



State of Wisconsin
DEPARTMENT OF REGULATION AND LICENSING
CORRESPONDENCE / MEMORANDUM

DATE: October 23, 2002

TO: Occupational Therapy Affiliated Credentialing Board
Pamela Haack

FROM: Wayne Austin

SUBJECT: Draft of Rules as Finally Adopted by the Board

It has come to my attention that the draft of the rules submitted following the board's last previous meeting on October 10 was in fact an earlier draft modified to incorporate the changes approved by the board on October 10. The October 10 document therefore did not include at least two amendments previously approved by the board. I believe the draft set forth below is accurate.

CHAPTER OT 1

DEFINITIONS

OT 1.01 Authority and purpose. The rules in this chapter are adopted by the occupational therapists affiliated credentialing board under the authority of ss. 15.085 (5) (b), 227.11 (2) and 448.965, Stats., to govern the licensure and regulation of occupational therapists and occupational therapy assistants.

OT 1.02 Definitions. As used in chs. OT 1 to 5:

(1) "Assessment" is a component part of the evaluation process, and means the process of determining the need for, nature of, and estimated time of treatment at different intervals during the treatment, determining needed coordination with or referrals to other disciplines, and documenting these activities.

(2) "Board" means the occupational therapists affiliated credentialing board.

(3) "Consultation" means a work-centered, problem-solving helping relationship in which knowledge, experience, abilities and skills are shared with client, family, caregivers, and other professionals, including physicians, in the process of helping to habilitate or rehabilitate through the use of occupational therapy.

(4) “Entry-level” means the person has no demonstrated experience in a specific position, such as a new graduate, a person new to the position, or a person in a new setting with no previous experience in that area of practice.

(5) “Evaluation” means the process of obtaining and interpreting data necessary for understanding the individual system or situation. This includes planning for and documenting the evaluation process, results and recommendations, including the need for intervention and potential change in the intervention plan.

(6) “Experienced” means demonstrated competence in the performance of duties in a given area of practice.

(7) “Habilitation” means an occupational therapy intervention designed for the education, training or support services provided to individuals to assist them in acquiring skills not yet gained or learned, thus enabling them to learn, practice and refine skills needed for independent living, productive employment activity and community participation.

(8) “Level I fieldwork” means an integral part of didactic courses and includes varied learning experiences. Students are supervised in observation and assistance with clients during short term contacts.

(9) “Level II fieldwork” means extended fieldwork which emphasizes the application and integration of academically acquired knowledge and skills in the supervised delivery of occupational therapy services to clients.

(10) “Occupational performance areas” means the functional abilities that occupational therapy addresses in the areas of activities of daily living, including continence training; self maintenance; functional communication and functional mobility; work and productive activities, including home management; care giving; learning and vocational pursuits; and play or leisure activities, including solitary and social activities and recreation.

(11) “Occupational performance components” means the skills and abilities that an individual uses to engage in performance areas, including sensorimotor, sensory, neuromuscular and motor factors; cognitive integration and cognitive components; and psychological, social and self-management areas.

(12) “Occupational performance contexts” means situations or factors that influence an individual’s engagement in desired or required occupational performance areas, including age, maturation, life cycle stage of disability, physical environment, social supports and expectations, and behavioral norms and opportunities.

(13) “Occupational therapist educational program” means an educational program and supervised internships in occupational therapy recognized by the board and accredited by the accreditation council for occupational therapy education of the American occupational therapy association or a program approved by the world federation of occupational therapy.

(14) “Occupational therapy assistant educational program” means an educational program and supervised internships in occupational therapy recognized by the board and accredited by the accreditation council for occupational therapy education of the American occupational therapy association or a program approved by the world federation of occupational therapy.

(15) “Prevention” means the fostering of normal development, sustaining and protecting existing functions and abilities, preventing disability or supporting levels of restoration or change to enable individuals to maintain maximum independence.

(16) “Referral and physician order” means the practice of requesting and, where applicable, ordering occupational therapy services and delegating the responsibility for evaluation and treatment to an occupational therapist.

(17) “Rehabilitation” means the process of treatment and education to restore a person’s ability to live and work as normally as possible after a disabling injury or illness.

(18) “Screening” means the review of occupational performance components in natural environments, educational or clinical settings to determine the significance of discrepancy between current performance and expected level of performance, which may be done in consultation with a physician.

(19) “Service competence” means the determination made by various methods that 2 people performing the same or equivalent procedures will obtain the same or equivalent results.

(20) “Supervision” is a cooperative process in which two or more people participate in a joint effort to establish, maintain and elevate a level of competence and performance. One of the participants, the supervisor, possesses skill, competence, experience, education, credentials, or authority in excess of those possessed by the other participant, the supervisee.

CHAPTER OT 2

LICENSURE OF OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

OT 2.01 Authority and purpose. The rules in this chapter are adopted by the board under the authority of ss. 15.085 (5) (b), 227.11 (2) and 448.965, Stats., to govern the licensure and regulation of occupational therapists and occupational therapy assistants.

OT 2.02 Applications and credentials. (1) Every applicant for initial licensure as an occupational therapist or occupational therapy assistant shall submit all of the following:

- (a) A completed application form.

Note: Application forms are available upon request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, WI 53708.

(b) Evidence that the applicant is certified as an occupational therapist or occupational therapy assistant by the national board for certification in occupational therapy; and that the applicant has completed an occupational therapist educational program, or an occupational therapy assistant educational program.

(c) Written verification from the national board for certification in occupational therapy that the applicant has passed the examination required by this chapter.

(2) Requests for verification from the national board for certification in occupational therapy shall be made by the applicant.

(3) An application for licensure is not complete until the board has received both a completed application form and verification of initial certification from the national board for certification in occupational therapy.

OT 2.03 Examinations, panel review of applications. (1) Applicants for licensure as an occupational therapist or occupational therapy assistant shall pass the certification examination for occupational therapist or the certification examination for occupational therapy assistant of the national board for certification in occupational therapy, and shall complete an open book examination on statutes and rules governing the practice of occupational therapy in Wisconsin.

(2) An applicant may be required to complete an oral examination if the applicant meets any of the following criteria:

(a) Has a medical condition which in any way impairs or limits the applicant's ability to practice occupational therapy with reasonable skill and safety.

(b) Uses chemical substances so as to impair in any way the applicant's ability to practice occupational therapy with reasonable skill and safety.

(c) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

(d) Has been convicted of a crime the circumstances of which substantially relate to the practice of occupational therapy.

(e) Has not practiced occupational therapy for a period of 3 years prior to application, unless the applicant has graduated from a school of occupational therapy within that period. Practice for the purposes of this paragraph includes direct client treatment and education, occupational therapy instruction in an occupational therapy academic program recognized by the

board, occupational therapy research, and service in administrative positions for health care providers or governmental bodies with responsibility relating to occupational therapy.

(f) Has been found negligent in the practice of occupational therapy or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of occupational therapy.

(g) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(h) Has within the past 2 years engaged in the illegal use of controlled substances.

(i) Has been subject to adverse formal action during the course of occupational therapy education, postgraduate training, hospital practice, or other occupational therapy employment.

(j) Has been graduated from an occupational therapy school not approved by the board.

(3) An application filed under s. OT 2.01 shall be reviewed by an application review panel of at least 2 board members designated by the chairperson of the board. The panel shall determine whether the applicant is eligible for a license without completing an oral examination.

(4) All written or oral examinations shall be conducted in the English language.

(5) If both written and oral examinations are required they shall be scored separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

(6) The board shall notify each applicant eligible for examination of the time and place scheduled for that applicant's examinations. Failure of an applicant to appear for examinations as scheduled will void that applicant's application and require the applicant to reapply for licensure, unless prior scheduling arrangements have been made with the board by the applicant.

(7) If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the board decides that an oral examination shall be administered, the examination shall be limited to a determination whether at the time of application the applicant's disability appears to pose an actual risk to the health, safety or welfare of client or public arising from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of occupational therapy.

OT 2.04 Exemption from written examination for certain occupational therapy assistant applicants. An applicant for licensure as an occupational therapy assistant who graduated from an occupational therapy assistant educational program prior to 1977 is exempt from the requirements for a written licensure examination for occupational therapy assistant.

OT 2.05 Examination review by applicant. (1) An applicant who fails the oral or statutes and rules examination may request a review of that examination by filing a written request and the fee required under s. 440.07 (3), Stats., with the board within 30 days of the date on which examination results are mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review a tape of the oral examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

OT 2.06 Board review of examination error claim. (1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed by the applicant. The request shall include all of the following:

(a) The applicant's name and address.

(b) The type of license for which the applicant applied.

(c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. RL 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

OT 2.07 Temporary license. (1) An applicant for licensure may apply to the board for a temporary license to practice as an occupational therapist or occupational therapy assistant if the applicant does all of the following:

(a) Remits the fee specified in s. 440.05 (6), Stats.

(b) Is a graduate of an approved school and is scheduled to take the national certification examination for occupational therapist or occupational therapist assistant or has taken the national certification examination and is awaiting results.

(2) Practice during the period of the temporary license shall be in consultation, at least monthly, with an occupational therapist who shall at least once each month endorse the activities of the person holding the temporary license.

(3) An applicant with a temporary license may practice at no more than 2 separate employment locations.

(4) Except as specified in sub. (5), a temporary license expires on the date the applicant is notified that he or she has failed the national certification examination for permanent licensure or on the date the board grants or denies an applicant permanent licensure, whichever is later.

(5) A temporary license expires on the first day of the next regularly scheduled national certification examination for permanent licensure if the applicant is required to take, but failed to apply for, the examination.

(6) A temporary license may not be renewed.

CHAPTER OT 3

BIENNIAL REGISTRATION

OT 3.01 Authority and purpose. The rules in this chapter are adopted by the board under the authority of ss. 15.085 (5) (b), 227.11 (2) and 448.965, Stats., to govern biennial registration requirements for occupational therapists and occupational therapy assistants.

OT 3.02 Registration required; method of registration. Each licensee shall register biennially with the board. Prior to November 1 of each odd-numbered year the department shall mail to each licensee at his or her last known address as it appears in the records of the board an application form for registration. Each licensee shall complete the application form and return it with the required fee to the department. The board shall notify the licensee within 30 business days of receipt of a completed registration form whether the application for registration is approved or denied.

OT 3.03 Initial registration. Any licensee who is initially granted and issued a license during a given calendar year shall register for that biennium. The board shall notify the licensee within 30 business days of receipt of a completed registration form whether the application for registration is approved or denied.

OT 3.04 Registration prohibited. Any occupational therapist or occupational therapy assistant required to comply with the provisions of s. OT 3.06, and s. 448.967, (2), Stats., and who has not so complied, will not be permitted to register.

OT 3.05 Failure to be registered. Failure to renew a license by November 1 of odd numbered years shall cause the license to lapse. A licensee who allows the license to lapse may apply to the board for reinstatement of the license as follows:

(1) If the licensee applies for renewal of the license less than 5 years after its expiration, the license shall be renewed upon payment of the renewal fee and fulfillment of the continuing education requirements.

(2) If the licensee applies for renewal of the license more than 5 years after its expiration, the board shall make such inquiry as it finds necessary to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on reinstatement of the license, including oral examination, as the board deems appropriate. All applicants under this section shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants.

OT 3.06 Continuing education. The purpose and intent of continuing education in occupational therapy is to assure the public of the expectation and obligation that practitioners maintain currency, knowledge levels and professional competence. Occupational therapists and occupational therapy assistants shall complete continuing education as follows:

(1) Each holder of a license as an occupational therapist shall, at the time of applying for renewal of a license of registration under s. 448.07, Stats., certify that he or she has, in the 2 years preceding the renewal application, completed at least 24 points of acceptable continuing education.

(2) Each holder of a license as an occupational therapy assistant shall, at the time of applying for renewal of a license of registration under s. 448.967, Stats., certify that he or she has, in the 2 years preceding the renewal application, completed at least 24 points of acceptable continuing education.

(3) At least 12 of the points shall be accumulated through professional development activities related to occupational therapy in the following categories set forth in the following table.

PROFESSIONAL DEVELOPMENT ACTIVITIES	PROFESSIONAL DEVELOPMENT POINTS
(a) Attendance at academic credit courses.	4 points per academic credit.
(b) Attendance at seminars, workshops, lectures, professional conferences, interactive online courses and video courses. Note: An online course or a mechanically or electronically recorded course qualifies for credit only if a qualified instructor is available to the participant to comment and answer questions.	1 point per contact hour of attendance.
(c) Satisfactory completion of a self-study course approved by the American occupational therapy association (AOTA) or other related recognized professional associations.	4 points per continuing education unit.
(d) Satisfactory completion of an AOTA continuing education article (review and examination).	1 point per article.
(e) Attendance at employer-provided continuing education, including video and non-interactive online courses.	1 point per contact hour of attendance.
(f) Initial completion of specialty board certification in occupational therapy, including but not limited to certification in neurorehabilitation, pediatrics, hand therapy, gerontology, driver rehabilitation, advanced practice, neuro-developmental treatment, case management, and rehabilitation counseling.	12 points.
(g) Authorship of a book in occupational therapy or a related professional area.	12 points.
(h) Publication of one or more chapters of a book in occupational therapy or a related professional area.	6 points.
(i) Publication of an article in a non-peer-reviewed publication, such as OT Practice, SIS Quarterly, and Advance.	4 points.
(j) Publication of an article in peer-reviewed	6 points.

professional publications, including journals, book chapters, and research papers.	
(k) Development of alternative media materials, including computer software, programs and video instructional material.	6 points.
(L) Development of a quality assurance study for clinical program improvement.	6 points.
(m) Clinical or theoretical research as the principal researcher where an abstract is prepared.	12 points.
(n) Professional presentations. Note: No additional points are given for subsequent presentations of the same content.	2 points per contact hour.
(o) Providing or pursuing professional mentoring for skill advancement in occupational therapy.	1 point for each 2 contact hours.
(p) Student fieldwork supervision - Level I	2 points.
(q) Student fieldwork supervision - Level II	8 points.

Note: "Contact hour" as used in the table means not less than 50 minutes of actual professional activity.

(4) Evidence of compliance with this section such as certificates of completion shall be retained by each license holder through the biennium following the biennium for which credit is required for renewal of license.

(5) The board may require any license holder to submit evidence of compliance with this section to the board for an audit at any time during the biennium following the biennium for which credit is required for license renewal.

CHAPTER OT 4

PRACTICE AND SUPERVISION

OT 4.01 Authority and purpose. The rules in this chapter are adopted by the board under the authority of ss. 15.085 (5) (b), 227.11 (2) and 448.965, Stats., to govern the standards of practice and supervision requirements for occupational therapists and occupational therapy assistants.

OT 4.02 Scope of practice. (1) "Occupational therapy," as defined at s. 448.96 (5), Stats., may include the following interventions:

(a) Remediation or restitution of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes.

(b) Adaptation of task, process or environment, or the teaching of compensatory techniques, in order to enhance performance.

(c) Disability prevention methods and techniques which facilitate the development or safe application of performance skills.

(d) Health promotion strategies and practices which enhance performance abilities.

(2) Occupational therapy services include, but are not limited to the following:

(a) Screening, evaluating, developing, improving, sustaining or restoring skills in activities of daily living, work or productive activities, including instrumental activities of daily living, and play and leisure activities.

(b) Evaluating, developing, remediating, or restoring sensorimotor, cognitive, or psychosocial components of performance.

(c) Designing, fabricating or training in the use of assistive technology, upper extremity orthotic devices and lower extremity positioning orthotic devices.

(d) Training in the use of prosthetic devices, excluding gait training.

(e) Adaptation of environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles.

(f) Application of physical agent modalities based on a physician order as an adjunct to or in preparation for engagement in treatment. Application is performed by an experienced therapist with demonstrated and documented evidence of theoretical background, technical skill and competence.

Note: An example of standards for evaluating theoretical background, technical skill and competence is the position paper on physical agent modalities issued by the American occupational therapy association (AOTA). AOTA may be contacted on the web at www.aota.org, and by mail at American Occupational Therapy Association, P.O. Box 31220, Bethesda, MD 20824-1220.

(g) Evaluating and providing intervention and case management in collaboration with the client, family, caregiver or other involved individuals or professionals.

(h) Educating the client, family, caregiver, or others in carrying out appropriate nonskilled interventions.

(i) Consulting with groups, programs, organizations, or communities to provide population-based services.

OT 4.03 Standards of practice. Occupational therapists and occupational therapy assistants shall adhere to the minimum standards of practice of occupational therapy that have become established in the profession, including but not limited to the following areas:

(1) **SCREENING.** (a) An occupational therapist, alone or in collaboration with an occupational therapy assistant, when practicing either independently or as a member of a treatment team, shall identify individuals who present deficits or declines in occupational performance areas and performance components.

(b) Screening methods shall take into consideration the occupational performance contexts relevant to the individual.

(c) Screening methods may include interviews, observations, testing and records review to determine the need for further evaluation and intervention.

(d) The occupational therapist or occupational therapy assistant shall transmit screening results and recommendations to all appropriate persons.

(2) **REFERRAL AND PHYSICIAN ORDERS.** (a) Evaluation, rehabilitation treatment, and implementation of treatment with individuals with specific medical conditions shall be based on an order from a physician, dentist or podiatrist.

(b) Referrals may be accepted from advanced practice nurses, chiropractors, optometrists, physical therapists, physician assistants, psychologists, or other health care professionals.

(c) Although a referral is not required, an occupational therapist or occupational therapy assistant may accept a referral for the purpose of providing services which include consultation, habilitation, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services.

(d) Physician orders shall be in writing. However, oral referrals may be accepted if they are followed by a written and signed order by the referring physician within 72 hours from the date on which the client consults with the occupational therapist or occupational therapy assistant.

(e) Physician order or referral from another health care provider is not required for evaluation or intervention if an occupational therapist or occupational therapy assistant provides services in an educational environment, including the child's home, for children and youth with disabilities pursuant to rules promulgated by the federal individuals with disabilities education act, the department of public instruction and the department of health and family services, or provides services in an educational environment for children and youth with disabilities pursuant to the code of federal regulations.

(3) **EVALUATION.** (a) The occupational therapist directs the evaluation process upon receiving a physician order or referral from another health care provider. An occupational

therapist alone or in collaboration with the occupational therapy assistant shall prepare an occupational therapy evaluation for each individual referred for occupational therapy services. The occupational therapist interprets the information gathered in the evaluation process.

(b) The evaluation shall consider the individual's medical, vocational, social, educational, family status, and personal and family goals, and shall include an assessment of how occupational performance components and occupational performance contexts influence the individual's functional abilities and deficits in occupational performance areas.

(c) Evaluation methods may include observation, interviews, records review, and the use of structured or standardized evaluative tools or techniques.

(d) When standardized evaluation tools are used, the tests shall have normative data for the individual's characteristics. If normative data are not available, the results shall be expressed in a descriptive report. Collected evaluation data shall be analyzed and summarized to indicate the individual's current status.

(e) Evaluation results shall be documented in the individual's record and shall indicate the specific evaluation tools and methods used.

(f) Evaluation results shall be communicated to the referral source and to the appropriate persons in the facility and community.

(g) If the results of the evaluation indicate areas that require intervention by other health care professionals, the individual shall be appropriately referred or an appropriate consultation shall be requested.

(h) Initial evaluation shall be completed and results documented within the time frames established by the applicable facility, community, regulatory, or funding body.

(4) PROGRAM PLANNING. (a) The occupational therapist is responsible for the development of the occupational therapy intervention plan. The occupational therapist develops the plan collaboratively with the client, and may include the occupational therapy assistant and team working with the client, including the physician – as indicated.

(b) The program shall be stated in measurable and reasonable terms appropriate to the individual's needs, functional goals and prognosis and shall identify short and long term goals.

(c) The program shall be consistent with current principles and concepts of occupational therapy theory and practice.

(d) In developing the program, the occupational therapist alone or in collaboration with the occupational therapy assistant shall also collaborate, as appropriate, with the individual, family, other health care professionals and community resources; shall select the

media, methods, environment, and personnel needed to accomplish the goals; and shall determine the frequency and duration of occupational therapy services provided.

(e) The program shall be prepared and documented within the time frames established by the applicable facility, community, regulatory, or funding body.

(5) PROGRAM IMPLEMENTATION. (a) The occupational therapy program shall be implemented according to the program plan previously developed. The occupational therapist may delegate aspects of intervention to the occupational therapy assistant dependent on the occupational therapy assistant's demonstrated and documented service competency.

(b) The individual's occupational performance areas and occupational performance components shall be routinely and systematically evaluated and documented.

(c) Program modifications shall be formulated and implemented consistent with the changes in the individual's occupational performance areas, occupational performance components and occupational performance contexts.

(d) All aspects of the occupational therapy program shall be routinely and systematically reviewed for effectiveness and efficacy.

(6) DISCONTINUATION OF SERVICES. (a) Occupational therapy services shall be discontinued when the individual has achieved the program goals or has achieved maximum benefit from occupational therapy.

(b) A comparison of the initial and current state of functional abilities and deficits in occupational performance areas and occupational performance components shall be made and documented.

(c) A discharge plan shall be prepared, consistent with the services provided, the individual's goals, and the expected prognosis. Consideration shall be given to the individual's occupational performance contexts including appropriate community resources for referral, and environmental factors or barriers that may need modification.

(d) Sufficient time shall be allowed for the coordination and effective implementation of the discharge plan.

(e) Recommendations for follow-up or reevaluation shall be documented.

OT 4.04 Supervision and practice of occupational therapy assistants. (1) An occupational therapy assistant must practice under the supervision of an occupational therapist. Supervision is an interactive process that requires both the occupational therapist and the occupational therapy assistant to share responsibility for communication between the supervisor and the supervisee. The occupational therapist is responsible for the overall delivery of occupational therapy services and shall determine which occupational therapy services to delegate to the occupational therapy assistant or non-licensed personnel based on the

establishment of service competence between supervisor and supervisee, and is accountable for the safety and effectiveness of the services provided.

(2) Supervision of an occupational therapy assistant by an occupational therapist shall be either close or general. The supervising occupational therapist shall have responsibility for the outcome of the performed service.

(3) When close supervision is required, the supervising occupational therapist shall have daily, direct contact on the premises with the occupational therapy assistant. The occupational therapist shall provide direction in developing the plan of treatment and shall periodically inspect the actual implementation of the plan. The occupational therapist shall cosign evaluation contributions and intervention documents prepared by the occupational therapy assistant.

(4) When general supervision is allowed, the supervising occupational therapist shall have direct contact on the premises with the occupational therapy assistant and the client at least once every 2 weeks. In the interim between direct contacts, the occupational therapist shall maintain contact with the occupational therapy assistant by telephone, written reports and group conferences. The occupational therapist shall record in writing a specific description of the supervisory activities undertaken for each occupational therapy assistant. The written record shall include client name, status and plan for each client discussed.

(5) Close supervision is required for all rehabilitation, neonate, early intervention, and school system services provided by an entry level occupational therapy assistant. All other occupational therapy services provided by an occupational therapy assistant may be performed under general supervision, if the supervising occupational therapist determines, under the facts of the individual situation, that general supervision is appropriate using established professional guidelines.

OT 4.05 Supervision of non-licensed personnel and therapy aides. (1) An occupational therapist or occupational therapy assistant must provide direct supervision of non-licensed personnel at all times. Direct supervision requires that the supervising occupational therapist or occupational therapy assistant be on premises and available to assist.

(2) When an occupational therapist or occupational therapy assistant delegates to non-licensed personnel maintenance or restorative services to clients, the occupational therapist or occupational therapy assistant must be in the immediate area and within audible and visual range of the client and the non-licensed personnel.

(3) An occupational therapist or occupational therapy assistant may delegate to non-licensed personnel only non-skilled, specific tasks which are neither evaluative, assessive, task selective nor recommending in nature, and only after ensuring that the non-licensed person has been appropriately trained for the performance of the task.

(4) Occupational therapists and occupational therapy assistants must exercise their professional judgment when determining the number of non-licensed persons they can

safety and effectively supervise to ensure that quality care is provided at all times. A limit of 2 is recommended.

(5) Any duties assigned to non-licensed personnel must be determined and appropriately supervised by an 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 responsible for the acts or actions performed by any non-licensed person functioning in the occupational therapy setting.

(6) An occupational therapist or occupational therapy assistant may delegate to non-licensed personnel duties or functions other than maintenance or restorative services to the clients, including but not limited to the following services:

- (a) Transportation of clients.
- (b) Preparation or setting up of treatment equipment and work area.
- (c) Attending to clients' personal needs during treatment.
- (d) Clerical, secretarial or administrative duties.

(7) Duties or functions that an occupational therapist or occupational therapy assistant may not delegate to non-licensed personnel include, but are not limited to, the following:

- (a) Interpretation of referrals or prescriptions for occupational therapy services.
- (b) Evaluative procedures.
- (c) Development, planning, adjusting or modification of treatment procedures.
- (d) Acting on behalf of the occupational therapist or occupational therapy assistant in any matter related to direct client care which requires judgment or decision making.

CHAPTER OT 5

UNPROFESSIONAL CONDUCT

OT 5.01 Authority and purpose. The rules in this chapter are adopted by the board under the authority of ss. 15.085 (5) (b), 227.11 (2) and 448.965, Stats., to establish the rules of conduct for occupational therapists and occupational therapy assistants.

OT 5.02 Unprofessional conduct defined. “Unprofessional conduct” means doing, or aiding or abetting, any of the following:

(1) Violating or attempting to violate any provision or term of ss. 448.96 to 448.970, Stats., or of any rule of the board.

(2) Violating or attempting to violate any term, provision, or condition of any order of the board.

(3) Knowingly making or presenting or causing to be made or presented any false, fraudulent, or forged statement, writing, certificate, diploma, or other item in connection with any application for license.

(4) Practicing fraud, forgery, deception, collusion, or conspiracy in connection with any examination for license.

(5) Giving, selling, buying, bartering, or attempting to give, sell, buy, or barter any license.

(6) Engaging or attempting to engage in practice under any license under any given name or surname other than that under which originally licensed or registered to practice in this or any other state. This subsection does not apply to change of name resulting from marriage, divorce, or order by a court of record.

(7) Any practice or conduct which may constitute a danger to the health, welfare, or safety of client or public.

(8) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety to clients.

(9) Practicing or attempting to practice under any license beyond the scope of that license.

(10) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality; or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.

(11) Representing that a manifestly incurable disease or condition may be or will be permanently cured; or that a curable disease or condition can be cured within a stated time, if this is not the fact.

(12) Knowingly making any false statement, written or oral, in practicing under any license, with fraudulent intent; or obtaining or attempting to obtain any professional fee or compensation of any form by fraud or deceit.

(13) Willfully divulging a privileged communication or confidence entrusted by a client or deficiencies in the character of clients observed in the course of professional attendance, unless lawfully required to do so.

(14) Engaging in uninvited, in-person solicitation of actual or potential clients who, because of their particular circumstances, are vulnerable to undue influence; or engaging in false, misleading or deceptive advertising.

(15) Having a license, certificate, permit, registration, or other practice credential granted by another state or by any agency of the federal government to practice occupational therapy, which becomes limited, restricted, suspended, or revoked, or having been subject to other adverse action by the state licensing authority or by any agency of the federal government including the denial or limitation of an original credential, or the surrender of a credential, whether or not accompanied by findings of negligence or unprofessional conduct.

(16) Conviction of any crime the circumstances of which substantially relate to the circumstances of the practice of occupational therapy. A certified copy of a judgment of a court record showing such conviction, within this state or without, shall be presumptive evidence.

(17) Aiding or abetting the unlicensed practice of occupational therapy.

(18) Violating or aiding and abetting the violation of any law or administrative rule or regulation the circumstances of which substantially relate to the circumstances of the practice of occupational therapy.

(19) Failing to report to the board or to institutional supervisory personnel any violation of the rules of this chapter by a licensee.

(20) Engaging in inappropriate sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a client. For the purposes of this subsection, an adult receiving treatment shall continue to be a client for 2 years after the termination of professional services. If the person receiving treatment is a minor, the person shall continue to be a client for the purposes of this subsection for 2 years after termination of services, or for 2 years after the client reaches 18 years of age, whichever is longer.

cc: Myra Shelton
Deanna Zychowski