

Advisory Board
on
Occupational
Therapy

Virginia Board of Medicine

October 5, 2021

10:00 a.m.

Advisory Board on Occupational Therapy

Board of Medicine

Tuesday, October 5, 2021 @ 10:00 a.m.

9960 Mayland Drive, Suite 201

Henrico, VA

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Call to Order – Breshae Breward, OTR, Chair	
Emergency Egress Procedures – William Harp, MD	i
Roll Call – ShaRon Clanton	
Approval of Minutes of May 25, 2021	1 - 3
Adoption of the Agenda	
Public Comment on Agenda Items (15 minutes)	
New Business	
1. 2021 Legislative Update and 2022 Proposals Elaine Yeatts	4 – 5
2. Report of Regulatory Actions Elaine Yeatts	6 - 11
3. Update on Compact Implementation	12 - 17
4. Review of Licensure Requirements and Application Michael Sobowale	18 - 37
5. Approval of 2021 Meeting Calendar Breshae Breward, OTR	38
6. Election of Officers Breshae Breward, OTR	

Announcements:

Next Scheduled Meeting: January 26, 2021 @ 10:00 a.m.

Adjournment

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

Training Room 2

In the event of a fire or other emergency requiring the evacuation of the building, alarms will sound.

When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the doors, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

<<<DRAFT UNAPPROVED>>>

ADVISORY BOARD ON OCCUPATIONAL THERAPY

Minutes

May 25, 2021

Electronic Meeting

The Advisory Board on Occupational Therapy held a virtual meeting on Tuesday, May 25, 2021 hosted at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT: Breshae Bedward, OT, Chair
Dwayne Pitre OT, Vice-Chair
Kathryn Skibek, OT

MEMBERS ABSENT: Raziuddin Ali, MD
Karen Lebo, JD, Citizen Member

STAFF PRESENT: William L. Harp, MD, Executive Director
Michael Sobowale, Deputy Director-Licensing
Colanthia M. Opher, Deputy Director - Administration
Yetty Shobo, PhD, Healthcare Workforce Data Center
ShaRon Clanton, Licensing Specialist

GUESTS PRESENT: Alexander Macaulay, JD - VOTA
Kristen Neville - AOTA

CALL TO ORDER

Breshae Bedward, Chair, called the meeting to order at 10:02 a.m.

EMERGENCY EGRESS PROCEDURES

Dr. Harp announced the emergency egress instructions for those that may be attending the virtual meeting in the Perimeter Center.

ROLL CALL

The roll was called, and a quorum was declared.

APPROVAL OF MINUTES OF JANUARY 26, 2021

Ms. Skibek moved to approve the minutes of the January 26, 2021 meeting. The motion was seconded by Mr. Pitre. The roll was called, and the minutes were approved as presented.

ADOPTION OF AGENDA

Ms. Skibek moved to approve the adoption of the agenda. The motion was seconded by Mr. Pitre. By roll call vote, the meeting agenda was adopted as presented.

PUBLIC COMMENTS ON AGENDA ITEMS (15 minutes)

Mr. Macaulay and Ms. Neville both spoke in support of the new legislation, which makes Virginia the first state in the nation to join the Occupational Therapy Interstate Compact.

WORKFORCE DATA PRESENTATION

Yetty Shobo, PhD presented the workforce data for occupational therapists and occupational therapy assistants from the 2020 survey. The survey showed an increasing number of younger licensees, but a persistently low racial/ethnic diversity makeup in the workforce. The survey also showed a minimal negative effect of the COVID-19 pandemic on the workforce. Practitioners surveyed showed higher educational debt and stagnating income.

NEW BUSINESS

1. Report of the 2021 General Assembly

Dr. Harp provided a summary report of the newly passed laws from the 2021 General Assembly.

2. Chart of Regulatory/Policy Actions for Board of Medicine

Dr. Harp provided a review of the chart of regulatory and policy actions to be acted upon by the Board of Medicine pursuant to the laws passed in the 2021 General Assembly.

3. Amendments to Regulations for Implementation of OT Interstate Compact

The Advisory Board discussed that the regulations for the OT Interstate Compact were well covered by the law. It did consider what the fees should be for an initial OT/OTA compact privilege and a renewal of the compact privilege. The Advisory Board thought \$75 would be

appropriate for both. Ms. Skibek moved to approve the fees of \$75 to be included in the regulations. The motion was seconded by Mr. Pitre. By roll call vote, the motion was approved.

ANNOUNCEMENTS:

Ms. Opher reported that there are a total of 4,079 current, active occupational therapists and 1,732 occupational therapy assistants. In addition, Mr. Sobowale reported that, so far in 2021, the Board has licensed 181 occupational therapists and 171 occupational therapy assistants.

Next Meeting Date

Next scheduled meeting date: October 5, 2021 at 10:00 a.m.

ADJOURNMENT

With no other business to conduct, Ms. Bedward adjourned the meeting at 11:23 a.m.

Breshae Bedward, OT, Chair

William L. Harp, M.D., Executive Director

ShaRon Clanton, Licensing Specialist

**Department of Health Professions
Regulatory/Policy Actions – 2021 General Assembly
Board on Medicine/Advisory Boards**

EMERGENCY REGULATIONS:

Legislative source	Mandate	Promulgating agency	Board adoption date	Effective date Within 280 days of enactment
SB1189	Occupational therapy compact	Medicine	8/6/21	By 12/23/21

EXEMPT REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB2039	Conform PA regs to Code	Medicine	6/24/21	9/15/21
HB2220	Change registration of surgical technologists to certification	Medicine	6/21/21	9/1/21
SB1178	Delete reference to conscience clause in regs for genetic counselors	Medicine	6/24/21	

APA REGULATORY ACTIONS

Legislative source	Mandate	Promulgating agency	Adoption date	Effective date
HB1953	Licensure of certified midwives	Nursing & Medicine	NOIRA Nursing – 7/20/21 Medicine – 8/6/21	Unknown

NON-REGULATORY ACTIONS

Legislative source	Affected agency	Action needed	Due date
HB793 (2018)	Medicine & Nursing	To report data on the number of nurse practitioners who have been authorized to practice without a practice agreement, the geographic and specialty areas in which nurse practitioners are practicing without a practice agreement, and any complaints or disciplinary actions taken against such nurse practitioners, along with any recommended modifications to the requirements of this act including any modifications to the clinical experience requirements for practicing without a practice agreement	November 1, 2021
Budget bill	Department	To study and make recommendations regarding the oversight and regulation of advanced practice registered nurses (APRNs). The department shall review recommendations of the National Council of State Boards of Nursing, analyze the oversight and regulations governing the practice of APRNs in other states, and review research on the impact of statutes and	November 1, 2021

		regulations on practice and patient outcomes.	
HB1953	Department	To convene a work group to study and report on the licensure and regulation of certified nurse midwives, certified midwives, and certified professional midwives to determine the appropriate licensing entity for such professionals.	November 1, 2021

Future Policy Actions:

HB2559 (2019) - requires the Secretary of Health and Human Resources to convene a work group to identify successes and challenges of the electronic prescription requirement and offer possible recommendations for increasing the electronic prescribing of controlled substances that contain an opioid and to report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by November 1, 2022.

Project 6878 - Emergency/NOIRA

Board Of Medicine

Interjurisdictional Compact

18VAC85-80-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

"Board"

"Compact"

"Compact privilege"

"Occupational therapy assistant"

"Practice of occupational therapy"

B. The following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"ACOTE" means the Accreditation Council for Occupational Therapy Education.

"Active practice" means a minimum of 160 hours of professional practice as an occupational therapist or an occupational therapy assistant within the 24-month period immediately preceding renewal or application for licensure, if previously licensed or certified in another jurisdiction. The active practice of occupational therapy may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

"Advisory board" means the Advisory Board of Occupational Therapy.

"Contact hour" means 60 minutes of time spent in continued learning activity.

"NBCOT" means the National Board for Certification in Occupational Therapy, under which the national examination for certification is developed and implemented.

"National examination" means the examination prescribed by NBCOT for certification as an occupational therapist or an occupational therapy assistant and approved for licensure in Virginia.

"Occupational therapy personnel" means appropriately trained individuals who provide occupational therapy services under the supervision of a licensed occupational therapist.

"Practitioner" means an occupational therapist or occupational therapy assistant licensed in Virginia or an occupational therapist or occupational therapy assistant practicing in Virginia with a compact privilege.

18VAC85-80-26. Fees.

A. The following fees have been established by the board:

1. The initial fee for the occupational therapist license shall be \$130; for the occupational therapy assistant, it shall be \$70.
2. The fee for reinstatement of the occupational therapist license that has been lapsed for two years or more shall be \$180; for the occupational therapy assistant, it shall be \$90.
3. The fee for active license renewal for an occupational therapist shall be \$135; for an occupational therapy assistant, it shall be \$70. The fees for inactive license renewal shall be \$70 for an occupational therapist and \$35 for an occupational therapy assistant. Renewals shall be due in the birth month of the licensee in each even-numbered year. For 2020, the fee for renewal of an active license as an occupational therapist shall be \$108; for an occupational therapy assistant, it shall be \$54. For renewal of an inactive license in 2020, the fees shall be \$54 for an occupational therapist and \$28 for an occupational therapy assistant.

4. The additional fee for processing a late renewal application within one renewal cycle shall be \$50 for an occupational therapist and \$30 for an occupational therapy assistant.
5. The fee for a letter of good standing or verification to another jurisdiction for a license shall be \$10.
6. The fee for reinstatement of licensure pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.
7. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
8. The fee for a duplicate license shall be \$5.00, and the fee for a duplicate wall certificate shall be \$15.
9. The fee for an application or for the biennial renewal of a restricted volunteer license shall be \$35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be \$15 for each renewal cycle.
10. The fee for issuance of a compact privilege or the biennial renewal of such privilege shall be \$75 for an occupational therapist and \$40 for an occupational therapy assistant.

B. Unless otherwise provided, fees established by the board shall not be refundable.

18VAC85-80-70. Biennial renewal of licensure.

A. An occupational therapist or an occupational therapy assistant shall renew his license biennially during his birth month in each even-numbered year by:

1. Paying to the board the renewal fee prescribed in 18VAC85-80-26;
2. Indicating that he has been engaged in the active practice of occupational therapy as defined in 18VAC85-80-10; and

3. Attesting to completion of continued competency requirements as prescribed in 18VAC85-80-71.

B. An occupational therapist or an occupational therapy assistant whose license has not been renewed by the first day of the month following the month in which renewal is required shall pay an additional fee as prescribed in 18VAC85-80-26.

C. In order to renew a compact privilege to practice in Virginia, the holder shall comply with the rules adopted by the Occupational Therapy Compact Commission in effect at the time of the renewal.

18VAC85-80-71. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, ~~a practitioner~~ a licensee shall complete at least 20 contact hours of continuing learning activities as follows:

1. A minimum of 10 of the 20 hours shall be in Type 1 activities, which shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organizations or any of its components:

- a. Virginia Occupational Therapy Association;
- b. American Occupational Therapy Association;
- c. National Board for Certification in Occupational Therapy;
- d. Local, state, or federal government agency;
- e. Regionally accredited college or university;

f. Health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation; or

g. An American Medical Association Category 1 Continuing Medical Education program.

2. No more than 10 of the 20 hours may be Type 2 activities, which may include consultation with another therapist, independent reading or research, preparation for a presentation, or other such experiences that promote continued learning. Up to two of the Type 2 continuing education hours may be satisfied through delivery of occupational therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services as documented by the health department or free clinic.

B. ~~A practitioner~~ ~~a practitioner~~ A licensee shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The ~~practitioner~~ licensee shall retain in his records all supporting documentation for a period of six years following the renewal of an active license.

D. The board shall periodically conduct a representative random audit of its active licensees to determine compliance. The ~~practitioners~~ licensees selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Capital Report

AOTA/NBCOT Joint Initiative Developing the Occupational Therapy Licensure Compact

The licensure compact explained, future steps, and how you can help.

**Chuck Willmarth
Shaun Conway**

In September 2019, AOTA and NBCOT issued a joint statement announcing that the two organizations would be collaborating to support the development of an interstate licensure compact for occupational therapy. Since that time, the compact legislation has been drafted and circulated for stakeholder input. While we have reached out to stakeholders such as state regulatory boards, state occupational therapy associations, employers, and others, it is important to understand that all occupational therapists, occupational therapy assistants, and students are considered stakeholders. We encourage everyone to review the draft licensure compact legislation and provide feedback.

We understand that a licensure compact is a new concept for the occupational therapy profession and hope the following frequently asked questions will help provide insight.

What is an interstate licensure compact?

An interstate licensure compact is a legal agreement or contract between state governments. In this case, the occupational therapy compact will provide licensed occupational therapists and occupational therapy assistants with the opportunity to practice in the states that join the compact without having to secure a new license in each state.

What are the benefits of a licensure compact for OT?

An occupational therapy licensure compact will have many benefits:

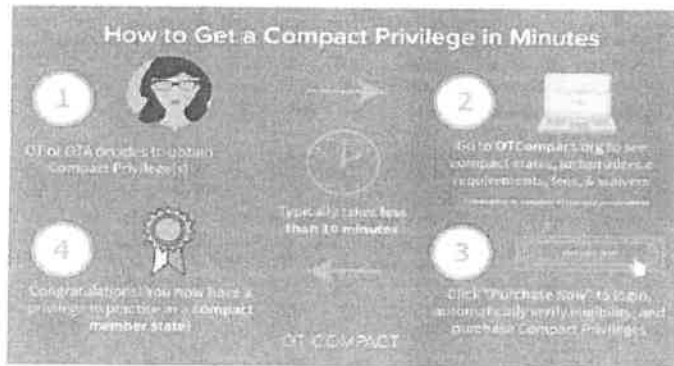
- Improve client access to occupational therapy
- Increase opportunities to practice across state lines (e.g., telehealth)
- Enhance mobility of occupational therapy practitioners
- Support spouses of relocating military families
- Improve continuity of care
- Preserve and strengthen the state licensure system
- Enhance the exchange of licensure, investigatory, and disciplinary information between member states.

What are the benefits of a licensure compact post-COVID-19?

A licensure compact for occupational therapy will allow practitioners to provide services in multiple states while at the same time preserving consumer protections, accountability, and the authority of state regulatory boards to regulate the profession.

During the COVID-19 emergency, many states have attempted to address

Figure 1. How the OT Compact is Envisioned to Work in the Future



ADAPTED WITH PERMISSION FROM THE PRACTICE, THEORY, & RESEARCH OF OT COMPACT WITH OWNERSHIP RESERVED

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< <https://otcompact.org/wp-content/uploads/2020/11/Licensure-Compact-OT-Practice-Article-with-copyright.pdf> >

**Developing the OT Compact
(OT Practice Magazine) <
<https://otcompact.org/wp->**



Occupational Therapy Licensure Compact

Summary of Key Provisions

Section 1: Purpose

The purpose of the OT Compact is to facilitate interstate practice of occupational therapy, with the goal of improving public access to occupational therapy services while preserving the regulatory authority of states to protect public health and safety through the current system of state licensure.

The OT Compact:

- Provides for the mutual recognition of other member state licenses.
- Enhances states' abilities to protect public health and safety.
- Encourages cooperation of member states in regulating multi-state OT practice.
- Supports spouses of relocating military members.
- Enhances the exchange of licensure, investigative, and disciplinary information between member states.
- Allows a state to hold a provider practicing in that state via the compact accountable to that state's standards of practice.
- Facilitates the use of telehealth technology to provide OT services across state lines.

Section 2: Definitions

Establishes the definitions of key terms as used throughout the compact, to alleviate confusion on the part of practitioners and jurisdictions. Defined terms are capitalized throughout the document.

Section 3: State Participation in the Compact

This section establishes the duties of states participating in the compact.

A member state must:

- License occupational therapists and occupational therapy assistants.
- Participate in the compact commission's licensure database.
- Have a mechanism in place for receiving and investigating complaints against licensees.
- Notify the commission of any adverse action against or investigation of a licensee.
- Conduct criminal background checks of applicants for an initial compact privilege.
- Comply with the rules of the compact commission.
- Utilize only a recognized national exam as a requirement for an occupational therapist's and occupational therapy assistant's licensure.



- Require continuing education for license renewal.
- Grant the compact privilege to a holder of a valid license in another member state.
- Provide for the state's delegate to attend all compact commission meetings.

States may charge a fee for granting the compact privilege.

A licensee may only access the compact privilege if their *primary state of residence* joins the compact.

A state's requirements for issuance of a single-state license are not affected.

Section 4: Compact Privilege

Section 4 establishes licensees' requirements for exercising the compact privilege to practice occupational therapy in a remote state.

To exercise the compact privilege, a licensee must:

- Hold a license in their state of residence, which *must be a member of the compact*.
- Have a social security number or NPI.
- Have no encumbrance on any state license or compact privilege in the previous two years.
- Notify the compact commission of their intent to seek the compact privilege in a remote state.
- Meet any jurisprudence requirements in the remote state and pay any fees.
- Report to the commission any adverse action taken by a non-member state within 30 days after the action is taken.

A license providing occupational therapy in a remote state under the privilege to practice shall function within the laws and regulations of the remote state.

A licensee providing occupational therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, and/or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a privilege to practice in any state until the specific time for removal has passed and all fines are paid.

If a practitioner's home state license is encumbered, the practitioner shall remain ineligible for the compact privilege in any remote state until two years have passed from the date the home state license is no longer encumbered.

If a practitioner's compact privilege in any remote state is removed, they may lose the compact privilege in any other remote state. The licensee may remain ineligible for the compact privilege in any other remote state until two years have elapsed for the period which the compact privilege was removed and all fines and conditions, if any, have been met.

Section 5: Obtaining a New Home State License by Virtue of Compact Privilege

This section creates an alternative pathway to licensure for compact privilege holders who change their primary state of residence between compact member states.



A licensee may obtain a new home state license by virtue of their compact privilege in their new home state in accordance with Rules established by the Commission.

The licensee will be required to complete a new FBI Fingerprint based criminal background check, any state required criminal background check, and submit to any jurisprudence requirements of the new home state.

If a practitioner moves from a non-member state to a member state, or from a member state to a non-member state, the practitioner must apply for a single-state license in the new state, under the new state's licensure requirements.

Licensees may hold more than one single-state license at the same time, but only the license tied to the primary state of residence may serve as the licensee's "home state" license for the purposes of the compact.

Nothing in the compact affects a member state's requirements for issuance of a *single-state* license.

Section 6: Active Duty Military Personnel or their Spouses

This section allows an active duty servicemember, or their spouse, to designate a home state where the individual has a current license in good standing. This state then serves as the individual's home state for as long as the servicemember is on active duty.

Section 7: Adverse Actions

This section clarifies that *only* a licensee's home state may take adverse action against a *home state* license.

However, remote states may take adverse action against a licensee's compact privilege in that state and may issue enforceable subpoenas for witnesses and evidence from other member states.

Home states must take reported adverse action from any member state into account, in accordance with the home state's own laws.

If an occupational therapist or occupational therapy assistant changes their home state during an active investigation by their former home state, the former home state completes the investigation, takes appropriate action under its laws, and then reports its findings to the compact commission's data system. The data system administrator then notifies the licensee's new home state of any adverse action taken by the former home state.

Member states may initiate joint investigations of licensees and are required to share investigative materials in furtherance of any joint *or* single-state investigation of a licensee.

Member states must report any adverse action to the compact data system, which then promptly alerts the home state of this adverse action.

Any member state may take adverse action based on the factual findings of a remote state.

Member states retain the right to require a licensee to participate in an alternative program for health-related concerns in lieu of adverse action.



Section 8: Establishment of the Occupational Therapy Compact Commission

This section outlines the composition and powers of the compact commission and executive committee. The compact is not a waiver of sovereign immunity.

- Each member state is entitled to exactly one delegate, who is selected by the member state's licensing board from among the board's members and employees.
- Each delegate has one (1) vote on commission rules and bylaws.
- The commission may establish a term of office, code of ethics, bylaws, rules, a budget and financial records in order to carry out the compact.
- The commission may elect an executive committee composed of seven delegates, one member of a national occupational therapy professional organization, and one member of a national occupational therapy certification organization.
- All commission meetings shall be open to the public unless confidential or privileged information must be discussed.

Section 9: Data System

This section requires the sharing of licensee information by all compact states.

A compact state shall submit a uniform dataset to the data system on all occupational therapists and occupational therapy assistants to whom this compact is applicable as required by the rules of the commission. This database will allow for the expedited sharing of disciplinary information.

Investigative information pertaining to a licensee in any member state will only be available to other Member States.

A member state may designate information submitted to the data system that may not be shared with the public without the express permission of that member state.

Section 10: Rulemaking

- Rules carry the force of law in all member states.
- A simple majority of member state legislatures may veto a rule of the commission.
- Changes to rules require a 30-day notice of proposed rulemaking, with an opportunity for a public hearing if one is requested by 25 people, by an association having at least 25 members, or by a government agency.
- If the commission takes an action that is beyond the scope of the compact, the action is invalid and has no force and effect.

Section 11: Oversight, Dispute Resolution, and Enforcement

Ensures compliance with the compact by member states. The procedures to be followed in the event of a failure by a member state to comply with the compact include:

- A period of technical assistance in remedying the situation;
- Dispute resolution, including mediation and binding processes; and
- Termination from the compact if no other means of compliance is successful.



The commission shall attempt to resolve any compact-related disputes that may arise between states.

Section 12: Date of Implementation, Withdrawal, and Amendment

The compact takes effect on the date of enactment by the tenth state.

States that join after this date are subject to the rules of the commission as they exist on the date when the compact becomes law in that state.

Member states may enact a law to repeal their membership in the compact. A state's withdrawal takes effect 6 months after enactment of such law.

Section 13: Construction and Severability

The compact is to be liberally construed to effectuate its purposes.

The compact's provisions are severable, meaning that:

- If a provision is declared to conflict with the United States constitution, all other provisions remain valid for all member states, and
- If a provision is held contrary to a member state's constitution, the compact retains its full force in all other states, and all other provisions remain valid in the affected state.

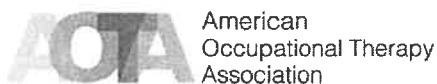
Section 14: Binding Effect of Compact and Other Laws

This section reiterates that occupational therapists and occupational therapy assistants are subject to the scope of practice of the state in which they are exercising the compact privilege.

Reiterates that rules and bylaws of the commission are binding on member states.

According to legal precedent, if a conflict exists between a state law and the compact, the state law is superseded to the extent of the conflict.

The Occupational Therapy Licensure Compact is a joint initiative by AOTA and NBCOT®



Profession	Board Requirements Pre-COVID	COVID Process per Executive Order 57 Effective March 12, 2020	Recommendations
Occupational Therapist Occupational Therapy Assistant	<ul style="list-style-type: none"> • Form B / Employment Verification • Verification of Professional Education (School Transcripts) – Primary source verified • If foreign trained, program director’s verification and TOEFL, if applicable – Primary source verified • Verification of NBCOT credentials – primary source only • Other state license verification – primary source only • NPDB Self-Query Report - Mailed and primary source only • Non-routine questions #4-14 answered on application require supporting documentation from the applicant. • Required documents received at the Board must be primary source verified, and may be electronically transmitted from the source to the licensing specialist. 	<p style="text-align: center;">WAIVED</p> <ul style="list-style-type: none"> • Form B / Employment Verification 	

Commonwealth of Virginia



REGULATIONS

GOVERNING THE LICENSURE OF OCCUPATIONAL THERAPISTS

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-80-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia***

Revised Date: March 5, 2020

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(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

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Part I. General Provisions.

18VAC85-80-10. Definitions.

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"NBCOT" means the National Board for Certification in Occupational Therapy, under which the national examination for certification is developed and implemented.

"National examination" means the examination prescribed by NBCOT for certification as an occupational therapist or an occupational therapy assistant and approved for licensure in Virginia.

"Occupational therapy personnel" means appropriately trained individuals who provide occupational therapy services under the supervision of a licensed occupational therapist.

18VAC85-80-20. Public participation.

A separate regulation, 18VAC85-10-10 et seq., Public Participation Guidelines, provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine

18VAC85-80-25. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when sent to the latest address of record provided or served to the licensee. Any change of name or address of

record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-80-26. Fees.

A. The following fees have been established by the board:

1. The initial fee for the occupational therapist license shall be \$130; for the occupational therapy assistant, it shall be \$70.
2. The fee for reinstatement of the occupational therapist license that has been lapsed for two years or more shall be \$180; for the occupational therapy assistant, it shall be \$90.
3. The fee for active license renewal for an occupational therapist shall be \$135; for an occupational therapy assistant, it shall be \$70. The fees for inactive license renewal shall be \$70 for an occupational therapist and \$35 for an occupational therapy assistant. Renewals shall be due in the birth month of the licensee in each even-numbered year. For 2020, the fee for renewal of an active license as an occupational therapist shall be \$108; for an occupational therapy assistant, it shall be \$54. For renewal of an inactive license in 2020, the fees shall be \$54 for an occupational therapist and \$28 for an occupational therapy assistant.
4. The additional fee for processing a late renewal application within one renewal cycle shall be \$50 for an occupational therapist and \$30 for an occupational therapy assistant.
5. The fee for a letter of good standing or verification to another state for a license shall be \$10.
6. The fee for reinstatement of licensure pursuant to §54.1-2408.2 of the Code of Virginia shall be \$2,000.
7. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.
8. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
9. The fee for an application or for the biennial renewal of a restricted volunteer license shall be \$35, due in the licensee's birth month. An additional fee for late renewal of licensure shall be \$15 for each renewal cycle.

B. Unless otherwise provided, fees established by the board shall not be refundable.

Part II. Requirements of Licensure as an Occupational Therapist.

18VAC85-80-30. (Repealed)

18VAC85-80-35. Application requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-80-26.

2. Verification of professional education in occupational therapy as required in 18VAC85-80-40.
3. Verification of practice as required in 18VAC85-80-60 and as specified on the application form.
4. Documentation of passage of the national examination as required in 18VAC85-80-50.
5. If licensed or certified in any other jurisdiction, verification that there has been no disciplinary action taken or pending in that jurisdiction.

18VAC85-80-40. Educational requirements.

A. An applicant who has received his professional education in the United States, its possessions or territories, shall successfully complete all academic and fieldwork requirements of an accredited educational program as verified by the ACOTE.

B. An applicant who has received his professional education outside the United States, its possessions or territories, shall successfully complete all academic and clinical fieldwork requirements of a program approved by a member association of the World Federation of Occupational Therapists as verified by the candidate's occupational therapy program director and as required by the NBCOT and submit proof of proficiency in the English language by passing the Test of English as a Foreign Language (TOEFL) with a score acceptable to the board. TOEFL may be waived upon evidence of English proficiency.

C. An applicant who does not meet the educational requirements as prescribed in subsection A or B of this section but who has received certification by the NBCOT as an occupational therapist or an occupational therapy assistant shall be eligible for licensure in Virginia and shall provide the board verification of his education, training and work experience acceptable to the board.

18VAC85-80-45. Practice by a graduate awaiting examination results.

A. A graduate of an accredited occupational therapy educational program may practice with the designated title of "Occupational Therapist, License Applicant" or "O.T.L.-Applicant" until he has received a failing score on the licensure examination from NBCOT or for six months from the date of graduation, whichever occurs sooner. The graduate shall use one of the designated titles on any identification or signature in the course of his practice.

B. A graduate of an accredited occupational therapy assistant educational program may practice with the designated title of "Occupational Therapy Assistant-License Applicant" or "O.T.A.-Applicant" until he has received a failing score on the licensure examination from NBCOT or for six months from the date of graduation, whichever occurs sooner. The graduate shall use one of the designated titles on any identification or signature in the course of his practice.

18VAC85-80-50. Examination requirements.

A. An applicant for licensure to practice as an occupational therapist shall submit evidence to the board that he has passed the certification examination for an occupational therapist and any other examination required for initial certification from the NBCOT.

B. An applicant for licensure to practice as an occupational therapy assistant shall submit evidence to the board that he has passed the certification examination for an occupational therapy assistant and any other examination required for initial certification from the NBCOT.

18VAC85-80-60. Practice requirements.

An applicant who has been practicing occupational therapy in another jurisdiction and has met the requirements for licensure in Virginia shall provide evidence that he has engaged in the active practice of occupational therapy as defined in 18VAC85-80-10. If the applicant has not engaged in active practice as defined in 18VAC85-80-10, he shall serve a board-approved practice of 160 hours, which is to be completed within 60 consecutive days, under the supervision of a licensed occupational therapist.

18VAC85-80-61. (Repealed.)

18VAC85-80-65. Registration for voluntary practice by out-of-state licensees.

Any occupational therapist or an occupational therapy assistant who does not hold a license to practice in Virginia and who seeks registration to practice under subdivision 27 of §54.1-2901 of the Code of Virginia on a voluntary basis under the auspices of a publicly supported, all volunteer, nonprofit organization that sponsors the provision of health care to populations of underserved people shall:

1. File a complete application for registration on a form provided by the board at least five business days prior to engaging in such practice. An incomplete application will not be considered;
2. Provide a complete record of professional licensure in each state in which he has held a license and a copy of any current license;
3. Provide the name of the nonprofit organization, the dates and location of the voluntary provision of services;
4. Pay a registration fee of \$10; and
5. Provide a notarized statement from a representative of the nonprofit organization attesting to its compliance with provisions of subdivision 27 of §54.1-2901 of the Code of Virginia.

Part III. Renewal of Licensure; Reinstatement.

18VAC85-80-70. Biennial renewal of licensure.

A. An occupational therapist or an occupational therapy assistant shall renew his license biennially during his birth month in each even-numbered year by:

1. Paying to the board the renewal fee prescribed in 18VAC85-80-26;

2. Indicating that he has been engaged in the active practice of occupational therapy as defined in 18VAC85-80-10; and

3. Attesting to completion of continued competency requirements as prescribed in 18VAC85-80-71.

B. An occupational therapist or an occupational therapy assistant whose license has not been renewed by the first day of the month following the month in which renewal is required shall pay an additional fee as prescribed in 18VAC85-80-26.

18VAC85-80-71. Continued competency requirements for renewal of an active license.

A. In order to renew an active license biennially, a practitioner shall complete at least 20 contact hours of continuing learning activities as follows:

1. A minimum of 10 of the 20 hours shall be in Type 1 activities, which shall consist of an organized program of study, classroom experience, or similar educational experience that is related to a licensee's current or anticipated roles and responsibilities in occupational therapy and approved or provided by one of the following organizations or any of its components:

a. Virginia Occupational Therapy Association;

b. American Occupational Therapy Association;

c. National Board for Certification in Occupational Therapy;

d. Local, state, or federal government agency;

e. Regionally accredited college or university;

f. Health care organization accredited by a national accrediting organization granted authority by the Centers for Medicare and Medicaid Services to assure compliance with Medicare conditions of participation; or

g. An American Medical Association Category 1 Continuing Medical Education program.

2. No more than 10 of the 20 hours may be Type 2 activities, which may include consultation with another therapist, independent reading or research, preparation for a presentation, or other such experiences that promote continued learning. Up to two of the Type 2 continuing education hours may be satisfied through delivery of occupational therapy services, without compensation, to low-income individuals receiving services through a local health department or a free clinic organized in whole or primarily for the delivery of health services. One hour of continuing education may be credited for three hours of providing such volunteer services as documented by the health department or free clinic.

B. A practitioner shall be exempt from the continuing competency requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The practitioner shall retain in his records all supporting documentation for a period of six years following the renewal of an active license.

D. The board shall periodically conduct a representative random audit of its active licensees to determine compliance. The practitioners selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements for up to one year for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

18VAC85-80-72. Inactive licensure.

A. A licensed occupational therapist or an occupational therapy assistant who holds a current, unrestricted license in Virginia shall, upon a request on the renewal application and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be required to maintain hours of active practice or meet the continued competency requirements of 18VAC85-80-71 and shall not be entitled to perform any act requiring a license to practice occupational therapy in Virginia.

B. An inactive licensee may reactivate his license upon submission of the following:

1. An application as required by the board;

2. A payment of the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure;

3. If the license has been inactive for two to six years, documentation of having engaged in the active practice of occupational therapy or having completed a board-approved practice of 160 hours within 60 consecutive days under the supervision of a licensed occupational therapist; and

4. Documentation of completed continued competency hours equal to the requirement for the number of years, not to exceed four years, in which the license has been inactive.

C. An occupational therapist or an occupational therapy assistant who has had an inactive license for six years or more and who has not engaged in active practice, as defined in 18VAC85-80-10, shall serve a board-approved practice of 320 hours to be completed in four consecutive months under the supervision of a licensed occupational therapist.

D. The board reserves the right to deny a request for reactivation to any licensee who has been determined to have committed an act in violation of §54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-80-73. Restricted volunteer license.

- A. An occupational therapist or an occupational therapy assistant who held an unrestricted license issued by the Virginia Board of Medicine or by a board in another state as a licensee in good standing at the time the license expired or became inactive may be issued a restricted volunteer license to practice without compensation in a clinic that is organized in whole or in part for the delivery of health care services without charge in accordance with §54.1-106 of the Code of Virginia.
- B. To be issued a restricted volunteer license, an occupational therapist or occupational therapy assistant shall submit an application to the board that documents compliance with requirements of §54.1-2928.1 of the Code of Virginia and the application fee prescribed in 18VAC85-80-26.
- C. The licensee who intends to continue practicing with a restricted volunteer license shall renew biennially during his birth month, meet the continued competency requirements prescribed in subsection D of this section, and pay to the board the renewal fee prescribed in 18VAC85-80-26.
- D. The holder of a restricted volunteer license shall not be required to attest to hours of continuing education for the first renewal of such a license. For each renewal thereafter, the licensee shall attest to obtaining 10 hours of continuing education during the biennial renewal period with at least five hours of Type 1 and no more than five hours of Type 2 as specified in 18VAC85-80-71.

18VAC85-80-80. Reinstatement.

- A. An occupational therapist or an occupational therapy assistant who allows his license to lapse for a period of two years or more and chooses to resume his practice shall submit a reinstatement application to the board and information on any practice and licensure or certification in other jurisdictions during the period in which the license was lapsed, and shall pay the fee for reinstatement of his licensure as prescribed in 18VAC85-80-26.
- B. An occupational therapist or an occupational therapy assistant who has allowed his license to lapse for two years but less than six years, and who has not engaged in active practice as defined in 18VAC85-80-10, shall serve a board-approved practice of 160 hours to be completed in two consecutive months under the supervision of a licensed occupational therapist.
- C. An occupational therapist or an occupational therapy assistant who has allowed his license to lapse for six years or more, and who has not engaged in active practice, shall serve a board-approved practice of 320 hours to be completed in four consecutive months under the supervision of a licensed occupational therapist.
- D. An applicant for reinstatement shall meet the continuing competency requirements of 18VAC85-80-71 for the number of years the license has been lapsed, not to exceed four years.
- E. An occupational therapist or an occupational therapy assistant whose license has been revoked by the board and who wishes to be reinstated shall make a new application to the board and payment of the fee for reinstatement of his license as prescribed in 18VAC85-80-26 pursuant to §54.1-2408.2 of the Code of Virginia.

Part IV. Practice of Occupational Therapy.

18VAC85-80-90. General responsibilities.

A. An occupational therapist renders services of assessment, program planning, and therapeutic treatment upon request for such service. The practice of occupational therapy includes therapeutic use of occupations for habilitation and rehabilitation to enhance physical health, mental health, and cognitive functioning. The practice of occupational therapy may include supervisory, administrative, educational or consultative activities or responsibilities for the delivery of such services.

B. An occupational therapy assistant renders services under the supervision of an occupational therapist that do not require the clinical decision or specific knowledge, skills and judgment of a licensed occupational therapist and do not include the discretionary aspects of the initial assessment, evaluation or development of a treatment plan for a patient.

18VAC85-80-100. Individual responsibilities.

A. An occupational therapist provides assessment by determining the need for, the appropriate areas of, and the estimated extent and time of treatment. His responsibilities include an initial screening of the patient to determine need for services and the collection, evaluation and interpretation of data necessary for treatment.

B. An occupational therapist provides program planning by identifying treatment goals and the methods necessary to achieve those goals for the patient. The therapist analyzes the tasks and activities of the program, documents the progress, and coordinates the plan with other health, community or educational services, the family and the patient. The services may include but are not limited to education and training in basic and instrumental activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); the design, selection, and use of adaptive equipment and assistive technologies; therapeutic activities to enhance functional performance; vocational evaluation and training; and consultation concerning the adaptation of physical, sensory, and social environments.

C. An occupational therapist provides the specific activities or therapeutic methods to improve or restore optimum functioning, to compensate for dysfunction, or to minimize disability of patients impaired by physical illness or injury, emotional, congenital or developmental disorders, or by the aging process.

D. An occupational therapy assistant is responsible for the safe and effective delivery of those services or tasks delegated by and under the direction of the occupational therapist. Individual responsibilities of an occupational therapy assistant may include:

1. Participation in the evaluation or assessment of a patient by gathering data, administering tests, and reporting observations and client capacities to the occupational therapist;
2. Participation in intervention planning, implementation, and review;
3. Implementation of interventions as determined and assigned by the occupational therapist;

4. Documentation of patient responses to interventions and consultation with the occupational therapist about patient functionality;
5. Assistance in the formulation of the discharge summary and follow-up plans; and
6. Implementation of outcome measurements and provision of needed patient discharge resources.

18VAC85-80-110. Supervisory responsibilities of an occupational therapist.

A. Delegation to an occupational therapy assistant.

1. An occupational therapist shall be ultimately responsible and accountable for patient care and occupational therapy outcomes under his clinical supervision.
2. An occupational therapist shall not delegate the discretionary aspects of the initial assessment, evaluation or development of a treatment plan for a patient nor shall he delegate any task requiring a clinical decision or the knowledge, skills, and judgment of a licensed occupational therapist.
3. Delegation shall only be made if, in the judgment of the occupational therapist, the task or procedures do not require the exercise of professional judgment, can be properly and safely performed by an appropriately trained occupational therapy assistant, and the delegation does not jeopardize the health or safety of the patient.
4. Delegated tasks or procedures shall be communicated to an occupational therapy assistant on a patient-specific basis with clear, specific instructions for performance of activities, potential complications, and expected results.

B. The frequency, methods, and content of supervision are dependent on the complexity of patient needs, number and diversity of patients, demonstrated competency and experience of the assistant, and the type and requirements of the practice setting. The occupational therapist providing clinical supervision shall meet with the occupational therapy assistant to review and evaluate treatment and progress of the individual patients at least once every tenth treatment session or 30 calendar days, whichever occurs first. For the purposes of this subsection, group treatment sessions shall be counted the same as individual treatment sessions.

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

D. The occupational therapy assistant shall document in the patient record any aspects of the initial evaluation, treatment plan, discharge summary, or other notes on patient care performed by the assistant. The supervising occupational therapist shall countersign such documentation in the patient record at the time of the review and evaluation required in subsection B of this section.

18VAC85-80-111. Supervision of unlicensed occupational therapy personnel.

A. Unlicensed occupational therapy personnel may be supervised by an occupational therapist or an occupational therapy assistant.

B. Unlicensed occupational therapy personnel may be utilized to perform:

1. Nonclient-related tasks including, but not limited to, clerical and maintenance activities and the preparation of the work area and equipment; and
2. Certain routine patient-related tasks that, in the opinion of and under the supervision of an occupational therapist, have no potential to adversely impact the patient or the patient's treatment plan.

Part V. Standards of Professional Conduct.

18VAC85-80-120. (Repealed.)

18VAC85-80-130. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-80-140. Patient records.

A. Practitioners shall comply with provisions of § 32.1-127.1:03 related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible and complete patient records;

D. Practitioners who are employed by a health care institution, school system or other entity, in which the individual practitioner does not own or maintain his own records, shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner does own and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child, including immunizations, shall be maintained until the child reaches the age of 18 or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. From October 19, 2005, post information or in some manner inform all patients concerning the time frame for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

F. When a practitioner is closing, selling or relocating his practice, he shall meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC85-80-150. Practitioner-patient communication; termination of relationship.

A. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.

2. A practitioner shall not deliberately make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a treatment or procedure provided or directed by the practitioner in the treatment of any disease or condition.

3. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. Termination of the practitioner/patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.

2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-80-160. Practitioner responsibility.

A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or their area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner/patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in A 3 of this section.

18VAC85-80-170. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes, but is not limited to, sexual behavior or verbal or physical behavior which:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the patient-practitioner relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient does not change the nature of the conduct nor negate the statutory prohibition.

C. Sexual contact between a practitioner and a former patient.

Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, key third party of a patient shall mean: spouse or partner, parent or child, guardian, or legal representative of the patient.


E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge or influence derived from the

professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-80-180. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

Rev. 08/21 OCCUPATIONAL THERAPIST / OCCUPATIONAL THERAPY ASSISTANT

 <p style="font-size: 1.2em; margin: 0;">Virginia Department of Health Professions</p>	<p>Board of Medicine 9960 Mayland Drive, Suite 300 Phone: (804) 367-4600 Henrico, Virginia 23233-1463 Fax: (804) 527-4426 Email: medbd@dhp.virginia.gov</p>
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Application for a License to Practice as a (circle one) Occupational Therapist or an Occupational Therapy Assistant

I hereby make application for a license to practice as an occupational therapist / occupational therapy assistant in the Commonwealth of Virginia and submit the following statements:

Last	First	Middle
Date of Birth ____/____/____	Social Security/VA Control #	Maiden Name if Applicable
Professional School Name & Location	Professional School Graduation Date ____/____/____	Professional School Degree
Public Address: This address will be public information:	Street No. or PO Box	City, State, Zip Code
Board Address: This address will be used for Board Correspondence and may be the same or different from the public address.	Street No. or PO Box	City, State, Zip Code

Please submit address changes in writing immediately to medbd@dhp.virginia.gov

Please accompany with this application a check or money order made payable to the Treasurer of Virginia in the required amount. If the money does not accompany the application, the application will be returned. Please submit address changes in writing immediately. Occupational Therapist Application Fee \$130.00 Occupational Therapist Assistant Application Fee \$70.00

*In accordance with §54.1-116 in the Code of Virginia, you are required to submit your Social Security number/Control number (issued by the Virginia Department of Motor Vehicles.). This number will be used by the Department of Health Professions for identification purposes only and will not be disclosed for any other purposes except as mandated by law. Federal and State law requires that this number be shared with other state agencies for child support enforcement activities. **Failure to disclose this number will result in the denial of a license to practice in the Commonwealth of Virginia.**

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY:

Applicant #	Check #	Class #	Fee
		0131	\$70.00
		0126	\$130.00

2. List in chronological order all professional practices including each location of service since graduation, including absences from work. Also list all periods of non-professional activity or employment. **PLEASE ACCOUNT FOR ALL TIME.** If engaged in private practice, list all clinical affiliations.

From	To	Name & Location	Position Held

3. Please provide a telephone number where you can be reached during the day. This information is not mandatory and if provided will not be used for any purpose other than as a contact if the program specialist has questions about your application.

Home #:	Work #:	Email Address:

4. List all jurisdictions in which you have been issued a license, certificate, or registration to practice as an occupational therapist / occupational therapy assistant. Include the number and date issued of all active, inactive, expired, suspended or revoked licenses.

Jurisdiction	Number Issued	Active/Inactive/Expired

QUESTIONS MUST BE ANSWERED. If any of the following questions (5-16) is answered **Yes**, explain and substantiate with documentation.

5. Have you ever been denied a license or the privilege of taking a licensure /competency examination by any testing entity or licensing authority ? Yes No

6. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) **Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.** Yes No

7. Have you ever been denied clinical privileges or voluntarily surrendered your clinical privileges while under investigation, been censured or warned or been requested to withdraw from any professional school, training program, hospital, healthcare facility, healthcare provider, or been terminated from employment or resigned in lieu of termination? Yes No

8. Have you requested a current report (Self Query) from NPDB? Yes No

9. Do you have any pending disciplinary actions against your professional license/certification/permit/registration? related to your practice of occupational therapy? Yes No

10. Have you voluntarily withdrawn from any professional society while under investigation? Yes No

11. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a professional manner? Yes No

12. Within the past five years, have you been disciplined by any entity? Yes No

13. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing (assistant) occupational therapist. Yes No

14. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing (assistant) occupational therapist. Yes No

15. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing (assistant) occupational therapist. Yes No

16. Within the past 5 years, have any condition or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? Yes No

Military Service:

18. Are you a spouse of someone who is on a federal active duty orders pursuant to Title 10 of the U.S. Code or of a veteran who has left active-duty service within one year of submission of this application and who is accompanying your spouse to Virginia or an adjoining state of the District of Columbia? Yes No

19. Are you active duty military? Yes No

Claims History:

If you have had malpractice cases brought against you (pending or closed), please provide details of each case.

Have you had any malpractice suits brought against you in the past ten (10) years? Yes No

20. AFFIDAVIT OF APPLICANT

I, _____, am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of individuals and groups listed above, any information which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice occupational therapy in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of my profession which are available at www.dhp.virginia.gov and I understand that fees submitted as part of the application process shall not be refunded.

Signature of Applicant

Date

Advisory Board on:

Behavioral Analysts			10:00 a.m.
Mon - January 31	May 23	September 19	
Genetic Counseling			1:00 p.m.
Mon - January 31	May 23	September 19	
Occupational Therapy			10:00 a.m.
Tues - February 1	May 24	September 20	
Respiratory Care			1:00 p.m.
Tues - February 1	May 24	September 20	
Acupuncture			10:00 a.m.
Wed - February 2	May 25	September 21	
Radiological Technology			1:00 p.m.
Wed - February 2	May 25	September 21	
Athletic Training			10:00 a.m.
Thurs - February 3	May 26	September 22	
Physician Assistants			1:00 p.m.
Thurs - February 3	May 26	September 22	
Midwifery			10:00 a.m.
Fri - February 4	May 27	September 23	
Polysomnographic Technology			1:00 p.m.
Fri - February 4	May 27	September 23	
Surgical Assisting			10:00 a.m.
Mon - February 7	Tues - May 31	September 26	