ARTICLE 55.5-01 GENERAL ADMINISTRATION

Chapter 55.5-01-01

01 Organization of the Board

CHAPTER 55.5-01-01 ORGANIZATION OF THE BOARD

Section

55.5-01-01-01 Organization of the Board of Occupational Therapy Practice

55.5-01-01-01. Organization of the board of occupational therapy practice.

- History and function. The 1983 legislative assembly passed legislation to license occupational therapists, codified as North Dakota Century Code chapter 43-40. This chapter requires the governor to appoint a state board of occupational therapy practice. It is the responsibility of the board to license occupational therapists.
- 2. **Board membership.** The board shall consist of five members appointed by the governor. Three members must be licensed occupational therapists, one member must be a licensed occupational therapy assistant, and one member must be a consumer. Each board member serves a term of three years. No member may serve more than two successive terms on the board.
- 3. **Officers.** Officers must be elected annually in January of each year. The board may hire staff as necessary.
- Inquiries. Inquiries regarding the board may be addressed to: North Dakota State Board of Occupational Therapy Practice P.O. Box 4005 Bismarck, ND 58502-4005 Telephone (701) 250-0847 Fax (701) 224-9824 www.ndotboard.com

History: Effective April 1, 1988; amended effective June 1, 1993; November 1, 2000; February 1, 2004.

General Authority: NDCC 28-32-02.1, 43-40-05 Law Implemented: NDCC 43-40-04

ARTICLE 55.5-02 OCCUPATIONAL THERAPY PRACTICE LICENSURE

Chapter

- 55.5-02-01 Initial Licensure and Renewals
- 55.5-02-02 Code of Ethics
- 55.5-02-03 Supervision
- 55.5-02-04 Grievances [Repealed]
- 55.5-02-05 Address, Name, or Supervision, or Educational Changes

CHAPTER 55.5-02-01 INITIAL LICENSURE AND RENEWALS

Section

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55.5-02-01-01. Licensure application.

An application for a license to practice occupational therapy must be made to the state board of occupational therapy on forms approved by the board available upon request. The application must contain such information as the board may reasonably require.

- 1. Each application for a license must be accompanied by:
 - a. A prescribed fee. <u>The initial fee for licensure of an individual who meets</u> the definition of military spouse set forth in North Dakota Century Code section 43-51-01 is waived.
 - b. Official verification of a passing score on an examination by a national occupational therapy certifying agency approved by the board and taken within eighteen months of the application.
- 2. All applications must be signed by the applicant and notarized.
- 3. Should any information included in the application change during the application process, the applicant must advise the board of those changes.
- 4. The board may request additional information or clarification of information provided on the application as it deems necessary, including verification of licensure in good standing from other jurisdictions.
- 5. The board may direct an applicant to appear before the board concerning the application.

6. The board may require a completed <u>self-assessmenta jurisprudence exam</u> of the applicant's or licensee's knowledge of the North Dakota laws, rules, and regulations of occupational therapy.

History: Effective April 1, 1988; amended effective November 1, 2000; February 1, 2004,

General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-08

55.5-02-01-01.1. Requirements for licensure.

- 1. To be licensed as an occupational therapist an applicant must meet all of the following requirements:
 - a. The applicant has a degree from an occupational therapy program accredited by the accreditation council for occupational therapy education or a degree from a foreign occupational therapy program which the national board for certification in occupational therapy deems comparable.
 - b. The applicant has passed the occupational therapist registered certification examination administered by the national board for certification in occupational therapy.
 - c. Grounds for denial of the application under North Dakota Century Code section 43-40-16 do not exist.
 - d. The applicant has completed a self-assessmentjurisprudence exam of the applicant's knowledge of North Dakota laws and rules.
- 2. To be licensed as an occupational therapy assistant an applicant must meet all of the following requirements:
 - a. The applicant has a degree from an occupational therapy program accredited by the accreditation council for occupational therapy education or a degree from a foreign occupational therapy program which the national board for certification in occupational therapy deems comparable.
 - b. The applicant has passed the certified occupational therapy assistant certification examination administered by the national board for certification in occupational therapy.
 - c. Grounds for denial of the application under North Dakota Century Code section 43-40-16 do not exist.
 - d. The applicant has completed a self-assessmentjurisprudence exam of the applicant's knowledge of North Dakota laws and rules.

History: Effective July 1, 2014. **General Authority:** NDCC 43-40-05 **Law Implemented:** NDCC 43-40-08, 43-40-11, 43-40-16

55.5-02-01-01.2. Military Spouse Initial Licensure

The board shall license individuals that meet the definition of military spouse set forth in North Dakota Century Code section 43-51-01 and who meet the following requirements.

- 1. Fills out an application for licensure on a form approved by the board and available upon request.
- 2. The military spouse demonstrates competency in occupational therapy or as an occupational therapy assistant through methods or standards determined by the board which must include experience as an occupational therapist or assistant for at least two of the four years preceding application.
- 3. The board determines the issuance of the license will not substantially increase risk of harm to the public and no grounds exist to deny the license pursuant to North Dakota Century Code 43-40-16.

The board may require the submission of any information it deems necessary to assist it in making its determination. The board may deny a license if the board determines the applicant does not meet the above requirements. If the board determines that the applicant substantially meets the above requirements, the board may issue a provisional license. When issuing a provisional license, the board may explain the steps necessary for the applicant to fully meet the above requirements and be issued a non-provisional license. A provisional license shall be automatically granted by the board if the board does not deny or grant the license within thirty days of the application. The board may place conditions on any provisional license. Military spouses shall not be assessed fees for the issuance of the license or provisional licensee under this section. A provisional license may be valid for up to two years. Provisional licenses expire if:

- 1. The board grants the application for licensure.
- 2. The board denies the application for licensure.
- 3. The provisional license expires.
 - 4. The board revokes the provisional license to protect the public safety.
 - 5. The applicant fails to meet any steps or conditions the board placed on the provisional license.

History:

General Authority: NDCC 43-40-05. Law Implemented: NDCC 43-40-08, 43-40-11, 43-40-16; 43-51-01; 43-51-11.1.

55.5-02-01-02. Licensure renewal.

Licenses are renewable biennially in even-numbered years.

1. Licensure renewal for occupational therapist.

- Applications for renewal of occupational therapy licenses will be sent by the board on or before April first of the renewal year to all licenseholders. Renewal applications, continued competency documentation, and fees must be postmarked or delivered to the board's office on or before June first of the renewal year.
- b. Occupational therapists are considered delinquent and a late charge shall be assessed if the renewal application, renewal license fee, and continued competency documentation are not postmarked or delivered to the board's office on or before June first of the renewal year.
- c. Occupational therapy licenses will expire if the renewal application, continued competency documentation, and fees are not postmarked or delivered to the board's office by June thirtieth of the renewal year. To reinstate an expired license, an applicant must submit:
 - (1) A renewal application form;
 - (2) The renewal license fee;
 - (3) Continued competency documentation; and
 - (4) Late charges as assessed by the board.

No late renewal of an occupational therapy license may be granted more than three years after expiration, at which time the initial application process is required.

- d. The renewal of an occupational therapy license will be sent to the applicant by July first of the renewal year if the renewal request is complete and postmarked on or before June first of the renewal year.
- e. The board may require a completed self-assessmentjurisprudence exam of the licensee's knowledge of the North Dakota laws, rules, and regulations of occupational therapy.
- f. The board may extend the renewal deadline or waive continued competency or late fees for an applicant providing proof of medical or other hardship rendering the applicant unable to meet the renewal deadline or complete continued competency.

g. The board may require evidence of a supervision plan from those who have signatures on a substantiating supervision form of the occupational therapy assistant.

2. Licensure renewal for occupational therapy assistant.

- a. Application for renewal of an occupational therapy assistant license will be sent by the board on or before April first of the renewal year to all licenseholders. Renewal applications, continued competency documentation, and fees must be postmarked or delivered to the board's office on or before June first of the renewal year.
 - (1) An occupational therapy assistant supervised during the renewal period shall submit a renewal application, substantiation of supervision, a renewal license fee, and continued competency documentation.
 - (2) An occupational therapy assistant not practicing occupational therapy during the renewal period shall submit the renewal application, renewal license fee, and continued competency documentation. Upon resumption of occupational therapy practice, the occupational therapy assistant shall submit substantiation of supervision.
 - (3) The board may require evidence of a supervision plan.
- b. Delinquency and late charges.
 - (1) Occupational therapy assistants who are supervised at the time of renewal are considered delinquent and a late charge will be assessed if the renewal application, renewal licensure fee, continued competency documentation, and substantiation of supervision are not submitted and postmarked or delivered to the board's office on or before June first of the renewal year.
 - (2) Occupational therapy assistants who are not practicing occupational therapy at the time of renewal are considered delinquent and a late charge shall be assessed if the renewal application, renewal license fee, and continued competency are not submitted and postmarked or delivered to the board's office on or before June first of the renewal year.
- c. Licenses will expire if the renewal form, renewal license fee, continued competency documentation, and substantiation of supervision form are not postmarked or delivered to the board's office by June thirtieth of the renewal year. To reinstate an expired license, an applicant must submit:
 - (1) A renewal application;
 - (2) The renewal license fee;
 - (3) Substantiation of supervision (if supervised);

- (4) Continued competency documentation; and
- (5) Late charges as assessed by the board.

No late renewal of a license may be granted more than three years after expiration, at which time the initial application process is required.

- d. The renewal of license will be sent to the applicant by July first of the renewal year if the renewal request is completed and postmarked on or before June first of the renewal year.
- e. The board may require a completed self-assessmentjurisprudence exam of the licensee's knowledge of the North Dakota laws, rules, and regulations of occupational therapy.
- f. The board may extend the renewal deadline or waive continued competency or late fees for an applicant providing proof of medical or other hardship rendering the applicant unable to meet the renewal deadline or complete continued competency.

History: Effective April 1, 1988; amended effective November 1, 2000; February 1, 2004; April 1, 2014: General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-15

55.5-02-01-03. Fees.

The board has adopted the following fee payment schedule:

1.		al application fees for occupational therapist license I occupational therapy assistant license \$50.00		
2. Initial occupational therapist license fee:		l occupational therapist license fee:		
	a.	Application for license received after June thirtieth of the even-numbered year and before July first of the odd-numbered year	\$150.00	
	b.	Application for license received after June thirtieth and on or before December thirty-first of the odd- numbered year	\$75.00	
	C.	Application for license received on or after January first of an even-numbered year	\$150.00	
3.	Initia	Initial occupational therapy assistant license fee:		
	a.	Application for license received after June thirtieth of the even-numbered year and before July first of the		

		odd-numbered year	\$110.00	
	b.	Application for license received after June thirtieth and on or before December thirty-first of the odd- numbered year	\$55.00	
	C.	Application for license received on or after January first of an even-numbered year	\$110.00	
4.	Occupational therapists and occupational therapy assistants whose applications for licensure are received on or after January first and on or before June thirtieth of the even-numbered year are exempt from the renewal of license for the next licensing period.			
5.	Renewal fee:			
	a.	Occupational therapist	\$150.00	
	b.	Occupational therapy assistant	\$110.00	
6.	Student limited permit fee:			
	a.	Occupational therapist	\$40.00	
	b.	Occupational therapy assistant	\$30.00	
	Student limited permit fees will be applied to the initial license fee.			
7.	Late fee		\$100.00	
8.	Copy of license		\$10.00	
9.	Change of license			
10.	Verification of license \$20		\$20.00	
History: Effective April 1, 1988; amended effective November 1, 2000; February 1, 2004. General Authority: NDCC 43-40-05, 43-40-07				

General Authority: NDCC 43-40-05, 43-40-07 **Law Implemented:** NDCC 43-40-05, 43-40-07

55.5-02-01-04. Continued competency.

Continued competency is the ongoing application and integration of knowledge, critical thinking, interpersonal, and psychomotor skills essential to safely and effectively deliver occupational therapy services within the context of a licensee's role and environment.

1. The board requires a minimum of twenty contact hours within the twenty-four months prior to the completed application for renewal of licensure. One contact hour is equal to one clock-hour.

- 2. Any licensee initially licensed between July first and December thirty-first of the odd-numbered year is required to complete ten contact hours for that licensing period with twenty contact hours for each subsequent licensing period.
- 3. Any licensee initially licensed on or after January first of the even-numbered year has no contact hour requirement until the following licensing period when the licensee is required to complete twenty contact hours for that licensing period and each subsequent licensing period.
- 4. When an applicant for renewal has not been licensed for up to three years, the applicant must submit evidence of a minimum of twenty contact hours of continued competency earned within the twenty-four months prior to the completed application for renewal of license.
- 5. Board-approved continued competency must meet all the following requirements:
 - a. Be directly related to or supportive of occupational therapy practice.
 - b. Enhance the licensee's professional development and competence.
 - c. Be specific to the licensee's current area of practice or an intended area of practice within the next year.
- 6. Continued competency includes:
 - a. Workshops, refresher courses, professional conferences, seminars, or education programs presented by organizations such as the American occupational therapy association, the national board for certification in occupational therapy, the North Dakota occupational therapy association, medical associations, or educational and national or state health organizations or approved by the North Dakota board of occupational therapy practice. There is no limit on hours that may be earned under this subdivision.
 - b. Presentations by licensee:
 - (1) Professional presentations, for example, inservices, workshops, or institutes. A presentation may be counted only one time. There is no limit on hours that may be earned under this paragraph.
 - (2) Community or service organization presentations. A presentation may be counted only one time. No more than eight hours may be earned under this paragraph.
 - c. Formal academic coursework.
 - (1) One or two credit hour class is equal to five contact hours.
 - (2) Three or four credit hour class is equal to ten contact hours.

- d. Authoring professional publications. There is no limit on hours that may be earned under this subdivision. Publications include:
 - (1) Book chapter.

Primary or coauthor of chapter in practice area-related professional textbook. One chapter is equal to ten contact hours as evidenced by a copy of published chapter or letter from the editor.

(2) Article.

Primary or coauthor of practice area-related article in nonpeerreviewed professional publication. One article is equal to five contact hours as evidenced by a copy of published article.

Primary or coauthor of practice area-related article in peerreviewed professional publication. One article is equal to ten contact hours.

Primary or coauthor of practice area-related article in lay publication (e.g., community newspaper or newsletter). One article is equal to two contact hours.

(3) Multimedia.

Developing instructional materials - training manuals, multimedia, or software programs - that advance the professional skills of others (not for proprietary use; must not be part of one's primary role) as evidenced by program description (materials may be requested by <u>MBCOT</u>the board). Five contact hours.

(4) Research activities.

Primary or coprimary investigator in extensive scholarly research activities or outcomes studies. Method of substantiation includes a copy of a research study that indicates certificant as primary or coprimary investigator. Ten contact hours.

Externally funding service or training projects associated with grants or postgraduate studies. Method of substantiation includes grant funding number or abstract or executive summary or completed report. Ten contact hours.

- e. Formal self-study course with a completion certificate. There is no limit on hours that may be earned under this subdivision.
- f. Direct supervision of occupational therapy students performing level II fieldwork or experiential component in an occupational therapy program accredited by the accreditation council for occupational therapy education. The licensee must be the primary supervisor. The supervision

may not be the primary responsibility of the licensee's employment. The licensee must submit to the board a record of the students supervised and the dates and times of supervision and a certification of the supervision from the occupational therapy program. No more than twelve contact hours in a licensing period may be earned under this subdivision.

- g. Professional leadership. This category encompasses leadership responsibilities or committee involvement in professional organizations, including officer or committee chairperson in an occupational therapy or related practice area of a professional organization or item writing for a professional certification examination. No more than six hours may be earned under this subdivision.
- h. Employer-based continued competency education program with measurable learning outcomes at least one hour in length. No more than six hours may be earned under this subdivision.
- i. Distance learning activities.
- 7. Licensees and continuing education providers may submit continuing education courses to the board for preapproval.
- 8. A copy of a continuing education certificate must be submitted for board approval. The continuing education certificate must contain the person's name, dates of attendance, title of the course, and contact hours. If the program was not formally granted contact hours, the licensee must submit written verification of attendance signed by a supervisor or program coordinator which includes the name of the participant, dates of attendance, title of the course, and hours of the course, not including breaks and lunch.
- 9. Failure to meet the continuing competency requirements as outlined in this section will result in denial of an application for renewal and may subject a licensee to disciplinary action. The board may waive or allow exceptions due to extraordinary circumstances.
- 10. Continued competency hours may only be used once to satisfy the requirements of this section.

History: Effective April 1, 1988; amended effective November 1, 2000; February 1, 2004; April 1, 2014;_____.

General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-15

55.5-02-01-05. Passing score.

The successful passing of a national examination means obtaining a score equal to or greater than the passing score established by a national occupational therapy certifying agency approved by the board which is in effect at the time of the administration of the test.

History: Effective April 1, 1988; amended effective November 1, 2000.

General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-11

55.5-02-01-06. Duration of limited permit.

As used in subsections 2 and 3 of North Dakota Century Code section 43-40-13, "next available examination" and "next examination" mean examination within four months of completion of the education and experience requirements.

History: Effective February 1, 2004. General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-13

CHAPTER 55.5-02-02 CODE OF ETHICS

Section 55.5-02-02-01 Code of Ethics

55.5-02-02-01. Code of ethics.

The board has adopted and incorporated into this article by reference the principles of occupational therapy code of ethics and ethic standards (20102015) of the American occupational therapy association adopted by the representative assembly in 2010.

History: Effective April 1, 1988; amended effective November 1, 2000; February 1, 2004; July 1, 2011;_____.

General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-16

CHAPTER 55.5-02-03 SUPERVISION

Section55.5-02-03-01Supervision55.5-02-03-01.1Definitions55.5-02-03-01.2Supervision of Occupational Therapy Assistants55.5-02-03-01.3Supervision of Limited Permitholders55.5-02-03-02Delegation of Tasks to Occupational Therapy Aides

55.5-02-03-01. Supervision.

The occupational therapist and occupational therapy assistant shall exercise appropriate supervision over individuals who are authorized to practice only under supervision.

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. Within the scope of occupational therapy practice, supervision is aimed at ensuring the safe and effective delivery of occupational therapy services and fostering professional competence and development. Supervision involves guidance and oversight related to the delivery of occupational therapy services and the facilitation of professional growth and competence. It is the responsibility of the occupational therapist and the occupational therapy assistant to seek the appropriate quality and frequency of supervision to ensure safe and effective occupational therapy service delivery.

History: Effective April 1, 1988; amended effective November 1, 2000; February 1, 2004; April 1, 2014. General Authority: NDCC 43-40-05

Law Implemented: NDCC 43-40-01, 43-40-03.1, 43-40-13

55.5-02-03-01.1. Definitions.

For purposes of sections 55.5-02-03-01.2 and 55.5-02-03-01.3:

- 1. "Direct supervision" means face-to-face contact, including observation, modeling, cotreatment, discussions, teaching, and video teleconferencing.
- 2. "Indirect supervision" means other than face-to-face contact, including phone conversations, written correspondence, electronic exchanges, and other methods using secure telecommunication technology.

History: Effective April 1, 2014. General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-01, 43-40-13

55.5-02-03-01.2. Supervision of occupational therapy assistants.

An occupational therapy assistant must be supervised by an occupational therapist.

- 1. An occupational therapist may not supervise more than three occupational therapy assistants licensed or limited permitholders at the same time.
- 2. An occupational therapy assistant must be directly supervised as needed by evidence of clinical practice, and indirectly supervised as is necessary. In determining the methods, frequency, and content of supervision, an occupational therapist shall consider all of the following:
 - a. Complexity of clients' needs.
 - b. Number and diversity of clients.
 - c. Skills of the occupational therapy assistant.
 - d. Type of practice setting.
 - e. Changes in practice settings.
 - f. Requirements of the practice setting.
 - g. Other regulatory requirements.
- 3. An occupational therapist and a supervised occupational therapy assistant shall make a written supervision plan, including all of the following:
 - a. Documentation that the occupational therapy assistant is competent to perform the services provided.
 - b. Documentation of the frequency, methods, and content of supervision.
 - c. Documentation of periodic evaluation of the occupational therapy assistant's competence and the supervision necessary.
- 4. An occupational therapist shall file with the board a substantiation of supervision form for each occupational therapy assistant supervised before the occupational therapy assistant may practice. If there is a change in supervisors, the new supervisor shall immediately file a new substantiation of supervision form. The form is available from the board.
- 5. An occupational therapist, who is unavailable to supervise an occupational therapy assistant for more than one day, shall arrange to have supervision available by another occupational therapist as necessary.

History: Effective April 1, 2014: General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-01

55.5-02-03-01.3. Supervision of limited permitholders.

A limited permitholder must be supervised by an occupational therapist.

- 1. A limited permitholder must be directly supervised for at least twenty percent of the hours practiced in each week, and indirectly supervised as is necessary.
- Supervision of limited permitholders must include periodic review of evaluations, intervention plans, and patient notes and evaluation of client interaction. Documentation prepared by a limited permitholder for clients' records must be reviewed and cosigned by the supervising occupational therapist and limited permitholder.
- 3. An occupational therapist who is unavailable to supervise a limited permitholder for more than one day, shall arrange to have the supervision available by another occupational therapist as necessary.
- 4. An occupational therapist shall verify that the individual supervised holds a current limited permit.

History: Effective April 1, 2014. General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-01, 43-40-13

55.5-02-03-02. Delegation of tasks to occupational therapy aides.

- 1. The primary function of occupational therapy aides functioning in an occupational therapy setting is to perform designed routine tasks related to the operation of an occupational therapy service. An occupational therapist or an occupational therapy assistant may delegate to occupational therapy aides only specific tasks which are neither evaluative, assessive, task selective, nor recommending in nature, and only after ensuring that the occupational therapy aides are appropriately trained and have supportive documentation for the performance of the tasks. Such tasks may include:
 - a. Routine department maintenance.
 - b. Transportation of patients and clients.
 - c. Preparation or setting up of treatment equipment and work area.
 - d. Taking care of patient's and client's personal needs during treatments.
 - e. Assisting the occupational therapist or occupational therapy assistant in the construction of adaptive equipment.
 - f. Clerical, secretarial duties.
- 2. The occupational therapist or occupational therapy assistant may not delegate to occupational therapy aides:
 - a. Performance of occupational therapy evaluative procedures.

- b. Initiation, planning, adjustment, modification, or performance of occupational therapy treatment procedures.
- c. Making occupational therapy entries directly in patient's or client's official records.
- d. Acting on behalf of the occupational therapist or occupational therapy assistant in any matter related to occupational therapy intervention which requires decisionmaking.

History: Effective November 1, 2000; amended effective April 1, 2014:_____. **General Authority:** NDCC 43-40-05 **Law Implemented:** NDCC 43-40-01, 43-40-03.1

CHAPTER 55.5-02-05 INFORMATION CHANGES

Section 55.5-02-05-01

Address, Name, <u>or Supervision, or Educational</u> Changes

55.5-02-05-01. Address, name, or supervision, or educational changes.

Any licensee must report a change of address, name, <u>or</u> supervision, or educational degree to the board. Proof of any changes and substantiation of supervision status must also be submitted by both the occupational therapist and the occupational therapy assistant.

History: Effective April 1, 1988; amended effective November 1, 2000; ______. General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-05

ARTICLE 55.5-03 PRACTICE OF OCCUPATIONAL THERAPY

Chapter 55.5-03-01 Scope of Practice

CHAPTER 55.5-03-01 SCOPE OF PRACTICE

Section55.5-03-01-01Definitions [Repealed]55.5-03-01-02Educational Background55.5-03-01-03Specific Occupational Therapy Services55.5-03-01-04Occupational Therapy Evaluation55.5-03-01-05Occupational Therapy Intervention

55.5-03-01-01. Definitions.

Repealed effective April 1, 2014.

55.5-03-01-02. Educational background.

Occupational therapy education includes a broad foundation in liberal arts and sciences. Biological, physical, social, and behavioral sciences prepare the entry-level therapist to understand occupation across the lifespan. The accreditation council for occupational therapy education (ACOTE) establishes educational standards that are routinely reviewed to ensure that entry-level occupational therapists and occupational therapy assistants are prepared as generalists who have had a broad exposure to delivery models and systems; occupational theory and evidenced-based approaches to evaluation and intervention; and analysis and application of occupation as intervention. Occupational therapy education requires the successful completion of fieldwork (ACOTE, 2012).

History: Effective November 1, 1992; amended effective November 1, 2000; February 1, 2004; July 1, 2011; April 1, 2014. General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-01, 43-40-05

55.5-03-01-03. Specific occupational therapy services.

<u>The Occupational Therapy Practice Framework: Domain and Process – Fourth Edition</u> (2020) describes the practice of occupational therapy. The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals, groups, populations, or organizations to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness, including methods delivered via telerehabilitation to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.

History: Effective November 1, 1992; amended effective April 1, 2014; ______. General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-01, 43-40-05

55.5-03-01-04. Occupational therapy evaluation.

Evaluation of factors affecting activities of daily living (ADL), instrumental activities of daily living (IADL), <u>health maintenance</u>, rest and sleep, education, work, play, leisure, and social participation, includes:

- Client factors, including body functions (<u>mental functions, sensory functions, such</u> as neuromusculoskeletal, <u>immunological</u>, and respiratory system functions, voice and speech functions, skin and related structure functionssensory-perceptual, visual, mental, cognitive, and plain factors) and body structures (such as cardiovascular, digestive, nervous, integumentary, genitourinary systems, and structures related to movement), values, beliefs, and spirituality.
- 2. <u>Performance patters including, Hh</u>abits, routines, roles, <u>and rituals, and behavior</u> patterns.
- 3. <u>Context is the environmental and personal factors specific to each client (person, group, population) that influences engagement and participation in occupations.</u> <u>Examples include Pphysical and social environments, cultural, personal, temporal, and virtual contexts and activity demands that affect performance</u>.
- 4. Performance skills, including motor and praxis, sensory-perceptual, emotional regulation, cognitive, communication and social-skills, process skills, and social interaction skills.

History: Effective November 1, 1992; amended effective November 1, 2000; April 1, 2014;

General Authority: NDCC 43-40-05 Law Implemented: NDCC 43-40-01, 43-40-05

55.5-03-01-05. Occupational therapy intervention.

1. Methods or approaches selected to direct the process of interventions include:

- a. Establishment, remediation, or restoration of a skill or ability that has not yet developed, is impaired, or in decline.
- b. Compensation, modification, or adaptation of activity or environment to enhance performance or to prevent injuries, disorders, or other conditions.

- c. <u>Maintenance, Retentionretention</u>, and enhancement of skills or abilities without which performance in everyday life activities would decline.
- d. <u>Creation</u>, <u>Promotion</u> of health and wellness, including the use of self-management strategies, to enable or enhance performance in everyday life activities.
- e. Prevention of barriers to performance and participation, including injury and disability prevention.
- 2. Interventions and procedures to promote or enhance safety and performance in activities of daily living (ADL), instrumental activities of daily living (IADL), <u>health</u> <u>maintenance</u>, rest and sleep, education, work, play, leisure, and social participation, including:
 - a. Therapeutic use of occupations, exercises, and activities.
 - b. Training in self-care, self-management, health management and maintenance, home management, community or work reintegration, and school activities and work performance.
 - c. Development, remediation, or compensation of neuromusculoskeletal, sensory-perceptual, visual, mental, and cognitive functions, pain tolerance and management, and behavioral skills.
 - d. Therapeutic use of self, including one's personality, insights, perceptions, and judgements, as part of the therapeutic process.
 - e. Education and training of individuals, including family members, caregivers, groups, populations, and others.
 - f. Care coordination, case management, and transition services.
 - g. Consultative services to groups, programs, organizations, or communities.
 - h. Modification of home, work, school, or community environments and adaptation of processes, including the application of ergonomic principles.
 - i. Assessment, design, fabrication, application, fitting, and training in seating and positioning, assistive technology, adaptive devices, and orthotic devices, and training in the use of prosthetic devices.
 - j. Assessment, recommendations, and training in techniques to enhance functional mobility, including management of wheelchairs and other mobility devices.
 - k. Low vision rehabilitation.
 - I. Driver rehabilitation and community mobility.

- m. Management of feeding, eating, and swallowing to enable eating and feeding performance.
- n. Application of physical agent modalities, and use of a range of specific therapeutic procedures (such as wound care management, interventions to enhance sensory-perceptual and cognitive processing, and manual therapy) to enhance performance skills.

An occupational therapist may purchase, store, and administer topical medications, including aerosol medications, as part of the practice of occupational therapy, but shall not dispense or sell any of the medications to patients. An occupational therapist shall comply with any protocols of the United States pharmacopoeia for storage of medications.

A valid order or prescription for medication classified as a legend drug is needed before administration to a patient. Occupational therapy facilities must work with a pharmacist to assist with proper protocols for storage of medications. A record of dosage, for, quantity, and strength of medication administered to each patient is required in the medical record.

- o. Facilitating the occupational performance of groups, populations, or organizations through the modification of environments and the adaptation of processes.
- p. Advocacy in promoting and empowering clients to seek and obtain resources.

History: Effective November 1, 1992; amended effective November 1, 2000; April 1, 2014,

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