



TELECONFERENCE/VIRTUAL MEETING
OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD
Room 121C, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
December 2, 2015

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

9:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A) Adoption of Agenda (1-3)

B) Approval of Minutes of June 10, 2015 (4-5)

C) Administrative Updates

- 1) Department and Staff Updates
- 2) Board Members – Term Expiration Dates
 - a) Brian Holmquist – 07/01/2013
 - b) Gaye Meyer – 07/01/2018
 - c) Laura O’Brien – 07/01/2015
 - d) Dorothy Olson – 07/01/2011
 - e) Corliss Rice – 07/01/2013
 - f) Amy Summers – 07/01/2018
- 3) Appointments/Reappointments/Confirmations
- 4) Wis. Stat. s 15.085 (3)(b) – Biannual Meeting with the Medical Examining Board

D) Legislative/Administrative Rule Matters

- 1) **9:30 A.M. – PUBLIC HEARING – CR15-053 – Self Referral of Occupational Therapy Services (6-22)**
 - a) Discuss and Consider Public Hearing and Clearinghouse Comments
- 2) Request Submitted by Teri Black of the Wisconsin Occupational Therapy Association – Discussion of Possible Scope Statement Regarding Changes to Supervision Rules Relating to Home Health and Birth to 3 OT Services **(23-25)**
- 3) Update on Pending and Possible Legislation and Rulemaking

E) APPEARANCE: Al Rohmeyer (26)

- 1) Al Rohmeyer, Administrator, Division of Legal Services and Compliance (DLSC), Will Introduce Himself to the Board and Respond to Questions

F) Telehealth – Discussion

G) National Board for Certification in Occupational Therapy 2016 State Regulatory Leadership Forum, New Orleans, Louisiana; May-11-13, 2016 – Consider Attendance (27-28)

H) Speaking Engagement(s), Travel, or Public Relation Requests

- 1) Wisconsin Occupational Therapy Association (WOTA) Spring Conference – Consider Attendance

I) Board Member Training – December 11, 2015

J) Informational Item(s)

K) Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Administrative Updates
- 3) Education and Examination Matters
- 4) Credentialing Matters
- 5) Practice Matters
- 6) Legislation/Administrative Rule Matters
- 7) Liaison Report(s)
- 8) Informational Item(s)
- 9) Disciplinary Matters
- 10) Presentations of Petition(s) for Summary Suspension
- 11) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 12) Presentation of Proposed Decisions
- 13) Presentation of Interim Order(s)
- 14) Petitions for Re-Hearing
- 15) Petitions for Assessments
- 16) Petitions to Vacate Order(s)
- 17) Petitions for Designation of Hearing Examiner
- 18) Requests for Disciplinary Proceeding Presentations
- 19) Motions
- 20) Petitions
- 21) Appearances from Requests Received or Renewed
- 22) Speaking Engagement(s), Travel, or Public Relation Request(s)

L) Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.).

M) 10:00 a.m. Conducting Oral Examination of One Candidate (29)

N) Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Application Matters
- 4) Disciplinary Matters

- 5) Monitoring Matters
- 6) Professional Assistance Procedure (PAP) Matters
- 7) Petition(s) for Summary Suspensions
- 8) Proposed Stipulations, Final Decisions and Orders
- 9) Administrative Warnings
- 10) Proposed Decisions
- 11) Matters Relating to Costs
- 12) Complaints
- 13) Case Closings
- 14) Case Status Report
- 15) Petition(s) for Extension of Time
- 16) Proposed Interim Orders
- 17) Petitions for Assessments and Evaluations
- 18) Petitions to Vacate Orders
- 19) Remedial Education Cases
- 20) Motions
- 21) Petitions for Re-Hearing
- 22) Appearances from Requests Received or Renewed

O) Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

P) Open Session Items Noticed Above not Completed in the Initial Open Session

Q) Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

R) Ratification of Licenses and Certificates

ADJOURNMENT

NEXT MEETING DATE MARCH 8, 2016

OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

June 10, 2015

PRESENT: Amy Summers (*via GoToMeeting*), Brian Holmquist, Gaye Meyer, Laura O'Brien, Dorothy Olson (*via GoToMeeting*), Corliss Rice (*via GoToMeeting*),

STAFF: Tom Ryan, Executive Director; Kelly Williams, Bureau Assistant; Katie Paff, Rules Coordinator; Amber Cardenas, DLSC and Teri Black, NWOTA Lobbyist.

CALL TO ORDER

Brian Holmquist, Chair, called the meeting to order at 9:30 A.M. A quorum of six (6) members was confirmed.

Amendments -

- Under Item C. (Open Session), Combine number 4 regarding OT 1,3,4 Relating to Self-Referral of Occupational Therapy Services with Item D number 3.

ADOPTION OF AGENDA

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to adopt the agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to approve the minutes of March 3, 2015 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to affirm Amy Summers as Dorothy Olson's replacement as the alternate Credentialing Liaison, Monitoring Liaison, Education and Exams Liaison and Screening Panel Member. Motion carried unanimously.

LEGISLATIVE/ADMINISTRATIVE MATTERS

OT 1, 3, 4 - SELF-REFERRAL

MOTION: Dorothy Olson moved, seconded by Gaye Meyer, to amend OT 4.02 (2) (F) to read application of physical agent modalities. Application is performed by an experienced therapist with demonstrated and documented evidence of theoretical background, technical skill and competence. Motion carried unanimously.

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to authorize the chair or vice chair to approve the preliminary rule draft as amended relating to Self-Referral of Occupational Therapy Services for submission to the Clearinghouse providing there are no suggested comments or changes from the Medical Examining Board that require Occupational Therapists Affiliated Credentialing Board consideration. Motion carried unanimously.

CLOSED SESSION

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 440.205, Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). The Chair read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Brian Holmquist - yes; Gaye Meyer - yes; Laura O'Brien - yes; Dorothy Olson – yes Amy Summers - Yes. Corliss Rice – Yes. Motion carried unanimously.

The Board convened into Closed Session at 10:37 A.M.

RECONVENE TO OPEN SESSION

MOTION: Gaye Meyer moved, seconded by Laura O'Brien, to reconvene in Open Session at 10:42 A.M. Motion carried unanimously.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION, IF VOTING IS APPROPRIATE

MOTION: Laura O'Brien moved, seconded by Dorothy Olson, to affirm all Motions made and Votes taken in Closed Session. Motion carried unanimously.

DELIBERATION OF ADMINISTRATIVE WARNINGS

MOTION: Laura O'Brien moved, seconded by Corliss Rice, to issue an Administrative Warning in the matter of DLSC case number 13 OTB 013 (B.R.K.). Motion carried unanimously.

MOTION: Dorothy Olson moved, seconded by Gaye Meyer, to issue an Administrative Warning in the matter of DLSC case number 14 OTB 008 (C.E.T.). Motion carried unanimously.

RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Laura O'Brien moved, seconded by Gaye Meyer, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:45 A.M.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Katie Vieira Administrative Rules Coordinator		2) Date When Request Submitted: 11/3/2015 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Occupational Therapists Affiliated Credentialing Board			
4) Meeting Date: 12/2/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? 1) 9:30 AM – Public Hearing – CR15-053 – Self-Referral of Occupational Therapy Services A) Discuss and Consider Public Hearing and Clearinghouse Comments 2) Update on Pending and Possible Legislation and Rulemaking	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: The Board will hold a public hearing for CR15-053 relating to the self-referral of occupational therapy services at 9:30 AM. The Board will discuss and consider public hearing and Legislative Clearinghouse comments.			
11) Authorization			
Katie Vieira		11/3/2015	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

STATE OF WISCONSIN
OCCUPATIONAL THERAPISTS
AFFILIATED CREDENTIALING BOARD

IN THE MATTER OF RULE-MAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	OCCUPATIONAL THERAPISTS
OCCUPATIONAL THERAPISTS	:	AFFILIATED CREDENTIALING
AFFILIATED CREDENTIALING	:	BOARD
BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Occupational Therapists Affiliated Credentialing Board to repeal OT 1.02 (17), 4.03 (2) (a), and 4.03 (2) (c) and (d); to amend OT 3.05 (title) and (intro.), 3.05 (2), 4.02 (2) (f), 4.03 (2) (title), 4.03 (2) (b), 4.03 (2) (e), 4.03 (3) (a), and 4.03 (3) (f); to create OT 3.05 (1) (title) and 3.05 (3) relating to self-referral of occupational therapy services.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted:

Section 448.965, Stats.

Statutory authority:

Sections 15.085 (5) (b), 227.11 (2) (a), 440.08 (3) (b), 448.965 (1) (c), Wisconsin Statutes.

Explanation of agency authority:

Section 15.085 (5) (b), Stats., provides that affiliated credentialing boards such as the Occupational Therapists Affiliated Credentialing Board, “[s]hall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains. . .” The proposed rule will provide guidance to occupational therapists regarding the topic of who may refer occupational therapy services.

Section 227.11 (2) (a), Stats., provides that, “[e]ach agency may promulgate rules interpreting the provisions of any statute enforced or administered by the agency, if the agency considers it necessary to effectuate the purpose of the statute, but a rule is not valid if the rule exceeds the bounds of correct interpretation.”

Section 440.08 (3) (b), Stats., provides that affiliated credentialing boards such as the Occupational Therapists Affiliated Credentialing Board, “[...] may promulgate rules requiring the holder of a credential who fails to renew the credential within 5 years after its renewal date to complete requirements in order to restore the credential, in addition to the applicable requirements for renewal established under chs. 440 to 480, that the [...] affiliated credentialing board determines are necessary to protect the public health, safety, or welfare.”

Section 448.965 (1) (c), Stats., provides that the affiliated credentialing board shall promulgate rules that establish, “[s]tandards of practice for occupational therapy, including a code of ethics and criteria for referral.”

Related statute or rule:

None.

Plain language analysis:

Under the current administrative rules, an occupational therapist may receive an order or a referral to perform occupational therapy services for a patient. Orders identify the need for occupational therapy evaluation and intervention while a referral is the act of requesting occupational therapy services. Currently, physicians, dentists, or podiatrists may order occupational therapy evaluation. However, occupational therapists may accept referrals from a variety of health care professionals including advanced practice nurses, chiropractors, optometrists, physical therapists, and physician assistants (Wisconsin Administrative Code OT 4.03 (2) (b)). Furthermore, there are some services that occupational therapists can perform without the need of a referral such as consultation, habilitation, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services. According to Wisconsin Administrative Code OT 4.03 (2) (e), neither an order nor a referral from a physician is required for evaluation or intervention if the occupational therapy services are provided in an educational environment, including in a child’s home if the child has disabilities.

The proposed rule seeks to clarify that occupational therapists are able to self-refer occupational therapy services along with the host of other health care professionals that are listed above. Currently, the rule allows other health care professionals to refer occupational therapy services. However, the current rule does not specifically state that occupational therapists are allowed to self-refer. The self-referral of occupational therapy services would allow patients greater access to health care and would alleviate the burden on occupational therapists of relying on receiving orders and referrals from other health care professionals in order to provide health care services. The proposed rule will also remove all references to orders received by health care professionals as this is outdated terminology that no longer reflects current practices.

The proposed rule will also provide clarity to the process of renewing a license after 5 years by updating provisions regarding late renewal and reinstatement. The term reinstatement will be defined as the process by which a licensee whose license has been surrendered or revoked or who holds a license with unmet disciplinary requirements that has not been renewed within five years of the renewal date may apply to have that license reinstated with or without conditions.

Summary of, and comparison with, existing or proposed federal regulation:

None.

Comparison with rules in adjacent states:

Illinois: Illinois state statute provides that the implementation of direct occupational therapy treatment shall be based upon a referral from a licensed physician, dentist, podiatric physician, advanced practice nurse (who has a written collaborative agreement with a collaborating physician to provide or accept referrals from licensed occupational therapists), physician assistant (who has been delegated authority to provide or accept referrals from or to licensed occupational therapists), or optometrist (225 ILCS 75/3.1). An occupational therapist may consult with, educate, evaluate, and monitor services for individuals groups, and populations concerning occupational therapy needs without referral. A referral is not required for providing consultation, habilitation, screening, education, wellness, prevention, environmental assessments, and work-related ergonomic services to individuals, groups, or populations. Referral from a physician or other health care provider is not required for evaluation or intervention for children and youths if an occupational therapist or occupational therapy assistant provides services in a school-based or educational environment, including the child's home (225 ILCS 75/3.1).

Illinois administrative code provides that an occupational therapist seeking to restore a license that has expired or been placed on inactive status for 5 years must demonstrate completion of 24 hours of continuing education within 24 months prior to the restoration and one of the following: (1) Sworn evidence of active practice in another jurisdiction; (2) An affidavit attesting to military service; (3) Verification of successful completion of the Certification Examination of the NBCOT for licensure as a registered occupational therapist or certified occupational therapy assistant within the last 5 years prior to applying for restoration; or (4) Evidence of successful completion of 48 hours of continuing education in occupational therapy, including attendance at college level courses, professionally oriented continuing education classes, special seminars, or any other similar program completed within 2 years prior to application for restoration (68 Ill. Admin. Code pt. 1315.160).

Iowa: Iowa statutes provide that occupational therapy may be provided by an occupational therapist without referral from a physician, podiatric physician, dentist, or chiropractor, except that a hospital may require that occupational therapy services provided in the hospital be performed only following prior review by and authorization of

the performance of the occupational therapy services by a member of the hospital medical staff (Iowa Code s. 148B.3A).

Iowa administrative code provides that an occupational therapist seeking to reactivate a license that has been inactive for 5 years or less must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of 15 hours of continuing education for an occupational therapy assistant and 30 hours of continuing education for an occupational therapist within two years of application for reactivation. If the license has been on inactive status for more than five years, an applicant must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of completion of 30 hours of continuing education for an occupational therapy assistant and 60 hours of continuing education for an occupational therapist within two years of application for reactivation; or evidence of successful completion of the professional examination required for initial licensure completed within one year prior to the submission of an application for reactivation (Iowa Admin. Code r. 645 – 206.11). A licensee whose license has been revoked, suspended, or voluntarily surrendered must reinstate their license in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the license is permanently revoked. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender. An application for reinstatement shall allege facts which, if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it will be in the public interest for the license to be reinstated. If the board determines that the license can be reinstated, then the license reactivation process is followed (Iowa Admin. Code r. 645 – 206.11 and Iowa Admin. Code r. 645 – 11.31).

Michigan: Michigan statutes and administrative code are silent with regards to required orders or referrals from other healthcare providers. An applicant whose license has lapsed for 3 years or more may be relicensed by meeting the following: (1) Passing the examination on state laws and rules related to the practice of occupational therapy; (2) Completing supervised practice experience requirements; (3) Verifying any license or registration from another state that was held while the license was lapsed; and (4) Either completing the NBCOT's certification examination for occupational therapists or presenting evidence that he or she was registered or licensed as an occupational therapist in another state during the 3-year period immediately preceding the application for relicensure (Mich. Admin. Code R. 338.1227).

Minnesota: Minnesota statutes do not require referral from a healthcare provider, however, in the absence of a physician referral or prior authorization, an occupational therapist must provide the following written notification: "Your health care provider, insurer, or plan may require a physician referral or prior authorization and you may be

obligated for partial or full payment for occupational therapy services rendered." (Minn. Stat. s. 148.6438).

Summary of factual data and analytical methodologies:

The Board received input from the Wisconsin Occupational Therapy Association. Adjacent states' administrative rules were reviewed. No other factual data or analytical methodologies were used.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for public comment on the economic impact of the proposed rule, including how this proposed rule may affect businesses, local government units, and individuals, for a period of 14 days. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis document is attached.

Effect on small business:

These proposed rules do not have a negative economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Eric.Esser@wisconsin.gov, or by calling (608) 267-2435.

Agency contact person:

Katie Vieira (Paff), Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8935, Madison, Wisconsin 53708; telephone 608-261-4472; email at Kathleen.Vieira@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Katie Vieira (Paff), Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, 1400 East Washington Avenue, Room 151, P.O. Box 8366, Madison, WI 53708-8935, or by email to Kathleen.Vieira@wisconsin.gov. Comments must be received on or before the public hearing on September 15, 2015 to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. OT 1.02 (17) is repealed.

SECTION 2. OT 3.05 (title) and (intro.) are amended to read:

OT 3.05 ~~Failure to be registered~~ Late renewal and reinstatement. Failure to be registered. Failure to renew a license by June 1 of an odd numbered year shall cause the license to ~~lapse~~ expire. A licensee who allows the license to ~~lapse~~ expire may apply to the board for late renewal or reinstatement of the license as follows by completing one of the following:

SECTION 3. OT 3.05 (1) (title) is created to read:

OT 3.05 (1) LATE RENEWAL BEFORE 5 YEARS.

SECTION 4. OT 3.05 (2) is amended to read:

OT 3.05 (2) LATE RENEWAL AFTER 5 YEARS. If the licensee applies for renewal of the license more than 5 years after its expiration, the board shall make such inquiry as it finds necessary to determine whether the applicant is competent to practice under the license in this state, and shall impose any reasonable conditions on ~~reinstatement~~ the renewal of the license, including oral examination, as the board deems appropriate. All applicants under this section shall be required to pass the open book examination on statutes and rules, which is the same examination given to initial applicants. This section does not apply to licensees who have unmet disciplinary requirements or whose licenses have been surrendered or revoked.

SECTION 5. OT 3.05 (3) is created to read:

OT 3.05 (3) REINSTATEMENT. A licensee who has unmet disciplinary requirements and failed to renew within 5 years of the renewal date or whose license has been surrendered or revoked, may apply to have the license reinstated in accordance with all of the following:

- (a) Evidence of the completion of the requirements under sub. (2).
- (b) Evidence of completion of disciplinary requirements, if applicable.
- (c) Evidence of rehabilitation or change in circumstances warranting reinstatement of the license.

SECTION 6. OT 4.02 (2) (f) is amended to read:

OT 4.02 (2) (f) Application of physical agent modalities ~~based on a physician order as an adjunct to or in preparation for engagement in treatment.~~ Application is performed by an experienced therapist with demonstrated and documented evidence of theoretical background, technical skill and competence

SECTION 7. OT 4.03 (2) (title) is amended to read:

OT 4.03 (2) REFERRALS AND ORDERS.

SECTION 8. OT 4.03 (2) (a) is repealed.

SECTION 9. OT 4.03 (2) (b) is amended to read:

OT 4.03 (2) (b) Referrals may be accepted from advanced practice nurses, chiropractors, dentists, optometrists, physical therapists, physicians, physician assistants, podiatrists, psychologists, or other health care professionals.

SECTION 10. OT 4.03 (2) (c) and (d) are repealed.

SECTION 11. OT 4.03 (2) (e) is amended to read:

OT 4.03 (2) (e) ~~Orders or referrals~~ Referrals from another health care professional are not required for evaluation or intervention if an occupational therapist or occupational therapy assistant provides services in an educational environment, including the child's home, for children and youth with disabilities pursuant to rules promulgated by the federal individuals with disabilities education act, the department of public instruction and the department of health services, or provides services in an educational environment for children and youth with disabilities pursuant to the code of federal regulations.

SECTION 12. OT 4.03 (3) (a) is amended to read:

OT 4.03 (3) (a) The occupational therapist directs the evaluation process upon receiving ~~an order or~~ a referral from another health care professional. An occupational therapist alone or in collaboration with the occupational therapy assistant shall prepare an occupational therapy evaluation for each individual ordered for occupational therapy services. The occupational therapist interprets the information gathered in the evaluation process.

SECTION 13. OT 4.03 (3) (f) is amended to read:

OT 4.03 (3) (f) Evaluation results shall be communicated to the ~~ordering~~ referring health care professional and to the appropriate persons in the facility and community

SECTION 14. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin administrative register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____

Chairperson
Occupational Therapists
Affiliated Credentialing Board

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis

Original Updated Corrected

2. Administrative Rule Chapter, Title and Number

OT 1, 3, 4

3. Subject

Self-Referral of Occupational Therapy Services

4. Fund Sources Affected

GPR FED PRO PRS SEG SEG-S

5. Chapter 20, Stats. Appropriations Affected

6. Fiscal Effect of Implementing the Rule

No Fiscal Effect Increase Existing Revenues Increase Costs
 Indeterminate Decrease Existing Revenues Could Absorb Within Agency's Budget
 Decrease Cost

7. The Rule Will Impact the Following (Check All That Apply)

State's Economy Specific Businesses/Sectors
 Local Government Units Public Utility Rate Payers
 Small Businesses (if checked, complete Attachment A)

8. Would Implementation and Compliance Costs Be Greater Than \$20 million?

Yes No

9. Policy Problem Addressed by the Rule

Under the current administrative rules, an occupational therapist may receive an order or a referral to perform occupational therapy services for a patient. Orders identify the need for occupational therapy evaluation and intervention while a referral is the act of requesting occupational therapy services. Currently, physicians, dentists, or podiatrists may order occupational therapy evaluation. However, occupational therapists may accept referrals from a variety of health care professionals including advance practice nurses, chiropractors, optometrists, physical therapists and physician assistants (Wisconsin Administrative Code OT 4.03 (2) (b)). Furthermore there are some services occupational therapist can perform without the need of a referral such as consultation, habilitation, screening, client education, wellness, prevention, environmental assessments, and work-related ergonomic services. According to Wisconsin Administrative Code OT 4.03 (2) (e) neither an order or a referral from a physician is required for evaluation or intervention if OT services are provided in an educational environment, including in a child's home if the child has disabilities.

The proposed rule seeks to clarify that occupational therapists are able to self-refer occupational therapy services along with the host of other health care professionals that are listed above. Currently, the rule allows other health care professionals to refer occupational therapy services. However, the current rule does not specifically state that occupational therapists are allowed to self-refer.

The proposed rule will also provide clarity to the process of renewing a license after 5 years by updating provisions regarding late renewal and reinstatement. The term reinstatement will be defined as a process by which a licensee whose license has been surrendered or revoked or has a license with unmet disciplinary requirements which has not been renewed within five years of the renewal date may apply to have their license reinstated with or without conditions.

10. Summary of the businesses, business sectors, associations representing business, local governmental units, and individuals that may be affected by the proposed rule that were contacted for comments.

This rule was posted for 14 days for economic impact comments and none were received.

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

11. Identify the local governmental units that participated in the development of this EIA.

None. This rule does not affect local government units.

12. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)

This rule will not have an economic or fiscal impact on specific businesses, business sectors, public utility rate payers, local government units or the state's economy as a whole.

13. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

Occupational therapists self-referring would allow patients greater access to health care and would alleviate occupational therapists from relying solely on receiving orders and referrals from other health care professionals in order to provide health care services. The proposed rule will also remove all references to orders received by health care professionals as this is outdated terminology that no longer reflects current practices.

14. Long Range Implications of Implementing the Rule

Greater access to health care.

15. Compare With Approaches Being Used by Federal Government

None

16. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: Illinois state statute provides that the implementation of direct occupational therapy treatment to individuals for their specific health care conditions shall be based upon a referral from a licensed physician, dentist, podiatric physician, or advanced practice nurse who has a written collaborative agreement with a collaborating physician to provide or accept referrals from licensed occupational therapists, physician assistant who has been delegated authority to provide or accept referrals from or to licensed occupational therapists, or optometrist (225 ILCS 75/3.1). An occupational therapist may consult with, educate, evaluate, and monitor services for individuals groups, and populations concerning occupational therapy needs without referral. A referral is not required for providing consultation, habilitation, screening, education, wellness, prevention, environmental assessments, and work-related ergonomic services to individuals, groups, or populations. Referral from a physician or other health care provider is not required for evaluation or intervention for children and youths if an occupational therapist or occupational therapy assistant provides services in a school-based or educational environment, including the child's home (225 ILCS 75/3.1).

Illinois administrative code provides that an occupational therapist seeking to restore a license that has expired or been placed on inactive status for 5 years must file an application, pay the required fees, demonstrate completion of 24 hours of continuing education within 24 months prior to the restoration and one of the following: (1) Sworn evidence of active practice in another jurisdiction; (2) An affidavit attesting to military service; (3) Verification of successful completion of the Certification Examination of the NBCOT for licensure as a registered occupational therapist or certified occupational therapy assistant within the last 5 years prior to applying for restoration; or (4) Evidence of successful completion of 48 hours of continuing education in occupational therapy, including attendance at college level courses, professionally oriented continuing

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

education classes, special seminars, or any other similar program completed within 2 years prior to application for restoration (68 Ill. Admin. Code pt. 1315.160).

Iowa: Iowa statutes provide that occupational therapy may be provided by an occupational therapist without referral from a physician, podiatric physician, dentist, or chiropractor, except that a hospital may require that occupational therapy provided in the hospital be performed only following prior review by and authorization of the performance of the occupational therapy by a member of the hospital medical staff (Iowa Code s. 148B.3A).

Iowa administrative code provides that an occupational therapist seeking to reactivate a license that has been inactive for 5 years or less must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of 15 hours of continuing education for an occupational therapy assistant and 30 hours of continuing education for an occupational therapist within two years of application for reactivation. If the license has been on inactive status for more than five years, an applicant must provide verification of the license(s) from every jurisdiction in which the applicant is or has been practicing during the time period the Iowa license was inactive and verification of completion of 30 hours of continuing education for an occupational therapy assistant and 60 hours of continuing education for an occupational therapist within two years of application for reactivation; or evidence of successful completion of the professional examination required for initial licensure completed within one year prior to the submission of an application for reactivation (Iowa Admin. Code r. 645 – 206.11). A licensee whose license has been revoked, suspended, or voluntarily surrendered must reinstate their license in accordance with the terms and conditions of the order of revocation or suspension, unless the order of revocation provides that the license is permanently revoked. If the order of revocation or suspension did not establish terms and conditions upon which reinstatement might occur, or if the license was voluntarily surrendered, an initial application for reinstatement may not be made until one year has elapsed from the date of the order or the date of the voluntary surrender. An application for reinstatement shall allege facts which, if established, will be sufficient to enable the board to determine that the basis for the revocation or suspension of the respondent's license no longer exists and that it will be in the public interest for the license to be reinstated. If the board determines that the license can be reinstated, then the license reactivation process is followed (Iowa Admin. Code r. 645 – 206.11 and Iowa Admin. Code r. 645 – 11.31).

Michigan: Michigan statutes and code are silent with regards to required orders or referrals from other healthcare providers. An applicant whose license has lapsed for 3 years or more may be relicensed by meeting the following: (1) Passing the examination on state laws and rules related to the practice of occupational therapy; (2) Completing supervised practice experience requirements; (3) Verifying any license or registration from another state that was held while the license was lapsed; and (4) Either completing of the NBCOT's certification examination for occupational therapists or presenting evidence that he or she was registered or licensed as an occupational therapist in another state during the 3-year period immediately preceding the application for relicensure (Mich. Admin. Code R. 338.1227).

Minnesota: Minnesota statutes do not require referral from a healthcare provider, however, in the absence of a physician referral or prior authorization, an occupational therapist must provide the following written notification: "Your health care provider, insurer, or plan may require a physician referral or prior authorization

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

and you may be obligated for partial or full payment for occupational therapy services rendered." (Minn. Stat. s. 148.6438).

17. Contact Name Katie Paff	18. Contact Phone Number 608-261-4472
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This document can be made available in alternate formats to individuals with disabilities upon request.



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Margit S. Kelley
Clearinghouse Assistant Director

Terry C. Anderson
Legislative Council Director

Jessica Karis-Ruplinger
Legislative Council Deputy Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE 15-053

AN ORDER to repeal OT 1.02 (17), 4.03 (2) (a), (c), and (d); to amend OT 3.05 (title), (intro.) and (2), 4.02 (2) (f), 4.03 (2) (title), (b), and (e), and (3) (a) and (f); and to create OT 3.05 (1) (title) and (3), relating to self-referral of occupational therapy services.

Submitted by **OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD**

07-16-2015 RECEIVED BY LEGISLATIVE COUNCIL.

08-12-2015 REPORT SENT TO AGENCY.

SG:BL

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES NO



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

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Legislative Council Deputy Director

CLEARINGHOUSE RULE 15-053

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated December 2014.]

2. Form, Style and Placement in Administrative Code

In current s. OT 3.05, the words “Failure to be registered” are included as a title and repeated as a fragment of rule text. SECTION 2 of the proposed rule would create a new title for this section of code. It would also strike the current title, but would leave the extra fragment of rule text. Instead, should SECTION 2 strike both references to “Failure to be registered”?

4. Adequacy of References to Related Statutes, Rules and Forms

In SECTION 4 of the proposed rule, it appears the inserted language carving out licensees who have unmet disciplinary requirements, or whose licenses have been suspended or revoked, should refer to “This subsection...” (instead of “This section...”).

5. Clarity, Grammar, Punctuation and Use of Plain Language

- a. In SECTION 6 of the proposed rule, the text of par. (f) should end with a period.
- b. In SECTION 12 of the proposed rule, the phrase “each individual ordered” should be changed to “each individual referred”.
- c. In SECTION 13 of the proposed rule, the text of par. (f) should end with a period.
- d. In SECTION 14 of the proposed rule, the reference to “Wisconsin administrative register” should be changed to “Wisconsin Administrative Register”.

e. The plain language analysis includes discussion of a proposed change to clarify that occupational therapists are able to self-refer occupational therapy services. However, the issue of self-referral is not clarified in the text of the proposed rule.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brian Holmquist		2) Date When Request Submitted: 06/23/2015 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>											
3) Name of Board, Committee, Council, Sections: Occupational Therapist Affiliated Credentialing Board													
4) Meeting Date: 09/15/2015 12/02/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters Discussion of possible Scope Statement regarding changes to supervision rules relating to Home Health Birth to 3 OT services											
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:											
10) Describe the issue and action that should be addressed: <ul style="list-style-type: none"> ○ Agenda Submission by Terri Black for September 15, 2015 meeting. ○ Discussion of possible scope statement regarding changes to supervision rules relating to home health and Birth to 3 OT services. 													
11) Authorization <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Kelly Williams</td> <td style="width: 30%; border-bottom: 1px solid black; text-align: right;">06/23/2015</td> </tr> <tr> <td style="font-size: small;">Signature of person making this request</td> <td style="text-align: right; font-size: small;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="font-size: small;">Supervisor (if required)</td> <td style="text-align: right; font-size: small;">Date</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date</td> </tr> </table>				Kelly Williams	06/23/2015	Signature of person making this request	Date			Supervisor (if required)	Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date	
Kelly Williams	06/23/2015												
Signature of person making this request	Date												
Supervisor (if required)	Date												
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date													
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.													

WOTA COTA Supervision Change Request 6-2015

WOTA asks that the OTACB consider making minor changes to the COTA Supervision language to facilitate practice for COTAs in the 2 practice areas of home health and Birth to 3. WOTA has heard of several instances where COTAs have lost jobs or had their practice restricted in these areas because of the requirement of the OT seeing the COTA every tenth visit or once a month and may occur simultaneously or separately from the face to face contact with the client. When a client in Home Health or Birth to 3 is only seen once a month then it makes most sense for the OT to see that client. Medicaid supervision language was written specifically for home health and it requires that the OT be present in the home to supervise the COTA. Most agencies will not send 2 personnel to provide service so the COTA is either restricted or let go. Reimbursement language can be more restrictive than licensure language and in the case of Medicaid it is. If the licensure language were to make changes Medicaid may change their language.

This request goes along with the Governors request that all laws and administrative rules be reviewed to determine if they create a barrier to small businesses or employment. There is a barrier for COTAs in these two practice areas.

There are probably a few ways to revise the language one of them would be to make an exception for these two practice areas of the one time per calendar month requirement. Supervision should still be required. It could say every other month or consistent supervision related to the amount of service provision provided to the client.

Changes could be made to Section 5 to not designate the 4 practice areas and just say Entry level requires close supervision.

Generally the supervision language is good and does support COTA practice but these two areas have been problematic for COTAs since 2002.

OT 4.04 Supervision and practice of occupational therapy assistants. (1) An occupational therapy assistant must practice under the supervision of an occupational therapist. Supervision is an interactive process that requires both the occupational therapist and the occupational therapy assistant to share responsibility for communication between the supervisor and the supervisee. The occupational therapist is responsible for the overall delivery of occupational therapy services and shall determine which occupational therapy services to delegate to the occupational therapy assistant or non-licensed personnel based on the establishment of service competence between supervisor and supervisee, and is accountable for the safety and effectiveness of the services provided.

(2) Supervision of an occupational therapy assistant by an occupational therapist shall be either close or general. The supervising occupational therapist shall have responsibility for the outcome of the performed service.

(3) When close supervision is required, the supervising occupational therapist shall have daily contact on the premises with the occupational therapy assistant. The occupational therapist shall provide direction in developing the plan of treatment and shall periodically inspect the actual implementation of the plan. The occupational therapist shall cosign evaluation contributions and intervention documents prepared by the occupational therapy assistant.

(4) (a) When general supervision is allowed, the supervising occupational therapist shall have direct contact with the occupational therapy assistant and face-to-face contact with the client by every tenth session of occupational therapy and no less than one time per calendar month. Direct contact with the occupational therapy assistant is for the purpose of reviewing the progress and effectiveness of treatment and may occur simultaneously or separately from the face-to-face contact with the client.

(b) The occupational therapist shall record in writing a specific description of the supervisory activities undertaken for each occupational therapy assistant. The written record shall include client name, status and plan for each client discussed.

(c) "Direct contact" means face-to-face communication or communication by means of telephone, electronic communication, or group conference.

(5) Close supervision is required for all rehabilitation, neonate, early intervention, and school system services provided by an entry level occupational therapy assistant. All other occupational therapy services provided by an occupational therapy assistant may be performed under general supervision, if the supervising occupational therapist determines, under the facts of the individual situation, that general supervision is appropriate using established professional guidelines.

History: CR 02-026: cr. Register December 2002 No. 564, eff. 1-1-03; CR 08-050: am. (3), renum. (4) to be (4) (a) and am., cr. (4) (b) and (c) Register January 2009 No. 637, eff. 2-1-09

Medicaid Home health supervision language

Program Name: BadgerCare Plus and Medicaid

Handbook Area: Home Health
12/08/2014

Covered and Noncovered Services : Home Health Therapy Services

Topic #2128

Supervision of Assistants

A physical therapist, occupational therapist, or speech-language pathologist is required to be physically present at a member's residence to supervise an assistant. The supervising physical therapist, occupational therapist, or speech-language pathologist is required to be of the same therapy discipline as the assistant. The agency may bill for the services of either the physical therapist, occupational therapist, speech-language pathologist, or the assistant during any one visit; the agency may not bill for both professionals at the same time.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Al Rohmeyer, Administrator, Division of Enforcement		2) Date When Request Submitted: 6/18/2015 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Occupational Therapists Affiliated Credentialing Board			
4) Meeting Date: 9/15/2015 12/02/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Introduction and Q & A – Al Rohmeyer, Administrator, Division of Legal Services and Compliance (DLSC)	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? Yes, Al Rohmeyer	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Al Rohmeyer, Administrator of DLSC, will introduce himself to the Board and respond to questions.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Brian Holmquist		2) Date When Request Submitted: 10/8/2015 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Occupational Therapists Affiliated Credentialing Board			
4) Meeting Date: 12/2/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? National Board for Certification in Occupational Therapy 2016 State Regulatory Leadership Forum – Consider Attendance	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: The National Board for Certification in Occupational Therapy, Inc. (NBCOT) plans to host and sponsor the 2016 State Regulatory Leadership Forum . Each state's primary Board Administrator and Board Chair are being invited to attend. In an effort to obtain participation from all 50 states, the District of Columbia, and Puerto Rico, NBCOT will cover all meeting-related expenses, including airfare, hotel, meals, and ground transportation for both the Administrator and Chair.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Bureau Director signature (indicates approval to add post agenda deadline item to agenda)		Date	



November 16, 2015

Mr. Thomas Ryan, Administrator
State of Wisconsin, Department of Regulation and Licensing
1400 East Washington Avenue, P.O. Box 8935
Madison, WI 53708-8935

Dear Tom:

The National Board for Certification in Occupational Therapy, Inc. (NBCOT®) will be sponsoring and hosting a **2016 State Regulatory Leadership Forum in New Orleans, Louisiana on May 11 – 13, 2016**. Each state's primary Board Administrator and Board Chair are being invited to attend. The NBCOT will cover all meeting related expenses including airfare, hotel, meals and ground transportation for both the Administrator and Chair.

Program Schedule:

Wednesday, May 11th, Travel Arrivals (Registration begins at 3:00 pm and Meeting at 4:00 pm)
Wednesday, May 11th, 4:00 pm – 7:00 pm Program Content
Wednesday, May 11th, 7:00 pm – 8:00 pm Reception
Thursday, May 12th 9:00 am – 5:00 pm Program Content
Friday, May 13th, 9:00 am – 1:00 pm Program Content
Friday, May 13th, 1:00 pm Adjourn and Travel Departures

Program Content:

The program content will cover a broad array of issues very relevant to the occupational therapy state regulatory community including continuing competency, certification examination development and administration and credentialing services.

Program Attendance:

Attendance and participation from every jurisdiction across the country, both Chair and Administrator, is the goal! The NBCOT's Board of Directors is committed to hosting this National Forum in an effort to help educate and keep the occupational therapy state regulatory community abreast of current and emerging issues thus, the funding of all meeting related expenses.

We hope the Wisconsin OT Licensure Board will be represented at the 2016 Summit! *Please confirm the state's intent to attend as soon as possible.* Should you have questions or need additional information, please let us know.

Sincerely,

Shaun Conway, OTR
Director, External and Regulatory Affairs