
NBCOT[®]

Practice Standards



OTR[®]

Occupational Therapist Registered

ID 86 rev011823



Our Mission

NBCOT strives to serve the public interest in its diversity by advancing just, equitable, and inclusive client care and professional practice through evidence-based certification practices and the validation of knowledge essential for effective and safe practice in occupational therapy.



Our Vision

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



Introduction

NBCOT offers an initial certification program for the entry-level Occupational Therapist Registered (OTR®) that confers the OTR credential and has established requirements for maintaining the OTR status through a certification renewal program.

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

Practice standards in occupational therapy hold OTR certificants accountable for delivering consistent, high-quality, ethical, equitable, and just health care services. These practice standards can be used to determine what OTRs should and should not do when providing services to clients. The practice standards represent NBCOT's expectations of practicing OTRs and may be used to evaluate performance for ongoing professional development and/or disciplinary action

The NBCOT Practice Standards contain four sections:

- Practice domains
- NBCOT Candidate/Certificant Code of Conduct
- Supervision
- Documentation

NBCOT Practice Standards

The practice standards are intended to

- assist clients in understanding what to expect from an OTR,
- assist OTRs in evaluating the quality of client-centered care, and
- assist OTRs in understanding the professional expectations of their NBCOT certification.

The practice standards are not intended to

- prescribe services, including treatment plans or procedures, or
- assure specific client outcomes.

NBCOT does not remark on the competence or judge the job performance of OTR certificants; however, all OTR certificants and candidates intending to receive the OTR certification must comply with the practice standards at all times.



NBCOT Occupational Therapy Practice Domains

In 2019, NBCOT completed an ongoing professional practice analysis (OPPA) to gather information about job tasks that certificants carry out beyond three years of initial certification. The intent of the study was to provide evidence that links current occupational therapy practice and the requirements of NBCOT's certification renewal program in a manner that is consistent with best practice and accreditation standards. A panel of OTR and COTA certificants were selected to provide input on the content of a national validation survey. The panel was representative of the certificant body in terms of geographic region, years of experience, practice area, practice setting, and demographics.

Based on the outcomes of the panel review, a national survey was administered to validate the ongoing professional practice domains and tasks for OTRs and COTAs. The study validated six practice domains, which are essential for the competent practice of occupational therapy. Each domain has associated tasks that pertain to the specific duties certificants perform. Five of these domains and their associated tasks are aligned with the recommendations for continuing competency outlined in the Institute of Medicine's (renamed National Academy of Medicine in 2015) *Health Professions Education: A Bridge to Quality* (2003). However, the sixth was added during the practice analysis NBCOT conducted. All six domains and their associated tasks are provided below.

Domain 1: Client-Centered Care

Maximize occupational performance for individuals and populations while embracing diversity in roles, habits, routines, values, beliefs, expressed needs, and preferences through engaging in a process of ongoing client collaboration.

1. Identify the occupational needs of the client by collecting, analyzing, and interpreting data using tools that are appropriate to the client, context, and environment to establish client-centered goals.
2. Collaborate with the client and relevant others in the development of the plan of care that encompasses factors identified during the evaluation process to support optimal engagement in the therapeutic process.
3. Implement client-centered, theory-driven, and evidence-based interventions consistent with the plan of care to support progress toward established goals
4. Reassess the client using evidence-based assessment tools to evaluate the effectiveness of the interventions and determine if modifications to the plan of care are required.
5. Modify the plan of care based on the client's response to interventions to maximize occupational outcomes
6. Advocate and promote health and wellness by educating clients and other stakeholders to optimize lifelong occupational performance.
7. Communicate occupational therapy processes by documenting accurate and relevant information to facilitate and coordinate care.
8. Respect diversity by collaborating with the client throughout the occupational therapy process to enhance client-centered services.

Domain 2: Interprofessional Teams

Cooperate, collaborate, communicate, and integrate care in teams to ensure that services are reliable and effective.

1. Articulate the role of the occupational therapy professional and how it contributes to the interprofessional team to ensure coordinated and effective services.
2. Synthesize and implement evaluation results from the collaborative effort of the interprofessional team to support client-centered occupational therapy outcomes.
3. Facilitate interprofessional team dialogue and collaboration to provide high quality, coordinated, and comprehensive interventions.

Domain 3: Evidence-Based Practice

Integrate the best available research with clinical expertise and client values for optimum care.

1. Perform routine self-assessment of current knowledge and skill sets to establish a relevant professional development plan to enhance decision-making and competence.
2. Gather, evaluate, and synthesize evidence from the best available research, expert opinion, and history of outcomes to enhance client occupational performance
3. Apply the best evidence in accordance with client needs to facilitate decision-making and enhance client outcomes.
4. Assess the efficacy of the evidence-based intervention by measuring outcomes to determine the need for additional evidence.

Domain 4: Quality Improvement

Design and implement processes and interventions to continually measure and refine quality of care for improved client and program outcomes.

1. Identify areas for quality improvement using established standards to improve the effectiveness of care.
2. Collect data using quality improvement parameters to measure the effectiveness of care.
3. Analyze quality improvement data to identify strategies for enhancing client and program outcomes.
4. Implement the identified quality improvement strategies to enhance the effectiveness of care.
5. Assess the effectiveness of quality improvement strategies using data and analytical methods to identify further improvements.

Domain 5: Informatics

Use data and information technology to manage and communicate client information to improve the delivery of occupational therapy services.

1. Acquire knowledge of health informatics using available educational resources in order to competently access and use client information.
2. Input pertinent data into the information system, following established protocols, to enhance communication and prevent errors in service delivery.
3. Interpret and apply data from the information system to enhance decision-making and improve service delivery.
4. Communicate information to stakeholders to support effective decision-making and delivery of occupational therapy services.



Domain 6: Professional Responsibility

Elevate occupational therapy practice through communicating the value of occupational therapy services, advancing clinical competence, and adhering to professional and ethical codes of conduct.

1. Enhance professional competence through self-reflection, participation in research opportunities, and other professional development activities to employ best practices.
2. Recognize the boundaries of individual practice expertise and the scope of occupational therapy practice by making relevant referrals to support the best outcomes for stakeholders and maintain a high standard of care.
3. Adhere to professional and ethical codes of conduct and regulations by maintaining current knowledge of these topics and exercising sound professional judgment to protect all stakeholders.
4. Educate stakeholders about the scope of occupational therapy practice and increase awareness of the value of certification to elevate occupational therapy services.
5. Mentor and/or supervise students, colleagues, and interprofessional team members by educating, modeling, and coaching to enhance professional competence and maintain a high standard of care.
6. Engage in advocacy activities to promote access to occupational therapy services across a broad spectrum of practice settings.
7. Adhere to principles of safety consistent with established protocols to reduce risk and protect stakeholders.

NBCOT Candidate/Certificant Code of Conduct

Preamble

The National Board for Certification in Occupational Therapy, Inc. (“NBCOT,” formerly known as “AOTCB”) is a professional organization that supports and promotes occupational therapy practitioner certification. This Candidate/Certificant Code of Conduct enables NBCOT to define and clarify the standards of personal and professional conduct required for eligibility for both initial and continued certification, i.e., OCCUPATIONAL THERAPIST REGISTERED OTR® (OTR) henceforth OTR, and CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA® (COTA) henceforth COTA. Where the term “certificant” is used, the term “applicant or candidate” is included in its scope.

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

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



Principle 1

Certificants shall provide accurate, truthful, and timely representations to NBCOT, including, but not limited to:

- The submission of information on the exam application, certification renewal applications, or the renewal audit form;
- Answers to character review questions and, once certified, the disclosure of any criminal, legal, or other disciplinary matters within 60 days of any such matter;
- The submission of information requested by NBCOT for alleged violations of NBCOT's policies, requirements and standards. Certificants shall cooperate with NBCOT concerning investigations and requests for relevant information; and
- The submission of information regarding her/his/their credential(s), professional license(s) and/or education.

Principle 2

Certificants shall abide by all exam-related security policies including, but not limited to, those involving copying or removing exam content and accessing prohibited devices or materials during their exam.

Principle 3

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

Principle 4

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

Principle 5

Certificants shall not be convicted of a serious crime.

Principle 6

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

Principle 7

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

Principle 8

Certificants shall not electronically post personal health information or anything, including photos, that may reveal a patient's/client's identity or personal or therapeutic relationship, without the patient's/client's written consent. (All statements, regardless of intent, about a patient/client can potentially contain sufficient information for a member of a community to recognize the patient/client, thus violating the state and/or federal law (i.e., Health Insurance Portability and Accountability Act (HIPAA)).

Principle 9

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



Supervision

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

Supervision may be direct or indirect. Direct supervision requires the OTR responsible for providing supervision to be present and observe the employee or fieldwork student's job performance. Indirect supervision allows the supervisor to gather information about how the job was performed after the performance occurs. The supervisor may provide guidance, direction, and approval of the delivery of occupational therapy services. Methods include communicating with the employee (via phone, email, or written correspondence) about their performance, reviewing written records, or receiving reports from others.

The OTR should understand that supervision requirements and standards are unique for each state. If questions or situations arise regarding supervision, it is incumbent upon the OTR to contact the state occupational therapy regulatory board for official clarification about the question or situation. The OTR should maintain documentation of the state's response.

The OTR should always provide occupational therapy services in compliance with the state's occupational therapy practice act and applicable rules and regulations.

Documentation

OTRs should be aware of the documentation requirements and policies delineated in their state's occupational therapy practice act, clients' insurance plans, and employment setting.

There are some general guidelines OTRs should consider when documenting a client's record. Documentation must be accurate, legible, relevant, and sufficient to justify the services billed or to meet regulatory requirements.

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

- evaluation/reevaluation results and plan of care
- general medical/health status, including any disabilities
- approval of the plan by the required professional (e.g., physician)
- progress reports
- intervention notes
- documentation dates

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



It is essential to document who provided the service, their qualifications and clinical expertise, and the purpose of the service. Documentation should be signed by the qualified professional, as indicated by facility policy, third-party payer regulations, and state licensure laws. Additionally, OT services should be provided by qualified OTR professionals who have the expertise, knowledge, clinical judgment, decision-making skills, and abilities related to occupational performance.

Skilled occupational therapy services should be clearly delineated from non-skilled services, which can be provided by nonprofessional personnel or caregivers.

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Telehealth

The OTR and COTA should be aware of the use of telehealth as an optional service delivery model in the practice of occupational therapy. Increasing amounts of evidence indicate the efficacy of telehealth, which can be used to provide evaluations, interventions, education, and discharge recommendations, as well as monitor clients' progress while expanding access to occupational therapy services. Telehealth can include several forms of technology such as video conferencing, audio-based, web-based, and text-based technology. The OTR and COTA should use discretion to ensure the use of telehealth benefits the client.

It is incumbent upon the OTR and COTA to reference federal and state licensure laws and regulations, as well as institutional guidelines, including areas such as supervision, client consent, privacy, confidentiality, payor guidelines, and the Health Insurance Portability and Accountability Act, when determining the appropriate use of telehealth. Additionally, in order to ensure the proper use of telehealth, the OTR and COTA should reference other sections of the NBCOT Practice Standards, which are Practice Domains, the NBCOT Candidate/Certificant Code of Conduct, Supervision, and Documentation.

Reference

Cason, J. (2015). Telehealth and occupational therapy: Integral to the Triple Aim of health care reform. *American Journal of Occupational Therapy*, 69(2), 6902090010p1-692090010p8. <https://dx.doi.org/10.5014/ajot.2015.692003>

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