational therapy services rendered directly to the client.
- (f) "Faculty-led fieldwork" means a fieldwork completed in direct in-sight supervision of a licensed occupational therapist or occupational therapy assistant employed by a California educational institution.
- ~~(d)~~ (g) "Non-client related tasks" means clerical, secretarial and administrative activities; transportation of patients/clients; preparation or maintenance of treatment equipment and work area; taking care of patient/client personal needs during treatments; and assisting in the construction of adaptive equipment and splints.
- ~~(e)~~ (h) "Periodic" means at least once every 30 days.

Note: Authority cited: Sections 2570.13 and 2570.20, Business and Professions Code.
Reference: Sections 2570.2, 2570.3, 2570.4, 2570.5, 2570.6, and 2570.13, Business and Professions Code.

Amend section 4181 of Division 39, Title 16 of the California Code of Regulations to read as follows:

§ 4181. Supervision Parameters

(a) Appropriate supervision of an occupational therapy assistant includes, at a minimum:

(1) The weekly review of the occupational therapy plan and implementation and periodic onsite review by the supervising occupational therapist. The weekly review shall encompass all aspects of occupational therapy services and be completed by telecommunication or onsite.

(2) Documentation of the supervision, which shall include either documentation of direct client care by the supervising occupational therapist, documentation of review of the client's medical and/or treatment record and the occupational therapy services provided by the occupational therapy assistant, or co-signature of the occupational therapy assistant's documentation.

(3) The supervising occupational therapist shall be readily available in person or by telecommunication to the occupational therapy assistant at all times while the occupational therapy assistant is providing occupational therapy services.

(4) The supervising occupational therapist shall provide periodic on-site supervision and observation of client care rendered by the occupational therapy assistant.

(b) The supervising occupational therapist shall at all times be responsible for all occupational therapy services provided by an occupational therapy assistant, a limited permit holder, a student or an aide. The supervising occupational therapist has continuing responsibility to follow the progress of each client, provide direct care to the client, and assure that the occupational therapy assistant, limited permit holder, student or aide do not function autonomously.

(c) The level of supervision for all personnel is determined by the supervising occupational therapist whose responsibility it is to ensure that the amount, degree, and pattern of supervision are consistent with the knowledge, skill and ability of the person being supervised.

(d) Occupational therapy assistants may supervise:

(1) Level I occupational therapy students;

(2) Level I and Level II occupational therapy assistant students; and

(3) Aides providing non-client related tasks;

(4) Doctoral capstone students completing an experience in research skills, administration, leadership, program and policy development, advocacy, or education, as required by an accredited educational program;

(5) No more than a total of three Level I fieldwork students, Level II fieldwork students, or Limited Permit holders at any one time; and

(6) No more than 20 Level I fieldwork students in a faculty-led fieldwork.

(e) Occupational therapists may supervise:

(1) Doctoral capstone students completing an experience in research skills, administration, leadership, program and policy development, advocacy, and education, as required by an accredited educational program;

(2) No more than a total of three Level I fieldwork students, Level II fieldwork students, Limited Permit holders, Occupational Therapy Assistants, or Doctoral capstone students completing a clinical, direct patient/client care experience, at any one time; and

(3) No more than 20 Level I fieldwork students in a faculty-led fieldwork.

~~(e)~~ (f) The supervising occupational therapist shall determine that the occupational therapy practitioner possesses a current license or permit to practice occupational therapy prior to allowing the person to provide occupational therapy services.

Note: Authority: Sections 2570.13 and 2570.20, Business and Professions Code. Reference: Sections 2570.2, 2570.3, 2570.4, 2570.5, 2570.6, and 2570.13, Business and Professions Code.

Supervision Limitations¹

State	
Alabama	<p>Regulation: Alabama Administrative Code 625-X-8-.01 Supervision Of Licensed Occupational Therapy Assistants.</p> <p>(4) Supervision Ratios: An occupational therapist may supervise up to three (3) full-time occupational therapy assistants, but never more than two (2) occupational therapy assistants who require “direct” level of supervision. The total number of supervised occupational therapy assistants, occupational therapy personnel on a limited permit, and non-licensed occupational therapy personnel (including any occupational therapy students, occupational therapy assistant students, licensee applicants required to perform a preceptorship, and/or aides) may not exceed five (5) without prior Board approval. The Board may permit the supervision of a greater number by an occupational therapist if, in the Board’s opinion, there would be adequate supervision to protect public health and safety.</p>
Alaska	<p>Regulation: Title 12, Chapter 54, Article 7, Occupational Therapy Standards of Practice.</p> <p>§12 AAC 54.800. OCCUPATIONAL THERAPY STANDARDS.</p> <p>(b) An occupational therapist may not supervise more than three aides, assistants, students, foreign-educated candidates, or permittees at the same time, in any combination.</p>
Arizona	
Arkansas	
California	<p>Statute: California Business & Professions Code Division 2, Chapter 5.6, §2570.3</p> <p>(j) “Supervision of an occupational therapy assistant” means that the responsible occupational therapist shall at all times be responsible for all occupational therapy services provided to the client. The occupational therapist who is responsible for appropriate supervision shall formulate and document in each client’s record, with his or her signature, the goals and plan for that client, and shall make sure that the occupational therapy assistant assigned to that client functions under appropriate supervision. As part of the responsible occupational therapist’s appropriate supervision, he or she shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the occupational therapy assistant.</p> <p>(1) The supervising occupational therapist has the continuing responsibility to follow the progress of each client, provide direct care to the client, and to ensure that the occupational therapy assistant does not function autonomously.</p>

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

State	
	(2) An occupational therapist shall not supervise more occupational therapy assistants, at any one time, than can be appropriately supervised in the opinion of the board. Three occupational therapy assistants shall be the maximum number of occupational therapy assistants supervised by an occupational therapist at any one time, but the board may permit the supervision of a greater number by an occupational therapist if, in the opinion of the board, there would be adequate supervision and the public's health and safety would be served. In no case shall the total number of occupational therapy assistants exceed twice the number of occupational therapists regularly employed by a facility at any one time.
Colorado	<p>Regulations: Colorado Code of Regulations 3 CCR 715-1.8, Supervision of Licensed Occupational Therapy Assistants and Aides</p> <p>C. An occupational therapist must exercise professional judgment when determining the number of personnel the occupational therapist can safely and effectively supervise to ensure that quality client care is provided at all times.</p> <p>D. An occupational therapist must provide adequate staff-to-client ratio at all times to ensure the provision of safe, quality care.</p>
Connecticut	
Delaware	
Dis of Columbia	
Florida	
Georgia	
Guam	
Hawaii	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	
Louisiana	
Maine	
Maryland	
Massachusetts	<p>3.05: Supervision of Personnel</p> <p>(2) Occupational therapists and occupational therapy assistants must exercise their professional judgment when determining the number of personnel they can safely and effectively supervise to ensure that safe and appropriate care is provided at all times.</p> <p>(a) Specific frequency, methods, and content of supervision should be determined based on the following factors:</p> <ol style="list-style-type: none"> 1. Complexity of Clients' needs; 2. Number of Clients; 3. Diversity of Client conditions;

State	
	<p>4. Service Competency of the occupational therapist and the occupational therapy assistant; 5. Type of practice setting and the administrative requirements of that setting; and 6. Other regulatory requirements.</p>
Michigan	<p>Regulation: Michigan Administrative Code R 338.1229a. Delegation of tasks to an unlicensed individual; direct supervision of an unlicensed individual; requirements. (4) An occupational therapist shall not supervise more than 3 unlicensed individuals who are providing services to patients or clients at the same time.</p>
Minnesota	
Mississippi	
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	<p>Regulations: New Hampshire Administrative Rules, Occ 400 CONTINUED STATUS, Part 407 ONGOING REQUIREMENTS Occ 407.08 Limitation on Number of Occupational Therapy Assistants Under Supervision. An occupational therapist shall not supervise at any one time more occupational therapy assistants than those whose combined work hours total the work hours of 2 full-time occupational therapy assistants.</p>
New Jersey	<p>Regulation: New Jersey Administrative Code, Title 13, Chapter 44K, Subchapter 6, Supervision 6.2 DESIGNATED SUPERVISOR: GENERAL QUALIFICATIONS AND RESPONSIBILITIES c) A licensed occupational therapist may supervise five occupational therapy students who are fulfilling the required fieldwork component of their educational training.</p>
New Mexico	
New York	<p>Regulations: New York Codes, Rules, and Regulations §76.8 Supervision of an occupational therapy assistant. f. In no event shall the occupational therapist or licensed physician supervise more than five occupational therapy assistants, or its full time equivalent, provided that the total number of occupational therapy assistants being supervised by a single occupational therapist or licensed physician shall not exceed 10.</p>
North Carolina	
North Dakota	
Ohio	
Oklahoma	<p>Regulation: Oklahoma Administrative Code Title 435, Chapter 30 435:30-1-16. Responsible supervision</p>

State	
	<p>(a) An occupational therapist will not sign the Form #5, Verification of Supervision, to be the direct clinical supervisor for more than a total of four occupational therapy assistants or applicants for licensure regardless of the type of professional licensure or level of training.</p> <p>(b) It shall be the responsibility of the occupational therapist to monitor the number of persons under his/her direct clinical supervision. It shall be the responsibility of the occupational therapy assistant to inquire of the occupational therapist in regards to the number of persons being directly supervised.</p> <p>(c) On a case-by-case basis, an occupational therapist may petition the Committee to receive permission to supervise additional occupational therapy assistants or applicants.</p> <p>(d) If responsible supervision is not practiced, both the occupational therapist and occupational therapy assistant are in violation of this rule.</p>
Oregon	
Pennsylvania	
Puerto Rico	
Rhode Island	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	<p><u>Statute:</u> Utah Code Title 58, Chapter 42a, Part 3, Section 306 Supervision requirements.</p> <p>An occupational therapist who is supervising an occupational therapy assistant shall:</p> <p>(5) supervise no more than two full-time occupational therapy assistants at one time, or four part-time occupational therapy assistants if the combined work hours of the assistants do not exceed 40 hours per week, unless otherwise approved by the division in collaboration with the board;</p>
Vermont	
Virginia	<p><u>Regulation:</u> 18 VAC 85-80-110 Supervisory Responsibilities of an Occupational Therapist.</p>

State	
	C. An occupational therapist may provide clinical supervision for up to six occupational therapy personnel, to include no more than three occupational therapy assistants at any one time.
Washington	
West Virginia	
Wisconsin	
Wyoming	

64B11-4.002 Occupational Therapy Aides and Other Unlicensed Personnel Involved in the Practice of Occupational Therapy.

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

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

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

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

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

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

- (a) Interpret referrals or prescriptions for occupational therapy services;
- (b) Perform evaluative procedures;
- (c) Develop, plan, adjust, or modify treatment procedures;
- (d) Act on behalf of the occupational therapist in any matter related to direct patient care which requires judgment or decision making except when an emergency condition exists;
- (e) Act independently or without direct supervision of an occupational therapist;
- (f) Patient treatment;
- (g) Any activities which an occupational therapy aide has not demonstrated competence in performing.

Rulemaking Authority 468.203(5), 468.204 FS. Law Implemented 468.203(5) FS. History—New 9-12-88, Formerly 21M-15.003, 61F6-15.003, Amended 8-12-96, Formerly 59R-63.003, Amended 6-15-98, 8-9-99.

64B11-4.003 Standards of Practice; Discipline.

(1) The purpose of this rule is to notify applicants and licensees of the ranges of penalties which will routinely be imposed unless the Board finds it necessary to deviate from the guidelines for the stated reasons given within this rule. Each range includes the lowest and highest penalty and all penalties falling between. The purposes of the imposition of discipline are to punish the applicants or licensees for violations and to deter them from future violations; to offer opportunities for rehabilitation, when appropriate; and to deter other applicants or licensees from violations.

(2) Among the range of discipline including any and all in Section 456.072(2), F.S., in increasing severity are:

(a) Letter of concern and a minimum administrative fine of \$100, remedial education, and/or refund of fees billed.

(b) Probation with conditions to include limitations on the type of practice or practice setting, requirements of supervision, employer and self-reports, periodic appearances before the Board, counseling, or participation in the Professionals Resource Network (PRN), payment of administrative fines, and such conditions to assure protection of the public. The licensee must choose supervisor licensed under Chapter 468, Part III, F.S., who is in good standing and without restriction or limitation on his or her license. The supervisor should ideally provide such services without compensation. However, the licensee may contract with a for-profit entity for a fee. It is the licensee's full responsibility to pay for any supervision services. All potential supervisors must be approved by the Board before providing services. The Board Chair, or any other member designated by the Board, is delegated the authority to review all potential supervisors for adequacy. The Board may reject any proposed supervisor on the basis that he or she has previously been subject to disciplinary action against his or her license in this or any other jurisdiction, is currently under investigation, or is the subject of a pending disciplinary action. The supervisor must be actively engaged in the same or similar specialty area unless otherwise provided by the Board and be practicing within a reasonable distance of Respondent's practice, a distance of 50 miles unless otherwise specifically approved by the Board. The Board may reject any proposed supervisor for good cause shown.

(c) Suspension until the licensee appears before the Board to demonstrate current competency and ability to practice safely and compliance with any previous Board orders.

(d) Licensure with conditions.

(e) Denial of licensure.

(f) Permanent Revocation.

(3) Aggravating and Mitigating Circumstances. Based upon consideration of aggravating and mitigating factors present in an individual case, the Board may deviate from the penalties recommended below. The Board shall consider as aggravating or mitigating factors the following:

(a) Exposure of patients or public to injury or potential injury, physical or otherwise; none, slight, severe, or death;

(b) Legal status at the time of the offense; no restraints, or legal constraints;

(c) The number of counts or separate offenses established;

(d) The disciplinary history of the applicant or licensee in any jurisdiction and the length of practice;

(e) Pecuniary benefit or self-gain inuring to the applicant or licensee;

(f) Any efforts at rehabilitation, attempts by the licensee to correct or to stop violations, or

refusal by the licensee to correct or to stop violations;

(g) Evidence of fraud.

(4) Violations and Range of Penalties. In imposing discipline upon applicants and licensees, in proceedings pursuant to Sections 120.57(1) and (2), F.S., the Board shall act in accordance with the following disciplinary guidelines and shall impose a penalty within the range corresponding to the violations set forth below. The verbal identification of offenses are descriptive only; the full language of each statutory provision cited must be consulted in order to determine the conduct included. For applicants, any and all offenses listed herein are sufficient for refusal to certify an application for licensure.

In addition to the penalty imposed, the Board shall recover the costs of investigation and prosecution of the case. Additionally, if the Board makes a finding of pecuniary benefit or self-gain related to the violation, then the Board shall require refund of fees billed and collected from the patient or a third party on behalf of the patient.

VIOLATION	PENALTY RANGE	
	MINIMUM	MAXIMUM
(a) Attempting to obtain, obtaining, or renewing a license to practice a profession by bribery, fraudulent misrepresentation, or through an error of the Department or the Board.(Sections 468.217(1)(a), and 456.072(1)(h), F.S.)		
First Offense	6 months' probation with conditions or certify application with restrictions and \$1,000 fine.	1 year suspension and \$5,000 fine.
Second and Subsequent Offenses	Restriction of practice or license or denial of licensure and \$5,000 fine.	Permanent revocation or denial of licensure and \$10,000 fine.
However, if the violation is not through an error but is for making a false or fraudulent representation or bribery, the fine is increased to \$10,000 per count or offense.		
(b) Action taken against license by another jurisdiction. (Sections 468.217(1)(b), and 456.072(1)(f), F.S.)		
First Offense	Letter of concern and \$500 fine.	Imposition of discipline which would have been if the substantive violation occurred in Florida.

Second and Subsequent Offenses	Imposition of discipline which would have been if the substantive violation occurred in Florida and a \$2,500 fine.	Permanent revocation and \$10,000 fine.
(c) Guilt of a crime directly relating to practice or ability to practice. (Section 468.217(1)(c), F.S.)		
FIRST OFFENSE		
Misdemeanor	Reprimand and \$250 fine.	1 year probation with conditions and \$500 fine.
Felony	1 year probation with conditions and \$1,000 fine.	1 year suspension and \$2,500 fine.
Felony crimes having a factual basis related to assault, battery, abuse, or which otherwise caused bodily harm.	1 year suspension and \$5,000 fine.	Permanent revocation and \$10,000 fine.
Crimes involving fraudulent misrepresentation	1 year suspension and \$10,000 fine.	Permanent revocation and \$10,000 fine.
SECOND AND SUBSEQUENT OFFENSES		
Misdemeanor	1 year probation with conditions and \$500 fine.	1 year suspension and \$1,000 fine.
Felony	1 year suspension and \$2,500 fine.	1 year suspension and \$1,000 fine.
Felony	2 – year suspension and \$10,000 fine.	Permanent revocation and \$5,000 fine.
Felony crimes having a factual basis related to assault, battery, abuse, or which otherwise caused bodily harm.	2 – year suspension and \$10,000 fine.	Permanent revocation and \$10,000 fine.
Crimes involving fraudulent misrepresentation		Permanent revocation and \$10,000 fine.
(d) False, deceptive, or misleading advertising. (Section 468.217(1)(d), F.S.)		

First Offense	Letter of concern and \$100 fine.	6 months' probation with conditions and \$250 fine.
Second and Subsequent Offenses	6 months suspension and \$500 fine.	Restriction of practice or license and \$5,000 fine.
(e) Advertising, practicing under a name other than one's own name. (Section 468.217(1)(e), F.S.)		
First Offense	Letter of concern and \$100 fine.	6 months' probation with conditions and \$250 fine.
Second and Subsequent Offenses	6 months suspension and \$500 fine.	Restriction of practice or license and \$5,000 fine.
(f) Failure to report another licensee in violation. (Sections 468.217(1)(f), and 456.072(1)(i), F.S.)		
First Offense	Letter of concern and \$100 fine.	6 months' probation with conditions and \$500 fine.
Second and Subsequent Offenses	6 months' probation with conditions and \$1,000 fine.	1 year suspension and \$5,000 fine.
(g) Aiding unlicensed practice. (Sections 468.217(1)(g), and 456.072(1)(j), F.S.)		
First Offense	1 year probation with conditions and \$1,000 fine.	6 months suspension, 1 year probation with conditions and \$3,000 fine.
Second and Subsequent Offenses	1 year suspension and \$6,000 fine.	Permanent revocation and \$10,000 fine.
(h) Failure to perform legal obligation. (Sections 468.217(1)(h), and 456.072(1)(k), F.S.)		
First Offense	Letter of Concern and \$100 fine.	6 months' probation with conditions and \$500 fine.

Second and Subsequent Offenses	6 months suspension and \$1000 fine.	Restriction of practice or license and \$5,000 fine.
(i) Failing to file a report as required. (Sections 468.217(1)(i), and 456.072(1)(l), F.S.)		
First Offense	1 year probation with conditions and \$100 fine.	6 months suspension, 1 year probation with conditions and \$250 fine.
Second and Subsequent Offenses	6 months suspension, 1 year probation with conditions and \$500 fine.	1 year suspension, 2 years' probation with conditions and \$1,000 fine.
However, if the violation is for making a false or fraudulent representation, a fine of \$10,000 per count or offense.		
(j) Kickbacks or split fee arrangements. (Section 468.217(1)(j), F.S.)		
First Offense	6 months suspension, 1 year probation with conditions and \$500 fine.	1 year suspension, 2 years' probation with conditions and \$5,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$2,500 fine.	Permanent revocation and \$10,000 fine.
(k) Exercising influence to engage patient in sex. (Section 468.217(1)(k), F.S.)		
First Offense	1 year suspension, 4 years' probation with conditions referral to PRN and \$5,000 fine.	Permanent revocation and \$7,500 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$7,500 fine.	Permanent revocation and \$10,000 fine.
(l) Deceptive, untrue, or fraudulent representations in the practice. (Sections 468.217(1)(l), and 456.072(1)(a), F.S.)		
First Offense	1 year probation with conditions and \$10,000 fine.	1 year suspension, 1 year probation with conditions and \$10,000 fine.

Second and Subsequent Offenses	2 years suspension, 1 year probation with conditions and \$10,000 fine.	Revocation and \$10,000 fine.
(m) Improper solicitation of patients. (Section 468.217(1)(m), F.S.)		
First Offense	1 year probation with conditions and \$500 fine.	6 months suspension, 1 year probation with conditions and \$2,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$2,500 fine.	Permanent revocation and \$5,000 fine.
(n) Failure to keep written medical records, justifying the course of treatment of the patient, including but not limited to patient history, examination results and test results. (Section 468.217(1)(n), F.S.)		
First Offense	Letter of concern and \$300 fine.	6 months' probation with conditions and \$1,000 fine.
Second and Subsequent Offenses	1 year probation and \$1,000 fine.	6 months suspension, 1 year probation with conditions and \$5,000 fine.
(o) Exercising influence on patient for financial gain. (Sections 468.217(1)(o), and 456.072(1)(n), F.S.)		
First Offense	1 year probation with conditions and \$1,000 fine.	1 year suspension, 2 years' probation with conditions and \$7,500 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$5,000 fine.	Permanent revocation and \$10,000 fine.
(p) Performing professional services not authorized by patient. (Section 468.217(1)(p), F.S.)		
First Offense	Letter of concern and \$500 fine.	6 months' probation with conditions and \$2,500 fine.
Second and Subsequent Offenses	3 months suspension and	Permanent

	\$2,500 fine.	revocation and \$10,000 fine.
(q) Malpractice. (Section 468.217(1)(q), F.S.)		
First Offense	1 year probation with conditions and \$1,000 fine.	1 year suspension, 2 years' probation with conditions or denial and \$5,000 fine.
Second and Subsequent Offenses	1 year suspension, 2 years' probation with conditions and \$5,000 fine.	Permanent revocation and \$10,000 fine.
(r) Performing of experimental treatment without informed consent. (Section 468.217(1)(r), F.S.)		
First Offense	1 year suspension, 1 year probation with conditions and \$1,000 fine.	2 years suspension, 2 years' probation with conditions or denial and \$5,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$5,000 fine.	Permanent revocation and \$10,000 fine.
(s) Practicing beyond scope permitted. (Sections 468.217(1)(s), and 456.072(1)(o), F.S.)		
First Offense	Letter of concern and \$100 fine.	6 months suspension, 6 months' probation with conditions or denial and \$1,500 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$1,500 fine.	Permanent revocation and \$7,500 fine.
(t) Inability to practice occupational therapy with skill and safety. (Sections 468.217(1)(t), 456.072(1)(z), F.S.)		
First Offense	Submit to mental/physical examination and impose conditions on practice.	Submit to mental/physical examination and suspension until able to

		demonstrate ability to practice with reasonable skill and safety, followed by probation with conditions.
Second and Subsequent Offenses	1 year suspension and then submit to mental/physical examination and suspension until able to demonstrate ability to practice with reasonable skill and safety.	Permanent Revocation and \$5,000 fine.
(u) Delegation of professional responsibilities to unqualified person. (Sections 468.217(1)(u), 456.072(1)(p), F.S.)		
First Offense	1 year probation with conditions and \$1,000 fine.	6 months suspension, 1 year probation with conditions and \$3,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$5,000 fine.	Permanent revocation and \$10,000 fine.
First Offense	Suspension until order or subpoena complied with and \$500 fine.	1 year suspension, 1 year probation with conditions and \$1,500 fine.
Second and Subsequent Offenses	6 months suspension, 1 year probation with conditions and \$1,500 fine.	Permanent revocation and \$5,000 fine.
(w) Conspiring to restrict another from lawfully advertising services. (Section 468.217(1)(w), F.S.)		
First Offense	Letter of concern.	Letter of concern and \$100 fine.
Second and Subsequent Offenses	Letter of concern and \$500 fine.	Letter of concern and \$1,000 fine.
(x) Violating Chapters 468, 456, F.S., or any rules adopted pursuant thereto. (Sections 468.217(1)(x), and 456.072(1)(dd), F.S.)		

First Offense	Suspension until law or rule complied with and \$500 fine.	1 year suspension, 1 year probation with conditions and \$1,500 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$2,500 fine.	Permanent revocation and \$5,000 fine.
(y) Performing or attempting health care services on the wrong patient, wrong site wrong procedure, or unauthorized or medically unnecessary procedure including preparation of the patient. (Section 456.072(1)(bb), F.S.)		
First Offense	1 year probation with conditions and \$1,000 fine.	1 year suspension, 2 years' probation with conditions and \$5,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$5,000 fine.	Permanent revocation and \$10,000 fine.
(z) Intentionally violating any rule adopted by the Board or the Department as appropriate. (Section 456.072(1)(b), F.S.)		
First Offense	6 months suspension, 1 year probation with conditions and \$1,000 fine.	1 year suspension, 2 years' probation with conditions and \$3,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$5,000 fine.	Permanent Revocation and \$10,000 fine.
(aa) Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice a licensee's profession. (Section 456.072(1)(c), F.S.)		
FIRST OFFENSE Misdemeanor	Reprimand and \$250 fine.	1 year probation with conditions and \$500 fine.
Felony	1 year probation with	1 year

	conditions and \$1,000 fine.	suspension and \$2,500 fine.
Felony crimes having a factual basis related to assault, battery, abuse, or which otherwise caused bodily harm.	1 year suspension and \$5,000 fine.	Permanent revocation and \$10,000 fine.
Crimes involving fraudulent misrepresentation.	1 year suspension and \$10,000 fine.	Permanent revocation and \$10,000 fine.
SECOND AND SUBSEQUENT OFFENSES		
Misdemeanor	1 year probation with conditions and \$500 fine.	1 year suspension and \$1,000 fine.
Felony	1 year suspension and \$2,500 fine.	Permanent revocation and \$5,000 fine.
Felony crimes having a factual basis related to assault, battery, abuse, or which otherwise caused bodily harm.	2-year suspension and \$10,000 fine.	Permanent revocation and \$10,000 fine.
Crimes involving fraudulent misrepresentation.	2-year suspension and \$10,000 fine.	Permanent revocation and \$10,000 fine.
(bb) Failing to comply with the educational course requirements for human immunodeficiency virus and acquired immune deficiency syndrome. (Section 456.072(1)(e), F.S.)		
First and Subsequent Offenses	Letter of Concern.	6 months' probation with conditions and \$500 fine.
(cc) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee. (Section 456.072(1)(g), F.S.)		
First Offense	1 year probation with	1 year

	conditions and \$1,000 fine.	suspension and \$5,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$2,000 fine.	Permanent revocation and \$10,000 fine.
(dd) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession. (Section 456.072(1)(a) and (m), F.S.)		
First Offense	1 year probation with conditions and \$10,000 fine.	1 year suspension and \$10,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$10,000 fine.	Permanent revocation and \$10,000 fine.
(ee) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding. (Section 456.072(1)(r), F.S.)		
First Offense	6 months' probation with conditions and \$1,000 fine.	1 year suspension and \$2,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$4,000 fine.	Permanent revocation and \$10,000 fine.
(ff) Engaging or attempting to engage a patient in verbal or physical sexual activity. (Section 456.072(1)(v), F.S.)		
First Offense	1 year suspension, 4 years probation with conditions referral to PRN and \$5,000 fine.	Permanent Revocation and \$7,500 fine.
Second and Subsequent Offenses	Permanent revocation and \$7,500 fine.	Permanent revocation and \$10,000 fine.
(gg) Failing to report to the board within 30 days after the licensee has been convicted or found guilty of, or entered a plea of no contendere to, regardless of adjudication, a crime in any jurisdiction.		

(Section 456.072(1)(x), F.S.)		
First Offense	Letter of concern and \$500 fine.	1 year probation with conditions and \$500 fine.
(hh) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers for the solicitation of the people involved in the accidents. (Section 456.072(1)(y), F.S.)		
First Offense	1 year probation with conditions and \$1,000 fine.	1 year suspension and \$4,000 fine.
Second and Subsequent Offenses	Restriction of practice or license and \$4,000 fine.	Permanent revocation and \$10,000 fine.
(ii) Failing to finish PRN treatment program or failing without just cause to comply with PRN contract. (Section 456.072(1)(hh), F.S.)		
First Offense	Suspension until compliant with program; up to suspension until compliant with program, followed by up to 5 years probation with conditions.	
Second or Subsequent Offense	Up to \$2000 fine, suspension until compliant with program followed by up to 5 years probation with conditions, or revocation.	
(jj) Being convicted of or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program. (Section 456.072(1)(ii), F.S.)		
First and Subsequent Offenses	Permanent revocation and a fine of \$10,000, or in the case of application for licensure, denial of license.	

(kk) Failing to remit the sum owed to the State for an overpayment from the Medicaid Program pursuant to a final order, judgment, or Stipulation or settlement. (Section 456.072(1)(jj), F.S.)		
First Offense	6 months' probation with conditions \$500 fine.	1 year suspension and \$2,500 fine.
Second and Subsequent Offenses	1 year suspension and \$3,000.	Permanent revocation and \$5,000 fine.
(ll) Being terminated from the state Medicaid Program pursuant to Section 409.913, F.S., any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored. (Section 456.072(1)(kk), F.S.)		
First Offense	Letter of concern and \$1,000 fine.	1 year suspension \$2,500 fine.
Second and Subsequent Offenses	1 year suspension \$5,000 fine.	Permanent revocation \$10,000 fine.
(mm) Being convicted of or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which related to health care fraud. (Section 456.072(1)(ll), F.S.)		
First and Subsequent Offenses	Permanent revocation and a fine of \$10,000, or in the case of application for licensure, denial of license.	
(nn) Willfully failing to comply with Section 627.64194 or 641.513, F.S., with such frequency as to indicate a general business practice. (Section 456.072(1)(oo), F.S.)		
First Offense	Letter of Concern and \$500 fine.	1 year suspension and \$1,000 fine.
Second and Subsequent Offenses	1 year suspension and \$3,000 fine.	Permanent revocation and

		\$5,000 fine.
(oo) Testing positive for any drug on confirmed preemployment or employer ordered drug screening without lawful prescription. (Section 456.072(1)(aa), F.S.)		
First Offense	Submit to mental/physical examination and impose conditions on practice.	Submit to mental/physical examination and suspension until able to demonstrate ability to practice with reasonable skill and safety, followed by probation with conditions.
Second and Subsequent Offenses	Submit to mental/physical examination and suspension until able to demonstrate ability to practice with reasonable skill and safety, followed by probation with conditions and \$1,000 fine.	Permanent revocation and \$3,000 fine.
(pp) Providing information, including written documentation, indicating that a person's need for an emotional support animal under Section 760.27, F.S., without personal knowledge of the person's disability or disability-related need for the specific emotional support animal. (Section 456.072(1)(pp), F.S.)		
First Offense	1 year probation with conditions and a \$5,000 fine.	6 months suspension, 6 months' probation with conditions, and a \$10,000 fine.
Second and Subsequent Offenses	1 year suspension, 1 year probation with conditions, and a \$5,000 fine.	Permanent revocation and a \$10,000 fine.
(qq) Failure to comply with the parental consent requirements of s. 1014.06, F.S.		

(Section 456.072(1)(rr), F.S.)		
First Offense	\$500 fine, and up to 1 year probation with conditions.	\$1,000 fine, and up to 6 months suspension.
Second and Subsequent Offense	\$1,500 fine, and up to 1 year suspension.	\$2,500 fine, and up to 2 years suspension.
(rr) Being convicted or found guilty of, entering a plea of guilty or nolo contendere to, regardless of adjudication, or committing or attempting, soliciting, or conspiring to commit an act that would constitute a violation of any of the offenses listed in s. 456.074(5) or a similar offense in another jurisdiction. (Section 456.072(1)(ss), F.S.)		
First and Subsequent Offenses	Permanent revocation and a fine of \$10,000, or in the case of application for licensure, denial of license.	

(5) Stipulations or Settlements. The provisions of this rule are not intended and shall not be construed to limit the ability of the Board to dispose informally of disciplinary actions by stipulation, agreed settlement, or consent order pursuant to Section 120.57(4), F.S.

(6) Letters of Guidance. The provisions of this rule cannot and shall not be construed to limit the authority of the probable cause panel of the Board to direct the Department to send a letter of guidance pursuant to Section 456.073(3), F.S., in any case for which it finds such action appropriate.

(7) Other Action. The provisions of this rule are not intended to and shall not be construed to limit the ability of the Board to pursue or recommend that the Department pursue collateral civil or criminal actions when appropriate.

Rulemaking Authority 456.079, 468.204 FS. Law Implemented 456.072, 456.079, 468.217 FS. History—New 9-12-88, Amended 11-9-92, Formerly 21M-15.002, 61F6-15.002, 59R-63.002, Amended 1-27-00, 12-27-01, 12-27-05, 4-10-08, 8-5-10, 4-18-12, 1-10-17, 8-19-21, 11-28-21.

TITLE 68: PROFESSIONS AND OCCUPATIONS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
ILLINOIS OCCUPATIONAL THERAPY PRACTICE ACT

Section 1315.163. Supervision of an Occupational Therapy Assistant

a) A certified occupational therapy assistant shall practice only under the supervision of a registered occupational therapist. Supervision is a process in which 2 or more persons participate in a joint effort to establish, maintain and elevate a level of performance and shall include the following criteria:

- 1) To maintain high standards of practice based on professional principles, supervision shall connote the physical presence of the supervisors and the assistant at regularly scheduled supervision sessions.
- 2) Supervision shall be provided in varying patterns as determined by the demands of the areas of patient/client service and the competency of the individual assistant. Such supervision shall be structured according to the assistant's qualifications, position, level of preparation, depth of experience and the environment within which he/she functions.
- 3) The supervisors shall be responsible for the standard of work performed by the assistant and shall have knowledge of the patients/clients and the problems being discussed. Co-signature does not reflect supervision.
- 4) A minimum guideline of formal supervision is as follows:
 - A) The occupational therapy assistant who has less than one year of work experience or who is entering new practice environments or developing new skills shall receive a minimum of 5% on-site face-to-face supervision from a registered occupational therapist per month. On-site supervision consists of direct, face-to-face collaboration in which the supervisor must be on the premises. The remaining work hours shall be supervised by a combination of telephone, electronic communication, telecommunication, technology or face-to-face consultation.
 - B) The occupational therapy assistant with more than one year of experience in his/her current practice shall have a minimum of 5% direct supervision from a registered occupational therapist per month. The 5% direct supervision shall consist of 2% direct, face-to-face collaboration. The remaining 3% of supervision shall be a combination of telephone, electronic communication, telecommunication technology or face-to-face consultation. The remaining work hours will be supervised in accordance with subsection (a)(2).

b) Record Keeping. It is the responsibility of the occupational therapy assistant to maintain on file at the job site signed documentation reflecting supervision activities. This supervision documentation shall contain the following: date of supervision, means of communication, information discussed and the outcomes of the interaction. Both the supervising occupational therapist and the occupational therapy assistant must sign each entry.

(Source: Amended at 39 Ill. Reg. 14520, effective November 6, 2015)

Section 1315.164. Supervision of an Aide in Occupational Therapy

- a) An aide in occupational therapy may also be called an occupational therapy technician (tech) or occupational therapy paraprofessional. This is a person who is not licensed by the Board and provides supportive services to occupational therapists and occupational therapy assistants that may include client-related and non-client related duties and that do not require the knowledge, skills or judgment of an occupational therapist or occupational therapy assistant. An aide in occupational therapy works under the direct on-site supervision of an occupational therapist and/or occupational therapy assistant who is ultimately responsible for the use of aides in occupational therapy.
- b) An occupational therapist and/or occupational therapy assistant may delegate to an aide in occupational therapy only specific tasks, which are neither evaluative, selective nor recommending in nature, only after insuring that the aide has been appropriately trained for the performance of the task.
- c) Any duties assigned to an aide in occupational therapy must be determined and appropriately supervised by an occupational therapist and/or occupational therapy assistant and must not exceed the level of training, knowledge, skill and competence of the individual being supervised.
- d) Duties and/or functions that aides in occupational therapy may perform include, but are not limited to:
- 1) Under supervision:
 - A) routine department maintenance work;
 - B) transportation of individuals/patients/clients;
 - C) preparation or setting up of treatment equipment and work areas;
 - D) taking care of individuals'/patients'/clients' personal needs during treatment that are not part of occupational therapy treatment;
 - E) clerical, secretarial, administrative activities; and
 - F) assisting in the construction of adaptive equipment.
 - 2) On-site supervision and within the visual field of the occupational therapist or occupational therapy assistant:
 - A) following up with selected routine activity or exercise; and
 - B) aiding the occupational therapist and/or the occupational therapy assistant during occupational therapy treatment of the individual, patient or client.
- e) Duties or functions that aides in occupational therapy shall not perform include, but are not limited to:
- 1) initiate and/or interpret referrals for occupational therapy services;
 - 2) perform evaluative/assessment procedures;
 - 3) develop, plan, adjust or modify treatment procedures;
 - 4) act on behalf of the occupational therapist and/or occupational therapy assistant in any matter related to direct individual/patient/client care that requires judgment or decision making;
 - 5) document services reported as occupational therapy; or
 - 6) represent himself or herself as an occupational therapist or an occupational therapy assistant.
- f) An aide in occupational therapy may not provide direct individual/patient/client treatment.

(Source: Amended at 39 Ill. Reg. 14520, effective November 6, 2015)

New York Supervision Laws and Regulations

Education Law – Title VIII – Article 156 Occupational Therapy

§7902-a. Practice of occupational therapy assistant and use of the title "occupational therapy assistant."

Only a person licensed or otherwise authorized under this title shall participate in the practice of occupational therapy as an occupational therapy assistant or use the title "occupational therapy assistant." Practice as an occupational therapy assistant shall include the providing of occupational therapy and client related services under the direction and supervision of an occupational therapist or licensed physician in accordance with the commissioner's regulations.

§7905. Limited permits.

Permits limited as to eligibility, practice, and duration, shall be issued by the department to eligible applicants, as follows:

1. The following persons shall be eligible for a limited permit:
 - a. An occupational therapist who has graduated from an occupational therapy curriculum with a baccalaureate degree or certificate in occupational therapy which is substantially equivalent to a baccalaureate degree satisfactory to the board of occupational therapy and in accordance with the commissioner's regulations; or
 - b. A foreign occupational therapist who is in this country on a non-immigration visa for the continuation of occupational therapy study, pursuant to the exchange student program of the United States Department of State.
 - c. An occupational therapy assistant who has graduated from an accredited occupational therapy assistant curriculum with an associate's degree satisfactory to the board of occupational therapy and in accordance with the commissioner's regulations.
2. A limited permittee shall be authorized to practice occupational therapy, or in the case of a limited permit issued pursuant to paragraph (c) of subdivision one of this section, only under the direct supervision of a licensed occupational therapist or a licensed physician and shall practice only in a public, voluntary, or proprietary hospital, health care agency or in a preschool or an elementary or secondary school for the purpose of providing occupational therapy as a related service for a handicapped child. For purposes of this subdivision, supervision of an individual with a limited permit to practice occupational therapy issued by the

department shall be direct supervision as defined by the commissioner's regulations.

3. A limited permit shall be valid for one year. It may be renewed once for a period not to exceed one additional year, at the discretion of the department, upon the submission of an explanation satisfactory to the department for an applicant's failure to become licensed within the original one-year period.
4. The fee for a limited permit shall be seventy dollars.

§7906. Exempt persons.

This article shall not be construed to affect or prevent the following, provided that no title, sign, card or device shall be used in such manner as to tend to convey the impression that the person rendering such service is a licensed occupational therapist:

4. An occupational therapy assistant student from engaging in clinical practice under the direction and supervision of an occupational therapist or an occupational therapy assistant who is under the supervision of an occupational therapist, as part of an accredited occupational therapy assistant program, as defined by the commissioner and in accordance with the commissioner's regulations.

Rules of the Board of Regents – Part 29 Unprofessional Conduct

§ 29.1 General provisions.

- b. Unprofessional conduct in the practice of any profession licensed, certified or registered pursuant to title VIII of the Education Law, except for cases involving those professions licensed, certified or registered pursuant to the provisions of Article 131 or 131-B of such law in which a statement of charges of professional misconduct was not served on or before July 26, 1991, the effective date of Chapter 606 of the Laws of 1991, shall include:
 4. permitting any person to share in the fees for professional services, other than: a partner, employee, associate in a professional firm or corporation, professional subcontractor or consultant authorized to practice the same profession, or a legally authorized trainee practicing under the supervision of a licensed practitioner. This prohibition shall include any arrangement or agreement whereby the amount received in payment for furnishing space, facilities, equipment or personnel services used by a professional licensee constitutes a percentage of, or is otherwise dependent upon, the income or receipts of the licensee from such practice, except as otherwise provided by law with respect to a facility licensed pursuant to Article 28 of the Public Health Law or Article 13 of the Mental Hygiene Law;
 9. 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, or performing without adequate supervision professional services which the licensee is authorized to perform only under the supervision of a licensed professional, except in an emergency situation where a person's life or health is in danger;

§ 29.2 General provisions for health professions.

Unprofessional conduct shall also include, in the professions of: acupuncture, athletic training, audiology, certified behavior analyst assistant, registered dental assisting, chiropractic, clinical laboratory technician, clinical laboratory technologist, creative arts therapy, cytotechnologist, dental hygiene, dentistry, dietetics/nutrition, histotechnician, histotechnologist, licensed behavior analyst, licensed pathologists' assistants, licensed perfusionist, licensed practical nursing, marriage and family therapy, massage therapy, medicine, mental health counseling, midwifery, occupational therapy, occupational therapy assistant, ophthalmic dispensing, optometry, pharmacy, physical therapist assistant, physical therapy, physician assistant, podiatry, psychoanalysis, psychology, registered pharmacy technicians, registered professional nursing, respiratory therapy, respiratory therapy technician, social work, specialist assistant, speech-language pathology (except for cases involving those professions licensed, certified or registered pursuant to the provisions of article 131 or 131-B of the Education Law in which a statement of charges of professional misconduct was not served on or before July 26, 1991, the effective date of chapter 606 of the Laws of 1991):

- b. failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of the licensed professional;

Commissioner's Regulations – Part 76 Occupational Therapy

§76.2 Supervised experience.

- a. The six months of full-time supervised experience in occupational therapy may be completed as part of the basic program described in section 76.1 of this Part. Full-time experience not completed as part of an approved program shall be under the supervision of a licensed occupational therapist.
- b. For candidates who have accumulated other than full-time supervised experience, part-time experience may be counted if it is obtained at the rate of at least two full days per week (minimum of 15 hours) and for continuous periods of not less than two months for an accumulated total of six months. The department may excuse the requirement that such experience be continuous where such continuous experience cannot be completed due to the State of emergency declared by the Governor pursuant to an Executive Order for the COVID-19 crisis.

§76.4 Limited permits.

Limited permits issued or renewed pursuant to Education Law, section 7905, shall also be subject to the following requirements:

- a. The applicant shall submit satisfactory evidence of completion of a registered program in occupational therapy or a registered program for occupational therapy assistants, as applicable, or the substantial equivalent of a registered program.
- b. Limited permits may be renewed once for a period not to exceed one year at the discretion of the department because of personal or family illness or other extenuating circumstances which prevented the permittee from becoming licensed.
- c. Supervision.
 1. A written supervision plan, acceptable to the occupational therapist or licensed physician providing direction and supervision, shall be required for each permittee providing services pursuant to section 7905 of the Education Law. The written supervision plan shall specify the names, professions and other credentials of the persons participating in the supervisory process, the frequency of formal supervisory contacts; the methods (e.g. in-person, by telephone) and types (e.g. review of charts, discussion with permittee) of supervision; the content areas to be addressed; how written treatment notes and reports will be reviewed, including, but not limited to, whether such notes and reports will be initialed or co-signed by the supervisor; and how professional development will be fostered.
 2. Documentation of supervision shall include the date and content of each formal supervisory contact as identified in the written supervision plan and evidence of the review of all treatment notes and reports.
 3. The determination of the level and type of supervision shall be based on the ability level and experience of the permittee providing the delegated occupational therapy services, the complexity of client needs, and the setting in which the permittee is providing the services. The supervision plan shall require that the supervisor be notified whenever there is a clinically significant change in the condition or performance of the client, so that an appropriate supervisory action can take place.
 4. Direct supervision shall mean that the supervisor:
 - i. initiates, directs and participates in the initial evaluation to the extent required in the supervision plan, interprets the evaluation data, and develops the occupational therapy services plan with input from the permittee;
 - ii. participates, on a regular basis, in the delivery of occupational therapy services to the extent required in the supervision plan;
 - iii. is responsible for determining the need for continuing, modifying, or discontinuing occupational therapy services;

- iv. takes into consideration information provided by the permittee about the client's responses to and communications during occupational therapy services; and
 - v. is available for consultation with the permittee in a timely manner, taking into consideration the practice setting, the condition of the client and the occupational therapy services being provided.
5. In no event shall the occupational therapist or licensed physician supervise more than five permittees, or its full time equivalent, provided that the total number of permittees being supervised by a single occupational therapist or licensed physician shall not exceed ten.

§76.6 Definition of occupational therapy assistant practice and the use of the title occupational therapy assistant.

- a. An occupational therapy assistant shall mean a person licensed or otherwise authorized in accordance with this Part who provides occupational therapy services under the direction and supervision of an occupational therapist or licensed physician and performs client related activities assigned by the supervising occupational therapist or licensed physician. Only a person licensed or otherwise authorized under this Part shall participate in the practice of occupational therapy as an occupational therapy assistant, and only a person licensed or otherwise authorized under this Part shall use the title occupational therapy assistant.
- b. As used in this section, client related activities shall mean:
 1. contributing to the evaluation of a client by gathering data, reporting observations and implementing assessments delegated by the supervising occupational therapist or licensed physician;
 2. consulting with the supervising occupational therapist or licensed physician in order to assist him or her in making determinations related to the treatment plan, modification of client programs or termination of a client's treatment;
 3. the utilization of a program of purposeful activities, a treatment program, and/or consultation with the client, family, caregiver, or other health care or education providers, in keeping with the treatment plan and under the direction of the supervising occupational therapist or licensed physician;
 4. the use of treatment modalities and techniques that are based on approaches taught in an occupational therapy assistant educational program registered by the department or accredited by a national accreditation agency which is satisfactory to the department, and that the occupational therapy assistant has demonstrated to the occupational therapist or licensed physician that he or she is competent to use; or
 5. the immediate suspension of any treatment intervention that appears harmful to the client and immediate notification of the occupational therapist or licensed physician.

§76.8 Supervision of occupational therapy assistant

- a. A written supervision plan, acceptable to the occupational therapist or licensed physician providing direction and supervision, shall be required for each occupational therapy assistant providing services pursuant to section 7902-a of the Education Law. The written supervision plan shall specify the names, professions and other credentials of the persons participating in the supervisory process, the frequency of formal supervisory contacts, the methods (e.g., in-person, by telephone) and types (e.g., review of charts, discussion with occupational therapy assistant) of supervision, the content areas to be addressed, how written treatment notes and reports will be reviewed, including, but not limited to, whether such notes and reports will be initialed or co-signed by the supervisor, and how professional development will be fostered.
- b. Documentation of supervision shall include the date and content of each formal supervisory contact as identified in the written supervision plan and evidence of the review of all treatment notes, reports and assessments.
- c. Consistent with the requirements of this section, the determination of the level and type of supervision shall be based on the ability level and experience of the occupational therapy assistant providing the delegated occupational therapy services, the complexity of client needs, the setting in which the occupational therapy assistant is providing the services, and consultation with the occupational therapy assistant.
- d. The supervision plan shall require that the occupational therapist or licensed physician be notified whenever there is a clinically significant change in the condition or performance of the client, so that an appropriate supervisory action can take place.
- e. Direction and supervision means that the occupational therapist or licensed physician:
 1. initiates, directs and participates in the initial evaluation, interprets the evaluation data, and develops the occupational therapy services plan with input from the occupational therapy assistant;
 2. participates, on a regular basis, in the delivery of occupational therapy services;
 3. is responsible for determining the need for continuing, modifying, or discontinuing occupational therapy services, after considering any reports by the occupational therapy assistant of any changes in the condition of the client that would require a change in the treatment plan;
 4. takes into consideration information provided about the client's responses to and communications during occupational therapy services; and

5. is available for consultation with the occupational therapy assistant in a timely manner, taking into consideration the practice setting, the condition of the client and the occupational therapy services being provided.
- f. In no event shall the occupational therapist or licensed physician supervise more than five occupational therapy assistants, or its full time equivalent, provided that the total number of occupational therapy assistants being supervised by a single occupational therapist or licensed physician shall not exceed 10.

§76.9 Occupational therapy assistant student exemption.

To be permitted to practice as an exempt person pursuant to section 7906(4) of the Education Law, an occupational therapy assistant student shall be enrolled in a program as set forth in section 76.7(b)(1) of this Part and shall practice under the direction and supervision of:

- a. an occupational therapist; or
- b. an occupational therapy assistant who is licensed or otherwise authorized pursuant to section 7904-a of the Education Law and who is under the supervision of an occupational therapist.

§76.10 Continuing competency for occupational therapists and occupational therapy assistants.

- a. Definitions. As used in this section:
 6. Related subjects means acceptable learning activities, as specified in section 7908(4) of the Education Law and paragraph (2) of subdivision (c) of this section, relating to legal or regulatory issues, reimbursement issues, general supervision, business practices, pedagogical methodologies or other topics which contribute to continuing competence in the professional practice of occupational therapy as defined in section 7901 of the Education Law and section 76.5 of this Part, or of an occupational therapy assistant as defined in section 76.6 of this Part; or which relate to other matters of health care, law, ethics and professional responsibility which contribute to the health and welfare of the public
- c. Mandatory continuing competency requirement.
 2. Acceptable learning activities shall meet the requirements of this paragraph and be subject to the limitations prescribed in this paragraph.
 - iii. Types of learning activities. Acceptable learning activities shall be in one or more of the types of activities prescribed in this subparagraph, and shall be subject to the limitations prescribed in this subparagraph.
 - b. Independent study. Acceptable learning activities may include independent study as defined in paragraph (a)(2) of this section. A licensee who completes independent study to meet the mandatory continuing competency requirement shall prepare a narrative account

of what was learned and an overall written evaluation of the learning activity. Such licensee shall maintain a copy of the narrative account and written evaluation for six years after completion of this learning activity. Study in conjunction with supervision of fieldwork education conducted as part of a program of study as set forth in section 76.1 or 76.7(b) of this Part or in conjunction with supervised experience conducted pursuant to section 76.2 of this Part may be considered independent study. A licensee who completes study in conjunction with such fieldwork supervision or supervised experience shall prepare and retain a narrative account of the preparation associated with the supervision in addition to the other requirements of this clause, and shall retain a letter of verification or certificate from the program that includes the dates of fieldwork. Three clock hours of independent study shall equal one continuing competency hour. No more than one-third of the mandatory continuing competency requirement may be completed through independent study.

Supervision Page ON New York's Website (Not Law)

There are several situations in which occupational therapists (OTs) serve as supervisors including, for example, administrative and clinical supervision in agencies and organizations, supervision of persons gaining experience for licensure purposes, supervision in training situations, and, the supervision of occupational therapy assistants. The supervisor is ultimately responsible for quality control and can be held accountable for the professional services being provided by the person being supervised. While there are differences in the various forms of supervision, occupational therapists who provide clinical supervision are engaged in the practice of occupational therapy. When an occupational therapist is serving as a supervisor, here are a few things to consider:

- When an occupational therapist agrees to serve as a supervisor, there are specific areas that should be addressed before entering into the supervisory relationship so that all parties understand their duties and obligations. The nature and terms of the relationship should be spelled out in advance, including:
 - The supervisor's ultimate responsibility to the person receiving supervision
 - The limits of confidentiality, including, but not limited to, the mandate for reporting child abuse
 - The limits of what the supervisor can do if he or she has questions about the nature or quality of the practice being supervised
 - The information that the supervisor can report to the supervisee's employer in an employment setting
- Supervisors should recognize that they could be held accountable for the services provided by the supervisee. The misconduct of a supervisee could be

the basis for charges brought against the supervisor where supervision is not adequate.

- If a supervisor is involved when a professional service is performed, it is wise to inform the recipient of the occupational therapy service of the supervisor's involvement and to get his or her consent. This will help to avoid future complications, including issues of confidentiality.
- It is wise to keep records of each supervisory session. The records should include compensation arrangements, if appropriate. The documentation of the supervision should be made available, on request, to institutions, licensing agencies and others who require this information for verification purposes and have the legal authority to obtain it. Before sharing these records, however, where necessary, it is important to get the consent of the supervisee.
- When the supervisor's signature is required on a record or insurance form, the occupational therapist should be fully aware of the ramifications of that signature. Supervisors should consult with the insurance company or their attorney if there are questions about completing insurance forms for supervisees who work in agency or private practice settings as employees.

Supervising occupational therapy assistants (OTAs):

Education Law and Regulations of the Commissioner of Education require that occupational therapy assistants receive direct supervision. OTAs must work under the supervision of a licensed OT. In certain settings, a licensed physician may supervise an OTA. OTAs should receive supervision in all aspects of their work, including carrying out initial assessments, treatment and assessments to terminate services. The occupational therapist supervisor must meet with and observe the occupational therapy assistant on a regular basis to review the implementation of treatment plans and to foster professional development. The amount and type of supervision provided should be based on the ability level and clinical experience of the occupational therapy assistant and the setting in which the occupational therapy assistant is providing the services.

Good practice suggests that the occupational therapist supervisor participate in the services delivered by the OTA including:

- Initial Evaluation
- Intervention Planning and Goal Setting
- Final Evaluation /Discharge

Additionally, the supervisor should periodically assess each patient's progress, and review and sign treatment notes and reports prepared by the occupational therapy assistant.

Supervising students or applicants for licensure:

When occupational therapists act as supervisors for persons gaining experience for licensure, the supervisee should not directly pay the supervisor. The supervisor should not accept payment directly from the supervisee for supervision that would lead to course credit in academic programs or licensure. When a supervisor accepts payment directly from the supervisee in these situations, it could be considered a conflict of interest and a dual relationship.

TEXAS OT RULES

§372.1. Provision of Services.

(e) Evaluation.

(6) The occupational therapist may delegate to an occupational therapy assistant the collection of data for the evaluation. The occupational therapist is responsible for the accuracy of the data collected by the occupational therapy assistant.

(f) Plan of Care.

(9) Except where otherwise restricted by rule, the supervising occupational therapist may only delegate to an occupational therapy assistant tasks that they both agree are within the competency level of that occupational therapy assistant.

(g) Documentation.

(3) In each intervention note, the occupational therapy assistant must include the name of an occupational therapist who is readily available to answer questions about the client's intervention at the time of the provision of services. The occupational therapist in the intervention note may be different from the occupational therapist who wrote the plan of care. The occupational therapy assistant may not provide services unless this requirement is met.

(h) Discharge or Discontinuation of Occupational Therapy Services.

(2) The occupational therapist must review any information from the occupational therapy assistant(s), determine if goals were met or not, complete and sign the discharge or discontinuation of occupational therapy services documentation, and/or make recommendations for any further needs of the client in another continuum of care.

§373.1. Supervision of Non-Licensed Personnel.

(a) Occupational Therapists are fully responsible for the planning and delivery of occupational therapy services. They may use non-licensed personnel to extend their services; however, the non-licensed personnel must be under the supervision of an occupational therapy practitioner.

(b) Supervision in this section for occupational therapy aides as defined by the Occupational Therapy Practice Act §454.002 (relating to Definitions) is on-site contact whereby the supervising occupational therapy practitioner is able to respond immediately to the needs of the client.

(c) Supervision of other non-licensed personnel either on-site or via telehealth requires that the occupational therapy practitioner maintain line of sight of the services provided.

(d) When occupational therapy practitioners delegate occupational therapy tasks to non-licensed personnel, the occupational therapy practitioners are responsible for ensuring that this person is adequately trained in the tasks delegated.

(e) The occupational therapy practitioners providing the intervention must interact with the client regarding the client's condition, progress, and/or achievement of goals during each intervention session.

(f) Delegation of tasks to non-licensed personnel includes but is not limited to:

(1) assisting in the construction of adaptive/assistive equipment and splints. The

licensee must be attending for any initial applications to the client. When telehealth may be used for the supervision of non-licensed personnel as described in this section, the licensee may attend via telehealth, provided the licensee maintains line of sight of the services provided;

(2) carrying out a predetermined segment or task in the client's care for which the client has demonstrated some previous performance ability in executing the task.

(g) The Non-Licensed Personnel may not:

(1) perform occupational therapy evaluative procedures;

(2) initiate, plan, adjust, or modify occupational therapy procedures;

(3) act on behalf of the occupational therapist in any matter relating to occupational therapy that requires decision making or professional judgments;

(4) write or sign occupational therapy documents in the permanent record.

However, non-licensed personnel may record quantitative data for tasks delegated by the supervising occupational therapy practitioner. Any documentation reflecting activities by non-licensed personnel must identify the name and title of that person and the name of the supervising occupational therapy practitioner.

§373.2. Supervision of a Temporary Licensee.

(a) Requirements for all temporary licensees:

(1) A temporary licensee works under the supervision of a licensed occupational therapist who holds a regular license and whose name, license number, and employer information are on file on the Board's Supervision of a Temporary Licensee form. For each supervising occupational therapist and/or employer, the temporary licensee must submit the Supervision of a Temporary Licensee form. In this section, a supervising occupational therapist is any occupational therapist whether working full time, part time, or PRN (i.e., working on an as-needed basis), who delegates to the temporary licensee.

(2) All documentation completed by an individual holding a temporary license which becomes part of the client's permanent file must be approved and co-signed by one of the supervising occupational therapist(s).

(3) Temporary licensees may not supervise anyone.

(4) A temporary licensee does not become a regular licensee with those privileges until the regular license can be verified as being current and its expiration date is displayed on the Board's license verification page.

(b) Supervision of an occupational therapy assistant with a temporary license includes:

(1) On-the-Premises Supervision: When providing occupational therapy services, a temporary licensee must have supervision by an occupational therapist or occupational therapy assistant who is on the premises and holds a regular license.

(2) Supervision Log and Supervision Hours:

(A) The temporary licensee must complete supervision hours each month, which must be recorded on the Supervision Log. The Supervision Log is kept by the temporary licensee and signed by the occupational therapist(s) when supervision is given. The occupational therapist(s) or employer may request a copy of the Supervision Log.

- (B) All of the occupational therapists, whether working full time, part time, or PRN, who delegate to the temporary licensee must participate in the supervision hours, whether on a shared or rotational basis.
- (C) For each employer, the temporary licensee must complete a separate Supervision Log, in addition to all other requirements.
- (D) For those months when the licensee does not work as a temporary licensee, he or she shall write N/A in the Supervision Log.
- (E) Supervision Logs are subject to audit by the Board.
- (F) The temporary license is required to complete a minimum of sixteen supervision hours each month for each employer, which must include:
 - (i) a minimum of twelve hours of frequent communication between the supervising occupational therapist(s) and temporary licensee including, but not limited to, communication by electronic/communications technology methods, written report, and conference, including review of progress of clients assigned, plus
 - (ii) a minimum of four hours of interactive supervision a month during which the occupational therapist, who is physically present with the temporary licensee, directly observes the temporary licensee providing services to one or more clients.

(c) Supervision of an occupational therapist with a temporary license includes:

(1) On-the-Premises Supervision: When providing occupational therapy services, a temporary licensee must have supervision by an occupational therapist who is on the premises and holds a regular license.

(2) Supervision Record and Required Supervision Communication and Encounters:

- (A) The temporary licensee must receive supervision each month, which must be recorded on the Temporary Occupational Therapist Licensee Supervision Record. The Supervision Record is kept by the temporary licensee and signed by the occupational therapist(s) when supervision is given. The occupational therapist(s) or employer may request a copy of the Supervision Record.
- (B) All of the occupational therapists, whether working full time, part time, or PRN, who delegate to the temporary licensee must participate in the required supervision, whether on a shared or rotational basis.
- (C) For each employer, the temporary licensee must complete a separate Supervision Record, in addition to all other requirements.
- (D) For those months when the licensee does not work as a temporary licensee, he or she shall write N/A in the Supervision Record.
- (E) Supervision Records are subject to audit by the Board.
- (F) The temporary license is required to complete the following supervision requirements for each employer:
 - (i) frequent communication between the supervising occupational therapist(s) and temporary licensee including, but not limited to, communication by electronic/communications technology methods, written report, and conference, including review of progress of clients assigned, plus

(ii) interactive encounters twice a month during which the occupational therapist, who is physically present with the temporary licensee, directly observes the temporary licensee providing services to one or more clients.

TEXAS PRACTICE ACT

Sec. 454.211. TEMPORARY LICENSE.

- (a) The board by rule may provide for the issuance of a temporary license.
- (b) The holder of a temporary license must practice under the supervision of an occupational therapist.
- (c) A rule adopted under this section must include a time limit for a person to hold a temporary license.

Supervision of an Occupational Therapy Assistant with a Regular License:

GENERAL OVERVIEW

Note: This is just a general overview. Refer to the full OT Act and Rules for further requirements. In addition, this document concerns the supervision of an OTA with a regular license only. Refer to the full

OT Act and Rules for requirements regarding the supervision of an OTA with a temporary license.

As defined by the OT Practice Act, an occupational therapy assistant assists in the practice of occupational therapy under the general supervision of an occupational therapist. For example, please note the following from the OT Rules.

From §372.1, Provision of Services

- Only an occupational therapist may initiate, develop, modify or complete an occupational therapy plan of care and only the occupational therapist may dictate, or attempt to dictate, when occupational therapy services should or should not be provided, the nature and frequency of services that are provided, when the client should be discharged, or any other aspect of the provision of occupational therapy as set out in the OT Act and Rules.
- Except where otherwise restricted by rule, the supervising OT may only delegate to an OTA tasks that they both agree are within the competency level of that OTA.
- In each intervention note, the occupational therapy assistant must include the name of an occupational therapist who is readily available to answer questions about the client's intervention at the time of the provision of services. The occupational therapist in the intervention note may be different from the

occupational therapist who wrote the plan of care. The occupational therapy assistant may not provide services unless this requirement is met.

From §372.2, General Purpose Occupation-Based Instruction

When general purpose occupation-based instruction is being provided pursuant to §372.2, the OT must approve the curricular goals/program prior to the OTA's initiating instruction.

Refer to the full OT Act and Rules for further requirements. Please note that due to rule changes that took effect June 1, 2019,

OTAs with a regular license are no longer required to submit to the Board the Occupational Therapy Assistant Supervision Form.

OTAs with a regular license are no longer required to notify the Board of supervisor changes.

OTAs with a regular license are no longer required to receive specific supervision hours or maintain a supervision log.