

The American Occupational Therapy Association

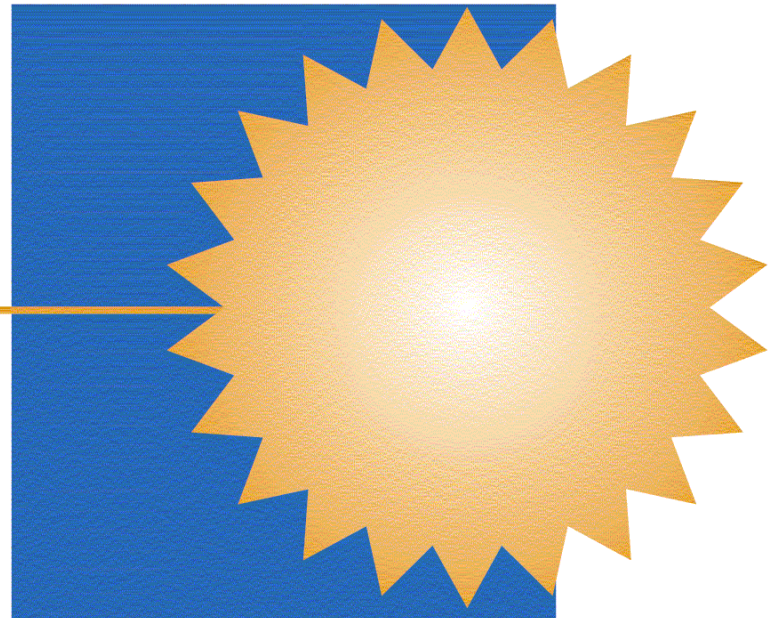
**Board**

*Certification*

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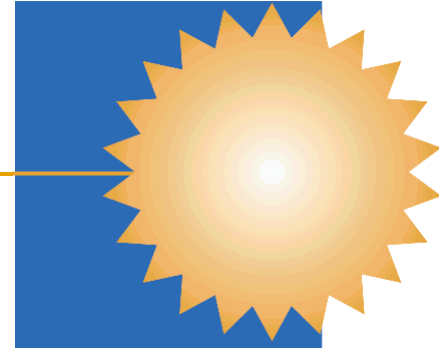
**Specialty**

*Certification*



# Learning Objectives

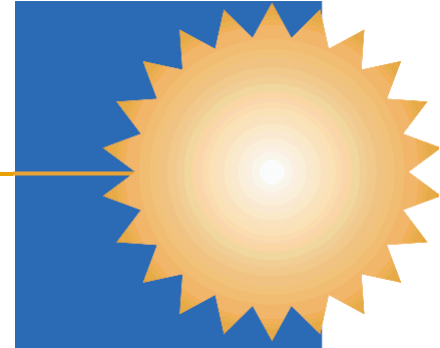
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1. Articulate an understanding of the certification process.
  2. Describe the relationship between professional development, practice changes, and client outcomes and how these apply to the established certification criteria.
  3. Differentiate between a reflective self-appraisal portfolio that is targeted for certification and a generic portfolio.
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# BASC & CCCPD Members

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**Peggy Beckley**, PhD, OTR/L,  
BCPR, BCG, SCLV, FAOTA – **Chair**

**Peggy Barco**, MS, BSW, OTR/L,  
SCDCM

**Carey Bornhagen**, OTR/L, BCP

**Tonya Mennem**, MS, OTR, SCLV

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**Joyce Rioux**, EdD, OTR/L, SCSS

**Marla Robinson**, MS, OTR/L,  
BCPR

**Cindy Schiebel**, OTR/L, BCMH

**Robyn Wu**, OTD, OTR/L, BCP

**Debra Young**, MEd, OTR/L, SCEM,  
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**Mary Kay Currie**, OT, BCPR – **Chair**

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**Leslie Jackson**, MEd, OT, FAOTA

**Anne James**, PhD, OTR/L

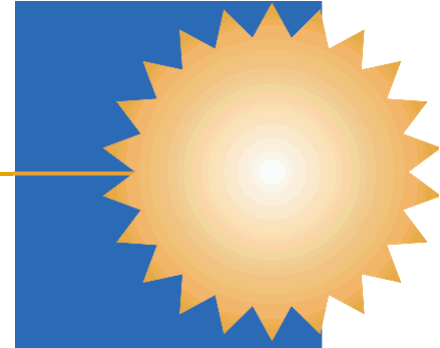
**Beth Merryman**, PhD, OTR/L, FAOTA

**Winifred Schultz-Krohn**, PhD,  
OTR/L, BCP, FAOTA

**Wendy Stav**, PhD, OTR/L, SCDCM

**Melisa Tilton**, COTA/L

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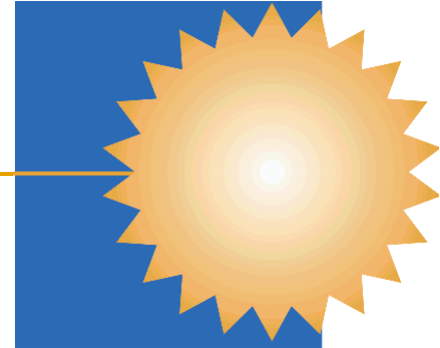
# Philosophy of AOTA Certification

*What a profession can be is dependent on the continuing competence of its members.*

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# What is AOTA Certification?

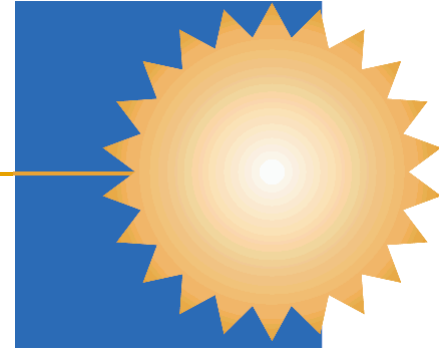
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- A framework for professional development that is specifically geared to the profession of **occupational therapy**.
  - A process that uniquely integrates AOTA's **Standards for Continuing Competence** to support individual assessment and the establishment of goals and priorities for professional development in identified areas.
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# What is AOTA Certification?

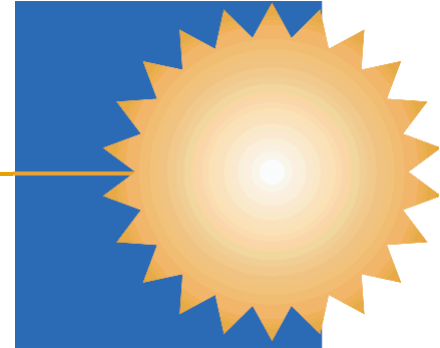
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- AOTA certification programs focus on **continuing competence**, or the building of **capacity** to meet identified criteria.
  - Continuing competence is a component of **ongoing professional development** or lifelong learning.
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# What is AOTA Certification?

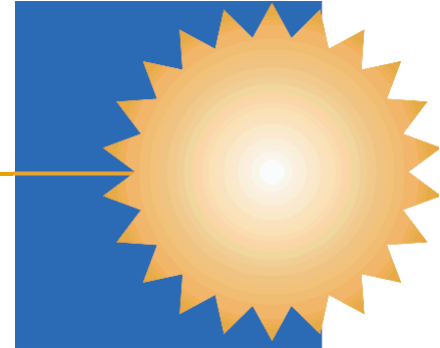
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- Communicate the immediate effectiveness of our interventions.
  - Demonstrate continuous professional growth.
  - Formal recognition for practitioners who have engaged in a voluntary process of ongoing professional development.
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# Why Certification?

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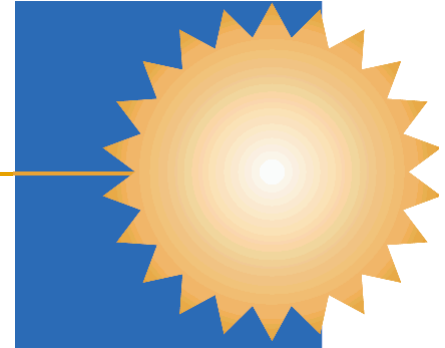


- Clinicians – personal accomplishment, professional recognition, advancement
  - Administrators – career laddering, Joint Commission & other stakeholders, marketing
  - Faculty – further supports clinical education course instruction, models the importance of ongoing professional development
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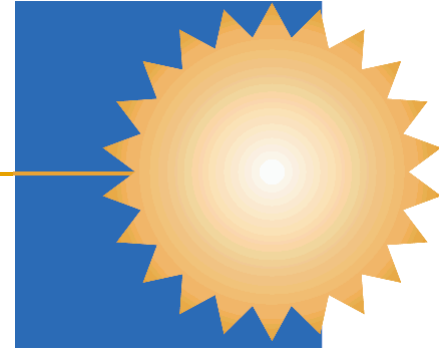
# A Prospective Process

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Ideally, certification is a prospective process in which:

- You consider ways you can grow relative to specific criteria and
  - You seek out professional development opportunities that support your objectives.
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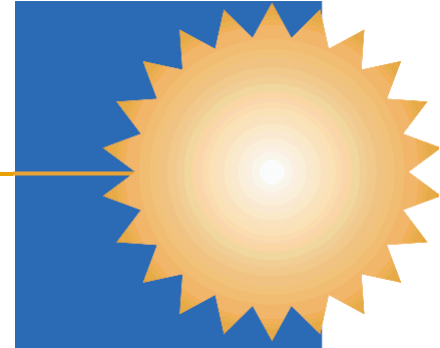
# Certification Areas

Board Certification  
Specialty Certification

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# Certification Areas

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## Board Certification

- Gerontology
- Mental Health
- Pediatrics
- Physical Rehabilitation

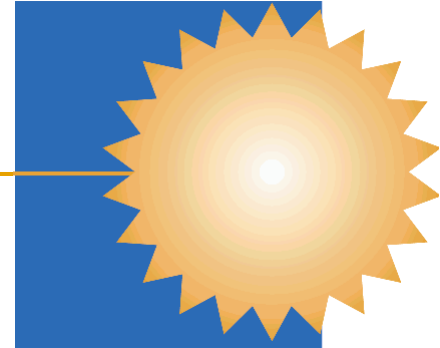
## Credential

- BCG
  - BCMH
  - BCP
  - BCPR
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# Minimum Initial Requirements

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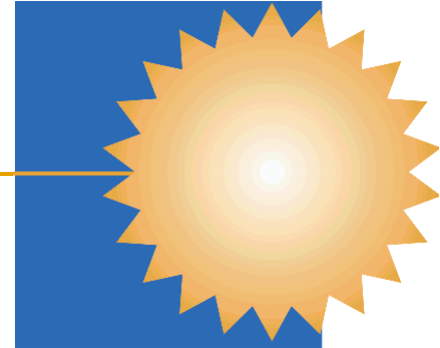
## Board Certification



- 5 years as an occupational therapist.
  - 5,000 hours experience in occupational therapy in the certification area in the last 5 calendar years.
  - 500 hours experience direct delivery of occupational therapy services in the certification area in the last 5 calendar years.
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# Certification Areas

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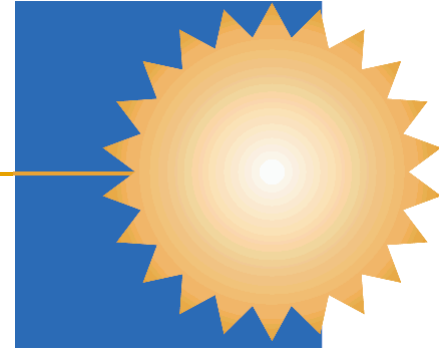
## Specialty Certification

Credential: OT/OTR OTA/COTA

- Driving and Community Mobility SCDCM SCADCM
  - Environmental Modification SCEM SCAEM
  - Feeding, Eating, and Swallowing SCFES SCAFES
  - Low Vision SCLV SCALV
  - School Systems (New in 2013!) SCSS SCSSA
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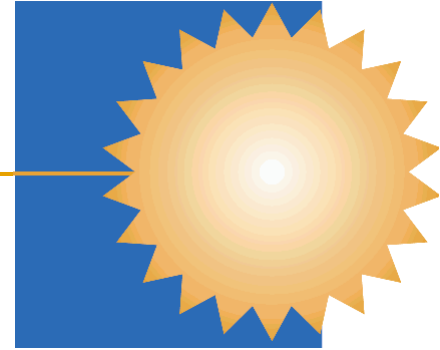
# Minimum Initial Requirements

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## Specialty Certification

- 2,000 hours as an occupational therapist or occupational therapy assistant.
  - 600 hours experience in the last 5 calendar years of direct delivery of occupational therapy services in the specific specialty area.
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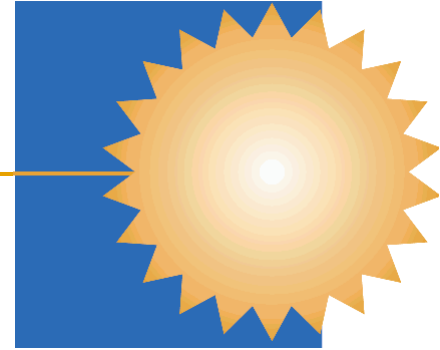
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# Overview of Certification Process

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# Application Components

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## APPLICANT INFORMATION

- Academic background
- Employment background
- Verification of employment/volunteer service

## REFLECTIVE PORTFOLIO

*Activity Forms* for each criterion include documentation of professional development activity and reflection on learning, changes to practice, and client outcomes.

## ONGOING PROFESSIONAL DEVELOPMENT

### Self-Assessment

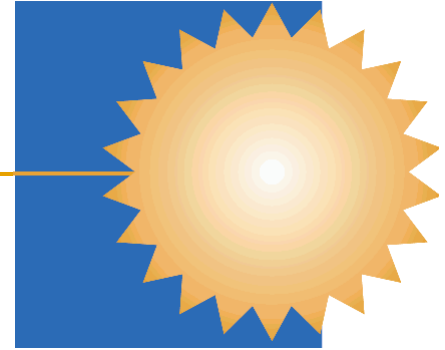
Describe your current practice in relation to this certification and how you envision your practice area changing in the future.

### PDP Plan

Choose any 3 criteria and establish professional development goals for them.

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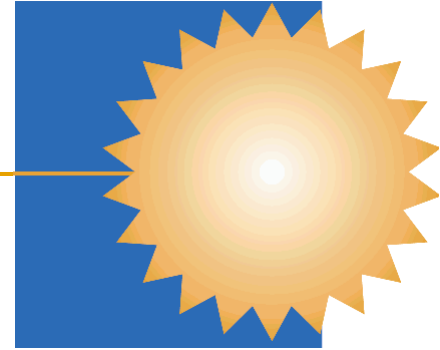
# Reflective Portfolio

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For AOTA Certification

# A Reflective Portfolio is...

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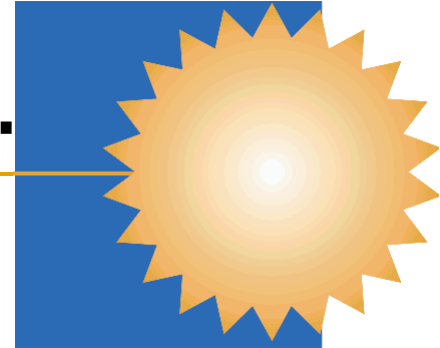


- A demonstration of *ongoing* professional development or lifelong learning
  - Focuses on continuing competence
  - A demonstration of ability to meet identified criteria
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**For AOTA Certification**

# **A Reflective Portfolio is *not*...**

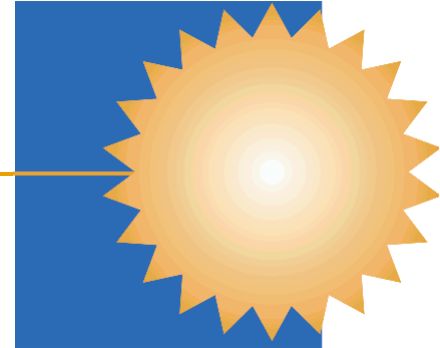
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- An evaluation instrument to determine competency
  - A resume or CV
  - An archive of all that has been done in a person's life or career
  - A collection of random CE certificates & program handouts
  - Complete sets of lecture power point slides
  - Complete copies of published articles
  - A scrapbook of personal & professional achievements
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# Criteria

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Criteria are based on the AOTA

## **Standards for Continuing Competence**

- Knowledge
  - Critical Reasoning
  - Interpersonal Skills
  - Performance Skills
  - Ethical Practice
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**CERTIFICATION REQUIREMENTS**  
**BOARD CERTIFICATION OVERVIEW**

This is **not** the Board Certification application.

<b>Application</b>	<b>Initial</b>	<b>Renewal</b>
<b>Academic Background</b>	<i>Complete the application information</i>	<i>Complete the application information</i>
<b>Employment Background</b>	<i>Complete the application information</i>	<i>Complete the application information</i>
<b>Verification</b> of Occupational Therapy Employment or Volunteer Service ( <i>scanned and included in evidence file</i> )	<b>5,000</b> hours in the certification area as an occupational therapist in the past 5 years <b>500</b> hours of occupational therapy service delivery in the certification area in the past 5 years	<b>3,000</b> hours in the certification area as an occupational therapist in the past 5 years <i>May include roles in any capacity as long as they are relevant to the certification area and occupational therapy</i>
<b>Certification Criteria</b> <b>Note:</b> <i>See pages 2-3 below for details</i>	Complete 1 activity for each of the 13 criterion	Complete 1 activity for 6 criteria of your choosing
<b>Goal Status &amp; Reflection</b>	Not applicable	<ul style="list-style-type: none"> <li>• Review status of goals that were established in the initial certification application</li> <li>• Note if any changes were made to the original goals. What is the status of these goals? Do you feel the goal--as initially written or modified--was achieved?</li> </ul>
<b>Self-Assessment</b>  <i>A narrative self-assessment that describes your current practice in the certification area and how you envision the practice area changing in the future (1,350–3,000-word guideline)</i>	Complete self-assessment <ul style="list-style-type: none"> <li>• <i>Describe your current practice in relation to this certification and how you envision your practice area changing in the future</i></li> <li>• <i>Having gone through the certification process, what have you discovered that you want to learn more about in relation to the competencies required for this certification area?</i></li> </ul>	Complete another self-assessment
<b>Professional Development Plan (PDP)</b>	Complete initial PDP <ul style="list-style-type: none"> <li>• Choose any 3 criteria, and establish professional development goals for them</li> </ul>	Complete new PDP <ul style="list-style-type: none"> <li>• Choose any 3 criteria, and establish professional development goals for them</li> </ul>

## Certification Criteria: **BOARD CERTIFICATION**

**Important:** Applicant must address each of the 13 criteria by choosing one (1) of the available options.

Summary	CRITERIA	Options for Meeting Criteria (choose 1 activity for each criterion)
<b>Knowledge:</b> Lifespan & Conditions	1. Demonstrates acquisition of current knowledge of the effects of the interaction between lifespan issues and relevant conditions that impact occupational performance related to [certification area]	<ul style="list-style-type: none"> <li>• Formal Learning: Minimum 10 contact hours needed</li> <li>• Independent Learning: Minimum 10 contact hours needed</li> <li>• Mentee (does <b>not</b> include supervisory relationship)</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Knowledge:</b> Evaluation	2. Demonstrates acquisition of current knowledge of relevant evidence specific to <i>evaluation</i> in [certification area]	<ul style="list-style-type: none"> <li>• Formal Learning: Minimum 10 contact hours needed</li> <li>• Independent Learning: Minimum 10 contact hours needed</li> <li>• Mentee (does <b>not</b> include supervisory relationship)</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Knowledge:</b> Intervention	3. Demonstrates acquisition of current knowledge of relevant evidence specific to <i>intervention</i> in [certification area]	<ul style="list-style-type: none"> <li>• Formal Learning: Minimum 10 contact hours needed</li> <li>• Independent Learning: Minimum 10 contact hours needed</li> <li>• Mentee (does <b>not</b> include supervisory relationship)</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Knowledge:</b> Systems	4. Demonstrates acquisition of current knowledge of laws, regulations, payer sources, and service delivery systems relevant to [certification area]	<ul style="list-style-type: none"> <li>• Formal Learning: Minimum 3 contact hours needed</li> <li>• Independent Learning: Minimum 3 contact hours needed</li> <li>• Mentee (does <b>not</b> include supervisory relationship)</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Evaluation:</b> Uses Relevant Evidence	5. Uses relevant evidence to establish an occupational profile with the client (person, organization, population) and assess the client's occupational performance through a variety of measures, including standardized assessments, as appropriate	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Program Development</li> <li>• Research</li> <li>• Self-Analysis of Video Recording</li> </ul>
<b>Evaluation:</b> Prioritizes Needs	6. Prioritizes needs related to the client, context, and performance by synthesizing and interpreting assessment data and clinical observations in [certification area]	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Program Development</li> <li>• Research</li> </ul>

Summary	CRITERIA	Options for Meeting Criteria (choose 1 activity for each criterion)
<b>Intervention:</b> Design & Implementation	7. Designs and implements [certification area] interventions that are client-centered, contextually relevant, and evidence-based to facilitate optimal occupational engagement	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Formal Specialized Consultation for Intervention</li> <li>• Mentee (does <b>not</b> include supervisory relationship)</li> <li>• Program Development</li> <li>• Research</li> <li>• Self-Analysis of Video Recording</li> </ul>
<b>Intervention:</b> Wellness & Prevention	8. Provides [certification area] intervention that incorporates wellness and prevention for clients (persons, organizations, populations) to optimize present and future occupational engagement	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Formal Specialized Consultation for Intervention</li> <li>• Mentee (does <b>not</b> include supervisory relationship)</li> <li>• Program Development</li> <li>• Research</li> <li>• Self-Analysis of Video Recording</li> </ul>
<b>Outcomes</b>	9. Evaluates effectiveness of services delivered, either for caseload or programs, in order to validate service delivery and make changes as appropriate to maximize outcomes related to [certification area]	<ul style="list-style-type: none"> <li>• Formal Specialized Consultation for Outcomes</li> <li>• Research</li> <li>• Program or Service Evaluation</li> </ul>
<b>Holistic Practice</b>	10. Holistically addresses the client's needs, including physical, social, and emotional well-being, that may impede occupational performance	<ul style="list-style-type: none"> <li>• Holistic Practice Case Study</li> </ul>
<b>Ethical Practice</b>	11. Identifies ethical implications associated with practice in [certification area] and applies ethical reasoning for navigating through identified issues	<ul style="list-style-type: none"> <li>• Three ethical practice scenarios, 1 for each of the following: Client-Based, Fiscal &amp; Regulatory, Systems/Organizational</li> </ul>
<b>Advocating for Change</b>	12. Advances access to services or influences policies or programs that promote the health and occupational engagement of clients (persons, organizations, populations) in the [certification area] practice area	<ul style="list-style-type: none"> <li>• Advocacy Case Study</li> <li>• Advocacy Efforts</li> <li>• Volunteer Leadership</li> </ul>
<b>Accessing Networks &amp; Resources</b>	13. Negotiates the service delivery system to establish networks and collaborate with team members, referral sources, or stakeholders to support clients' occupational engagement	<ul style="list-style-type: none"> <li>• Networking Case Study</li> </ul>

## CERTIFICATION REQUIREMENTS

### **SPECIALTY CERTIFICATION OVERVIEW**

This is **not** the Specialty Certification application.

Application	Initial	Renewal
<b>Academic Background</b>	<i>Complete the application information</i>	<i>Complete the application information</i>
<b>Employment Background</b>	<i>Complete the application information</i>	<i>Complete the application information</i>
<b>Verification</b> of Occupational Therapy Employment or Volunteer Service ( <i>scanned and included in evidence file</i> )	<ul style="list-style-type: none"> <li>• <b>2,000</b> hours as an OT in the past 5 years</li> <li>• <b>600</b> hours of which must be direct delivery of occupational therapy services with clients</li> </ul>	<b>2,000</b> hours <i>in the certification area</i> in the past 5 years This may include roles in any capacity as long as they are relevant to the certification area and occupational therapy (e.g., direct service provider, management, researcher, educator, presenter/lecturer, consultant)
<b>Certification Criteria</b> <b>Note:</b> <i>See pages 2-3 below for details</i>	Complete 1 activity for each of the 12 criterion	Complete 1 activity for 6 criteria of your choosing
<b>Goal Status &amp; Reflection</b>	Not applicable	<ul style="list-style-type: none"> <li>• Review status of goals that were established in the initial certification application</li> <li>• Note if any changes were made to the original goals. What is the status of these goals? Do you feel the goal--as initially written or modified--was achieved?</li> </ul>
<b>Self-Assessment</b>  <i>A narrative self-assessment that describes your current practice in the certification area and how you envision the practice area changing in the future. (1,350–3,000-word guideline)</i>	Complete self-assessment: <ul style="list-style-type: none"> <li>• <i>Describe your current practice in relation to this certification and how you envision your practice area changing in the future</i></li> <li>• <i>Having gone through the certification process, what have you discovered that you want to learn more about in relation to the competencies required for this certification area?</i></li> </ul>	Complete another self-assessment
<b>Professional Development Plan</b>	Complete PDP <ul style="list-style-type: none"> <li>• Choose any 3 criteria, and establish professional development goals for them</li> </ul>	Complete new PDP <ul style="list-style-type: none"> <li>• Choose any 3 criteria, and establish professional development goals for them</li> </ul>



## Certification Criteria: **SPECIALTY CERTIFICATION—Occupational Therapist**

**Important:** Applicant must address each of the 12 criteria by choosing one (1) of the available options.

Summary Description	Occupational Therapist CRITERIA	Options for Meeting Criteria (choose 1 activity for each criterion)
<b>Knowledge:</b> Diagnostic Considerations	1. Demonstrates knowledge of primary and secondary conditions that impact occupational engagement related to [certification area]	<ul style="list-style-type: none"> <li>• Expert Witness</li> <li>• Formal Learning-- Minimum 10 contact hours needed</li> <li>• Independent Learning--Minimum 10 contact hours needed</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Knowledge:</b> Evaluation	2. Demonstrates knowledge of relevant evidence specific to <i>evaluation</i> in [certification area]	<ul style="list-style-type: none"> <li>• Expert Witness</li> <li>• Formal Learning--Minimum 10 contact hours needed</li> <li>• Independent Learning--Minimum 10 contact hours needed</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Knowledge:</b> Intervention	3. Demonstrates knowledge of relevant evidence specific to intervention in [certification area]	<ul style="list-style-type: none"> <li>• Expert Witness</li> <li>• Formal Learning--Minimum 10 contact hours needed</li> <li>• Independent Learning--Minimum 10 contact hours needed</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Knowledge:</b> Regulation & Payers	4. Demonstrates knowledge of laws and regulations relevant to [certification area], including payer sources	<ul style="list-style-type: none"> <li>• Expert Witness</li> <li>• Formal Learning--Minimum 3 contact hours needed</li> <li>• Independent Learning--Minimum 3 contact hours needed</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Evaluation:</b> Performance Skills	5. Administers standardized assessments specific to [certification area], consistently integrating clinical observations throughout the evaluation process	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Mentee (does not include supervisory relationship)</li> <li>• Self-Analysis of Video Recording</li> </ul>
<b>Evaluation:</b> Critical Reasoning	6. Synthesizes and interprets assessment data and clinical observations related to the client, context, and performance in [certification area]	<ul style="list-style-type: none"> <li>• Critical Reasoning Scenarios (2)</li> <li>• Formal Specialized Consultation for Evaluation</li> <li>• Program Development</li> <li>• Research</li> </ul>

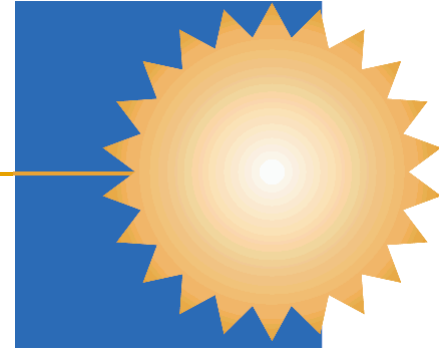
<b>Intervention:</b> Performance Skills	7. Performs interventions that are unique to [certification area] while integrating impact of varying client factors and contexts	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Mentee (does not include supervisory relationship)</li> <li>• Self-Analysis of Video Recording</li> </ul>
<b>Intervention:</b> Critical Reasoning	8. Selects, plans, and modifies interventions in [certification area] based on evidence and evaluation data	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Formal Specialized Consultation for Intervention</li> <li>• Mentee (does not include supervisory relationship)</li> <li>• Program Development</li> <li>• Research</li> </ul>
<b>Psychosocial Critical Reasoning</b>	9. Recognizes immediate and long-term implications of psychosocial issues related to conditions found in clients with [certification area] and modifies therapeutic approach and occupational therapy service delivery accordingly	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Formal Specialized Consultation for Psychosocial</li> <li>• Mentee (does not include supervisory relationship)</li> <li>• Program Development</li> <li>• Research</li> </ul>
<b>Ethical Practice</b>	10. Identifies ethical implications associated with the delivery of services in [certification area] and articulates a process for navigating through identified issues	<ul style="list-style-type: none"> <li>• 3 ethical practice scenarios, 1 for each of the following: Client-Based, Fiscal &amp; Regulatory, Scope of Practice</li> </ul>
<b>Establishes Networks</b>	11. Establishes and collaborates with referral sources and stakeholders to help the client and relevant others achieve outcomes that support health and participation in the area of [certification area]	<ul style="list-style-type: none"> <li>• Formal Specialized Consultation</li> <li>• Marketing Activities</li> <li>• Presentation</li> <li>• Volunteer Leadership</li> </ul>
<b>Advocating for Change</b>	12. Influences services for clients (person, organization, population) in [certification area] through independent or collaborative education or advocacy activities	<ul style="list-style-type: none"> <li>• Advocacy Efforts</li> <li>• Advocacy Case Study</li> <li>• Presentation</li> <li>• Public Awareness Effort</li> <li>• Volunteer Leadership</li> </ul>

## Certification Criteria: **SPECIALTY CERTIFICATION**—Occupational Therapy Assistant

**Important:** Applicant must address each of the 11 criteria by choosing one (1) of the available options.

Summary Description	<b>Occupational Therapy Assistant CRITERIA</b>	<b>Options for Meeting Criteria</b> (choose 1 activity for each criterion)
<b>Knowledge:</b> Diagnostic Considerations	1. Demonstrates knowledge of primary and secondary conditions that impact occupational engagement related to [certification area]	<ul style="list-style-type: none"> <li>• Formal Learning-- Minimum 10 contact hours needed</li> <li>• Independent Learning--Minimum 10 contact hours needed</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Knowledge:</b> Assessment	2. Demonstrates knowledge of relevant evidence specific to <i>assessment</i> in [certification area]	<ul style="list-style-type: none"> <li>• Formal Learning--Minimum 10 contact hours needed</li> <li>• Independent Learning--Minimum 10 contact hours needed</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Knowledge:</b> Intervention	3. Demonstrates knowledge of relevant evidence specific to intervention in [certification area]	<ul style="list-style-type: none"> <li>• Formal Learning--Minimum 10 contact hours needed</li> <li>• Independent Learning--Minimum 10 contact hours needed</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Knowledge:</b> Regulation & Payers	4. Demonstrates knowledge of laws and regulations relevant to [certification area], including payer sources	<ul style="list-style-type: none"> <li>• Formal Learning--Minimum 3 contact hours needed</li> <li>• Independent Learning--Minimum 3 contact hours needed</li> <li>• Peer-Reviewed Publication</li> </ul>
<b>Assessment:</b> Performance Skills	5. Administers standardized assessments as delegated by the supervising occupational therapist specific to [certification area], consistently integrating clinical observations	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Mentee (does not include supervisory relationship)</li> <li>• Self-Analysis of Video Recording</li> </ul>
<b>Intervention:</b> Performance Skills	6. In collaboration with the supervising occupational therapist, performs interventions that are unique to [certification area] while integrating impact of varying client factors and contexts	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Mentee (does not include supervisory relationship)</li> <li>• Self-Analysis of Video Recording</li> </ul>
<b>Intervention:</b> Critical Reasoning	7. In collaboration with the supervising occupational therapist, selects, plans, and modifies interventions in [certification area] based on evidence and evaluation data	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Formal Specialized Consultation for Intervention</li> <li>• Mentee (does not include supervisory relationship)</li> <li>• Program Development</li> <li>• Research</li> </ul>

Summary Description	<b>Occupational Therapy Assistant CRITERIA</b>	<b>Options for Meeting Criteria</b> (choose 1 activity for each criterion)
<b>Psychosocial Critical Reasoning</b>	8. In collaboration with the supervising occupational therapist, recognizes immediate and long-term implications of psychosocial issues related to conditions of [certification area] and modifies therapeutic approach and occupational therapy service delivery accordingly	<ul style="list-style-type: none"> <li>• Client-Based Case Study</li> <li>• Formal Specialized Consultation for Psychosocial</li> <li>• Mentee (does not include supervisory relationship)</li> <li>• Program Development</li> <li>• Research</li> </ul>
<b>Ethical Practice</b>	9. Identifies ethical implications associated with the delivery of services in [certification area] and articulates a process for navigating through identified issues	<ul style="list-style-type: none"> <li>• 3 ethical practice scenarios, 1 for each of the following: Client-Based, Fiscal &amp; Regulatory, Scope of Practice</li> </ul>
<b>Establishes Networks</b>	10. Establishes and collaborates with referral sources and stakeholders to help the client and relevant others achieve outcomes that support health and participation in the area of [certification area]	<ul style="list-style-type: none"> <li>• Formal Specialized Consultation</li> <li>• Marketing Activities</li> <li>• Presentation</li> <li>• Volunteer Leadership</li> </ul>
<b>Advocating for Change</b>	11. Influences services for clients (person, organization, population) in [certification area] through independent or collaborative education or advocacy activities	<ul style="list-style-type: none"> <li>• Advocacy Efforts</li> <li>• Advocacy Case Study</li> <li>• Presentation</li> <li>• Public Awareness Effort</li> <li>• Volunteer Leadership</li> </ul>



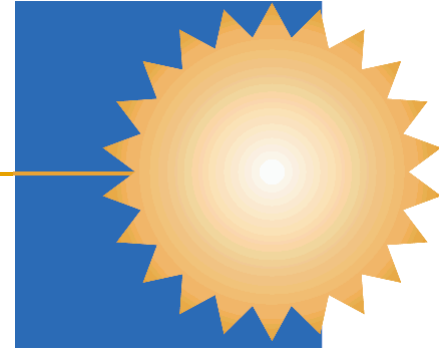
# **Reflective Portfolio**

## **Evidence Forms**

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# Reflective Portfolio

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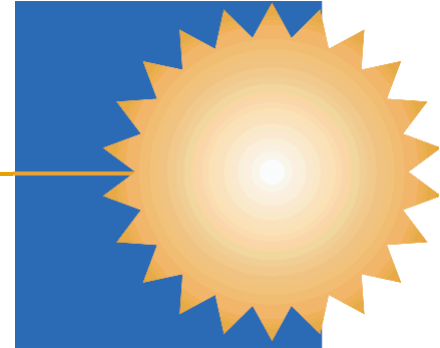
## REFLECTIVE PORTFOLIO

*Activity Forms* for each criterion include documentation of professional development activity and reflection on learning, changes to practice, and client outcomes.

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# How To Develop A Reflective Portfolio

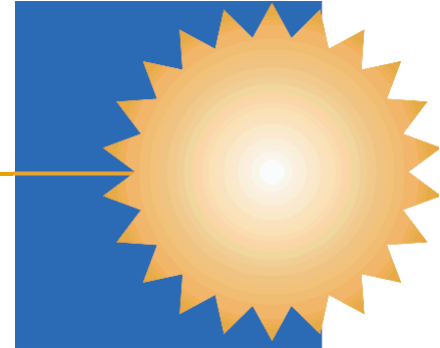
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- Practitioners have a choice of predetermined activities to represent continuing competence for each criterion
-

# Appraisal is Key

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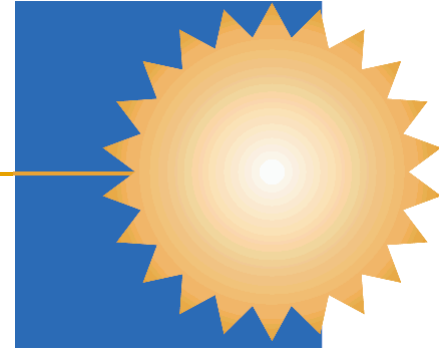


- Applicants are expected to engage in a process of *self-appraisal* relative to the identified criteria.
  - The activity needs to make sense for both the criteria and the standard to which it is being assigned.
-



# Self-Appraisal

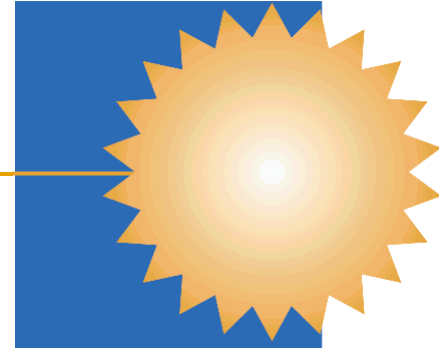
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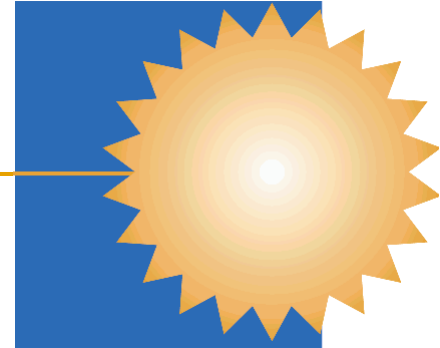
- Involves the deliberate selection of the best pre-determined activity that demonstrates applicant's potential for meeting identified criteria.
  - Answers the question: What activity would best indicate I have the competencies needed for specialized or advanced practice?
-

# Procedures

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- For each of the criteria, choose only 1 of the available activity options to submit as part of your application.
  - Activities must have occurred within the 5 years prior to submitting the application.
  - An activity may not be used to meet more than 1 criterion.
    - *For example, formal learning engaged in for criterion #1 may not also be used for criterion #3.*
-



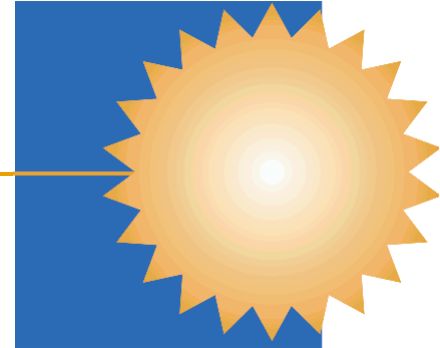
# Reflective Portfolio

## Reflection

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# Reflective Portfolio (Part2)

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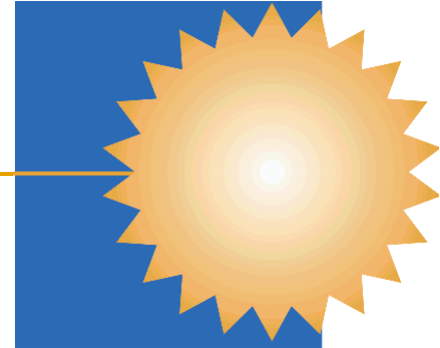
## REFLECTIVE PORTFOLIO

*Activity Forms* for each criterion include documentation of professional development activity and reflection on learning, changes to practice, and client outcomes.

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# Reflections

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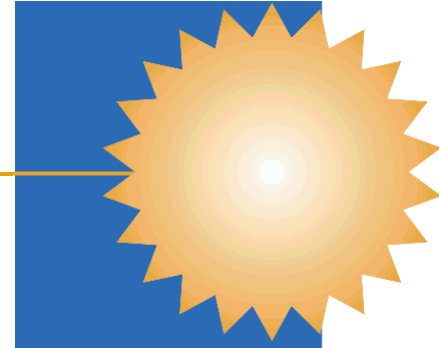
## *How to develop a reflective portfolio*

- The reflective portfolio also includes narrative reflections for each criterion
  - Reflection questions are located on the Professional Development Activity Forms
  - Reflection questions vary per activity however, all should be **relevant** to the
    1. Criterion
    2. Activity
-

# Reflections

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## *How to develop a reflective portfolio*



- As you choose your different activities for each criteria, make notes about why you're choosing them.
  - It doesn't have to be pretty, just write it down!
  - This draft will come in handy later, especially if you're working on the application over a period of time.
-

**INDEPENDENT LEARNING**[Table of Contents](#)**Criterion 1**–Knowledge: Lifespan & Conditions**Demonstrates acquisition of current knowledge of the effects of the interaction between lifespan issues and relevant conditions that impact occupational performance related to physical rehabilitation.****Guidelines**

- **Minimum of 10 contact hours** required.
- Multiple activities may be used to meet the hour requirement for the criterion.
- Learning must have occurred in the past 5 years.

**Please identify the type of independent learning activity in which you participated:**

- Independent reading from AOTA-Approved Independent Learning List in physical rehabilitation.
- Independent reading of recent peer-reviewed, professional articles, or chapters in textbook not associated with a formal learning course.
- Independent review of professional electronic resources (e.g., NIH, CDC, CanChild).
- [AOTA Journal Club Toolkit](#) (reading & discussion time). *Must be AOTA member to access the kit.*
- AOTA Critically Appraised Paper (CAP, includes submission to the [AOTA Evidence Exchange](#)).

## 1. Why did you choose this activity?

- Clinical reference for specific population, program, or individual
- Invited peer review of scholarly work or publication (print or online)
- Preparation for poster or presentation
- Preparation for academic lecture
- Literature review for research project
- Preparation for serving as a mentor
- Other, please specify: \_\_\_\_\_

2. Bibliography of select item(s) used for independent learning. *List in APA format.*

Bergsma D.P., Elshout J.A., van der Wildt G.J., & van den Berg A.V. (2012). Transfer Effects of Training-Induced Visual Field Recovery in Chronic Stroke Patients. *Topics in Stroke Rehabilitation*, 19(3), 212-25. doi: 10.1310/tsr1903-212.

## 3. Date(s) of independent learning

October 23 - November 5, 20XX.

## 4. Time spent engaged in independent learning.

- For reading, estimate 8–12 published pages/hour. *Not required for AOTA-identified independent learning list of resources.*
- For journal club, discussion time counts toward 10-hour requirement.

I dedicated 12 hours to this independent learning activity. Eight hours were dedicated to reading the submitted manuscript along with 8 additional articles published in various peer-reviewed journals to support the topic and cross-reference the information included. I dedicated 2 hours to EBSR and PubMed searches, and 2 hours to compose constructive feedback to the authors of the submitted manuscript and provide formal recommendations for publication to the editor of XYZ publication.

5. Describe the relevance of the independent learning activity to your practice in physical rehabilitation.  
(average word guideline-200)

My 12 years as an OT with the neurological population enables me to be a productive peer reviewer for the XYZ Journal. The manuscript, submitted as evidence for an independent learning activity in support of Criterion 1 - Knowledge: Lifespan & Conditions, addresses the common lifespan issue of reduced visual fields after stroke. This particular manuscript review activity is relevant to my practice in physical rehabilitation because it described the prevalence of visual field deficits after stroke, current interventions including increased visual scanning toward the affected field, and the impact of computerized light emissions to the affected visual field. Currently, my caseload consists of approximately 60% of patients with stroke, and up to 50% of that population presents with visual field deficits.

While I do not have access to the identified computerized program as an intervention, it is imperative that I remain aware of the discussions and most current interventions being tested to address visual field deficits. Furthermore, serving as a peer reviewer for a journal is relevant to my role as an advanced practitioner in physical rehabilitation since it represents my expertise in not only the clinical setting, but also as a therapist with over 10 years of research experience.

6. Describe how the knowledge acquired from this activity “demonstrates acquisition of current knowledge of the effects of the interaction between lifespan issues and relevant conditions that impact occupational performance related to physical rehabilitation.” How did the activity influence the way you practice, or how did it affect your client outcomes? (average word guideline-200)

As an OT specializing in neurological rehabilitation, I continually search for new research regarding visual field training. Although it is possible to experience spontaneous visual field recovery due to the natural reduction of edema in the optic nerve area, I believe most therapists have only a handful of known active techniques to expedite recovery. In reviewing this manuscript, I learned that there is an active approach to visual field training currently in the research phase that utilizes light emission in a computerized program to stimulate the impaired visual field area. More importantly, I learned that the greatest improvements in visual field enlargement (VFE) were seen when the area past the “transitional zone” from healthy to blind fields was stimulated rather than focusing exclusively on the transitional zone. The authors also discussed the measures used to track VFE, that included average border shift (ABS) and estimated amount of cortical surface gain (ECSG) - two new measures for me to learn about.

As a reviewer, learning is also gained through the process of providing constructive feedback to the authors in an effort to increase the likelihood of publication. I suggested to the authors that it would be helpful for readers to know if these services (white stimulus training) are available to patients on an outpatient basis through rehabilitation hospitals and/or ophthalmology offices to enhance our practice with chronic stroke. Similarly, I inquired about the long term effects of stimulus training on improvements in reading speed. Considering the massive amount of information in this article, I made the suggestion for a smoother introduction to the relationship/history of research between ABS and ECSG. Since the terminology is more complex, I believe a simpler, more cohesive connection would go a long way for therapists who are attempting to assimilate this information in addition to their busy practice schedules.

I also learned that there is a strong relationship between visual field enlargement and performance of reading speed, and recognition of color and patterns when measured by the estimated amount of cortical surface gain. This is important for me to understand as a therapist working with patients with chronic stroke since I am now aware of another potentially useful active approach to visual field enlargement that could ultimately improve occupational performance. I have improved my practice by searching for local optometry and ophthalmology clinics that provide such training.

Finally, since driving is a normal lifespan activity that is directly impacted by reduced visual fields, I suggested a short discussion on the minimum visual field required for driving. It would be helpful to make the comparison between the gains made and how much further the shift would need to be in order to be considered safe for driving.



**CRITICAL REASONING SCENARIOS**[Back to Criteria](#)**Criterion 6**—Evaluation: Critical Reasoning**Synthesizes and interprets assessment data and clinical observations related to the client, context, and performance relative to environmental modification.****Guidelines**

- Applicant chooses **2** assessments and completes this 2-part form relative to the application of each assessment tool with a client. Selected tools can either have been used with the same client or different clients.
- Assessment tools may be identified from the [list](#), or applicants may submit an assessment that is not listed.
- For each assessment, answer the following questions by reflecting upon a case from your practice. You may choose to use different cases for each assessment tool.

**Part I****ASSESSMENT 1** (Part 1 of 2)

1. Name of assessment.

In Home Occupational Performance Evaluation (I-HOPE)

2. Describe the client, client factors, and case contexts that contributed to your selection of the assessment for the identified case.

The client was a 65 year old female with a history of cerebral palsy. She lives with her husband who also has cerebral palsy and both are non-ambulatory. The client expressed that maintaining her ability to perform occupations within her home environment is very important as she gets older, especially maintaining her ability to stand-pivot transfer. Her disability from childhood allows her to understand physical limitations; however, aging ailments continue to present new challenges. She expresses a desire to take a shower instead of sponge bathing. Choosing an assessment that evaluates occupational performance in relation to the environment was necessary, as life skills and the ability to perform them were a priority for this patient.

3. What considerations regarding reliability, validity, relevance, and currency did you consider when selecting this assessment?

The I-HOPE is a valid and reliable performance-based assessment of the home environment that provides scores on activity participation, self-rated performance and satisfaction with performance, and objective measures of the magnitude of environmental barriers.

The I-HOPE quantifies how barriers in the home influence occupational performance and allows the participant to rate performance of skills deemed important for health and well-being. This person-environment approach to the home modification process supports optimal outcomes; therefore, this assessment was chosen.

The I-HOPE demonstrates reliability and validity and is sensitive to detect change in occupational performance and environmental press.

## References:

Stark, S. L., Somerville, E. K., & Morris, J. C. (2010). In-Home Occupational Performance Evaluation (I-HOPE). *American Journal of Occupational Therapy*, 64(4), 580-589.

2 Wahl, H., Fänge, A., Oswald, F., Gitlin, L. N., & Iwarsson, S. (2009). The home environment and disability-related outcomes in aging individuals: What is the empirical evidence? *Gerontologist*, 49(3), 355-367.

4. Describe the assessment results, including those gathered through clinical observation, and what these results told you about the client's occupational performance.

The assessment includes a sort of 44 cards depicting daily activities performed in the home in various categories, including "do now with difficulty" and "do not do now but wish to do." The client then prioritizes the cards to help guide the therapist to the areas that need to be addressed further in the assessment. The activity prioritized as most important by the client was "getting in and out of the shower." Once the occupation is identified and prioritized, the client then rates her satisfaction with the performance of the task.

The therapist also rates the performance based on observation using a scale ranging from independence to unable to perform. The performance of these activities is also rated by the client on a scale of 1 to 5 (1 - indicating an inability to perform the task and 5 - indicating ability to perform without difficulty).

During this assessment, the tub-shower transfer was rated by the client as a "2" on the I-HOPE satisfaction scale (1 - being not satisfied with performance and 5 -being very satisfied with performance). The personal rates of satisfaction performing the activities were commonly associated with a barrier in the home, in this case it was the tub-shower. The client rated the performance of transferring in and out of the tub-shower as a "4," which indicates a higher level of performance; however, during activity analysis, I rated the transfer as "Mod A."

The value of the person-environment approach used in the I-HOPE begins with understanding the occupations the client wishes to perform as done in the initial ranking process. In addition, you start labeling the physical barriers in the environment hindering these activities. The results of this assessment indicated occupational performance limitation in transferring, caused by barriers in the bathroom. The findings were consistent with the participant's subjective rating of satisfaction in ability to perform the task. The client's perception of ability to perform the task versus the reality depicted in the activity analysis reflected a discrepancy, and heightened the need to address the bathtub where the transfer was taking place. Collectively, the instrument indicated the bathtub was the primary barrier to address, so when removed or modified, personal performance and satisfaction would increase.

5. Describe how **and** why you integrated these results into the client's intervention plan.

The results of the I-HOPE led to my environmental modification plan to remove the bathtub and replace it with a roll-in shower. This plan began with identifying 1) the priority for treatment (the desire to transfer into the bathtub) 2) the treatment goal ("Independent" in transfers for bathing) and 3) the treatment strategy (remove or modify the barrier). The modification plan was also guided by the client's medical history, physical disability, her expressed desire to age-in-place, and the similar physical condition of her husband. A tub-bench could be recommended to avoid increased cost; however, the client's advanced age and likelihood of joint degeneration would only defer what is necessary in the long term. Increasing ease of occupational performance through barrier-free design will build the client's confidence with daily transfers into the shower, and the comfort of knowing her spouse can also benefit from this modification also validates the recommendation.

In addition, the tub-shower was located in the master bathroom, next to a large-sized closet, allowing the required space needed for the modification. Plumbing fixtures and grab bars were already present, saving the cost of new purchases.

Post modification plan implementation, personal satisfaction with her ability to perform was scored as a "5", indicating improvement with the occupation of transferring in and out of the shower. The modification also lowered dependency levels with the transfer based on the therapist's score of "Independence." These outcomes were consistent with the reliability findings in the AJOT article cited above.

**RESEARCH**  
[Table of Contents](#)

**Criterion 5**–Evaluation: Uses Relevant Evidence

**Uses relevant evidence to establish an occupational profile with the client (person, organization, population) and assess the client’s occupational performance through a variety of measures, including standardized assessments, as appropriate.**

**What type of research was conducted?** *Please choose 1.*

**Scientific inquiry**–Qualitative, quantitative, or mixed-methods approach.

**Methodological research/instrument development**–Scientific inquiry to establish psychometric properties of (1) a new tool, (2) an existing tool with a new population, or (3) an existing tool translated to a new language.

**Systematic review of the literature**–Comprehensive search, review, and analysis of the existing literature to answer a focused question.

1. Title of research conducted.

[Using Innovative Handwriting Readiness Programs in Pre-School Settings: Exploring the Programs and the Evidence.](#)

2. Mechanism of dissemination:

Publication

Peer-reviewed presentation

Grant funding

Critically Appraised Topic (CAT, e.g., AOTA Evidence-Based Practice Project Web site)

Dissertation/thesis

Citation: *(average word guideline–25)*

[Clinician, H. & Therapist, J. \(20xx, April\). Using innovative handwriting readiness programs in pre-school settings: exploring the programs and the evidence. Poster session presented at American Occupational Therapy Association \(AOTA\) National Conference, Location, State.](#)

3. Role of applicant in the research. *(average word guideline–25)*

[As the Principle Investigator, I designed the study, completed the IRB proposal, trained researchers on administering and scoring assessments, and supervised/assisted with data analysis.](#)

4. Purpose and rationale of the research. *(average word guideline-200)*

The purpose of this study was to compare 2 developmentally appropriate, OT-developed handwriting programs (Handwriting Without Tears Get Set for School handwriting readiness program and Fine Motor and Early Writing Curriculum) for their effectiveness in improving fine motor and visual motor skills for pre-school students in a Head Start setting.

Prior research in the literature has addressed handwriting skills of children at various ages. Topics such as pencil grip, legibility, and speed have been addressed. However, little research evidence exists regarding the use of structured handwriting programs to improve handwriting skills of children. Moreover, research indicates that children from low income families are at risk for fine motor delays upon entering school. This evidence supports the need to explore methods to enhance handwriting skills of children prior to formal school years. I completed this study with 3 OT graduate students using learning centers as the means for program implementation.

In my study, there were 48 total students (n=15 control; n=16 experimental with Fine Motor and Early Writing; n=17 experimental with Handwriting Without Tears). The experimental classes participated in handwriting readiness programs during center time twice a week for approximately 35 sessions.

The research questions included: (1) Did students in either handwriting readiness program improve in handwriting readiness skills more than the control class on the Shore Handwriting Screen? (2) Did students in either handwriting readiness program improve in motor skills more than the control as demonstrated by change in scores on the BOT-2?

5. Describe how this research demonstrates your use of "relevant evidence to establish an occupational profile with the client (person, organization, population) and assess the client's occupational performance through a variety of measures, including standardized assessments, as appropriate." *(average word guideline-400)*

I knew from reviews of prior evidence and literature that handwriting readiness skills are a challenge for pre-school children. I determined from prior evidence, based on the occupational profile of Head Start students as a collective group, that they were at risk for increased fine motor delays when they went into formal education. Prior work that I had done at the Head Start had shown that students using a developmentally appropriate program, such as Handwriting Without Tears, had positively impacted student performance.

As I designed the study, I reviewed the occupational performance of students with similar occupational profiles in prior studies I had been involved in. I looked at both standardized and non-standardized outcome measures that had been used. I selected appropriate measures to address handwriting readiness and motor skills that I felt were most viable for the research questions I was exploring. The occupational performance of the students was measured using two assessments; Shore Handwriting Screening and Bruininks-Oseretsky Test of Motor Proficiency – 2. The data was used to determine more of an occupational profile of each classroom in relation to fine motor, visual motor, and handwriting readiness skills. I learned a lot from conducting this study, including how the selection of assessment tools can make quite an impact on the data, which may or may not reflect the perceived benefits of the interventions.

This research was presented in short course and poster format at the 20XX AOTA Annual Conference.

**Criterion 11—Ethical Practice: Fiscal & Regulatory**

**Identifies ethical implications associated with the delivery of services in [area] and articulates a process for navigating through identified issues.**

**Guidelines**

- The applicant identifies ethical implications associated with the delivery of services and articulates a process for navigating through the identified issues.
- The applicant shall review the [AOTA Code of Ethics and Ethics Standards](#) and align the dilemma with the ethical principle(s) that is/are challenged.

**Ethical Scenarios**

**Scenario #4**

**Scenario #5**

A new edition of a commonly used standardized assessment is released with new normative data, updated procedures, and has better reliability and validity than the former edition. This updated assessment has been purchased by the facility. The OT has been asked to use the new edition, but continues to use the former edition because the OT is more familiar with it.

**Scenario #6**

1. To which scenario are you responding? **5**

2. From the [AOTA Code of Ethics and Ethics Standards](#), which ethical principle(s) has/have been challenged in this scenario? *Select the top ethical principle(s) that apply, up to a maximum of 3.*

1. Beneficence

2. Nonmaleficence

3. Autonomy, Confidentiality

4. Social Justice

5. Procedural Justice

6. Veracity

7. Fidelity

3. Describe how you would apply the ethical principles identified above to guide you toward a resolution for the concern noted. *(average word guideline—500)*

The therapist has an ethical obligation to be proficient in the administration of the updated edition of the test, and use the most current scoring tables when reporting results.

AOTA Code of Ethics and Standards (2010) Principle 1: **Beneficence** states that OT personnel shall:

- D. Avoid the inappropriate use of outdated or obsolete tests/assessments or data obtained from such test in making intervention decisions or recommendations.
- G. Take responsible steps (e.g., continuing education, training) and use careful judgment to ensure their own competence.

Principal 5: **Procedural Justice** states that we have a professional obligation to:

- F. Take responsibility for maintaining high standards and continuing competence in practice, by participating in professional development and educational activities to improve and update knowledge and skills.

Principal 4: **Social Justice** addresses the importance of limiting the impact of social inequality on health outcomes.

- F. Provide services that reflect an understanding of how occupational therapy service delivery can be affected by factors such as economic status, age, ethnicity, race, geography, disability, culture, and political affiliation.

The reliability and validity of any test will depend, in part, on the characteristics of the normative sample participating in the standardization process. The second edition of a test will incorporate better representation (e.g. geographical, age/gender, numerical) from the diverse populations we serve. Some shift in the normative data will occur as broader demographics are incorporated. If this standardized tool is being used to determine a client's need for therapy service, then the use of outdated norms might inappropriately deny service to some.

The therapist needs to learn the updated test administration and scoring procedures. She can engage in self-study, and practice the new procedures with colleagues or typically developing children until she feels competent. If support from colleagues is not available, the therapist should pursue a formal professional development activity or a mentor who can support this learning.

## SELF-ANALYSIS OF VIDEO RECORDING

[Back to Criteria](#)**Criterion 5**—Evaluation: Performance Skills**Administers standardized assessments specific to low vision, consistently integrating clinical observations throughout the evaluation process.****Guidelines**

- Submission of actual video recording is **not** required for application; however, appropriate permissions should be obtained by applicant whenever engaging a client in a video-taped session.

1.

Age of Client	71 years old
Client Diagnosis(es)	Male
Setting for Evaluation	Age-Related Macular Degeneration
Date of Video Recording	November 19, 20XX

2. Provide a brief summary of the video contents and how it demonstrates your ability to "*administer standardized assessments specific to low vision, consistently integrating clinical observations throughout the evaluation process.*" (*average word guideline-200*)

In the video, I assess the reading ability of my client using the Pepper Visual Skills for Reading Test, a standardized assessment for measuring the reading performance for people with central vision loss due to macular disease. The video demonstrates how I gathered required materials and explain the purpose of the test and procedures to the client. In the middle of the process, the client informs me that he no longer reads because he "can't see" and the glasses the doctor prescribed "are no good." I ask the client if he is willing to continue with the assessment, and he agrees. Shortly thereafter, he becomes agitated when he is unable to read the letters and words. He makes disparaging comments about "reading like a second grader" and states "the doctor said there wasn't more they could do." Although the client was technically not at a stopping point per standard assessment procedures, my clinical observations indicated that the reading test should be terminated. Given the pattern of errors, I suspected that his inability to compensate for his central scotoma prevented him from reading effectively and efficiently.

3. After reviewing this video, describe the insights you gained, and reflect on how the analysis experience validated or supported change in your practice related to evaluation. *(average word guideline–400)*

After I reviewed the video, I realized that I need to change my evaluation approach by de-emphasizing the need to complete the assessments, and instead, focus more on establishing rapport, reflect on clinical observations, and actively listen. A description of the specific insights I learned include:

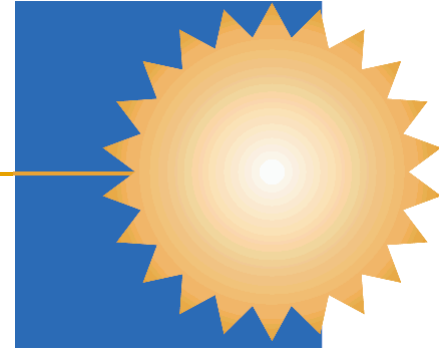
- My discomfort with the client’s complaints resulted in behaviors that made me appear nervous. This was not evident to me at the time of the assessment, but was apparent in the video.
- I falsely assumed that the client’s complaints were an indication that he did not want to participate in our session; however, careful review of the video shows that the patient’s complaints indicated he truly did not understand that there was hope for his situation. Up to this point, all he heard from his doctor was that not much could be done. I did not focus on this concern or clarify that, while the doctor may not have any medical solutions to offer, there are ways to compensate for his vision loss.
- My emphasis on quickly completing the reading assessment caused me to miss some crucial clinical observations. I missed that the patient was not reading at the recommended reading distance for his bifocals. The low vision optometrist prescribed +400 reading bifocals and recommended a reading distance of 10”. I knew this but did not fully attend to his reading distance during the assessment. In addition, I did not notice that the client intermittently closed his right eye while reading. This had a direct impact on his reading efficiency. I could have intervened to alleviate this problem.
- I forgot to turn on the task lamp. Use of task lighting could have increased his success with the reading assessment. Although use of a task lamp is not part of the assessment protocol, the positive effects of task lighting on reading is well- established in literature.

Through this self-analysis activity, I learned that I need to avoid getting too caught up in completing the reading assessment. I need to first put clients at ease, focus on their needs, and show empathy towards their concerns. In addition, I need to educate clients about the reasons they are experiencing problems and explain strategies that can allow them to resume valued activities.



# FAQs

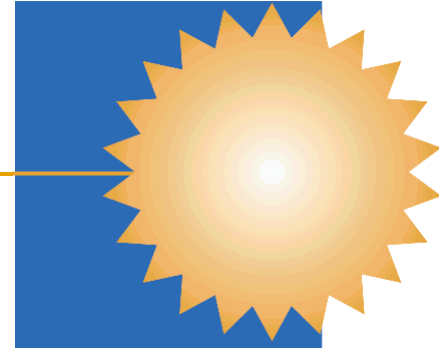
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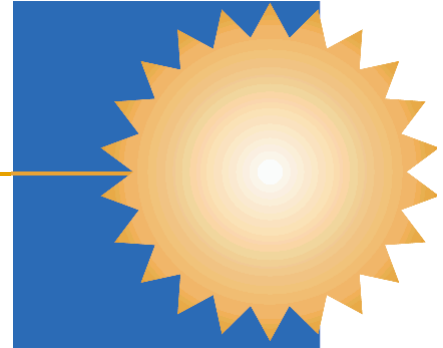
1. I serve as a mentor, helping to facilitate the professional growth of a mentee. How can I use the activity toward my certification application?
  2. I participate in a journal club. How can I use that activity in my certification application?
  3. I have presented at several workshops. Why can't I use those presentations as professional development activities to demonstrate the knowledge criteria?
-

# FAQs

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4. I am a fieldwork clinical educator. Can I count those fieldwork students as mentees?
  5. I participate in community education activities (i.e.: backpack awareness, Carfit). Do these count as advocacy efforts?
  6. I am a rehab director and supervise 4 therapists in my dept. Is that supervision considered mentorship?
  7. Physicians in my facility ask me to do consults of clients. Can I count this as consultation?
  8. Can I use the same activity to satisfy multiple criteria?
-



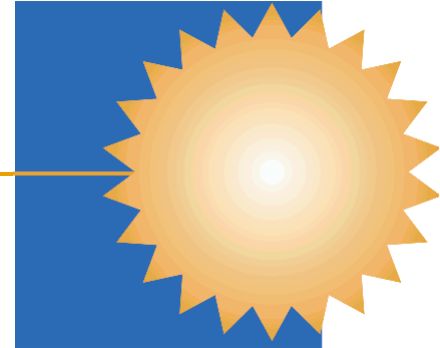
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# Case Study

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# Case Study

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In the certification process, case studies are an activity choice for applicants to demonstrate meeting a criterion.

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# Considerations for Writing the Case Study

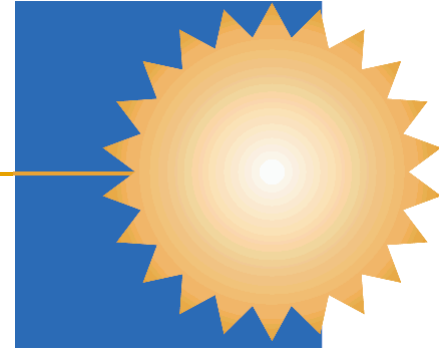
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- Articulate how the case study is the best example of how you achieved the criterion
  - The case should represent applicant's professional development
  - The case should demonstrate advanced (BC) or specialized (SC) clinical reasoning
  - Complete each section of the case study
-

# BC & SC Case Studies

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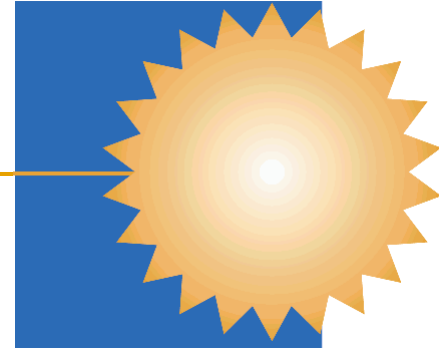


**For all case studies, regardless of type:**

Articulate how the case demonstrates that you meet the criterion.

Demonstrates your clinical reasoning.

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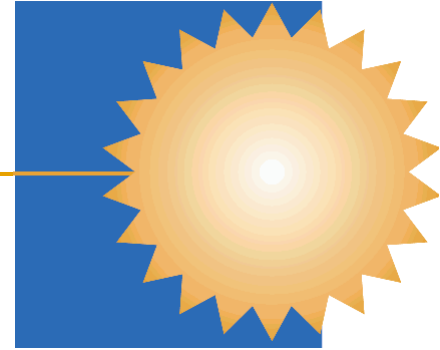
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# Ongoing Professional Development **Self-Assessment**

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# Self-Assessment

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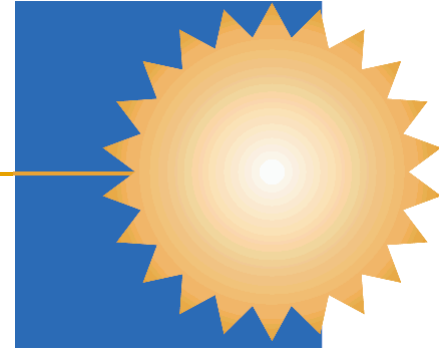
Applicants are asked to **globally reflect** on what they've discovered:

- **Evaluate** their professional development **journey** relative to the identified criteria
  - Determine the **focus** of their **future** learning
  - Answer the question: **What can I do** to prepare or increase my capacity for the competency demands of the future?
-



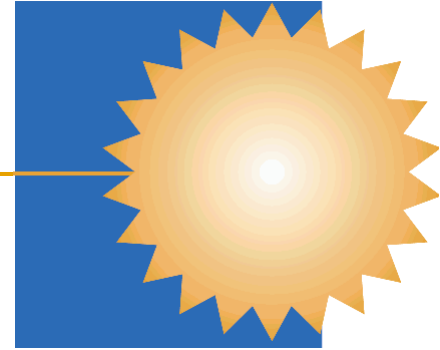
# Self-Assessment

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Applicants respond to the following:

- *Describe your current practice in relation to this certification and how you envision your practice area changing in the future.*
  - *Having gone through the certification process, what have you discovered that you want to learn more about in relation to the certification area?*
-



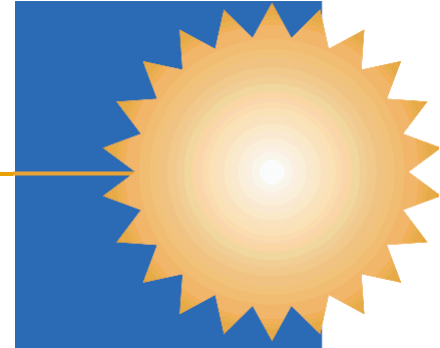
# Ongoing Professional Development

## Professional Development Plan

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# Professional Development Plan

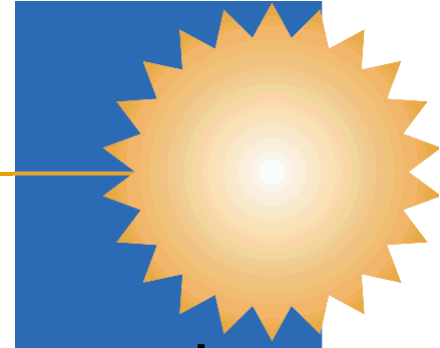
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- Develop a plan for learning over the next 5 years related to your area of certification
  - Develop goals for 3 ***different*** criteria
-

# Professional Development Plan

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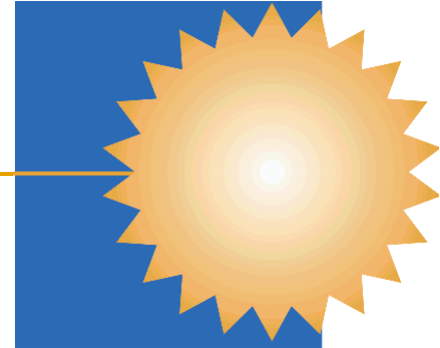


## *Guidelines for each goal:*

- **Relevant** to the identified criterion and Includes application to practice.
  - **Measureable** - clearly able to demonstrate a change towards meeting the goal in the next 5 years. Includes success criteria, strategies, and target date.
  - **Controllable** by the applicant, regardless of the external environment.
-

# Professional Development Plan

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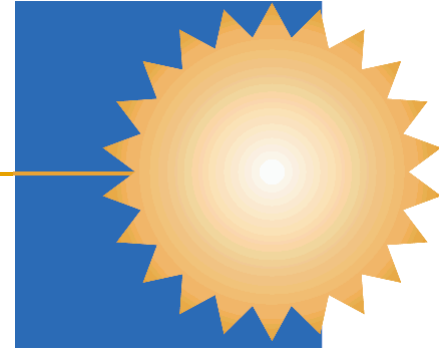


## *Parameters:*

- Derived from the self-assessment.
  - Relate to the criteria.
  - Is specific to *applicant's* professional development, not the development of others (e.g., students, staff).
-

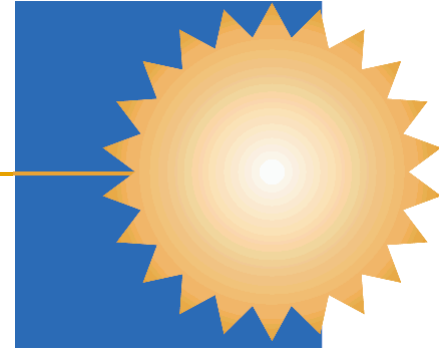
# Professional Development Plan

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## *Parameters:*

- Should include learning strategies, criteria for success, target completion date.
  - Have application to your practice. Ask yourself
    - Why do I want to do this?
    - What do I hope to achieve for myself?
    - How will I grow professionally?
-

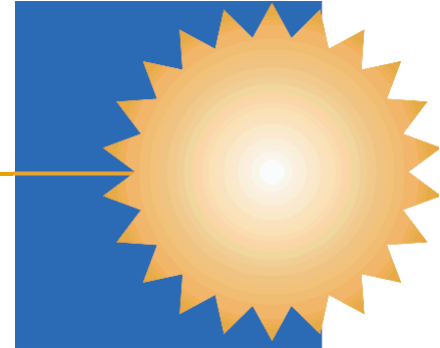


# Certification Renewal

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# Renewal Cycle

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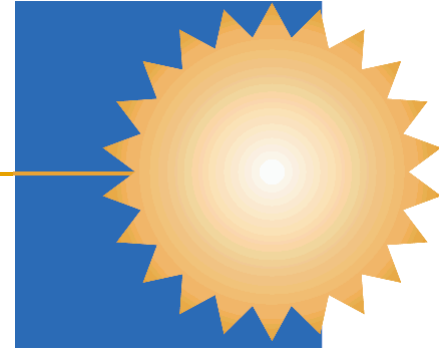


- Every 5 years
  - First renewal cycle will require full peer review of a reduced application.
  - Subsequent renewals will be by random audit.
-



# Minimum Renewal Requirements

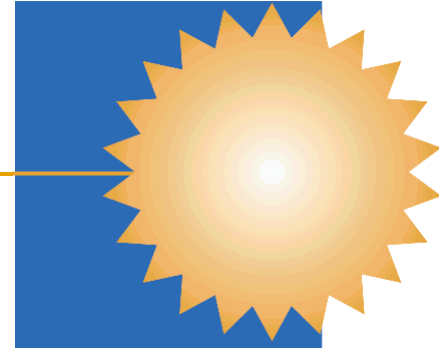
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- **Board** Certification  
3,000 hours in the certification area in the last 5 years.
  - **Specialty** Certification  
2,000 hours in the certification area in the last 5 years.
-

# Minimum Renewal Requirements

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Hours may include roles in any capacity as long as they are:

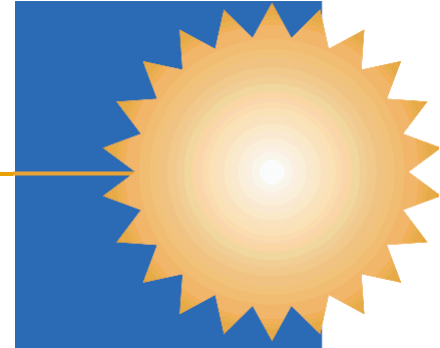
- relevant to the certification area
- relevant to occupational therapy

Roles may include direct service provider, faculty, researcher, administrator.

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# Minimum Renewal Requirements

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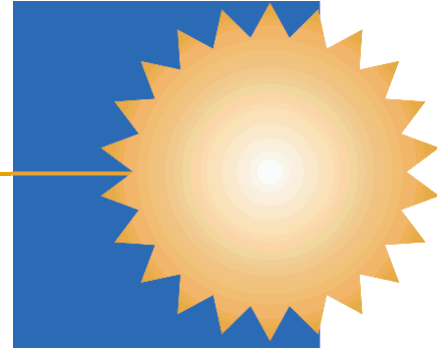


## Reflective Portfolio

- Complete 1 activity for 5 criteria of your choosing
- Complete the ethical practice criterion

## Ongoing Professional Development

- Review status of goals that were established in the initial certification application
  - Complete another self-assessment
  - Complete a new PDP
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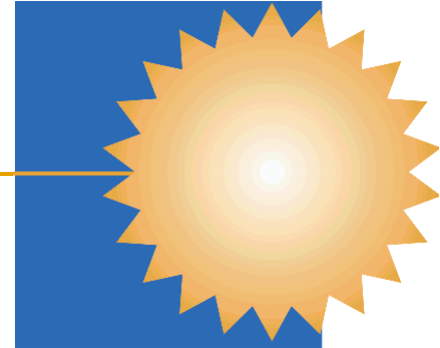
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# Q&A

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# Information

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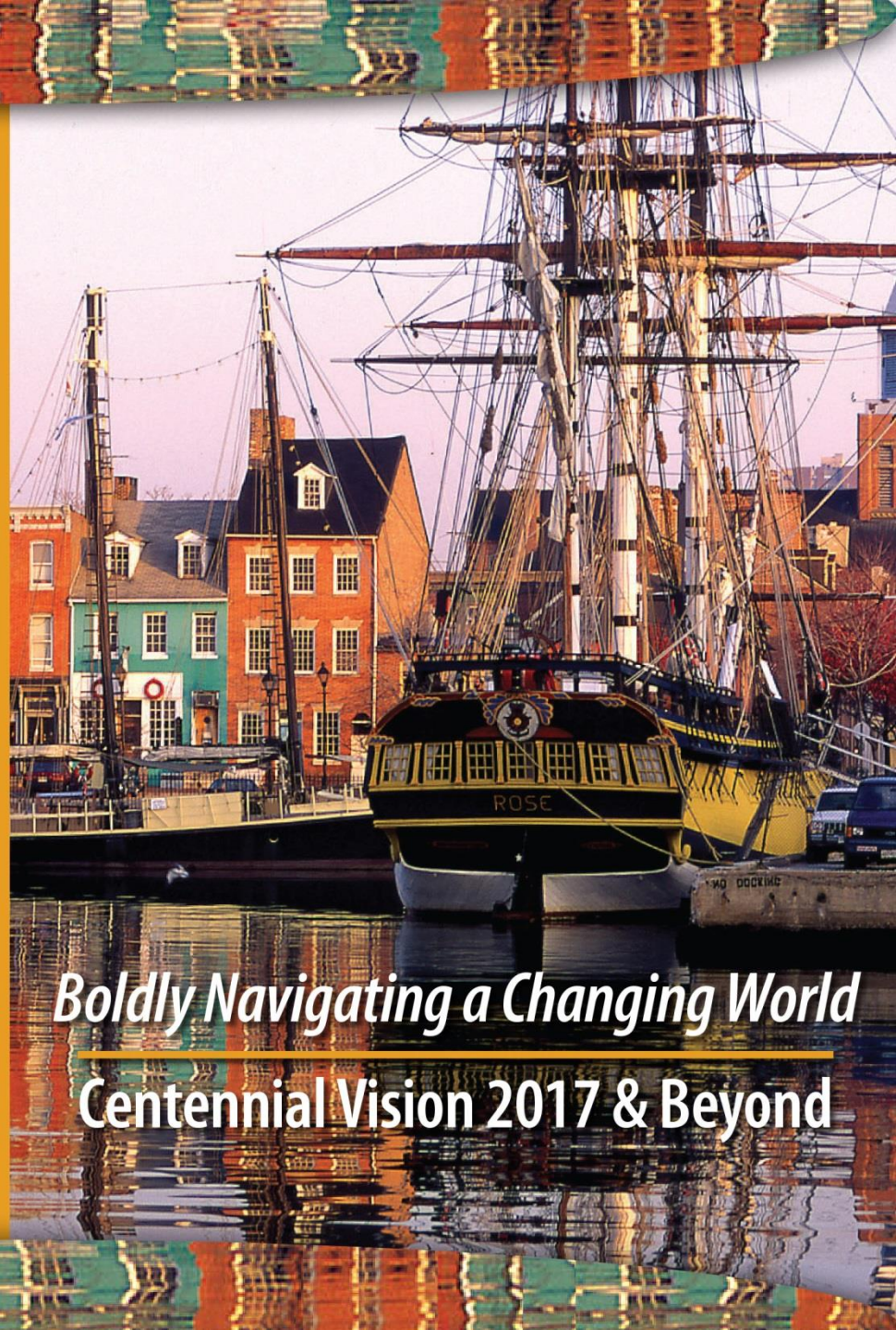


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The American  
Occupational Therapy  
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**Board**

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