
NBCOT[®]

Professional Practice Standards



For

OTR[®]

**Occupational Therapist
Registered (OTR[®])
and Candidates Seeking
the OTR Designation**



Our Mission

The mission of the National Board for Certification in Occupational Therapy, Inc. (NBCOT) is to serve the public interest by advancing client care and professional practice through evidence-based certification standards and the validation of knowledge essential for effective practice in occupational therapy.

Our Vision

Certified occupational therapy professionals providing effective evidence-based services across all areas of practice worldwide.



Introduction

NBCOT offers an initial certification program for the entry-level OCCUPATIONAL THERAPIST REGISTERED (OTR®) that confers the OTR credential and has established the requirements for maintaining status as an OTR with NBCOT through a certification renewal program.

Currently all 50 states, Guam, Puerto Rico and the District of Columbia require NBCOT initial certification for occupational therapy state regulation (e.g., licensing). NBCOT certification programs have received and maintained organizational accreditation from the National Commission for Certifying Agencies (NCCA) and American National Standards Institute (ANSI) to ISO Standard 17024. NBCOT is a member of the Institute for Credentialing Excellence (ICE).

Standards of Practice in Occupational Therapy (OT) are the baseline for quality occupational therapy care—holding OTR certificants accountable for delivering consistent, high quality health care services. The Standards provide guidelines that can be used to determine what the OTR should and should not do when providing services to clients. These Standards represent the expectations of NBCOT and may be used to evaluate performance for ongoing professional development and/or disciplinary action.

The NBCOT Standards of Practice consist of four sections:

- Practice Domains;
- Code of Professional Conduct;
- Supervision; and
- Documentation



NBCOT Professional Practice Standards (PPS)

PPS 1. The Standards are intended to assist the:

- Client in understanding what to expect from an OTR certificant;
- OTR in evaluating the quality of client care; and
- OTR in understanding the professional expectations of being certified by NBCOT.

PPS 2. The Standards are not intended to:

- Prescribe services, including treatment plans or procedures; and
- Assure specific client outcomes.

NBCOT does not express an opinion on the competence or warrant the job performance of OTR certificants; however all OTR certificants and candidates with the OTR designation must agree to comply with the Standards at all times.



NBCOT Occupational Therapy Practice Domains

A **Practice Analysis Study** in 2012 identified **Practice Domains**, which are distinct areas of work that have associated tasks; **Tasks** (things practitioners do) are associated with each domain; and the essential **Knowledge** (what a practitioner needs to know) required to complete each Task satisfactorily. The completed OTR Practice Analysis Study—domain, tasks, and knowledge is available for no cost at www.nbcot.org. The Practice Domains establish essential practice expectations for OTR certificants when providing occupational therapy services to clients.

Domain 1

Acquire information regarding factors that influence occupational performance throughout the occupational therapy process.

Task 01

Acquire information about a client’s functional skills, roles, context, and prioritized needs through the use of available resources and standardized and non-standardized assessments in order to develop an occupational profile.

Task 02

Analyze evidence obtained from the occupational profile to identify factors that influence a client’s occupational performance.

Domain 2

Formulate conclusions regarding client needs and priorities to develop and monitor an intervention plan throughout the occupational therapy process.

Task 01

Analyze and interpret standardized and non-standardized assessment results using information obtained about the client's current condition, context, and priorities in order to develop and manage client-centered intervention plans.

Task 02

Collaborate with the client, the client's relevant others, occupational therapy colleagues, and other professionals and staff using a client-centered approach to manage occupational therapy services guided by evidence and principles of best practice.

Domain 3

Select interventions for managing a client-centered plan throughout the occupational therapy process.

Task 01

Manage interventions for the infant, child, or adolescent client using clinical reasoning; the intervention plan and best practice standards consistent with pediatric condition(s); and typical developmental milestones (e.g., motor, sensory, psychosocial, and cognitive) in order to support participation within areas of occupation.



Task 02

Manage interventions for the young, middle-aged, or older adult client using clinical reasoning; the intervention plan; and best practice standards consistent with general medical, neurological, and musculoskeletal condition(s) in order to achieve functional outcomes within areas of occupation.

Task 03

Manage interventions for the young, middle-aged, and older adult client using clinical reasoning; the intervention plan; and best practice standards consistent with psychosocial, cognitive, and developmental abilities in order to achieve functional outcomes within areas of occupation.

Domain 4

Manage and direct occupational therapy services to promote quality in practice.

Task 01

Maintain and enhance competence using professional development activities relevant to practice, job responsibilities, and regulatory body in order to provide evidence-based services.

Task 02

Manage occupational therapy service provision in accordance with laws, regulations, accreditation guidelines, and facility policies and procedures governing safe and ethical practice in order to protect consumers.



Code of Professional Conduct

Preamble

The National Board for Certification in Occupational Therapy, Inc. (“NBCOT,” formerly known as “AOTCB”) is a professional organization that supports and promotes occupational therapy practitioner certification. This Candidate/Certificant Code of Conduct enables NBCOT to define and clarify the professional responsibilities for present and future NBCOT certificants, i.e., OCCUPATIONAL THERAPIST REGISTERED OTR® (OTR) henceforth OTR, and CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA® (COTA) henceforth COTA.

It is vital that NBCOT certificants conduct their work in a professional manner to earn and maintain the confidence and respect of recipients of occupational therapy, colleagues, employers, students, and the public.

As certified professionals in the field of occupational therapy, NBCOT certificants will at all times act with integrity and adhere to high standards for personal and professional conduct, accept responsibility for their actions, both personally and professionally, continually seek to enhance their professional capabilities, practice with competence, fairness and honesty, abide by all federal, state, and local laws and regulations, and encourage others to act in a professional manner consistent with the Practice Standards and responsibilities set forth below.

Where the term “certificant” is used, the term “applicant or candidate” is included in its scope.



Principle 1

Certificants shall provide accurate and truthful representations to NBCOT concerning all information related to aspects of the Certification Program, including, but not limited to:

- The submission of information on the exam application, certification renewal applications, or the renewal audit form;
- Abiding by all exam related security policies;
- The submission of information requested by NBCOT for alleged violations of NBCOT's policies, requirements and standards or
- The submission of information regarding his/her credential(s), professional license(s) and/or education.

Principle 2

Certificants who are the subject of a qualifications and compliance review shall cooperate with NBCOT concerning investigations and requests for relevant information.

Principle 3

Certificants shall be accurate, truthful, and complete in any and all communications, direct or indirect, with any client, employer, regulatory agency, or other parties as they relate to their professional work, education, professional credentials, research and contributions to the field of occupational therapy.

Principle 4

Certificants shall comply with state and/or federal laws, regulations, and statutes governing the practice of occupational therapy.

Principle 5

Certificants shall not have been convicted of a crime, the circumstances of which substantially relate to the practice of occupational therapy or indicate an inability to engage in the practice of occupational therapy safely, and/or competently.

Principle 6

Certificants shall not engage in behavior or conduct, lawful or otherwise that causes them to be, or reasonably perceived to be, a threat or potential threat to the health, well-being, or safety of recipients or potential recipients of occupational therapy services.

Principle 7

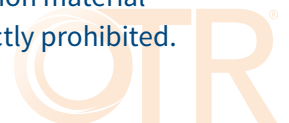
Certificants shall not engage in the practice of occupational therapy while one's ability to practice is impaired due to chemical (i.e., legal and/or illegal) drug or alcohol abuse.

Principle 8

Certificants shall not electronically post personal health information or anything, including photos, that may reveal a patient's/client's identity or personal or therapeutic relationship. (All statements, regardless of intent, about a patient/client can potentially contain sufficient information for a member of a community to recognize the patient/client thus, violating the state and/or federal law (i.e. Health Insurance Portability and Accountability Act (HIPAA)).

Principle 9

Certificants shall not misuse NBCOT's intellectual property, certification marks, logos, or other copyrighted materials. This includes all NBCOT exam preparation tools, website or exam content. Disclosure of practice test questions or examination material content, including examination questions, is strictly prohibited.



Supervision

The purpose of supervision is to help protect public health, safety, and welfare as it relates to the delivery of occupational therapy services.

Supervision is categorized as direct and indirect supervision. Direct supervision is defined as the supervisor being present when the employee is performing the job and observes performance. Indirect supervision allows the supervisor to gather information about how the job was performed after the performance occurs. Other facets of this definition include providing guidance, direction, and approval for the delivery of occupational therapy services. Methods include communication with the supervisee (via phone, email, or written correspondence) about their performance, looking at written records, or receiving reports from others.

The OTR should understand that each state has supervision requirements, guidelines, and standards that are unique to that state. If questions and/or situations arise regarding supervision it is incumbent upon the OTR to contact the state occupational therapy board for official clarification of the question and/or situation.

Documentation of the state's response should be maintained by the OTR. At all times the OTR should provide occupational therapy services in compliance with their state's occupational therapy practice act and applicable rules and regulations.

Documentation

The OTR and COTA should be aware of the documentation requirements, policies, procedures, criteria, or standards that are delineated in their state's practice act and associated rules, their client's insurance plans, including Medicare and Medicaid, and employment setting.

Listed are some general guidelines that the OTR or COTA should consider when documenting a client's record. Documentation must be: 1) Legible; 2) Relevant; and 3) Sufficient to justify the services billed or to meet regulatory requirements.

Medicare, for example, requires that the services billed be supported by documentation that justifies payment. Documentation must comply with all legal/regulatory requirements applicable to Medicare claims.

The following is an overview of the documentation that is typically included in a client's record:

- Evaluation/Reevaluation results and plan of care;
- General medical status, including any disability issues;
- Approval of the plan by the required professional (i.e., physician);
- Progress reports;
- Treatment notes;
- Dates of documentation.



Documentation should establish the variables that influence the client's condition, especially those factors that influence the OTR or COTA practitioner's decision to provide more services than are typical for the individual's condition. Documentation should establish through objective measurements that the client is making progress toward goals. Note that regression and plateaus can occur during treatment. When regression or plateaus occur, the practitioner should clearly document the medical necessity for continuing treatment and provide a reasonable expectation and timeline for goal attainment.

Documenting who provided the service, their qualifications and clinical expertise, and for what purpose is an essential component of the record. Documentation should be signed by the qualified professional as indicated by facility policy, third-party payer regulations, and state licensure laws. Additionally, OT services should be provided by qualified professionals who have the expertise, knowledge, clinical judgment, decision making skills, and abilities related to occupational performance. Skilled OT services should be clearly delineated from non-skilled services which are routine maintenance services and can be provided by nonprofessional personnel or caregivers.

For OTR or COTA practitioners working in schools under the US Department of Education's Individuals with Disabilities Education Improvement Act of 2004 (IDEA) have similar documentation requirements to that of Medicare.



The IDEA requires occupational therapists to:

1. Write a report of the evaluation the OT conducted;
2. Provide information and recommendations for students' Individualized Education Program (IEP) plans;
3. Write service plans for students, considering: disability, medical diagnosis, contraindications to therapy;
4. Help develop IEP goals and determine equipment and personnel/ assistance needed to meet therapy goals;
5. Prepare periodic status reports; and
6. Write a report when students discontinue therapy.

The law does not specify how long therapists must keep documentation. The OTR or COTA should discuss the documentation retention policy of their supervisor or employer.

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