

2nd AGENDA

OCCUPATIONAL THERAPY LICENSING BOARD

October 21, 2014 – 9:00 a.m.

Room 474 – 4th Floor

Heber M. Wells Building

160 E. 300 S. Salt Lake City, Utah

This agenda is subject to change up to 24 hours prior to the meeting.

ADMINISTRATIVE BUSINESS:

1. Sign Per Diem
2. Call Meeting to Order
3. Introduction of new Bureau manager, Dr. Suzette Farmer
4. Review and approve May 6, 2014 minutes

BOARD BUSINESS/DISCUSSION ITEMS:

9:30 a.m. - Martine Peeters – licensure application

10:00 a.m.- Presentation review, Utah Code Section 36-23-107, Sunrise or Sunset review criteria

-Review proposed 2015 Board meeting schedule

Note: In compliance with the Americans with Disabilities Act, individuals needing special accommodations (including auxiliary communicative aids and services) during this meeting should notify, Dave Taylor, ADA Coordinator, at least three working days prior to the meeting. Division of Occupational & Professional Licensing, 160 East 300 South, Salt Lake City, Utah 84115, 801-530-6628 or toll-free in Utah only 866-275-3675

REVISED CHECKLIST FOR PUBLIC MEETINGS

(Fill in the blanks to correspond to each respective board, commission, or committee.)

I am, Leslie Adler, chairperson of the Occupational Therapy Licensing Board.

I would like to call this meeting of the Occupational Therapy Licensing Board to order.

It is now (time) 9:01 am/pm on 10/21/2014

This meeting is being held in 474 of Heber Wells Building, 160 E 300 S, Salt Lake City UT.

Notice of this meeting was provided as required under Utah's Open Meeting laws.

In compliance with Utah's Open Meetings laws, this meeting is being recorded in its entirety. The recording will be posted to the Utah Public Notice Website no later than three business days following the meeting.

In compliance with Utah's Open Meeting laws, written minutes will also be prepared of this meeting. Appropriately marked "pending approval" minutes will be available to the public no later than 30 days after the close of the meeting. "Approved" minutes will be posted to the Utah Public Notice Website no later than three business days after approval.

The following Board members are in attendance:

	YES	NO
<u>Leslie Adler</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Mary Gainer</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Loriann Helgeson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Van A. Neilson</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>JoAnne Wright, Ph.D.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The following Board members are absent: (Refer to the above list.)

The following individuals representing DOPL and the Department of Commerce are in attendance:

	YES	NO
<u>Mark B. Steinagel</u> , Division Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Suzette Farmer</u> , Bureau Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Shirlene Kimball</u> , Board Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Dave Taylor</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Ray Walker</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

We welcome any visitors and interested persons at this time. Please be sure to sign the attendance report for the meeting and identify yourself before speaking.

As a courtesy to everyone participating in this meeting, at this time we ask for all cell phones, pagers, and other electronic devices to be turned off or changed to silent mode.

Board motions and votes will be recorded in the minutes.

Let us now proceed with the agenda.

(End of the Meeting) It is now (time) _____ (am / pm), and this meeting is adjourned.

OTED® Application

NBCOT requires the Occupational Therapist Eligibility Determination (OTED®) as a method of determining if an applicant's completed education meets the eligibility requirements to take the certification exam. The OTED process allows applicants without a U.S.-accredited entry-level master's degree in occupational therapy to submit their OT education for an exam eligibility review. The criteria for submitting an OTED application requires an occupational therapist to complete education deemed comparable to current U.S. entry-level educational standards.

Applicants are required to complete the application, provide documentation demonstrating compliance with all eligibility criteria, and pay the appropriate application fee. The fee to apply is \$700 (USD).

Once the applicant has completed and been approved through the OTED process, they are eligible to apply for the NBCOT Certification Examination for OCCUPATIONAL THERAPIST REGISTERED OTR®.

Please Note: Graduates of U.S.-accredited entry-level master's programs are eligible to take the NBCOT Certification Examination for OCCUPATIONAL THERAPIST REGISTERED OTR® under the category of 'U.S. graduate.' These applicants are not required to submit an OTED application for exam eligibility.

Studying Abroad

Students from the United States who are considering studying abroad OR have already completed their entry-level master's degree in occupational therapy from outside the U.S. and are thinking about applying through the OTED® process must keep in mind the following:

- Completion of an OT educational program approved by the World Federation of Occupational Therapists (WFOT) is just one OTED eligibility requirement. Graduating from a WFOT-approved school does not guarantee OTED approval

to apply for the OCCUPATIONAL THERAPIST REGISTERED OTR® examination.

- Even if an OT meets the eligibility requirements to participate and be reviewed through the OTED process, completion of the review may or may not result in an OTED approval to apply for the OCCUPATIONAL THERAPIST REGISTERED OTR® examination.
- Each OTED applicant must fulfill ALL eligibility standards.

Inquiries related to the OTED process should be directed to international@nbcot.org.

[Terms and Conditions](#)

[Privacy Policy](#)

[Sitemap](#)

[Social Media Guidelines](#)

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Website By Boston Interactive

**BEFORE THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH**

IN THE MATTER OF THE REQUEST
FOR AGENCY REVIEW OF

Martine Peeters,

PETITIONER

ORDER OF REMAND

DOPL

This matter came before the Executive Director of the Department of Commerce upon a request for agency review filed by Petitioner Martine Peeters on September 2, 2014. Petitioner challenged an order of the Division of Occupational and Professional Licensing ("Division"), which denied her application for a license as an occupational therapist.

While agency review proceedings were pending, however, the parties agreed that a remand of this matter to the Division was appropriate, allowing the Division to review Petitioner's application under the licensure by endorsement requirements.

As the parties have agreed that a remand is appropriate, this matter is hereby remanded to the Division for further proceedings.

DATED this 24th day of September, 2014.


Francine A. Giani, Executive Director
Department of Commerce

CERTIFICATE OF MAILING

I certify that on the 24 day of September, 2014, the undersigned mailed a true and correct copy of the foregoing Order of Remand by first class mail to:

JAMES R TANNER ESQ
TANNER LAW OFFICE PLLC
250 S MAIN
TOOELE UT 84074

and caused a copy to be electronically mailed to:

Mark Steinagel, Director (msteinagel@utah.gov)
David Taylor, Acting Bureau Manager (dbtaylor@utah.gov)
Division of Occupational and Professional Licensing
160 East 300 South
Salt Lake City, UT 84111

Ron Kunzler, Assistant Attorney General (rkunzler@utah.gov)
Office of the Attorney General
160 East 300 South
Salt Lake City, UT 84111


Julie Price
Administrative Assistant

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

Date: 07/17/14
Receipt Number: 8649281

Amount Paid:	5.00
Official Use Only	
Number:	9094719-4201 MTH
Date Approved/Denied:	9-2-14
Approved/Denied By:	MTH

- Occupational Therapy Assistant
 Occupational Therapist

APPLICANT INFORMATION

Full Legal Name: MARTINE JOZEF PEETERS
First Middle Last

All Previous Legal Names: NONE

Other DOPL Licenses Held: NONE

SSN: _____ Date of Birth: _____ Gender: Male Female

Address: _____
Street Address (including Apt/Unit/Site #) and/or PO Box
City _____ State _____ ZIP Code 76212

Phone: _____ Email: bej

Please Select ONE:

- I am a United States citizen OR a non-citizen of the United States who is lawfully present.
 I am a foreign national not physically present in the United States.
 None of the above, please explain: _____

Drivers License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Drivers License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of authorization to work in the United States.

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

JUL 17 2014

Signature of Applicant: [Signature] Date: 7/17/14

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

- | | | |
|-----|---|---|
| 1. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way? |
| 2. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction? |
| 3. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are you currently under investigation or is any disciplinary action pending against you now by any local, state or federal licensing, enforcement or regulatory agency? |
| 4. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored? |
| 5. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse? |
| 6. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years? |
| 7. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws? |
| 8. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated? |
| 9. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do you currently have any criminal action pending?* |
| 10. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? * |
| 11. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?* |
| 12. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?* |

***NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.**

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

If you answered "Yes" to Questions 9,10,11 or 12 you must submit the following for **EACH** and **EVERY** incident:

- Personal account of the incident
- police report(s)
- court record(s)
- probation/parole officer report(s)

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

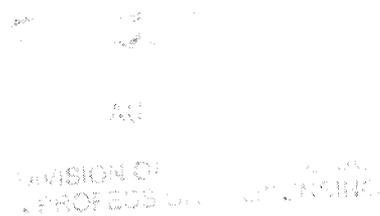
-
1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:
- Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
-
2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:
- Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
-
3. Is any action pending against you now by:
- Yes No a hospital or health care facility
 - Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 - Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 - Yes No malpractice insurance coverage
 - Yes No other entity: _____
-
4. Yes No Have you been named as a defendant in a malpractice suit?
-
5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?
-

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www/npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

Martine Peeters
138 Anita Court
Redlands, CA 92373
(909) 754 4960

July 28, 2014



State of Utah Department of Commerce
Division of Occupational and Professional Licensing
Heber M. Wells Building
160 East, 300 South
Salt Lake City, UT 84114

Re: Conditional Denial of Licensure

Dear Mrs Hyatt.

In response to your writing on July 10, 2014, I would like to request a reconsideration of the conditional denial of licensure for occupational therapist.

I have enclosed your letter of conditional denial of licensure for your reference.

Sincerely,

A handwritten signature in black ink, appearing to be "Martine Peeters", written over a faint circular stamp or watermark.

Martine Peeters



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

July 10, 2014

MARTINE JOZEF PEETERS
138 ANITA CRT
REDLANDS CA 92373

SUBJECT: CONDITIONAL DENIAL OF LICENSURE

Dear Applicant:

Notice of Incomplete Application and Conditional Denial of Licensure:

Your application for licensure as a Occupational Therapist is incomplete and **is denied unless you respond** and correct the deficiencies in your application **no later than August 10, 2014; your response deadline.** This is the only notice you will receive.

Your application is incomplete because of the following deficiencies:

Official transcripts documenting graduation from an approved program ACOTE accredited:

- Bachelors or graduate degree if applying for an Occupational Therapist License

Note: Transcripts are considered "official" when they are sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap

Response Procedure:

Please respond by the deadline given above by submitting the item(s) listed above with a copy of this letter to:

Kaylene Hyatt
Division of Occupational and Professional Licensing
160 East 300 South, Box 146741
Salt Lake City, Utah 84114-6741

Failure to Timely Respond:

If you fail to respond by the deadline given above and later wish to obtain a license, you will be required to submit a new application and comply with the licensing requirements then in effect.

Presumption a Response is Complete:

Unless you specify otherwise, the Division will treat any response received from you by the deadline given above as a complete and final response, and may take final action immediately.

Questions or Request for Extension to Respond:

If you have any questions, or wish to request an extension of the deadline to respond given above, please call the person who signed this letter before your deadline to respond.

Due Process after Deadline to Respond:



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

GARY B. HERBERG
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

You may request agency review of the denial of your incomplete application for licensure, but: **(1) no earlier than the deadline given above to correct your incomplete application**, and **(2) no later than 30 days after the deadline to correct your incomplete application**. If you choose to file a request for agency review, you must adhere to the attached procedures.

Certificate of Mailing:

I certify that I properly served this document on the date of the letter by mailing it by first class mail with postage prepaid to the addressee shown above.

Sincerely,

Kaylene Hyatt
FOR THE BUREAU MANAGER
801-530-6628



Shirlene Kimball <skimball@utah.gov>

Occupational Therapy Board Meeting October 21, 2014

1 message

David Taylor <dbtaylor@utah.gov>

Thu, Oct 16, 2014 at 5:48 PM

To: Shirlene Kimball <skimball@utah.gov>

To: Occupational Therapy Licensing Board

From: Dave Taylor, Acting Bureau Manager

Re: Martine Peeters

Ms Peeters is scheduled to meet with the board on October 21, 2014. The Division will be asking the board to make a recommendation as it relates to her request for licensure. Ms Peeters license was originally denied because she failed to provide documentation that she graduated from an approved education program that is ACOTE accredited.

Ms Peeters filed agency review of the denial. One of the areas Ms Peeters requested to be reviewed was licensure by endorsement. The Division agreed that the matter should be remanded back to the Division to review her request under license by endorsement and review the new information received with the agency review.

The first attachment is additional information received in the agency review. The second attachment is verifications received from the State of Florida and California while the agency review was pending.

The Division will be asking the board to make a recommendation if the foreign education is substantially equal to the education requirements of Utah.

Ms Peeters and/or her counsel are planning on attending the meeting for questions from the board, if needed.

The information contained in this electronic mail message is confidential information intended only for the use of the individual or entity named above and may be privileged. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (801) 530-6628 or by reply to this message. Also, please delete the original message. Thank you.

2 attachments

 **Martine Peeters Supple Info.pdf**
516K

 **Martine Peeters State Verifications.pdf**
65K

ATTACHMENTS	OFFER OF PROOF
1 DIPLOMA	Diploma and translation, dated 6/26/1992.
2 OCCUPATIONAL THERAPY CERTIFICATION FROM NBCOT	Peeters received occupational therapy certification from NBCOT on 10/23/1998.
3 FL LICENSE	FL license, dated 11/ 10/ 1998.
4 CA LICENSE	CA license, dated 7/24/2002.
5 TRANSLATION OF COPY OF TRANSCRIPT	Translation of copy of transcript, which was issued by the college attended by Peeters- sent to DOPPL (5/22/2014).
6 SURVEY OF CURRICULUM	Survey of Curriculum for Martine Peeters, Occupational Therapy Degree
7 EVALUATION OF CREDENTIALS	Evaluation of credentials for Martine Peeters by World Education Services
8 NBCOT LETTER OF ELIGIBILITY	Letter, dated March 30, 1998, confirming that Martine Peeters was eligible to take the National Certification exam
9 ACOTE LETTER	Letter, dated August 18, 2014 confirming that WFOT records equivalency in educational requirements for programs abroad and that the ACOTE recognized the approval status of occupational therapy programs offered in both the USA and Belgium.
10 LETTER FROM EMPLOYER	Letter, dated August 20, 2014, confirms Occupation Therapist employment history, including current employment, of Martine Peeters.

VLAAMSE GEMEENSCHAP - KONINKRIJK BELGIE
Ministerie van de Vlaamse Gemeenschap
Departement Onderwijs
Departement Welzijn, Volksgezondheid en Cultuur

HOGER INSTITUUT VOOR PARAMEDISCHE BEROEPEN

SINT-VINCENTIUS

SINT-LIEVENSPORSTRAAT 143 - 9000 GENT

Academiejaar : 1991 - 1992

Paramedisch Hoger Onderwijs van het korte type met volledig leerplan
Afdeling : FYSISCHE BEHANDELINGEN

zorgviseerd overeenkomstig de wet van 7 juli 1970 betreffende de algemene structuur van het hoger onderwijs en het koninklijk besluit van 3 november 1987 houdende al-
aen reglement van de studie in het hoger onderwijs van het korte type met volledig leerplan en het koninklijk besluit van 18 april 1965 houdende instelling van het diploma van
aduceerde in de kinesitherapie en van het diploma van gegraduateerde in de arbeidstherapie en vaststelling van de voorwaarden waaronder deze diploma's worden uitgereikt.
e examencommissie verklaart dat Peeters Martine geboren te Brecht
21.01.1971 met onderscheiding het eindexamen heeft afgelegd van de afdeling fysische behandelingen, die 3 studiejaar omvat.

t het vereist aantal uren stage werd volbracht.
t hij/zij een eindwerk heeft voorgedragen over Holistische ergotherapie in de acute psychiatrie.

telijke waarvan dit diploma wordt uitgereikt en de titel wordt verleend van **GEGRADUEERDE IN DE ARBEIDSTHERAPIE.**
Gent, 26.06.1992

zitter en de leden
examencommissie,

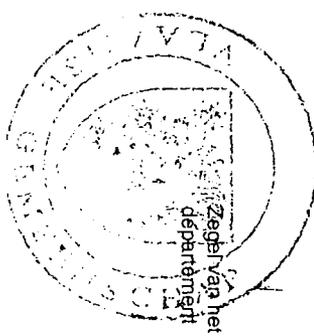
Namens de Gemeenschapsminister van Financiën en Begroting,
Gezondheidsinstellingen, Welzijn en Gezin,
De directeur-generaal, C.O.

De gediplomeerde,

ploma van
aduceerde in de arbeidstherapie,
d door PEETERS MARTINE,
ezien en werd ingeschreven in het naamregister
: Administratie Gezondheidszorg
het nummer 4209262016.
n, 01/02/93.



Namens de Gemeenschapsminister van Onderwijs
en Ambtenarenzaken,
De directeur-generaal,



National Board for Certification in Occupational Therapy, Inc.
12 S. Summit Ave., Suite 100, Gaithersburg, MD 20877-4150 • 301.330.7979 • 301.869.8492 fax
For certification purposes only. Subject to provisions of suspension or revocation.

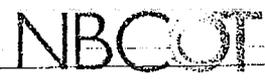
Certification Number

Certification Date:

Valid Through:

Issued To: MARTINE JOZEF PEETERS

Property of NBCOT, Inc.



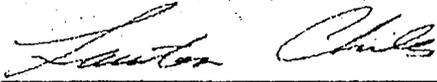
APR 0000 -1

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

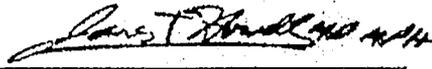
DATE	LICENSE NO.	CONTROL NO.
11/10/1998		

THE OCCUPATIONAL THERAPIST
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
EXPIRATION DATE: **JANUARY 31, 2001**

PEETERS, MARTINE JOZEF
C-O SUNBELT THERAPY SERVICES, INC



LAWTON CHILES
GOVERNOR



JAMES T. HOWELL, M.D., M.P.H.
SECRETARY

DISPLAY AS REQUIRED BY LAW

California Board of Occupational Therapy
2005 EVERGREEN STREET, SUITE 2050
SACRAMENTO, CA 95815-3831
(916) 263-2294 / 1-800-952-5210
www.bot.ca.gov



Occupational Therapist

LICENSE # EXPIRATION 01/31/15
MARTINE JOZEF PEETERS

ORIGINAL
ISSUANCE DATE
07/24/02

Signature _____

RECEIPT NO.
2355046J

Attendant

Statement of Accuracy

Translation of "MARTINE PEETERS _Certificate" from Dutch to English

We, Language Oasis LLC, a professional translation company, hereby certify, under penalty of perjury, that the document attached below is an accurate and true translation of the original document, which was performed by professional and qualified translators in the source and target languages specified hereabove.

This statement declares accuracy of the translation. We do not bear responsibility for the contents of the original document. Moreover, Language Oasis is not liable for how the translation is used by the customer or any third party, including end users of the translation.

State of Florida
County of Broward

The foregoing instrument was acknowledged before me this ____ day of _____,

By _____,
Who is personally known to me or who has produced _____ as
_____ as
Identification.

_____, Notary Public

Hania Taan Majzoub

General Manager

Language Oasis

June 25, 2014





Language Oasis LLC - www.languageoasis.com
888-670-3369 - support@languageoasis.com



Arteveldehogeschool
Member of Ghent University Association

ARTEVELDEHOGESCHOOL
15 Hoogpoort
9000 Ghent
Institution identification number: 116194

CERTIFICATE

The undersigned, Johan Veeckman, Director of the above-mentioned institution, confirms that the Examination Board of the Higher Institute of Paramedical Sciences Sint-Vincentius in Ghent conducted the finals exams of the Academic Year 1991-1992, and that the Department of Rehabilitation granted the Degree with Distinction in Occupational Therapy, category Allied Health Higher Education of Short-Type with full curriculum to MARTINE PEETERS, born in Brecht on 15/05/1968.

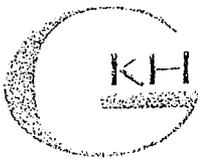
The above-mentioned Department included 3 years for the respective Academic Degree.

This certificate is replacing the lost or destroyed original diploma.

Issued in Ghent, May 22, 2014

(Signature)

Mr. Johan Veeckman
Director of Arteveldehogeschool



Katholieke Hogeschool
voor Gezondheidszorg
— Oost-Vlaanderen —
VZW

Sint-Lievenspoortstraat 143 B 9000 Gent
Tel. +32 (0) 24 62 09 Fax +32 (0) 23 99 02 Bank 417 051 051-13

10 MAART 1998

SURVEY OF CURRICULUM OCCUPATIONAL THERAPY
CATEGORY : Paramedical Education
TRANSCRIPT ISSUED FOR : Ms. Martine Peeters
DATE : 7 July 1997

Graduaat in de Ergotherapie
BACHELOR IN OCCUPATIONAL THERAPY

General Information on the Training of Occupational Therapy

As legally established and required, the training programme for the Graduate Diploma in Occupational Therapy takes 3 Academic Years of Higher Education and is open for 40 weeks per Academic Year.

Third year students have to make a final dissertation and defend it before a professional jury.

The Institute

The *Katholieke Hogeschool voor Gezondheidszorg Oost-Vlaanderen* that incorporates the former *Hoger Instituut voor Paramedische Beroepen Sint-Vincentius* is fully recognised by the national and regional legal authorities and government funded. All professions in health and rehabilitation meet the standards of the national and regional legal authorities, the professional bodies and the European Union.

Statement concerning Ms. Martine Peeters

Ms. Peeters, b. [redacted] was enrolled as a student of the Department of Occupational Therapy of our institute and left the institute in June 1992 as a bachelor in Occupational Therapy. She was successful in every year of her study (see below Survey of all Courses attended by Ms. Peeters, examined according to the official regulations) and passed both the Final Examination and the Final Dissertation with distinction.

She was awarded the Degree in Occupational Therapy in June 1992. Her diploma has been certified by both the Department of Education and the Department of Health of the Flemish Community of Belgium. She is allowed to practice the profession of Occupational Therapist both in Belgium and the other Member-States of the European Community.

The *Katholieke Hogeschool voor Gezondheidszorg Oost-Vlaanderen* is a registered member of the World Federation of Occupational Therapy (WFOT) and the National Federation of Occupational Therapy Schools.

Grading Scale

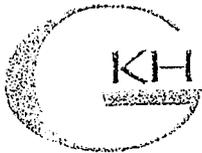
The grades in the transcript correspond to the following percentages:

AAA	90 - 100%	BB	65 - 70 %
AA	80 - 90 %	B	60 - 65 %
A	70 - 80 %	M	< 60 %



Katholieke Hogeschool
voor Gezondheidszorg
— Oost-Vlaanderen —
VZW
St. Lievenspoortstraat 143
B.9000 Gent

Attest 6



SURVEY OF CURRICULUM OCCUPATIONAL THERAPY
CATEGORY : Paramedical Education
TRANSCRIPT ISSUED FOR : Ms. Martine Peeters
DATE : 7 July 1997

Graduaat in de Ergotherapie
BACHELOR IN OCCUPATIONAL THERAPY

3rd year

FINAL EXAMS

Grades

- Law & legislation AAA
- Physical Education AAA
- Psychopathology A
- Ethics, incl. History of the profession AA
- Special psychology A
- Study of the profession incl. Occupational analysis A

Synthesis Questions

- OCCUPATIONAL THERAPY: Revalidation, incl. physiotherapy M
- OCCUPATIONAL THERAPY: Psychiatric A
- OCCUPATIONAL THERAPY: Paediatric B
- OCCUPATIONAL THERAPY: Geriatric A

Methodology of Mecanotherapy

A

Clinical Placements

- Physical A
- Psychiatric A
- Paediatric A

Final Dissertation

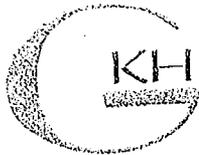
A

total: ...

This Survey of the Curriculum Occupational Therapy is a faithful reproduction of our files. We are available for any further requests from institutes, agencies or bodies requiring further details or information.


Mark CLAEYS,
Educational Director


Katholieke Hogeschool
voor Gezondheidszorg
Oost-Vlaanderen
VZW
St. Lievenspoortstraat 143
B-9000 Gent



Katholieke Hogeschool
voor Gezondheidszorg
— Oost-Vlaanderen —
vzw

East-Flanders Catholic Institute of
Higher Education in Health Care

10 MAART 1998

Sint-Lievenspoortstraat 143 B-9000 Gent
Tel. +32 92 23 02 09 Fax. +32 92 23 99 02 Bank. 140 0545851 58

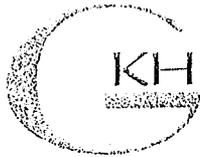


Katholieke Hogeschool
voor Gezondheidszorg
— Oost-Vlaanderen —
vzw
St. Lievenspoortstraat 143
B-9000 Gent

SURVEY OF CURRICULUM OCCUPATIONAL THERAPY
CATEGORY : Paramedical Education
TRANSCRIPT ISSUED FOR : Ms. Marline Peeters
DATE : 7 July 1997

Graduaat in de Ergotherapie
BACHELOR IN OCCUPATIONAL THERAPY

<u>2nd year</u> <u>COURSE</u>	<u>Total Hours</u>	<u>Grades</u>
• <u>Human Sciences</u>	40	AAA
• Religion		
• <u>General Courses</u>	40	A
• Physiology of Movement	40	A
• Topographic Anatomy	120	A
• Physical Education		
<u>Specific pathology</u>	40	A
• Paediatric	40	A
• Neurology	40	AA
• Orthopaedics	40	AA
• Psychopathology	40	A
• Geriatric		
<u>Occupational Therapy courses</u>		
• <u>Theoretical Courses</u>	80	A
• Introduction to Methodology & Didactics	20	AA
• Ethics, incl. History of the profession	20	AA
• First Aid	40	A
• Orthopedagogy	40	B
• Study of the profession incl. Occupational analysis	240	
• Occupational therapy methodology		M
• Revalidation, incl. physiotherapy		A
• Psychiatric		AA
• Paediatric		AA
• Geriatric		
• <u>Technical Courses</u>	80	A
• <u>Practical Courses</u>		
• Practice, incl. Physio, Massage, Mecano, Hydro, Physiotechniques, Psychomotor	320	A
• <u>Clinical Placement</u>	120	A
		tot.

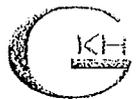


10 MAART 1998

SURVEY OF CURRICULUM OCCUPATIONAL THERAPY CATEGORY : Paramedical Education
TRANSCRIPT ISSUED FOR : Ms. Marline Peeters
DATE : 7 July 1997

Graduaat in de Ergotherapie
BACHELOR IN OCCUPATIONAL THERAPY

<u>1st year</u> <u>COURSE</u>	<u>Total Hours</u>	<u>Grades</u>
<i>General Courses</i>		
• Religion/philosophy	30	AA
• Anthropology	30	AA
• Law and Legislation	40	AA
<i>Technical Courses</i>		
• Sciences:	20	AAA
• statistics	20	BB
• information sciences	40	A
• physics		
<i>Biomedical Sciences</i>		
• General Physiology, incl. chemistry	40	A
• Analysis of Movement	40	A
• Biometrics	20	A
• Systematic Anatomy	140	A
<i>Human Sciences</i>		
• General Psychology & Pedagogical sc. (incl. developmental psych.)	80	AA
<i>Motor experience</i>		
• Physical Education	40	A
• swimming	40	BB
• General Pathology	20	A
• Nursing terminology	20	AAA
• General & social Hygiene	20	AAA
• Methodology and Didactic	20	A
	200	
<i>Theoretical Courses / Methodology</i>		
• Revalidation, incl. physiotherapy		A
• Occupational methodology (psychiatry)		BB
• Occupational methodology (for children)		BB
• Psychiatric O.T.		A
• Paediatric O.T.		M
• Physical O.T.		A
	280	A
<i>Practical Courses</i>		
Practice, incl. Physio, Massage, Mechano, Hydro, Physioterminiques, Psychomotility		
total:		





CREDENTIAL EVALUATION REPORT

Name: PEETERS, Martine Jozee
 Date of Birth:
 Social Security #:

Date: February 18, 2003
 Ref # 17662616
 Page: 1 of 3

U.S. EQUIVALENCY SUMMARY

Bachelor's degree in occupational therapy from a regionally
 accredited institution

CREDENTIAL ANALYSIS

- | | | |
|----|-------------------------|---|
| 1. | Country: | Belgium |
| | Credential: | <i>Gegradueerde</i>
(Graduate) |
| | Year: | 1992 |
| | Awarded by: | Flemish Community Department of Education |
| | Admission requirements: | <i>Getuigschrift van Hoger Secundair Onderwijs</i>
(Certificate of Higher Secondary Education) |
| | Length of program: | Three years |
| | Major/Specialization: | Occupational Therapy |
| | U.S. Equivalency: | Bachelor's degree |

World Education Services, Inc.





COURSE-BY-COURSE ANALYSIS

Name: PEETERS, Martine Jozee
 Date of Birth:
 Social Security #:

Date : February 18, 2003
 Ref #:
 Page: 3 of 3

INSTITUTIONS - DATES - SUBJECTS	U.S. Semester Credits	U.S. Grades
(U) Orthopedics	1.0	A
(U) Psychopathology	1.0	A
(U) Geriatrics	1.0	B
(U) Introduction to Methodology and Didactics	2.5	B
(U) Professional History and Ethics I	1.0	A
(U) First Aid	1.0	A
(U) Orthopedagogy	1.0	B
(U) Professional Studies and Occupational Analysis I	1.0	C
(U) Occupational Therapy Methodology <i>Rehabilitation including Physiotherapy; Psychiatric Occupational Therapy; Pediatric Occupational Therapy; Geriatric Occupational Therapy</i>	7.0	B
(U) Technical Studies	2.5	B
Practical Training II <i>Physiotherapy; Massage Therapy; Mechanotherapy; Hydrotherapy; Physiotherapy Techniques; Psychomotility</i>	9.5	B
(U) Clinical Training	3.5	B
1991-1992		
(U) Law and Legislation II	3.0	A
(U) Physical Education III	3.0	A
(U) Psychopathology	3.0	B
(U) Professional History and Ethics II	3.0	A
(U) Special Psychology	3.0	B
(U) Professional Studies and Occupational Analysis II	3.0	B
(U) Rehabilitation <i>including Physiotherapy</i>	3.0	Pass
(U) Psychiatric Occupational Therapy	3.0	B
(U) Pediatric Occupational Therapy	3.0	C
(U) Geriatric Occupational Therapy	3.0	B
(U) Mecanotherapy Methodology	3.0	B
(U) Clinical Physical Therapy	3.0	B
(U) Clinical Psychiatric Therapy	3.0	B
(U) Clinical Pediatric Therapy	3.0	B
(U) Thesis	4.0	B

SUMMARY

Level of Study: Undergraduate

US Semester Credits: 122.5

GPA:

World Education Services, Inc.

FOUNDED 1974



COURSE-BY-COURSE ANALYSIS

Name: PEETERS, Martine Jozee
 Date of Birth:
 Social Security #:

Date : February 18, 2003
 Ref #:
 Page: 2 of 3

INSTITUTIONS - DATES - SUBJECTS

U.S.
 Semester U.S.
 Credits Grades

Flemish Community Department of Education

1989-1990

(L) Religion and Philosophy	1.0	A
(L) Anthropology	1.0	A
(L) Law and Legislation I	1.0	A
(L) Statistics	1.0	A
(L) Information Science	1.0	C
(L) Physics	1.0	B
(L) General Physiology including Chemistry	1.0	B
(L) Analysis of Movement	1.0	B
(L) Biometrics	1.0	B
(L) Systematic Anatomy	4.0	B
(L) General Psychology and Pedagogy including Developmental Psychology	2.5	A
(L) Physical Education I	1.0	B
(L) Swimming	1.0	C
(L) General Pathology	1.0	B
(L) Nursing Terminology	1.0	A
(L) General and Social Hygiene	1.0	A
(L) Methodology and Didactics	1.0	B
(L) Theoretical Studies and Methodology Rehabilitation including Psychotherapy; Occupational Psychiatric Methodology; Occupational Pediatric Methodology; Psychiatric Occupational Therapy; Pediatric Occupational Therapy; Physical Occupational Therapy	6.0	B
Practical Training I Physiotherapy; Massage Therapy; Mechanotherapy; Hydrotherapy; Physiotherapy Techniques; Psychomotility	8.5	B

1990-1991

(U) Religion	1.0	A
(U) Physiology of Movement	1.0	B
(U) Topographical Anatomy	1.0	B
(U) Physical Education II	3.5	B
(U) Pediatrics	1.0	B
(U) Neurology	1.0	B

(Continued on next page)

World Education Services, Inc.

FOUNDED 1974



Serving the Public Interest

3/30/98

Martine Jozef Peeters

Dear Ms. Peeters:

Congratulations! This is to notify you that your NBCOT International Pre-screening Application has been approved. You are eligible to take the September 1998, March 1999 and September 1999 Certification Examinations for Occupational Therapist Registered OTR® (Certification Exam). The Candidate Handbook and application will be mailed to you in April.

Three Time Limit on Eligibility to Take the Certification Exam

- As noted above, you have been approved for eligibility to take three consecutive administrations of the Certification Exam. If you do not pass the Certification Exam administered on one of those dates, your eligibility to apply for the Certification Exam will be withdrawn. Please note that failing to take a Certification Exam administered on one of the approved dates counts towards the three time limit. If your eligibility is withdrawn, NBCOT will send you information relative to reinstating your eligibility by filing a plan for remediation with NBCOT.

Section 343 of the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) of 1996

- Section 343 of IIRIRA, requires any alien who seeks to enter the United States for the purpose of performing labor as a health-care worker, other than a physician, is excludable unless the alien presents.... a certificate from the Commission on Graduates of Foreign Nursing Schools, or a certificate from an equivalent independent credentialing organization approved by the Federal Government. The certificate verifies education, training, experience, English language proficiency and a review for encumbered licenses. Currently, these requirements are waived for nonimmigrant visas. Applications to adjust status of health-care workers who hold employment based immigrant petitions are being held by INS until further notice.

- NBCOT will apply for recognition as "an equivalent independent credentialing organization," once regulations for recognition are approved. Because it has over 25 years of experience pre-screening internationally-educated occupational therapists, NBCOT fully expects to be recognized to make determinations regarding visa eligibility.
- It is strongly recommended that you stay in touch with the NBCOT International Department regarding this issue as the current situation may change. Please contact the International Department at (301) 990-7979 or e-mail branslow@NBCOT.org from time to time regarding the visa requirements. If the law mandates additional requirements, NBCOT will be happy to assist you in meeting those requirements.

Congratulations

We wish you the best as you prepare for the Certification Exam. Again, congratulations on being approved to apply for this important examination.

Sincerely,



Beth Ellis
Asst. International Program Manager

Enclosures: Original transcript
INS Statement
INS Memoranda dated June 6 and August 27, 1997
Attention Internationally-educated Occupational Therapists

ACOTE

Accreditation

August 18, 2014

Council for

Occupational

Therapy

Education

Martine Peeters, OTR
(Martine.Peeters@otd.com)

Dear Ms. Peeters:

The American
Occupational
Therapy
Association, Inc.

As requested, I am writing to document recognition of occupational therapy degrees for therapists trained outside of the United States. I understand that you graduated in 1992 with a degree in occupational therapy from the Arteveldehogeschool, Gent, Belgium. Your education qualified you to sit for the national certification examination and in 1998 you received certification to practice as an occupational therapist in the United States. You have maintained your national certification and state licensure to practice in California and previously held licensure in Florida from 1998 to 2001.

More Than

90 Years of

Service,

Experience,

and

Excellence in

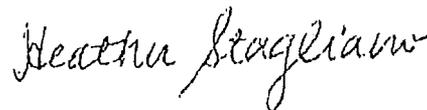
Accreditation

The Accreditation Council for Occupational Therapy Education (ACOTE®) of the American Occupational Therapy Association (AOTA) accredits occupational therapy educational programs located within the United States and its territories. Programs located outside of the United States are approved through the World Federation of Occupational Therapists (WFOT). Eligibility to take the national certification examination offered by the National Board for Certification in Occupational Therapy (NBCOT) requires graduation from an entry-level occupational therapy educational program that is accredited by AOTA's ACOTE or approved by the WFOT.

The World Federation of Occupational Therapists (WFOT) recognizes the approval status of occupational therapy educational programs offered in both the United States of America and Belgium. According to the WFOT Constitution and Standing Orders, each member organization is required to maintain standards of professional education and evaluate programs to ensure that they meet the minimum requirements specified by WFOT.

I trust this provides you with all the requisite information needed to document approval of your educational preparation to meet the requirements for certification to practice in the United States. Please let me know if any additional documentation is required and I will be happy to assist.

Sincerely,



Heather Stagliano, DHSc, OTR/L
Director of Accreditation
AOTA Division of Academic and Scientific Affairs

HS/amg

Mailing Address

4720 Montgomery Lane, Suite 200
Bethesda, MD 20814-3449

Telephone/Fax

301-652-ACOTA (2682)
301-652-1417 (Fax)
800-377-8555 (TDD)

Internet

Web site: www.acoteonline.org
E-mail: accred@aota.org

Heather Stagliano

August 20, 2014

To Whom It May Concern:

Martine Peeters, OTR/L, has been an employee of [redacted] since 09/01/2011. She holds a current California State License as an Occupational Therapist since 7/24/2002. Her employment with [redacted] is in good standing and she is now seeking to relocate to the State of Utah. [redacted] would like to provide Martine Peeters with an employment opportunity in the Salt Lake, Utah area.

Martine is highly professional and demonstrates outstanding clinical skills. She communicates effectively with her patients and peers. She also demonstrates the utmost professionalism in her reading, writing and listening skills.

She is a valued member of the Rehab Team at our [redacted] Center. As an Area Rehab Manager for Plum Healthcare Group, I have had the opportunity to work with Martine directly and through the operations/audit process for clinical compliance in her documentation skills and provision of therapy services.

I highly support Martine in her pursuit of licensure in the state of Utah.

If I can be of additional assistance, please feel free to contact me directly at (909) 213-1591 or e-mail: skruppa@plumh.com

Sincerely,



Susan Kruppa, PT, ARM
Area Rehab Manager

August 20

Utah Legislature
Occupational and Professional Licensure Review Committee

Utah Code Section 36-23-107.
Sunrise or sunset review -- Criteria

(1) In conducting a sunrise review or a sunset review under this chapter, the committee may:

- (a) receive information from:
 - (i) representatives of the occupation or profession proposed to be newly regulated or that is subject to a sunset review;
 - (ii) the Division of Occupational and Professional Licensing; or
 - (iii) any other person; and
- (b) review a proposal with or without considering proposed statutory language.

(2) When conducting a sunrise review or sunset review under this chapter, the committee shall:

- (a) consider whether state regulation of the occupation or profession is necessary to address a compelling state interest in protecting against present, recognizable, and significant harm to the health or safety of the public;
- (b) if the committee determines that state regulation of the occupation or profession is not necessary to protect against present, recognizable, and significant harm to the health or safety of the public, recommend to the Legislature that the state not regulate the profession;
- (c) if the committee determines that state regulation of the occupation or profession is necessary in protecting against present, recognizable, and significant harm to the health or safety of the public, consider whether the proposed or existing statute is narrowly tailored to protect against present, recognizable, and significant harm to the health or safety of the public; and
- (d) recommend to the Legislature any necessary changes to the proposed or existing statute to ensure it is narrowly tailored to protect against present, recognizable, and significant harm to the health or safety of the public.

(3) In its performance of each sunrise review or sunset review, the committee may apply the following criteria, to the extent that it is applicable:

- (a) whether the unregulated practice of the occupation or profession has clearly harmed or may harm or endanger the health, safety, or welfare of the public;
- (b) whether the potential for harm or endangerment described in Subsection (3)(a) is easily recognizable and not remote;
- (c) whether regulation of the occupation or profession will significantly diminish an identified risk to the health, safety, or welfare of the public;
- (d) whether regulation of the occupation or profession:
 - (i) imposes significant new economic hardship on the public;
 - (ii) significantly diminishes the supply of qualified practitioners; or
 - (iii) otherwise creates barriers to service that are not consistent with the public welfare or interest;
- (e) whether the occupation or profession requires knowledge, skills, and abilities that are:
 - (i) teachable; and

- (ii) testable;
- (f) whether the occupation or profession is clearly distinguishable from other occupations or professions that are already regulated;
- (g) whether the occupation or profession has:
 - (i) an established code of ethics;
 - (ii) a voluntary certification program; or
 - (iii) other measures to ensure a minimum quality of service;
- (h) whether:
 - (i) the occupation or profession involves the treatment of an illness, injury, or health care condition; and
 - (ii) practitioners of the occupation or profession will request payment of benefits for the treatment under an insurance contract subject to Section 31A-22-618;
- (i) whether the public can be adequately protected by means other than regulation; and
- (j) other appropriate criteria as determined by the committee.

Amended by Chapter 323, 2013 General Session



Accreditation Council for Occupational Therapy Education (ACOTE®)
American Occupational Therapy Association, Inc.
4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449
(301) 652-2682 (301) 652-1417 (fax) E-mail: accred@aota.org

May 22, 2014

Susie Reed
Vice President of Compliance
CollegeAmerica Services, Inc.
4021 S. 700 E., Suite 400
Salt Lake City, UT 84107

Dear Ms. Reed:

This is to acknowledge receipt of your e-mail of May 21, 2014, requesting voluntary withdrawal of Candidacy Status from the developing occupational therapy assistant program at Stevens-Henager College, Ogden Campus, Layton, Utah.

Since you have confirmed that there are no students enrolled in your occupational therapy assistant program, your request has been forwarded to ACOTE for action at the June 9, 2014 ACOTE meeting. You will receive a response regarding ACOTE's decision as soon as possible after that meeting.

If you have any questions in the interim, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Sue Graves".

Sue Graves
Assistant Director of Accreditation

cc: Vicky L. Dewsnup, President/Regional Director, Stevens-Henager College, Ogden Campus
Michael Maki, PhD, Vice President of Academic Affairs, CollegeAmerica Services, Inc.
Accreditation and State Liaison Office, U.S. Department of Education (Enc. E-mail of 5/21/14) - *by e-mail*
Accrediting Commission of Career Schools and Colleges (Enc. E-mail of 5/21/14) - *by e-mail*
Utah OT Regulatory Board (Enc. E-mail of 5/21/14) - *by e-mail*
Margaret Bent, Managing Director-Competency Assessment, National Board for Certification in Occupational Therapy (Enc. E-mail of 5/21/14) - *by e-mail*
Deborah J. Bolding, PhD, OTR/L, FAOTA, Reviewer, ACOTE (Enc. E-mail of 5/21/14) - *by e-mail*
Mark Kovic, OTD, OTR/L, Reviewer, ACOTE (Enc. E-mail of 5/21/14) - *by e-mail*
File - Agenda (Enc. E-mail of 5/21/14)

OCCUPATIONAL THERAPY PRACTICE ACT

SUMMARY DATA

Created: 1994 (Chapter 42: Occupational Therapy Practice Act repealed; Chapter 42a, Occupational Therapy Practice Act enacted)

License Classifications:

Occupational Therapist Assistant ("OT")

Occupational Therapist ("OTA")

License Requirements:

- Application;
- Licensing fee;
- Good moral character;
- Education:
 - OT: bachelors or graduate degree in occupational therapy from a program accredited by the Accreditation Council for Occupational Therapy Education; or
 - OTA: two-year associate degree in occupational therapy from a program accredited by the Accreditation Council for Occupation Therapy Education; and
- Certification:
 - OT: be certified by the National Board for Certification in Occupational Therapy as an occupational therapist registered; or
 - OTA: be certified by the National Board for Certification in Occupational Therapy as an occupational therapist assistant.

Number of Licensees:

<u>2011</u> :	762
<u>2012</u> :	854
<u>2013</u> :	884
<u>2014</u> :	1016

Renewal Date:

May 31, odd years

Renewal Fee:

Initial:	70
Renewal:	47

Definition of Scope of Practice (58-42a-102):

(7) "**Occupational therapy**" means the use of purposeful activity or occupational therapy interventions to develop or restore the highest possible level of independence of an individual who is limited by a physical injury or illness, a dysfunctional condition, a cognitive impairment, a psychosocial dysfunction, a mental illness, a developmental or learning disability, or an adverse environmental condition.

(10) "**Practice of occupational therapy**" means rendering or offering to render *occupational therapy services* to individuals, groups, agencies, organizations, industries, or the public.

(9) "**Occupational therapy services**" include:

- (a) *assessing*, treating, educating, or consulting with an individual, family, or other persons;
- (b) developing, improving, or restoring an individual's daily living skills, work readiness, work performance, play skills, or leisure capacities, or enhancing an individual's educational performance skills;
- (c) developing, improving, or restoring an individual's sensory-motor, oral-motor, perceptual, or neuromuscular functioning, or the individual's range of motion;
- (d) developing, improving, or restoring the individual's emotional, motivational, cognitive, or psychosocial components of performance;
- (e) assessing the need for and recommending, developing, adapting, designing, or fabricating splints or assistive technology devices for individuals;

- (f) training individuals in the use of rehabilitative or assistive technology devices such as selected orthotic or prosthetic devices;
- (g) applying physical agent modalities as an adjunct to or in preparation for purposeful activity;
- (h) applying the use of ergonomic principles; and
- (i) adapting or modifying environments and processes to enhance or promote the functional performance, health, and wellness of individuals.

Clarification of Scope of Practice (R156-42a-102):

- (1) "Assessment" means the use of skilled observation or evaluation by administering and interpreting standardized or nonstandardized tests and measurements to identify areas for occupational therapy services.
- (4) "Individual treatment plan" includes:
 - (a) planning and directing specific exercises and programs to improve sensory integration and motor functioning at the level of performance neurologically appropriate for the individual's stage of development;
 - (b) establishing a program of instruction to teach a patient in skills, behaviors, and attitudes necessary for the patient's independent productive, emotional, and social functioning;
 - (c) analyzing, selecting, and adapting functional exercises to achieve and maintain the patient's optimal functioning in daily living tasks and to prevent further disability; and
 - (d) planning and directing specific programs to evaluate and enhance perceptual, motor, and cognitive skills.

Board: 5 members: 3 OT, 1 OTA, 1 public

Board Meetings:

- 2006: 4 meetings (January 24, 2006, April 25, 2006; August 3, 2006; October 18, 2006)
- 2007: 1 meeting (February 27, 2007)
- 2008: 1 meeting (June 3, 2008)
- 2009: 1 meeting (October 6, 2009)
- 2010: 1 meeting (February 16, 2010)
- 2011: 1 meeting (September 6, 2011)
- 2012: 1 meeting (June 26, 2012)
- 2013: 1 meeting (September 17, 2013)
- 2014: 2 meetings to date. (January 28, 2014; May 6, 2014) (Scheduled: October 21, 2014)

Complaints / Complaint Resolution

Year	Received	Assigned	Closed	Administrative Sanction	Letter of Concern	Verbal Warning	Voluntary Compliance	Consol. w/ other case	Administrative Discretion	Referred to Other Agency	Case was Unfounded	Lacked Jurisdiction	Lacked Evidence	Intelligence Filed	Criminal Filing
2004	3	3	1								1				
2005	2	2	3	1	1	1									
2006	1	1	2	1								1			
2007	1	1	0												
2008	0	0	0												
2009	2	2	3		1							2			
2010	0	0	0												
2011	0	0	0												
2012	1	1	1								1		1		
2013	2	2	2						1		1				
2014*	2	2	2		1						1				

* Year to Date

2015 OCCUPATIONAL THERAPY LICENSING BOARD SCHEDULE:

April 7, 2015

9:00 a.m. – 11:00 a.m.

9:00 a.m. – 11:00 a.m.

Nov 10, 2015